

# Appendix A

## SPONSOR HOSPITAL COUNCIL OF GREATER BRIDGEPORT

# Statewide Protocol Medical and Skill Formulary for SHCGB

Revised 04/25/18, 07/20/18, 5/1/19, 7/20, 10/20

### 1. Medications required for all ALS units and Equipment:

Adenosine	Ipratropium Bromide
Albuterol	Lidocaine
Acetaminophen (PO)	Lorazepam
Amiodarone	Magnesium Sulfate
ASA	Methylprednisolone
Atropine	Metoclopramide
Calcium Chloride	Metoprolol
Dextrose (Oral & IV D10)	Midazolam
Diltiazem	Naloxone
Benadryl	Nitroglycerin
Epinephrine (1-1 & 1-10)	Norepinephrine
Etomidate	Ondansetron
Fentanyl	IV Acetaminophen
Glucagon	Tetracaine
Sodium Bicarbonate	
Ketamine	Thermometers ALS/BLS Units (Jan 21)

### 2. Drugs and Skills Optional for Services

Lidocaine for Cardiac Bolus and infusion	King-LTD, LMA, Igel, Combi
Pepcid	Cefazolin-Trauma
Decadron	Alcaine
Tridal for Pulmonary Edema Only	Racemic Epinephrine
Succinylcholine	Bioshield for OC
DuoDotes Kit	Motrin PO
Procainamide	Rapid Sequence Intubation

### 3. Medications and Skills Not Sponsoring at this time:

Pediatric CPAP	Hydromorphone
Surgical Cricothyrotomy	Compazine
Xopenex	Zyprexa
Vecuronium	Phenylephrine
Calcium Gluconate	Glucagon increase to 5mg
Ketamine for Pain control or RSI	IV for CCB & BB OD
Haldol	Pediatric RSI Protocol
Hydrocortisone	Ketorlac

# Appendix B

Medication/Device	Standard Paramedic	SCT Paramedic	Hospital Staff Required
<b>Analgesics</b>			
Demerol	X	X	
Dilaudid	X	X	
Fentanyl	X	X	
Ketamine	X	X	
Ketorolac	X	X	
Meperidine	X	X	
Morphine	X	X	
Nalbuphine HCl		X	
Nitrous Oxide		X	
IV Tylenol	X	X	
<b>Antianginals</b>			
Nitrates (All)	X	X	
Ranolazine (Ranexa)		X	
<b>Antiarrhythmics</b>			
Calcium Channel Blockers Infusions	X	X	
Beta Blockers Infusions	X	X	
Adenosine	X	X	
Amiodarone	X	X	
Amrinone		X	
Atropine	X	X	
Digoxin		X	
Esmolol		X	
Ilbutilide		X	
Isuprel		X	
Lidocaine	X	X	
Magnesium Sulfate	X	X	
Procainamide	X	X	
Propranolol		X	
Verapamil		X	
<b>Antibiotics</b>			
All	X	X	
<b>Anticoagulants - TITRATE WITH MD ORDERS ONLY</b>			
Ticagrelor (Brilinta)		X	
Clopidogrel (Plavix)		X	
Ticlopidone (Ticlid)		X	
Dabigatran (Pradaxa)		X	
Abciximab (ReoPro)		X	
Eptifibatide (Integrilin)		X	
Tirofiban (Aggrastat)		X	
Prasugrel (Effient)		X	
Arixtra		X	



Fragmin		X	
Heparin	X	X	
Lovenox	X	X	
<b>Anticonvulsants</b>			
Diazepam	X	X	
Dilantin		X	
Tegretol		X	
Lorazepam	X	X	
Keppra		X	
Valproic Acid		X	
Midazolam	X	X	
<b>Antidotals</b>			
Flumazenil		X	
Naloxone	X	X	
<b>Antiemetic's</b>			
Ondansetron	X	X	
Phenergan	X	X	
Reglan	X	X	
<b>Antihypertensives- TITRATE WITH MD ORDERS ONLY</b>			
Beta Blockers (All)		X	
Calcium Channel Blockers (All)		X	
ACE Inhibitors (All)		X	
Clonidine		X	
Sodium Nitroprusside		X	
Hydralazine		X	
<b>OB Medications</b>			
Magnesium Sulfate	X	X	
Methergine		X	
Oxytocin (Pitocin)		X	
Terbutaline		X	
<b>Bronchodilators</b>			
Albuterol	X	X	
Aminophylline		X	
Epinephrine	X	X	
Ipratropium	X	X	
Levalbuterol	X	X	
Terbutaline	X	X	
<b>Diuretics</b>			
Bumetanide	X	X	
Furosemide	X	X	
Mannitol		X	
<b>Electrolytes</b>			
Calcium chloride	X	X	
Magnesium sulfate	X	X	



