

Southern Maine EMS Quality Improvement Review Form

MEMS/Service Run No. _____

Date of Call: _____

Reviewer: _____

Time Elements	Time	Acceptable	
Response Time (Dispatched-Arrival)	mins.	Yes	No*
Scene Time (Arrival-Left Scene)	mins.	Yes	No*
Transport Time (Left Scene-At Hospital)	mins.	Yes	No*
Patient Assessment-Check for Adequate Documentation			
Chief Complaint		Yes	No*
Mechanism if Injury/Nature of Illness			
History			
Vital Signs			
Physical Examination			
Other Fields-GCS, Lung Sounds, Type of Run, Spinal Assessment, etc.			
Patient Treatment			
Treatment Protocol Followed:		Yes	No*
Appropriate Protocol Followed?			
If No, Was Deviation Justified?			
All Treatment Fields Completed?			
Patient Responses to Treatment Adequately Documented?			
No or Refused Transport			
Disposition Appropriate?		Yes	No*
Appropriate Releases Signed?			
Summary			
Overall Documentation Adequate?		Yes	No*
Overall Performance Adequate?			
Is Further Review of This Run Needed?		Yes*	

*Items requiring explanation: _____
