

San Juan County EMS Continuous Quality/Performance Improvement Communication Form

Initiating Agency: Air Care Aztec FD Bloomfield FD
 Farmington FD SJC FD EMA
 SJCCA SJRMC EMS SJC SO Other _____

Person completing form: _____ Position: _____
 Responsible Supervisor / Officer: _____

Proper routing of ANY issue regarding quality should proceed as outlined herein, BUT under NO circumstances should an issue otherwise be impeded.

Incident, Issue or concern in brief (continue on back of page if necessary):

Check one: Date of Incident: ___ / ___ / ___ General/Ongoing Issue or Concern

Category of concern (check all that apply):
 Education/Training Protocol deviation Medical device failure/concern
 Medication issue Communication issue Potential protocol deficiency
 Unexpected patient outcome Dispatch
 Other (specify): _____

Priority: Is based on perceived or actual risk to patient(s) and/or personnel. **CHECK ONE:**
 Routine (should be routed to all parties within ten business days)
 Urgent (should be routed to all parties within five business days)*
 Immediate (should be routed to all parties within one day)*
 * Urgent and Immediate Priority may require concurrent routing and/or telephonic and/or electronic communication.

Routing: Supervisor/Medical Officer→Service Chief/Manager→EMS Coordinator→Medical Director(s)*

Signatures: _____, Reporting Party. ___ / ___ / ___
 _____, Supervisor/Medical Officer ___ / ___ / ___
 _____, Chief/Manager. ___ / ___ / ___
 _____, EMS Coordinator. ___ / ___ / ___
 _____, Medical Director. ___ / ___ / ___

Action (check all that apply):
 Track and Trend
 Refer to Service Manager for operational concerns
 Refer to Medical Director for possible treatment protocol revisions
 Other (specify): _____

We will make process and performance improvement changes based on facts, science and data, not guess, supposition or desire.