Sodium Bicarbonate	X	X	
Potassium chloride		X	
<b>Endocrines</b>			
Glucagon	X	X	
Insulin		X	RN Needed to Titrate
Octreotide		X	
Pitocin	X	X	
Vasopressin	X	X	
<b>Neuromuscular Blocking Agents, Paralytics</b>			
Pancuronium		X	
Rocuronium	X	X	
Succinylcholine	X	X	
Tarcrium		X	
Vecuronium	X	X	
Nimbex		X	
<b>Parenteral Nutrition</b>			
Multivitamins		X	
Partial Parenteral Nutrition		X	
Total Parenteral Nutrition		X	
Thiamine	X	X	
<b>Phosphodiesterase 3 Inhibitors</b>			
Amrinone		X	
Cilostazol		X	
Milrinone		X	
Enoximone		X	
<b>Sedative Hypnotics</b>			
Etomidate	X	X	
Haloperidol	X	X	
Ketamine	X	X	
Lorazepam	X	X	
Midazolam	X	X	
Propofol		X	
Dexmedetomidine		X	
Diazepam	X	X	
<b>Steroids</b>			
Depo-Medrol		X	
Dexamethasone	x	X	
Hydrocortisone		X	
Methylprednisolone	X	X	
Prednisolone	x	X	
<b>Thrombolytics- Infusion Only</b>			
Alteplase		X	
Retaplast		X	



Tenecteplase		X	
t-PA		X	
<b>Vasopressors</b>			
Amrinone		X	
Dobutamine		X	
Dopamine		X	
Epinephrine		X	
Isoproterenol		X	
Milrinone		X	
Norepinephrine		X	
Phenylephrine		X	
Pitressin		X	
<b>Volume Expanders</b>			
Albumin		X	
Dextran		X	
Kcentra		X	
Platelets		X	
Factor VIII		X	
Intralipid	X	X	Emergency Transfers- Paramedics Level
Hetastarch		X	
Crystalloids (All)	X	X	
Fresh Frozen Plasma		X	
Packed Cells		X	Infusing >10 mins before transport
TXA		X	
Whole Blood		X	Infusing >10 mins before transport
<b>Other</b>			
Antihistamines (All)	X	X	
H2 Blockers	X	X	
Mannitol		X	RN Needed to Titrate
Nesiritide		X	
Protonix		X	
<b>Skills/Devices</b>			
Cpap	X	X	
BiPap		X	
Chest Tubes (2) on suction		X	RN Needed
Single Chest Tube Sealed or on suction	X	X	
Ventilator		X	Vent must accommodate setting or RT Needed
Tracheostomy	X	X	SCT if under 24 hours old
PICC	X	X	



Triple Lumen/Central Venous Line Monitor Only	X	X	
PortaCath	X	X	
Atrial/venous sheaths		X	
Epidural Catheter (must be capped)		X	
<b>Skills/Devices Requiring Staff to Accompany Crew</b>			
Balloon Pumps			X
Ecmo			X
Chemotherapy Agents			X
New Epidural Infusion unless PCA			X
Swan Ganz			X
Transvenous Pacer			X
Invasive Monitoring			X
ICP Monitoring			X
3% NaCL Infusion			X
Arterial Lines			X- Must have Hospital Monitor
<b>EMT Level Skills</b>			
IV med loc, clamped with nothing running		EMT Transport	
Porta Cath - No fluids running		EMT Transport	
PICC - No fluids running		EMT Transport	
Tracheostomy (No Vent Assist) (Pt able to self managed (>48 hours)		EMT Transport	
Naloxone (narcan)	Given/No Infusion	EMT Transport	
Locked PCA Pumps >24 hours		EMT Transport	
Pt Controlled Home Ventilators		EMT Transport	Must have >30 days on ventilator or paramedic required



