



DEPARTMENT OF THE NAVY
NAVAL DENTAL CENTER
2310 CRAVEN ST.
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SAN DIEGO, CALIFORNIA 92136-5596

NAVDECENSIEGOINST 6010.1C
OOQ
MAY 3 1995

NAVDECENSIEGOINST 6010.1C

From: Commanding Officer

Subj: PERFORMANCE IMPROVEMENT PROGRAM

Ref: (a) BUMEDINST 6010.13
(b) NAVDECENSIEGOINST 6320.2D
(c) BUMEDINST 6320.82
(d) JCAHO (AMAHC)

Encl: (1) Guide for the Program

1. **Purpose.** To establish policy, publish procedures and assign responsibilities for the performance improvement (PI) program at Naval Dental Center, San Diego (NDC San Diego) as required by references (a) through (c), and under the guidelines of reference (d).
2. **Cancellation.** NAVDECENSIEGOINST 6010.1B
3. **Background.** References (a) through (c) provide guidance and requirements for PI activities. NDC San Diego strives to assure that a high level of quality care is achieved throughout the command.
4. **Applicability.** This instruction applies to all personnel (active duty, reserve, civilian, contractor or volunteer) providing services at branch dental clinics and the Area Dental Laboratory.
5. **Policy.** All personnel must participate in an ongoing monitoring and evaluation of all systems and processes designed to assess the quality and appropriateness of the services they provide whether in a clinical or non-clinical setting. Individuals responsible for PI program management will be afforded educational opportunities commensurate with their responsibilities.
6. **PI Program Objectives.** Specific objectives of the PI program are:
 - a. Improve patient care through continuous monitoring, evaluation, and identification of opportunities to improve processes or outcomes in the most effective and efficient manner.



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b. Identify and justify resources needed to maintain levels of care that meet or exceed customer expectations and current guidelines.

c. Communicate important PI information to effect sound clinical and management decision-making at all levels of the organization.

d. Integrate, track, and trend PI information to identify significant patterns or processes.

e. Support credentials review and privileging activities.

f. Identify educational and training needs.

g. Identify, assess, and decrease risk to patients and staff thereby reducing exposure to liability.

7. Responsibility. Responsibility for the overall function of the PI program is outlined in enclosure (1).

8. PI Plan and Minute Format. The command's PI plan will be reviewed each October and issued via a command notice by 1 December.

9. Reports and Forms. Forms addressed in enclosure (1) are to be reproduced locally, except the Patient Customer Survey which is available from the Command Customer Satisfaction Manager.



T. C. SPLITGERBER

Distribution:

List 1, Case 1, 2

NAVDENCENS DIEGO INST 6010.1C
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**GUIDE FOR
PERFORMANCE IMPROVEMENT PROGRAM
NAVAL DENTAL CENTER, SAN DIEGO**

ROLES AND RESPONSIBILITIES

Prophylaxis Provider Certification

Clinical Performance Profile

REVIEW FUNCTIONS

**Occurrence Report
Management Variance Report**

Dental Record Review

Code Blue Critique Form

Customer Satisfaction Survey Form

APPENDIX A

Attachment A-1

Attachment A-2

APPENDIX B

**Attachment B-1
Attachment B-1A**

Attachment B-2

Attachment B-3

Attachment B-4

Enclosure (1)

1. ROLES AND RESPONSIBILITIES

a. **Commanding Officer**: The Commanding Officer of NDC San Diego has the overall responsibility for the quality of care and services provided by this command as measured by satisfaction of its customers.

b. **Executive Officer**: The Executive Officer is appointed as overall manager of the command PI program and acts as chairperson of the Executive Committee of the Dental Staff (ECODS), and the immediate supervisor of the PI Dental Advisor and the command PI Coordinator.

c. **PI Dental Advisor**: The PI Dental Advisor is a dental officer who acts as an advisor to the Executive Officer and the dental staff, maintains close liaison with the PI Coordinator, assists branch clinics and departments in formulating monitors and evaluation criteria. Also serves as a member of the ECODS.

d. **Command PI Coordinator**:

(1) The PI Coordinator functions as a special assistant to the Executive Officer in coordinating the flow of PI Program information between activities.

(2) In concert with the PI Dental Advisor, assists branch clinics or departments in implementing PI plans, and with formulation of monitors and evaluation criteria.

(3) Serves as the administrative assistant to the Chairperson and as a member of the ECODS. Prepares the agenda, committee reports, and minutes.

(4) Trends, tracks and monitors results of monitoring and evaluation activities.

