

Tidewater Regional EMS (Non-Trauma) Quality Improvement Form

Purpose: The purpose of this referral is to improve the quality and efficiency of patient care in the Tidewater region. This form is intended for positive and negative comments regarding EMS incidents in the Tidewater region. Submission of this document initiates further review of the specific incident. All information obtained through this process will remain confidential. This information will be used by the EMS Agency and Operational Medical Director (OMD) for the purposes of Quality Improvement (QI) with the ultimate goal being improved patient care.

Your Name: _____ Your Agency: _____

Agency/Facility Targeted for QI*: _____

*EMS Incident #: _____ *Patient Record # _____

Receiving Hospital/s: _____ Attending Physician: _____

Injury/Diagnosis: _____ Date of Events: _____

Patient Name: _____ Age: _____

Purpose of the referral:

- Patient Care
- Protocol
- Disposition/Destination/Referral
- Other

Description of Events:

Pursuant to sections § 8.01-581.16, 8.01-581.17, 32.1-116.2, of the Virginia Codes, 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 prehospital 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.

Fax this form to (757) 963-2325. The original must be sent via U. S. Mail to 6353 Center Drive Suite 101 Norfolk, VA 23502 or destroyed.

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For TEMS Use:

Date received: _____ Action taken: _____