# Appendix C

# SPONSOR HOSPITAL COUNCIL of GREATER BRIDGEPORT

Hartford HealthCare  
St. Vincent's Medical Center



Yale  
NewHaven  
Health  
Bridgeport  
Hospital

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## CME Requirements for Medical Control Renewal Period CME Requirements for October 1, 2019-September 30, 2021 Updated 05/01/2020

Continuing medical education is a crucial part of the professional development and continued competency of all health care professionals. SHCGB maintains this policy and procedure as part of a comprehensive continuous quality improvement program.

SHCGB requires that the EMS provider retain a certificate of attendance from all CME programs he or she attends. These documents will be required for processing the renewal of medical control applications. Content that is not nationally accredited (CECBEMS or CAPSE) requires preapproval for acceptance. Renewal of a partial period is on a pro-rata basis. Paramedics will not be allowed to work after the deadline if renewal packets are not submitted and approved by the end of the period.

### Paramedics

While SHCGB utilizes the framework established by the National Registry of EMTs as the baseline for its CME requirements, Paramedics wishing to maintain National Registry are responsible for ensuring compliance with specific National Registry requirements. Providers must meet each of the three (3) sections below for renewal.

### Section (1) Select one track for CME Hours.

#### Track 1:

Submit a current NREMT Paramedic Card in lieu of CME hours

#### Track 2:

Complete a total of 24 hours of continuing education that may be **ALL** online content this cycle due to COVID closures. Hours must consist of the following areas:

Complete a minimum of 4 hours of CME in each core content area covered below.

**(ACLS, PALS, CPR will no longer count for CME hours )**

**Core Content – 16 Hours**

- Airway, Breathing, and Cardiology
- Medical Emergencies
- Trauma
- Obstetrics and Pediatrics

**Elective Content – 16 Hours**

Any EMS-related content accepted, up to a maximum of 6 hours from any one area

CCT or SCT program or refresher 16 hours maximum allowance.

A maximum of 8 hours may be applied from taking each single full standardized course, such as ITLS, PHTLS, AMLS, TCC, TCCC, or PEPP following core content requirements.

A maximum of 12 hours may be accumulated from all combined teaching of ALS EMS curriculum, EVOC, or Dispatch training. EMT teaching cannot be used for CME hours.

A maximum of 32 hours can be applied from SHCGB-approved CME online content that is CAPCE or NREMT approved. Proper documentation is required.

A maximum of 10 hours may be applied from documented precepting of paramedic students. Precepting time is awarded based on actual time spent precepting ALS patient care.

A maximum of 4 hours for hospital-based clinical observation or simulation manikin time.

A maximum of 4 hours will be allowed for veterinarian care with EMS focus for the renewal period.

Paramedics are required to complete all mandatory in-service educational sessions utilized to facilitate the implementation of new protocols or equipment. These sessions may or may not qualify for credit towards CME hours listed above.

**Section (2) Mandatory Requirements for paramedics**

- All paramedics will be required to complete an SHCGB approved 12-Lead EKG refresher course of no less than 2 hours during each renewal cycle. The 12-lead course must include a thirty (30) minute section on Unstable Bradycardia treatment. This course must be a separate stand-alone course; The 24 or 48-hour refresher courses will not meet this requirement.

### **Section (3) Skills Session for Paramedics**

All paramedics must demonstrate competency in the following skills at a skills review workshop:

1. Adult and Pediatric oral intubation
2. Supraglottic Airway Insertion
3. Needle cricothyrotomy/use of approved commercial cricothyrotomy device
4. Needle chest decompression
5. IO access/infusion
6. Traction Splinting
7. Cardiology and resuscitation management (rhythm recognition, defibrillation, cardioversion, pacing, medications, and 12-Lead recognition)
8. Drug Calculation Review

- 3.1** Skills workshops can be obtained from Sponsor Hospital sessions, and State Approved Refresher Courses or a Service Level approved session or other medical control regions if approved by medical control prior.