2. Committees and Key Positions.

a. **Executive Committee of the Dental Staff (ECODS)**. The mission of the ECODS is to oversee and facilitate the quality systems program at Naval Dental Center, San Diego by developing monitors, directing implementation, reviewing results and making

recommendations for action as needed. *Operational definition of a quality systems program is the process of assessing organizational performance in order to maximize customer satisfaction.* The committee reviews and recommends action on all PI issues that by policy have to be resolved beyond the branch clinic level. The committee forwards recommendations for the granting of clinical privileges following review by the Credentials Committee to the Commanding Officer. The ECODS reports directly to the Commanding Officer/Executive Steering Committee.

b. The goals of the ECODS are:

- (1) Promote comprehensive care for our customers,
- (2) Promote optimal services,
- (3) Promote safe patient treatment in a maximum risk-free environment, and
- (4) Promote education and training for all customers.

c. Membership will include the Executive Officer as Chairperson; PI Dental Advisor; three (3) Branch directors; two (2) TQL Advisors; three (3) Command Specialty Consultants; PI Coordinator (not a voting member) and others appointed by the Commanding Officer. A quorum of at least five members will be required to carry out the responsibilities of the ECODS.

3. Credentials Committee. The members shall consist of the Director, Branch Dental Clinic, Naval Station as chairperson and the command specialty consultants. The ECODS has delegated to the Credentials Committee the function of reviewing and recommending privileging actions to the Commanding Officer via the Chairperson, ECODS. The Command PI Coordinator (a non-voting member) will act as the committee recorder.

4. Director, Branch Dental Clinic (BDC). The Directors, BDCs, initiate, direct and review all aspects of the PI plan in their respective BDC or Area Dental Laboratory. In smaller, clinics, maintains the clinical activity file(s) for providers assigned to their clinic.

5. Branch PI Coordinator. Branch PI Coordinators are responsible for compiling and reviewing their respective BDC or ADL input for the PI Committee meeting.

6. Department Heads. Department heads are the keys to an effective, functional PI program. They direct and supervise dental officers and auxiliary support personnel.

Responsibilities are:

- a. **Directs department PI activities and alerts the command, via branch director, to issues that may affect the quality of patient care, staff safety, or potential liability.**
 - b. **Ensures all dental technicians and assistants (military and civilian) who perform prophylaxis treatment either full or part-time are evaluated annually utilizing Attachment A-1. This form is to be placed in the dental technician's department file.**
 - c. **Reports equipment failures, supply deficiencies, and unsafe conditions that may impact on patient care or safety to the branch director or branch safety officer/petty officer.**
 - d. **Ensures that all Occurrence Reports, Management Variance Reports, customer compliments and complaints are promptly reviewed and appropriate actions are taken.**
 - e. **Maintains clinical activity files (CAF) on each provider in the department. The CAF shall include: copy of current privileges, results of peer review (record reviews), validated occurrence reports, and customer compliments/complaints. Continuing education certificates will be forwarded to the Command Education & Training department. The clinical performance profile (attachment A-2) will be completed every six months. This is an excellent opportunity to discuss the provider's desires and expectations, job performance, career goals, educational opportunities, etc.**
- 7. Occupational Safety Health Policy Council.** The council is responsible for the monitoring and oversight of the Occupational, Health and Safety Program and is guided by NAVDENCENS DIEGO INST 5100.3B. The ECODS will review sharpsticks/cuts incidents and other potential risk areas as they arise.
- 8. Infection Control Officer (ICO).** The command will have an appointed Command Infection Control Officer. Infection control issues will be discussed at the ECODS by the ICO's quarterly report of clinic self-inspection. The ICO is guided by NAVDENCENS DIEGO INST 6600.10A. A summarized report of the inspection is to be forwarded to the Commanding Officer via the Command PI Coordinator and the Executive Officer.
- 9. Command Customer Satisfaction Manager.** The Command Customer Satisfaction Manager is responsible for the establishment and daily management of the customer satisfaction program. The manager reports directly to the Executive Officer. Functions

and responsibilities include the following:

- a. Ensures each clinic is assigned a customer contact representative.
- b. Establishes and provides ongoing training programs for personnel appointed as customer contact representatives.
- c. Analyzes data from branch dental clinics and provides quarterly input to the ECODS.
- d. Acts as a referral source for customer contact representatives if an issue cannot be resolved at the branch clinic/department level.
- e. Evaluates the effectiveness of the overall program at the end of the fiscal year and reports the results to the ECODS.

