

## **INITIAL CASE REVIEW - FIELD REPORT PROCEDURE AND FORM**

As part of our expanding quality improvement initiative, the Emergency Medical Services (EMS) Division has developed a mechanism to give EMS providers an opportunity to document their concerns about issues that may arise during any phase of out-of-hospital emergency medical care. Examples may include, but are not limited to, interactions with other providers, agencies, receiving hospitals and Medical Control.

The form has been distributed to each ambulance service with recommendations to duplicate and keep available at your headquarters. The form gives you the opportunity to initiate the review of a particular concern and provides a follow-up mechanism where feedback can be used to help identify and resolve a problem. The goal is to encourage a partnership approach to patient care among the many components of our emergency medical services system.

The procedure for using the form is as follows:

1. Generate the form, listing the details and your concerns about the issue.
2. Mail the form to: Suffolk County EMS Division 360 Yaphank Ave., Suite 1B Yaphank, New York 11980 Attn: EMS Coordinator
3. A review of the incident will be performed.
4. The individual generating the report will receive a written summary of the review and recommendations for remedial action, should it be required.

**NOTE:** The form may also be sent by FAX to 631-852-5028 or as a .pdf file by email to [paul.marra@suffolkcountyny.gov](mailto:paul.marra@suffolkcountyny.gov). A sample copy is provided on the next page.