# Appendix D

## **Narcotic Letter of Understanding**

This document outlines the policies and procedures you agree to follow for compliance with Bridgeport Hospital and State of CT controlled substance policies. Failure to comply with all provisions can lead to the withdrawal of controlled substance privileges.

### **1. Security and Storage**

- a. Controlled substance kits will only be carried in vehicles that are authorized to carry the same. These vehicles are listed explicitly by the number filed with the State of CT.
- b. Controlled substance kits will be kept in a double-locked safe except when in use or when anticipated to be in use. You may carry controlled substance kits on your person if:
  - i. You are doing a kit exchange
  - ii. You are on a call where you might reasonably expect to need the controlled substances, and distance from the vehicle might adversely impact patient care.
- c. The vehicle doors do not constitute a second lock in the double lock requirement.
- d. Vehicles that have controlled substance kits onboard will be locked at all times when unattended. This includes hospital bays, service garages, and all other locations.
- e. The keys to the onboard safe will be in possession of the paramedic who has signed for them at all times.

### **2. Kit Exchange**

- a. Controlled substance waste must be done and witnessed before returning a kit to the Pyxis system. Kit exchange can only be done at Bridgeport Hospital.
- b. Controlled substances dispensed under STANDING ORDERS may have the words PER PROTOCOL written into the MD/CRNA signature spot by the paramedic, and an MD/CRNA signature may be omitted. Controlled substances dispensed with online medical direction, whether or not on standing orders, require an MD/CRNA signature in that spot.
- c. If there is waste, it must be signed for by the MD or CRNA, or by an RN or PA at the receiving hospital.
- d. Deposit waste in specially marked bins in the ER if the ER is so equipped.
- e. If controlled substances are drawn up but not used due to change in the patient's condition, both the amount that was drawn up as well as the remainder should be counted into waste and so documented.
- f. The kit should be resealed with the remaining seal before placing the kit in the return bin.
- g. A signature form of each paramedic who may administer controlled substances will be kept on file at the pharmacy. This signature form must be renewed yearly. An exchange will be denied if the paramedic requesting the exchange does not have a valid signature form on file.

### **3. Controlled Substance Receipt and Exchange**

- a. By your required daily signature on the controlled substances log maintained by your service, you are affirming visual inspection and acceptance of a controlled substances kit with intact seals and valid drug expiration dates. Any deviation from this must be noted on the log and the kit exchanged out with the pharmacy at once. Service supervisors will contact the EMS Coordinator to report the deviation.
- b. In the event of damage to a kit or damage to seals while the kit is in your possession, contact service supervision to arrange for documentation of the same and replacement of the kit. Leave all contents of the kit as is, do not attempt to clean or repack it. Pictures should be taken of the damaged kit ASAP.
- c. All damaged kits or missing items must be returned to the pharmacy, not Pyxis.
- d. If the Controlled Drug Accountability record cannot be found, notify your supervisor, who will notify the EMS Coordinator who will call the pharmacy. The sheet will be reprinted.
- e. Only one kit may be kept in a vehicle. In the event a supervisor is doing an emergency resupply, more than one kit may be on that vehicle only for the duration of that resupply.
- f. Failure to correctly complete all required paperwork and waste before the kit being returned to the Pyxis system will result in the following:
  1. First offense results in a warning placed in the file.

2. Second offense results in a suspension of Pyxis privileges, and all kits must be returned to the pharmacy for two months.
  3. Third offense results in permanent removal from Pyxis system for narcotic exchanges.
- g. Any kit turned in without properly completed paperwork will require to the paramedic to return to the pharmacy to correct within 24 hours of notification or potentially lose the ability to handle narcotics in the future.

