Quality Assurance Data

Consult Audit Tool

Audit: Time _____ Date _____ Name of Auditor: _____

Consult: Time _____ Date _____

Name consult Physician: _____ Name consult Nurse: _____

EMS jurisdiction / medic #: _____ Mode of transport: ___ Ground ___ Air

Other hospital on line? ___ Yes ___ No Name of Hospital: _____

Patient Data:

Priority level: 1 2 3 4 Age: ___ Years or Months

Chief complaint: _____

Vital signs: _____

EMS / DNR ___Yes (A ___ or B ___) ___No

Miscellaneous: _____

Time Frames for Transport, if given and appropriate for this patient:

To closest ED: _____ Which one? _____

To closest Trauma Center: _____ Which one? _____

To Specialty: _____ Which one? _____

Quality of Radio Transmission:

Staff – Providers –

poor / poor — clear / clear

Transmission Incomprehensible Can not evaluate — Contents of Tape Partially Audible – Very Difficult to Evaluate — Entire Consult Clearly Audible

Content of Consult:

1. Purpose of call: ___ Notification only / patient information
   ___ Requesting advice / medical direction
   ___ Requesting destination direction
2. Did staff identify themselves clearly on the radio? ___ Yes ___ No
3. The staff member communicating on the radio was (were)? ___ MD ___ RN ___ Both
4. Was the consult conducted in a respectful, professional manner? ___ Yes ___ No
   Staff addressed the field provider in a receptive tone of voice? ___ Yes ___ No
   Field Provider addressed the staff in a receptive tone of voice? ___ Yes ___ No
5. Did the staff demonstrate a clear understanding of EMS protocols? ___ Yes ___ No
   (If No, explain? _____)
6. Staff asked questions to guide EMS provider in decision making? ___ Yes ___ No
7. Staff questioned the field provider triage decision? ___ Yes ___ No
8. Staff gave or relayed orders to EMS provider which followed appropriate treatment and transport protocols? ___ Yes ___ No
9. Staff refused to give orders requested by field provider? ___ Yes ___ No
10. Physician ordered a procedure or drug administration outside EMS protocols. (Staff may need remediation on protocol) ___ Yes ___ No
11. Necessary EMS treatment was “extraordinary care”? ___ Yes ___ No
    If Yes, answer below:
    Was the order for “extraordinary care” procedure given? ___ Yes ___ No
    Acknowledged by field provider? ___ Yes ___ No
    Acknowledged by physician? ___ Yes ___ No
    Did it sound life saving and appropriate? ___ Yes ___ No
    Did the State EMS Medical Director get notified? ___ Yes ___ No
    Other: _____
12. Did the field provider give an adequate report? ___ Yes ___ No
    Was the chief complaint clear? ___ Yes ___ No
    Did the provider request appropriate orders? ___ Yes ___ No
    (If No, explain _____)

Patient Disposition/Final Destination appropriate based on Protocol: ___ Yes ___ No

___ The closest ED

___ The closest Trauma Center

___ Specialty; (Circle – Burns, Eye, Hand, Hospice, Hyperbaric, Neurotrauma, or Pediatric Trauma)

Other: _____

Other recommendations: _____