

Portsmouth Emergency Ambulance Service Inc

2796 Gallia Street Portsmouth, Ohio 45562

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Emergency Medical Services Quality Assurance of Patient care reports.

Employee Name: Joshua Blevins

Job Title: Paramedic

Date of Incident/Transport: 28-11-2018

QA-18-00206

Run Location: sdfsf

PCR Grade: Sufficient

QA/QI Comments:

Patient Initials:

100 %

Reason for Transport:

Documentation for qualification for ambulance --

Deficiencies Noted:

** fsf

- | | |
|---|------------|
| 1. Were the crew's full names, certifications, unit info, and patient demographics completed? | Sufficient |
| 2. Was the patient evaluation clearly and fully documented? | Sufficient |
| 3. Was the method used to transfer patient to the stretcher clearly documented? | Sufficient |
| 4. Was the reason the patient requires stretcher clearly documented? | Sufficient |
| 5. Was the treatment appropriate, justified, and clearly documented? | Sufficient |
| 6. Were all protocols followed during transport? | Sufficient |
| 7. Were all times clearly documented? | Sufficient |
| 8. Was the writing legible? | Sufficient |
| 9. Were all required signatures for crew and patient completed? | Sufficient |
| 10. Is all associated documentation attached to the PCR ie. Facesheet, Doctor Cert? | Sufficient |

By signing this form, you confirm that you understand the notations that have been communicated to you. If employee response was required a signature is required.

Employee

Date: _____

Signature: _____

Administration Signature: Electronically signed by Joshua Blevins 00395

Date: 11-28-2018