|  |  |  |  |
| --- | --- | --- | --- |
| **2nd Quarter****FY 2014** | **October****2013** | **November****2013** | **December****2013** |
| **Trauma System Indicator** |  |  |  |
| **QI officers are to share the trauma field decision scheme with providers this quarter and instruct them to note its use in their narrative** |  |  |  |
| **How many narratives reflected the use of the trauma field decision per the Trauma Triage plan?** |  |  |  |
| Medical System Indicator | **October****2013** | **November** **2013** | **December** **2013** |
| **How many medical patients were transported via helicopter this quarter**? |  |  |  |
|  |  |  |  |
| System Indicator |  |  |  |
| **Has your agency reviewed and or revised its QI plan this quarter?** |  |  |  |
| **How many instances was training conducted?** |  |  |  |
| **How many providers attended?** |  |  |  |
|  |  |  |  |
|  |  |  |  |

QI representatives may email this form back to pbertone@vaems.org. Thank you for your continued commitment to this process. We appreciate your time and efforts.