10. Command Personnel. All command personnel (dentists, hygienists, clinical support staff--active duty, reservists, contract, civilian and Red Cross Volunteer) make the PI program succeed. Through constant contact with patients/customers and the daily use of supplies, equipment, and facilities, they are in the pivotal position to identify, report, and resolve issues concerning patient care and safety.

PROPHYLAXIS PROVIDER CERTIFICATION

Name of Provider: _____

Evaluator: _____ Clinic: _____

PERFORMANCE ELEMENTS	N/A	Sat	Unsat	Comments
1. PRE-TREATMENT. Understands or demonstrates how to:				
a. Conduct adequate review of Health Questionnaire _____				
b. Examine teeth and surrounding tissues _____				
c. Consult with staff when appropriate _____				
2. BARRIER PROTECTION. Barrier protection established:				
a. Patient wears eye protection _____				
b. Provider wears eye protection, facemask, and gloves _____				
c. Comprehensive DOR infection control procedures followed _____				
3. PROPHYLAXIS. Adequate prophylaxis demonstrated by:				
a. Proper setup and adjustment of mechanized scalers _____				
b. Proper placement and use of all instruments _____				
c. Proper tissue management (hard and soft) _____				
d. Proper use of finger rests _____				
e. Removal of all supragingival deposits _____				
f. Proper use of prophylaxis cups and brushes _____				
4. FLUORIDES. Applied in manner prescribed by dental officer _____				
5. PATIENT EDUCATION				
a. Explains importance of oral hygiene to oral health _____				
b. Uses model/teaching aids in education process _____				
c. Demonstrated in-mouth brushing/flossing technique _____				
d. Answers patient questions regarding oral health _____				
e. Recommends return visit for patients requiring additional treatment/instruction _____				
6. MAINTENANCE. Maintains instruments and work spaces:				
a. Correctly sharpens hand instruments _____				
b. Prepares instruments for sterilization _____				
c. Performs preventive maintenance on equipment _____				
d. Maintains operatory clean and orderly _____				
e. Properly stores instruments and supplies _____				
7. ADMINISTRATION				
a. Adequate dental record entries _____				
b. Complete DIRS entries _____				
c. Complete MEPRS entries _____				
d. Complete Supply requests _____				
e. Complete applicable log entries _____				

Signature of Certifying Staff Evaluator: _____ Date: _____

*Recertification required one year from this date
Place this certification in Provider's File*

CLINICAL PERFORMANCE PROFILE

Practitioner Name: _____ SSN: _____

6 - Month Intervals DATE #1 _____ #2 _____ #3 _____ #4 _____ TOTALS

1. VOLUME DATA:

a. # days deployed/TAD/ and/or not available					
b. % of time in direct patient care					

2. OCCURRENCE REPORTS:

a. Validated facility-specific:

(1) # Category III				
(2) # Category IV				

3. DENTAL STAFF MONITORS:

a. Dental record review

(1) # validated deficiencies (Clinical)				
(2) # reviewed				

b. Drug usage review

(1) # validated deficiencies				
(2) # reviewed				

4. FACILITY-WIDE MONITORS:

a. Patient Contact Point Program

(1) # validated patient compliments (Written)				
(2) # validated patient complaints				

b. Liability Claims/JAGMAN Investigations/PCE Reviews

(1) # in which practitioner was principal focus				
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5. PROFESSIONAL DEVELOPMENT

a. # papers presented / professional presentations				
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b. other recognitions of positive professional achievement				
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DEPARTMENT HEAD INITIALS				
PRACTITIONER INITIALS				

PI REVIEW FUNCTIONS

To accomplish the goals of the ECODS, the following review activities will be addressed in quarterly meeting minutes. Branch directors will submit their minutes to the Chairperson, ECODS, via PI Dental Advisor and Command PI Coordinator by the 20th of the month following the meeting (e.g., April minutes are due by 20 May). Minutes will be reviewed for agenda items to be discussed at the ECODS meeting.

1. Clinical Indicators/Key Processes. Clinical indicators/key processes provide opportunities to improve the overall performance of systems which reflects our focus and goal of continuous quality improvement. Clinical indicators/key processes have been identified by the ECODS as important functions in providing quality dental care. Clinical Monitors can be either a rate based indicator - numerator/denominator measurement, or a sentinel event - performance measure that identifies an event that always triggers further analysis and occurs infrequently and is undesirable in nature (e.g., unscheduled visit within 72 hours after treatment). Samples of rate based clinical indicators can be obtained from the Command PI Coordinator. Branch directors are to select one or more monitor(s) for each goal. Monitors should be appropriate to the processes in their clinic and should be monitored as long as necessary. Additionally, Branch directors are to submit in their minutes either control or pareto charts for analysis.

a. GOAL 1. Promote comprehensive care for our customers.