**4. Use of Controlled Substances**

- a. Drug administration will encompass best practices, including verification of drug, indication, and expiration. Whenever possible, a third party will visually confirm that the drug selected is the drug desired and the same documented in the call report. Many bottles look similar, and cap colors can change based on supply.
- b. Patient age, sex, and weight (estimated in kg) will be documented in all call reports.
- c. Drug concentrations can vary depending on supply. Care must be taken in drawing up the intended dose.
- d. Deviations, errors, or adverse reactions to medication will be reported to the appropriate parties without delay.
- e. Dosages will follow the SHCGB protocol exactly. For exceptional circumstances, the online medical direction will be used for deviation from protocol and the same documented.

By my signature, I acknowledge I understand and agree to follow the policies outlined above and have received a copy of this document.

Print Name:

\_\_\_\_\_ Services \_\_\_\_\_

Signed: \_\_\_\_\_ Date \_\_\_\_\_

Copy: Provider Training File  
Bridgeport Hospital EMS Department/Pharmacy Department

Revised 10/17, 07/20

# Appendix E



General
Total number of 911 EMS responses
Total number of 911 Transports
Total number of patient initiated refusals/declinations
Pain Management
Number of patients receiving pain management
Stroke
Total number of suspected stroke patients transported
Total number of stroke alerts called
Of suspected stroke patients, those that DO NOT have a BGL documented
Of suspected stroke patients, those that DO NOT have a the last known well time documented
Average scene time (<=15 min)
Trauma
Total number of trauma patients transported
Total number of trauma alerts activated
Total number of TQ applications/wound packing
Average scene time
STEMI
Total number of patients c/o chest pain
Total number of patients c/o chest pain that DO NOT receive a 12 lead EKG
Total number of prehospital STEMI alert activations
Average scene time (<=15 min)
average FMC to EKG (<= 8 min)
Average FMC to notification (<=10 min)
Cardiac Arrest
Total number of cardiac arrests
Total number of traumatic cardiac arrests
Average scene time for cardiac arrest calls (Goal: <= 20 min.)
Number of patient's receiving bystander (layperson) CPR
Average time from 911 call received until initial chest compression (EMS)
Number of patients requiring defibrillation on initial contact
Number of patients presumed on scene by EMS
For patients requiring defibrillation on initial contact, average time to deliver defibrillation
Total number of patients achieving ROSC
Sepsis
Total number of patients meeting EMS sepsis alert criteria
Total number of sepsis alerts
Overdose
Total overdose calls
Total patients requiring Narcan
Number of patients requiring multiple Narcan uses to achieve positive results
Intubation and Airway Management
Total times a complete airway assessment (L-E-M-O-N) documented
Total attempts
Total successes
Total first pass attempts
Total times rapid sequence intubation used
Total charts where ETCO2 was documented
Other
Total number of patients paced
Total number of cardioversions
Total number of needle/surgical cricothyrotomy
Total number of needle chest decompressions

# Appendix F

# APPLICATION FOR MEDICAL CONTROL AUTHORIZATION



## INSTRUCTIONS:

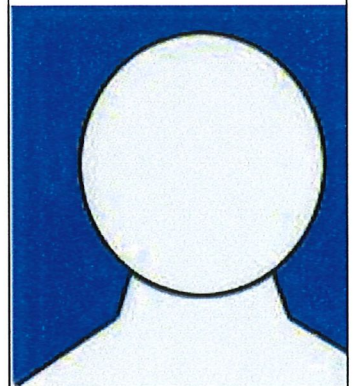
Sponsor Hospital Council of Greater Bridgeport (SHCGB) extends Medical Control Authorization for advanced level providers during a two-year cycle. This application form is valid for new medical control authorizations and all medical control renewals for the October 1, 2019 – September 30, 2021 period. **For renewal applications, to ensure uninterrupted Medical Control Authorization, suggested you have completed the application & submitted before September 25, 2021.** Later applications will be accepted; however, there is no guarantee to be processed by October 1, 2021.

- EMRs and EMTs: NO application is required. SHCGB will extend medical control to all EMRs and EMTs with active, unencumbered State of Connecticut certification unless a review is deemed necessary due to prior medical control issues. Your service must advise SHCGB before your functioning at the EMR or EMT level. This also applies to Paramedics who are functioning with an EMS Organization at a BLS provider level.
- Paramedics: Application required. **Current Medical Control Authorizations expire on September 30, 2021.** Providers must submit completed application packages for renewal.

Medical Control Authorization is provided to EMS Providers in conjunction with active affiliation with an SHCGB sponsored EMS Organization. Once authorized, a provider may add a service affiliation by submitting pages 1-2 of this application

ATTACH A PASSPORT-SIZED  
(2" X 2")  
COLOR PHOTOGRAPH

**NEW APPLICATIONS ONLY**



**Please Print Clearly on all sections**

## DATE OF APPLICATION

M	M	D	D	Y	Y	Y	Y

## TYPE OF APPLICATION

- ☐ Initial (Complete all pages)
 ☐ Renewal (Complete all pages)
 ☐ Add Service Affiliation Only (Pages 1-2 only)

LAST NAME															FIRST NAME														

## MAILING ADDRESS

STREET ADDRESS																													

CITY															STATE					ZIP CODE									

HOME PHONE										MOBILE PHONE																													

EMAIL ADDRESS																													

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**OTHER SPONSOR HOSPITAL MEDICAL CONTROL AUTHORIZATIONS:**

	Greenwich Hospital		Bridgeport Hospital Milford MC		Norwalk Hospital
	Griffin Hospital		New Haven Sponsor Hospital		Stamford Hospital
	Other:				

Has your license/certification ever been subject to disciplinary action by the State of Connecticut, SHCGB, or another Sponsor Hospital? ☐ No  
☐ Yes (Attach details)

**ATTESTATIONS & SERVICE AFFILIATIONS****APPLICANT**

I attest that the information provided in this Medical Control Authorization Application has been completed by myself and is accurate and truthful. I understand that any false or misleading information may result in withholding of Medical Control Authorization and notification to the Connecticut Department of Public Health (DPH) and other Sponsor Hospitals with whom I have Medical Control Authorization.

I give the EMS Coordinators and EMS Medical Directors permission to request further proof or audit my attendance from the instructor/coordinator of any of the listed continuing medical education programs listed in my application. I further permit the EMS Coordinators and EMS Medical Directors to both request and share information with other Sponsor Hospitals and the DPH regarding my Medical Control Authorization. I further give the EMS Coordinators permission to email me SHCGB information from time to time.

I understand that it is my responsibility to maintain the minimum requirements for Medical Control Authorization. That failure to maintain such minimum requirements shall result in my Medical Control Authorization being withheld automatically without further notice. Minimum requirements are:

- Maintain active, unencumbered DPH licensure or certification at the authorized level
- Current CPR certification at the AHA BLS level
- Paramedics must maintain active certification in both ACLS and PALS.

Printed Name of EMS Provider	Signature of EMS Provider	Date

**SERVICE AFFILIATION(S) – (ALS Services Only)**

I attest that the individual named on this application is affiliated as an active member/employee or an applicant with whom our EMS Organization is considering for membership/employment. Our EMS Organization wishes to permit the applicant to function for our service at the advanced level indicated on this application. I further attest that our EMS Organization is not aware of any unreported, outstanding quality assurance issues relative to the applicant's prehospital care.

- For INITIAL / RENEWAL applications: COMPLETE BELOW FOR **ALL** AFFILIATED SERVICES and submit the entire package
- To ADD A SERVICE AFFILIATION ONLY: COMPLETE BELOW **ONLY** FOR THE ADDITIONAL SERVICE and submit only pages 1-2

✓	Service	Name of Signing Official	Title	Signature	Date
	AMR - Bridgeport				
	Monroe EMS / VEMS				
	Nelson / Access				
	Stratford EMS				



	Trumbull EMS				
	SkyHealth				

#### CONTINUING MEDICAL EDUCATION

- ☐ Complete log below and attach copies of proof of attendance. (Note: copies of CPR, ACLS, and PALS and ITLS or PHTLS cards suffice for those courses)
- ☐ Ensure you have met total requirements: You need to show a variety, including medical, trauma, pediatrics, OB/GYN, as detailed in the renewal document.
- Paramedics: 24 hours.
- ☐ Maximum Contact Hours to Claim (refer to the document "CME Requirements" for clarification)

