

# EMERGENCY RESPONSE CRITIQUE

Incident Date / Time: \_\_\_\_/\_\_\_\_/\_\_\_\_ \_\_\_\_: \_\_\_\_ AM - PM

**Rating:** 3= Excellent, 2= Good, 1= Needs Improvement

Type Of Call:    Cardiac       Breathing Difficulty       Slip / Trip / Fall / General Trauma

Dizzy             Light Headed             Abdominal Pain

Other: \_\_\_\_\_

Comments: \_\_\_\_\_

Time	Process	What Went Well?	What Needs Improvement?	Rating
	Call Begins	<input type="radio"/> Security Obtained Clear Info <input type="radio"/> Security Notifies MERT <input type="radio"/> Security Responds To Call <input type="radio"/> Security Sets Up Escorts		
	Responders	<input type="radio"/> MERT Arrives Within 2 Minutes of Page <input type="radio"/> Security Arrives Within 2 Minutes of Page		
	Safety	<input type="radio"/> Responders Arrive Unhurt <input type="radio"/> Crowd Control & Scene Management		
	9-1-1 Call	<input type="radio"/> Decision To Call Made Within 3 Minutes <input type="radio"/> Security Available to 9-1-1 Upon Arrival		
	Treatment Of Victim	<input type="radio"/> PPE Used By All Site Responders <input type="radio"/> Yellow Brick Road Completed <input type="radio"/> Emotional Support <input type="radio"/> Treatment Priorities Met <input type="radio"/> Communications With 9-1-1		
	Fire/Medic Arrival	<input type="radio"/> Arriving Within 5 Minutes Of Call <input type="radio"/> To Patient Without Confusion Or Delay		

**Scoring:** 13-18 = Excellent, 7-12 = Good, <7 = Needs Improvement

## IMPROVEMENT ACTION ITEMS

Action Items	Ownership	Due Date	Completion Date