Suggested monitors:

- (1) Access to care (All processes) (Rate based indicators)**
 - #patients appointed/#patients wanting appointment
 - #patients appointed/#patients wanting evaluation (ortho/pros)
 - Collect data for waiting time for scheduled appointment (pareto)

- (2) Patient Satisfaction (Pareto Chart)**
 - Unexpected rescheduling of appointments (Process/Outcome)
 - Treatment interruptions (Process)

b. GOAL 2. Promote optimal services.

Suggested monitors:

- (1) Availability of critical supply items (Process)**
 - Alteration of planned treatment due to lack of supplies.

- (2) X-ray retakes (Process)
- # of retakes/total x-rays taken

c. **GOAL 3. Promote safe patient treatment in a maximum risk-free environment.**
Suggested monitors:

- (1) Sharpstick (Outcome)
- (2) Occurrence Report (Outcome)
- (3) Record and Drug Review (Process)
- (4) Emergency services (Outcome)

d. **GOAL 4. Promote education and training for all customers.**
Suggested monitor: Code Blue Drills

2. **Occurrence Reports.** Our efforts in continuous, constant improvement will be successful only if everyone adopts the belief that those involved in healthcare are genuinely committed to doing their best. It is the command's desire to help everyone improve. Occurrence reporting is a technique in which patient care is monitored for significant unplanned events in the course of a patient's treatment. Criteria is broken down by clinical and non-clinical events. Attachment B-1 will be used to document these types of events.

a. Once identified, the occurrence is evaluated for validity, reviewed by the provider associated with occurrence, and categorized to determine if the standard of care was met. Occurrence reports may be completed concurrently or retrospectively. After the initial reviewer completes the form, the department head for the specialty involved will determine if the occurrence is valid using reference (c). It is then reviewed collectively by the initial reviewer, department head, and branch director for categorization. If the occurrence is either a category 1 or 2 (within standards of care (SOC)), the report remains in a central file at the branch. If the occurrence is a category 3 (marginal deviation from SOC) or 4 (significant or gross deviation from SOC), the occurrence report plus radiographs, if appropriate, are forwarded with the PI minutes.

b. The occurrence report is reviewed by the command specialty consultant for concurrence of category and reviewed at the next ECODS meeting.

c. **Potential Compensable Event (PCE)** is an event or outcome during the process of dental care in which the patient suffers a lack of improvement, injury or illness of severity greater than ordinarily experienced by patients with similar procedures or illnesses. Injury or disability is classified as follows:

- (1) None or Minor - delayed recovery from anesthesia not impeding overall recovery.
- (2) Temporary - paresthesia with gradual recovery.
- (3) Long-Term Permanent - extraction/procedure completed on wrong tooth.

d. A case abstract (DD-2526) and JAGMAN investigation, if necessary, will be forwarded to BUMED for tracking purposes only. This will be completed by the Command PI Coordinator after review by ECODS. No provider information is indicated at the time of submission.

3. Management Variance Reports. This includes any non-clinical occurrence that may impact the provision of patient care. Attachment B-1A will be used for these type of events. Examples are: patient injury; broken instruments; equipment malfunction; property loss/damage; and defective dental materials/supply problem. Additionally, the Safe Medical Devices Act of 1990 requires the completion of SF-380, Reporting and Processing of Medical Material Complaints/Quality Improvement Report, when dental equipment cause serious illness or injury to a patient.

4. Dental Record Review

a. The dental record is the single most important source document reflecting the continuity of dental care provided to a patient. Dental records must constitute a concise, legible reflection of patient dental history and treatment experience. Each department and/or branch clinic will utilize the same criteria which has been approved by the ECODS. At a minimum, a dental officer at each department and/or branch clinic should be appointed as Records Review Officer.

b. The purpose of the dental record review function is to monitor dental records for administrative correctness, clinical pertinence, and documentation of treatment outcomes. The review function is not intended to address the quality of care, but rather, the quality of the dental records.

c. A minimum of fifteen (15) dental records per quarter per provider (dentist, hygienist, prophyl techs) will be reviewed using attachment B-2. Those providers who hold a provisional staff appointment must have five(5) records per month reviewed to meet the privileging criteria for an active staff appointment. Records of patients who have received dental treatment within 90 days of the review should be selected at random.

d. A summary (pareto chart) of the dental record reviews will be forwarded to the ECODS via the Command PI Coordinator for discussion at the ECODS meeting. This chart should also contain general comments and recommendations for review and be discussed at clinic level department/branch meetings.

5. **Safety Review.** Safety issues/concerns are to be brought to the attention of the Safety Manager for possible agenda items for the quarterly supervisory safety meeting/OSH Policy Council meeting. The ECODS receives a copy of those meeting minutes and discusses any issues, as needed.

6. Infection Control Review

a. Dental personnel may be exposed to a wide spectrum of micro-organisms and infectious diseases from contact with blood, saliva and bacterial plaque of patients under their care.

b. BUMEDINST 6600.10A and NAVDENCENS DIEGO INST 6600.10A provide specific guidance and policy for setting up and conducting proper infection control practices at this command.

7. Education and Training.

a. Branch minutes will include any training needs identified as a result of the monitoring and evaluation activities outlined in this PI program.

b. Each BDC will conduct Code Blue drills. If possible, drills should be held in conjunction with the Branch Medical Clinic. The Command Consultant for Oral and Maxillofacial Surgery is designated the Code Blue Drill Coordinator. Code Blue Drill Critiques (Attachment B-3) will be sent to the coordinator for compilation and a quarterly report forwarded to the ECODS. At smaller clinics, quarterly drills vice monthly may be conducted. Monthly drills are recommended for larger clinics.

c. Patient Education - Branch directors are to maintain a patient education program within their respective clinic. All providers are encouraged to participate in the Children's Dental Health Program, Wellness Fairs sponsored by medical clinics, and other opportunities to educate patients. Documentation of participation will be included in meeting minutes.

8. Customer Satisfaction Program. The Customer Satisfaction Program is the backbone of the PI Program. The purpose of the program is to measure how well we are meeting our customer's desires and expectations. The Customer Satisfaction Program will be reviewed at least quarterly. BDCs are to submit to the Command Customer Satisfaction Manager (Command Consultant for Oral Diagnosis) a report of any issues that arose during the quarter. Customer Satisfaction Surveys (Attachment B-4) will be collected at a minimum of twice a year with a report of the results sent to the Command Customer Satisfaction Manager who in turn will submit a report and analysis to the ECODS.

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OCCURRENCE REPORT

Purpose

An event or outcome during the process of dental care in which the patient suffers a lack of improvement, injury, or illness of severity greater than ordinarily experienced by patients with similar procedures or illnesses.

Instructions: This form is to be used whenever an occurrence described below is noted by any staff personnel. Only one form is completed for each Occurrence noted; multiple occurrences are not be described on one form. Originator is to complete Part 1 and submit to the Branch QA Coordinator. This document is produced as a portion of the Bureau of Medicine and Surgery Quality Assurance Program. Information herein is confidential and privileged under the provisions of 10 USC 1102 (1986)

Clinical Events:

1. Significant unplanned, post-operative event
e.g., chronic pain, unresolved sensory nerve loss.
2. Unplanned elevation in care.
e.g., unplanned extraction, hospitalization
3. Inappropriate medication or lack thereof.
4. Procedure performed on wrong tooth.
5. Adverse reaction to antibiotic therapy.
6. Misdiagnosis/Failure to Diagnose.
7. Gross negligence in the provision of care.

PART 1. OCCURRENCE FACTS (To be completed by personnel first noting Occurrence)

Date: _____ Time: _____ Clinic _____ Dept: _____

Brief description of Occurrence:

Patient Identification:

Name of Person Preparing Report	Grade/ Rate	Date
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PART II: INITIAL REVIEW (For Clinical Event ONLY)

Is this a valid occurrence? Yes _____ No _____

Signature of Reviewer	Rank	Date
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PART III: Comments by provider associated with occurrence

Remarks/Comments:

Signature of Reviewer	Rank/Rate	Date	
Signature of Department Head	Rank/Rate	Date	
Signature of Branch Director	Rank/Rate	Date	Category?
Signature of Command Consultant	CONCUR: YES / NO	Date	

PART V: DISPOSITION, RECOMMENDATIONS, ACTIONS, AND FOLLOW-UP
 (To be completed after review - for routing to senior management)

Signature of Dentist Advisor or Command QA Coordinator	Rank	Date
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MANAGEMENT VARIANCE REPORT

Purpose: To document events that interrupt or impact the provision of care or affect general liability.