Date	Subject	Location	Instructor	Contact Hours
	AHA ACLS			
	AHA PALS			
	Practical Skills Session			
	AHA BLS Training			
	12-Lead Review with Brady Section			
	ITLS or PHTLS Initial Applications only			
	Paramedic Refresher if Done			
TOTAL HOURS THIS PAGE				

CME LOG – PAGE 2 (IF NEEDED)



- ☐ DPH Paramedic Licensure
- ☐ CPR card (AHA BLS)
- ☐ ACLS & PALS card
- ☐ ITLS or PHTLS card initial application only
- ☐ Documentation of successful completion of skills review

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**PLEASE VERIFY THAT YOUR APPLICATION IS COMPLETE BEFORE SUBMISSION:**

- ☐ Your information completed on page 1
- ☐ Your name printed on top of all pages of the application
- ☐ Your signature on page 2
- ☐ Signature(s) from all Services where you have affiliation
- ☐ Completed CME log with copies of proof of attendance attached
- ☐ Copies of all the attachments noted in the above section

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**PROTOCOL TEST**

**For initial authorization: You are required to make arrangements to take a protocol test and Medical Control interview. You must successfully pass both sections to obtain/maintain Medical Control Authorization.** You may make arrangements through either of the EMS Coordinators, as noted below.

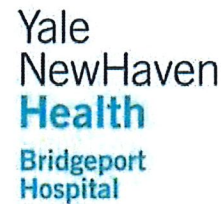
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**SUBMIT COMPLETED APPLICATION TO EITHER EMS COORDINATOR: Note: if the document is scanned or faxed color copy is required**

Wesley Young Bridgeport Hospital 267 Grant Street Bridgeport, CT 06610 Office: 203-384-3116 Fax: 203-384-3639 <a href="mailto:wesley.young@bpthosp.org">wesley.young@bpthosp.org</a>	Terence Sheehan St. Vincent's Medical Center 2800 Main Street Bridgeport, CT 06606 Office: 203-576-5138 Fax: 203-382-2330 <a href="mailto:Terence.Sheehan@hhchealth.org">Terence.Sheehan@hhchealth.org</a>
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# Appendix G

# SPONSOR HOSPITAL COUNCIL of GREATER BRIDGEPORT



The following information is provided to another entity pursuant to 45 CFR Section 164.506c(4i), and is confidential and protected as peer review under CGS 19a-17b

*This form is intended to formalize the internal QA process performed at your respective EMS agencies with SHCGB. After an inquiry is initiated by either EMS Coordinator and an internal discussion is completed, please return this form with any supporting documentation. Please retain a copy for your records. Please note that the employee is required to comment on the discussion and sign the form where indicated. Signing the form does not indicate agreement with the findings. The employee has the right to request further discussion with medical control. Similarly, filing of this form does not indicate case closure. Medical control reserves the right to request a meeting with the provider as needed to complete the review process.*

<b>Status/Disposition:</b>		<b>Organization/EMS Agency:</b>		
<b>QA/PI Officer:</b>		<b>Other agencies (if applicable):</b>		
<b>Provider:</b>	<b>Referred by:</b>	<b>Hospital</b>	<b>Internal QA</b>	<b>Provider</b>
<b>Case Number:</b>	<b>Date Entered:</b>	<b>Date Occurred:</b>		
<b>Reason for Call Review (Circle those that apply)</b>				
<b>Tier 1</b>		<b>Tier 2</b>		
Cardiac Arrest		Over Triage		
PAMI Alert		Under Triage		
Stroke Alert		Documentation Issue		
Trauma Alert		Spinal Motion Restriction		
Electrical Therapy		Scene times		
Medication Error		Notification Times		
RSI/Intubation		Other clinical		
Safety Issue		Other non-clinical		
Tourniquet Application				
<b>Findings:</b>				
<b>Service Findings:</b>				
<b>Conclusions:</b>				
<b>Recommendations:</b>				
<b>Provider Comments:</b>				
<b>QA/PI Officer Signature:</b>		<b>Provider Signature:</b>		