

Jackson County Emergency Medical Services

Quality Assessment/Improvement

MCI (Involving more than two agencies) Review

Agency: _____ Reviewer: _____

Run #: _____ Review Date: _____

To Supervising Physician?

For Case Review?

Teaching Point: _____

Criteria	Acceptable/ Applicable	Comment (required if Not Acceptable or Not Applicable)	Criteria	Acceptable/ Applicable	Comment (required if Not Acceptable or Not Applicable)
MCI declared and announced?			Standing Orders followed?		
ICS established & appropriate?			Communications adequate?		
Triage appropriate?			Transport appropriate?		
Treatment appropriate?					

Comments, Concerns & Suggestions: