BLS FUNDING

RUN REVIEW - BLS TRAINING & QI INITIATIVE

The **Run Review** facet of the BLS Training and QI Initiative examines EMT medical performance, decision making, and understanding of current education concepts.

- BLS agencies receive resources to conduct a "minimum level" of standard patient care record review (run review) and related EMT training.

- Each agency receives $5,000 from the total allocation, and remaining funds are then distributed based on percentage of call volume.

- The EMS Division and its regional partners collaboratively identify “minimum standard level” on an annual basis. The expected level or focus includes both clinical and administrative review.

- Paramedics and certified CBT instructors conduct Run Review, and provide feedback EMT(s) within 14 days of the call.

- Agencies provide subsequent training consisting of at least conducting one training class per agency per quarter.

- Agencies will receive their allocations based on completing the scope of work and submitting an invoice that reflects the work.

If you have any questions about the BLS Training & QI Initiative, please contact Helen Chatalas at 206-263-8560 or Helen.Chatalas@kingcountygov.

Public Health
Seattle & King County

EXHIBIT F

2020 BLS - BLS QI & Training RUN REVIEW Report

1st Quarter Run Review Report

Agency Name: _____

RUN REVIEW (Attach Report at Group & Topic Level) **Records reviewed for completeness & accuracy** *(Recorded times; response times; vitals; CPR data; data timeliness)*	# reviewed	
	_____	_____
Records to be reviewed for clinical indicators		
ALS Indicators *(Cardiac Arrest; STEMI; Stroke; Trauma)*	_____	_____
BLS-specific types of cases *(Anaphylaxis; Stroke; Respiratory Distress; ALS Request from scene (type of transport); Left at Scene*	_____	_____

Requirements	# of records	# meeting requirement
Review/comment to EMT within 14 days	_____	_____
Conduct one training class per shift/ grouping per quarter	_____	_____
Average review/comment days	_____	_____

TRAININGS (Date/Topic/Instructor)

Dates	Description	Instructor
Jan 10, 11, 15, 17, 20	High performance CPR with emphasis on xxxx based on observation of xxx and xxxx	Instructor A
Feb 5, x, x, x,	LAMB codes with emphasis on xxxx based on observation of xxx	Instructor B
Feb 15, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor A
March 5, x, x, x,	xxxxx with emphasis on xxxx based on observation of xxx	Instructor B

Run Review

What trends did you notice during your reviews?

Clinical:

Administrative:

ESO-related:

What were your areas of achievement?

Clinical:

Administrative:

ESO-related:

Where is there room for improvement?

Clinical:

Administrative:

ESO-related:

Other

Public Health
Seattle & King County

EXHIBIT B3

ALL FIELDS MUST BE COMPLETED FOR PROMPT PAYMENT PROCESSING

King County Accounts Payable Information	
Purchase Order #	
Supplier Name	
Supplier #	
Supplier Pay Site	
Remit to Address	
Invoice Date	
Invoice #	
Amount to be Paid	
Note to AP	
Payment Type	(Circle One) CHECK or ACH
Print on Remittance	
PH Program name & phone	

2020 BLS Invoice - Run Review
BLS Training & QI Initiative

Contract Number:
Exhibit: B3 - BLS Training and QI Program Invoice
Contract Period of Performance: 2020

Agency Name: _____
Address:_____
_____
Contact: _____
Phone #:_____
email: _____

Submit signed hardcopy or PDF invoice to:
Emergency Medical Services Division
Attn: Helen Chatalas
401 5th Ave., Suite 1200
Seattle, WA 98104

Invoice for services rendered under this contract for the period of:

Start Date	End Date

MM/DD/YY

Project	Organization	Expend Acct	Task	Award	DPH Acct	CPA	CFDA	Amount
1121359	830400	53180	100	101752				

Attach sheet for multiple POETAs

Direct Costs	Budget	Current	Previous Billed	Expense to Date	Balance
Run Reviews and Training	$ -	$ -	$ -	$ -	$ -

I, the undersigned, do hereby certify under the laws of the State of Washington penalty of perjury, that this is a true and correct claim for reimbursement services rendered. I understand that any false claims, statements, documents, or concealment of material fact may be prosecuted under applicable Federal and State laws. This certification includes any attachments which serve as supporting documentation to this reimbursement request.

Signed _____ Date _____

PH Program Manager Approval _____ Date _____

Print Name _____

For Public Health Use Only					
	Received	Entered	CM/PM Review	FM Review	Official Copy Rcvd
Date					
Initial					