

NORTH COAST EMS FIELD CARE AUDIT

Hospital: _____

Date: _____

FCA Presenter(s): _____

Excerpts from Policy #2108

Section III.D.1 _____ FCA begin on time?
Comments:

Section III.B.2 _____ Copies of written documentation related to each call
reviewed is provided to participants? (example:
PCR, Radio Run Report or relevant cardiac rhythm
strips)
Comments:

Section III.D.2 _____ FCA focused primarily on treatment, interventions
and local policies?
Comments:

Section III.D.2 _____ Appropriate aspects of patient care and staff
interaction reviewed?
Comments:

Section III.D.2 _____ Constructive criticism and positive feedback
provided to participants? (non-critical)
Comments:

Section III.D.4 _____ PCMD (or representative MD) in attendance for
medical direction and standards of practice?
Comments:

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(continued)

Section III.B.3 _____ Anonymity for the patient and prehospital personnel was established to extent possible?
Comments:

Section III.E.3 _____ Critique, evaluation, and/or post test distributed to participants?
Comments:

Section III.E.4 _____ FCA lasted for at least one (1) hour?
Comments:

Section III.E.4 _____ Participants signing attendance roster were in attendance at least fifty (50) minutes during FCA offering?
Comments:

General comments regarding FCA:

Recommendations:

North Coast EMS Employee or Contractor

Date