

ATTACHMENT A

Emergency Medical Services Agency Alternative Staffing (1:1) Program

1. Each provider **MUST** have a specific person assigned to complete QI documentation
2. Document to be submitted quarterly for new providers and annually at site visit for existing providers (upon approval of EMS agency)

Provider:

Year:

	Jan.	Feb.	Mar.	1 st Qtr .	Apr.	May	Jun.	2 nd Qtr.	Jul.	Aug.	Sep.	3 rd . Qtr .	Oct.	Nov.	Dec.	4 th Qtr.	YTD Totals
Total # of 1:1 staffed runs																	
Total # of runs which required Base contact*																	
Total # of Base notifications*																	
Total # of patient deaths**																	
Total # of patient diversions ***																	

Comments:

1. The medication(s) administered most frequently: _____
2. The procedure(s) performed most frequently: _____
3. Any other information pertinent to the alternative staffing pattern: _____

* Documentation and provider impression on all runs requiring **base contact**, as described in reference 1200.2 must be submitted. Use form 1A. Submit copy of run sheet. **Base notification** as described in 1200.1 should be recorded and monitored by internal QI documentation by the individual provider agency.

** Patient deaths: List number of calls associated with death. Use form 2A. Submit copy of run sheet.

*** Patient diversions: List reason for diversion and any associated problems on form 3A.

Emergency Medical Services Agency
Alternative Staffing (1:1) Program
PROVIDER IMPRESSION REQUIRING BASE CONTACT

Provider:

Year:

DATE	PROVIDER IMPRESSION OF RUNS REQUIRING BASE CONTACT	IDENTIFYING REPORT NUMBER	COMMENTS

ACTIONS TAKEN:

- | | | | |
|-------------------------------|----------------------------------|-------------------------------|------------------------------------|
| 1. No action required | 4. Continuing education provided | 7. Referred to base hospital | 10. New Policy/Procedure initiated |
| 2. Referred for 1:1 education | 5. Referred to medical director | 8. Referred to DHS | 11. Study initiated |
| 3. Referred to QI committee | 6. Referred to provider | 9. Referred to administration | 12. Recognition of improvement |

Emergency Medical Services Agency
Alternative Staffing (1:1) Program
PATIENT DEATHS

Provider:**Year:**

DATE	IDENTIFYING REPORT NUMBER	DETAILS / COMMENTS

ACTIONS TAKEN:

1. No Action Required
2. Referred for 1:1 Education
3. Referred to QI Committee

4. Continuing Education Provided
5. Referred to Medical Director
6. Referred to Provider

7. Referred to Base Hospital
8. Referred to DHS
9. Referred to Administration

10. New Policy/Procedure initiated
11. Study Initiated
12. Recognition of Improvement

Emergency Medical Services Agency
Alternative Staffing (1:1) Program
PATIENT DIVERSION

Provider:**Year:**

DATE	IDENTIFYING REPORT NUMBER	REASON FOR DIVERSION	PROBLEMS/CONCERNS

ACTIONS TAKEN:

1. No Action Required
2. Referred for 1:1 Education
3. Referred to QI Committee

4. Continuing Education Provided
5. Referred to Medical Director
6. Referred to Provider

7. Referred to Base Hospital
8. Referred to DHS
9. Referred to Administration

10. New Policy/Procedure initiated
11. Study Initiated
12. Recognition of Improvement