This document is produced as a portion of the Bureau of Medicine and Surgery's Quality Assurance Program. Information herein is confidential and privileged under the provisions of 10 USC 1102 (1986)

- A. Patient Injury (not related to care)
- B. Broken instruments
- C. Equipment malfunction
- D. Property loss/damage
- E. Defective dental materials/supply problem
- F. Other

PART 1: VARIANCE FACTS (To be completed by personnel first noting variance)

Date: _____ Time: _____ Clinic: _____ Dept: _____

Patient or Staff identification (if applicable): _____ Witness Name: _____ Telephone # _____

Name of Person Preparing Variance(Print) _____

Signature: _____ Grade/Rate: _____ Date: _____

PART II: VARIANCE FOLLOWUP		
Completed by:	Grade/Rate	Date

PART III: DISPOSITION, RECOMMENDATIONS, ACTIONS, AND FOLLOWUP (To be completed after review)		

Signature of Dept. Head	Grade/Rate	Date
Signature of Branch Director	Grade/Rate	Date
Signature of Command PI Coordinator	Grade/Rate	Date
Signature of Command Consultant	Grade/Rate	Date

NAVAL DENTAL CENTER, SAN DIEGO

DENTAL RECORD REVIEW

Branch Clinic:	SSN	SSN	SSN	SSN	SSN	TOTALS
Provider:						
Reviewer:						
Date of Review:						
DENTIST CLINICAL PERTINENCE						
1. Blood Pressure taken when indicated.						
2. Positive HQ entries are clarified and referred when indicated.						
3. Pencil entries transferred over to current SF-603A (N/A recruit records).						
4. Record entries legible.						
5. Informed consent properly completed.						
6. Documentation of tobacco counseling.						
7. Rx and dosage consistent with diagnosis and recorded appropriately.						
8. Drug allergies displayed on SF-603/A						
HYGIENIST/PROPHY TECH CRITERIA						
1. Record entries legible.						
2. HQ reviewed & entry made on SF-603/603A.						
3. Blood Pressure taken within past 12 months.						
4. Correct dental class entered on SF-603/603A.						
5. Provider stamped/signed after treatment entry.						

NDCSD 6010/11 (REV 3-95)

CODE BLUE DRILL CRITIQUE SHEET MAY 3 1995

Clinic: _____ Drill for the month of: _____
 Date held: _____
 Drill location: _____
 On-site personnel: _____
 Other assisting personnel: _____

TIME SEQUENCES (MM:SS after drill called)

CPR "Started" _____ : _____ [] N/A
 PA announcement _____ : _____
 Oxygen arrived _____ : _____
 Emergency drugs arrived _____ : _____ [] N/A
 Simulated medical call _____ : _____ [] N/A
 IV equip arrived _____ : _____ [] N/A

EVALUATION OF EXERCISE

GOOD (2 pts) = No errors, hesitation, or confusion
 FAIR (1 pt) = Some uncertainty, unfamiliarity with equipment or protocol, but no life-endangering flaws
 POOR (0 pt) = Errors in judgement or technique that could cause threat to life in real situation

	GOOD (2)	FAIR (1)	POOR (0)	N/A
Code properly called:	_____	_____	_____	
Patient assessment:	_____	_____	_____	
Airway/breathing check:	_____	_____	_____	
Carotid pulse check:	_____	_____	_____	
Proper patient position:	_____	_____	_____	
Proper oxygen use:	_____	_____	_____	_____
CPR properly performed:	_____	_____	_____	_____
Feedback on medical:	_____	_____	_____	_____
Communications/organization:	_____	_____	_____	
IV/Drugs used properly:	_____	_____	_____	_____
On-scene Dr. knowledgeable:	_____	_____	_____	
Other persons knowledgeable:	_____	_____	_____	
Equipment functioning:	_____	_____	_____	_____

MAX POSSIBLE POINTS FOR DRILL: _____ DRILL POINTS AWARDED: _____

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SUMMARY OF DRILL SCENARIO: _____

REFEREE'S OVERALL ASSESSMENT OF DRILL RESPONSE:

OUTSTANDING [] GOOD [] FAIR [] POOR [] UNACCEPTABLE []

REFEREE COMMENTS: _____

PROBLEM AREAS NOTED: _____ None or: _____

CORRECTIVE ACTIONS TAKEN: _____ N/A or: _____

Have participating personnel been debriefed on contents of report? _____

SUBMITTED: _____, Referee

(printed name)

REVIEWED: (signature) _____, Branch Director

COMMENTS/RECOMMENDATIONS: _____

