KEY: NA = NOT APPLICABLE

ND = NOT DOCUMENTED*

A = ACCEPTABLE-MEETS STANDARDS C = ACCEPTABLE WITH CORRECTIONS*

U = UNACCEPTABLE-DOES NOT MEET STANDARDS*

MED REC #	
SURVEY CHART #	

Revised 01/10

EMI	ERGE	NCY PHYSICIAN	NA	ND	A	C	U
A.	PREI	HOSPITAL SCENARIO:	•				•
	1.	RUN REPORT IN CHART					
	2.	MODE OF TRANSPORTATION: AIR GROUND	_				
VE2	3.	TIME TRAUMA ALERT CALLED TO SATC					
VD2c	4.	TOTAL SCENE TIME FOR EMS TO					
VD2 (a,	, b)5.	TOTAL TRANSPORT TIME TO					
	6.	PATIENT MANAGEMENT					
IIC1a		a. QUALITY OF PATIENT ASSESSMENT (PROTOCOLS)					
VD2c		b. TIMELINESS OF CARE					
VD2c	7.	DOCUMENTATION OF PREHOSPITAL SCENARIO					
COM	MENT	S: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."					
B.	EME	RGENCY DEPARTMENT:					
	1.	TRAUMA ALERT					
VE2		a. APPROPRIATELY CALLED (TRAUMA ALERT					
		CRITERIA)					
VE3		b. APPROPRIATENESS OF PHYSICIAN RESPONSE					
VB2a		c. TIMELINESS OF PHYSICIAN RESPONSE					
COM	IMENT	S: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."					
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EMER	GEN	ICY PHYSICIAN (continued)	NA	ND	A	C	U
	2.	DIAGNOSTIC PROCEDURES (LAB, X-RAY, CT SCAN, ETC.)	·				
		a. APPROPRIATENESS OF TESTS					
		b. TIMELINESS/RESULTS OF TESTS	•	•			
VD2h		1. RADIOLOGY					
VD2g		2. LAB					
VD2e	3.	HISTORY AND PHYSICAL ASSESSMENT (SERIAL/					
		NEURO STATUS)					
	4.	CONSULTATION				-	
VD2d		a. APPROPRIATENESS OF CONSULTS					
		b. TIMELINESS OF NOTIFICATION AND RESPONSE					
IIIA1		1. TRAUMA SURGEON					
IIIB1		2. NEUROSURGEON					
		3. OTHER					
VB2a	5.	ACTIVE PARTICIPATION BY THE EMERGENCY					
		PHYSICIAN IN THE RESUSCITATION					
VB2c	6.	TRANSFER OF PATIENT CARE RESPONSIBILITY FROM					
		EMERGENCY PHYSICIAN TO TRAUMA SURGEON					
IIC1a	7.	APPROPRIATENESS OF PATIENT MANAGEMENT					
		(PROTOCOLS)					
VD2 (a-l)	8.	DOCUMENTATION OF E.D. EPISODE					
or (a-m)							<u> </u>

COMMENTS: *COMMENTS ARE REQUIRED FOR "C," "U," AND "ND."

IDENTIFY AND SUPPORT WITH DOCUMENTATION ANY ITEMS NOT IN COMPLIANCE WITH THE STANDARDS.

INSTRUCTIONS TO SURVEYORS:

IF YOU MARKED ANY ITEMS ON PREVIOUS PAGES EITHER "C" OR "U," YOU MUST REFER TO YOUR COMMENTS ON THIS SUMMARY SHEET AND MAY NOT MARK "A" WITHOUT SIGNIFICANT JUSTIFICATION AND DOCUMENTATION.

OUALITY OF ASSESSMENT

<u> </u>	
ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

STANDARD COMMENTS:

APPROPRIATENESS OF CARE

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

STANDARD COMMENTS:

DOCUMENTATION OF CARE

ACCEPTABLE	
ACCEPTABLE WITH CORRECTIONS	
UNACCEPTABLE	

STANDARD COMMENTS: