



Blue Ridge EMS Council
 1900 Tate Springs Rd., Suite 14, Lynchburg, VA 24501
 (434) 947-5934



EMS Incident Review Form

The purpose of this referral is to improve the quality and efficiency of patient care in the Blue Ridge EMS region. This form is intended to relay comments & concerns regarding EMS incidents in the region, both trauma & medical in nature. Submission of this document triggers further review of the specific incident. All information obtained through this process will remain confidential. This information will be used by the EMS agency, it's Operational Medical Director (OMD), and local facility representatives for the purposes of Quality Improvement (QI) to result in improved patient care. Provide as much of the requested information as possible.

This form may be submitted anonymously. However, if you would like us to contact you for additional information, we must have your contact information. All information obtained is confidential.

Section-1: REFERRER CONTACT INFORMATION [PLEASE PRINT CLEARLY]

_____	_____
Name	Agency
_____	_____
Telephone Number	E-mail address

Section-2: INCIDENT DETAILS [PLEASE PRINT CLEARLY]

_____	_____	_____	_____
Date of Incident	Time of Incident	EMS PPCR Number	Medical Record Number
_____		_____	
Agency/Facility Targeted for Review		Attendant-in-charge (if known)	

Section-3: DESCRIPTION OF EVENTS [PLEASE PRINT CLEARLY – ATTACH ADDENDUM IF NEEDED]

Patient Follow-Up Request Only Yes _____ No _____

***** BREMS USE ONLY *****

Date Received: _____ Date Referred to CQI Committee (If applicable): _____

Comments:

Pursuant to sections § 8.01-581.16, 8.01-581.17, 32.1-116.2, data or information in the possession of or transmitted to the Commissioner, the Advisory Board, or any committee acting on behalf of the Advisory Board, any hospital or pre-hospital care provider, or any other person shall be privileged and shall not be disclosed or obtained by legal discovery proceedings, unless a circuit court, after a hearing and for good cause shown arising from extraordinary circumstances, orders disclosure of such data



Lynchburg General Hospital & Blue Ridge EMS Council

EMS Incident Review Form Policy

Effective identification, analysis, and correction of problems requires an objective review by qualified, appropriate members of EMS and hospitals programs within the BREMS Region, protected by a process which ensures confidentiality. The COI Committee will NOT be involved in EMS Incident Reviews. This policy ensures the Emergency Room Administration and BREMS are communicating properly on quality improvement issues between EMS Providers and ED staff and its selected representatives.

1. Who can fill out this form:

- EMS Supervisory Staff (as submitted to them by Field EMS Providers)*
- Trauma Services
- Unit Managers
- Other Emergency Department Staff as needed

2. Submission of EMS Incident Form:

- The form will be available online and can be downloaded and filled electronically.
- The form will be available to any EMS pre-hospital provider, EMS agency, OMD or Hospital personnel who may report on any EMS Incident that has occurred in the BREMS Region in an appropriate quarterly time frame. ***However, in an effort to cut down on the potential for multiple submissions from multiple providers, the provider must submit the form to their direct supervisor or Field EMS Captain. That supervisor shall then send it to:**

jkersey@vaems.org

Jennifer Kersey, BREMS EMS Field Coordinator

This may be submitted electronically, by mail or hand delivered to our office.

- This may be used for any aspects of a call. Examples, but not limited to:
 - Patient Care follow-up
 - Supervisory QA of an agency transport and/or individual performance
 - Concerns with care rendered either by a Field EMS provider or receiving facility staff member
 - Other concerns with receiving facility staff
- This form should be used in a constructive manner and for the purposes of improved patient care, relationship rapport and/or education opportunities.



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3. Review of the EMS Incident:

- The form will be kept confidential and will be submitted to the BREMS Council for the Regional Operational Medical Director's (OMD) review.
- The agencies/facilities and/or personnel involved in the EMS Incident will be notified via letter and a copy of the form will be forwarded to the agency/facility's representative within 72 hours.
- If no agency/agency OMD involvement is indicated on the BREMS EMS Incident Form, the Regional OMD will contact the necessary agency/facility to find out what in house QA has been done for this incident. The Regional OMD will also contact the agency's Operational Medical Director. This process will help to close up all loopholes in the agency/OMD system.

4. The EMS Incident Review process may include:

- A review of pertinent medical records including the PPCR, Base Hospital CORE/HEAR recorded tape and/or patient outcome data.
- A formal interview with involved personnel to review the facts may be arranged through the agency/facility's representative.

5. Follow up of the EMS Incident:

- Once the agency/facility and/or agency OMD have completed their review; a follow up letter will be sent to the Regional OMD and BREMS office via the agency/facility and/or agency OMD on what actions, if any, were taken concerning the incident.
- Any single system EMS Incident will be forwarded to the respectful agency and follow up report will be forwarded to the BREMS office after the completion of the MIR/TIR review by the agency/facility/agency OMD.

6. The Regional OMD may report any findings to the Virginia Office of EMS that they feel violates the requirements set forth by the "Virginia Emergency Medical Services Regulations" 12 VAC 5-31.