



Agency Name:	
Agency Number:	
Total Cases Reviewed:	
QA Representative:	
Contact E-mail:	

If you did not review any reports relevant to the particular question (e.g., you did not have any burn patients), please fill in "O"—do not leave these spaces blank or enter "N/A". Thank you!

FY15 Q1 Trauma Indicator

	July	August	September
Out of total reports reviewed, how many were trauma calls?			
Out of these trauma calls, how many were burn patients?			
What type of burn?			
Which pain management techniques were used?			
Which medication was administered? What was the dose? How was it delivered?			

Please continue onto the next page



FY15 Q1 Medical Indicator

For the calls reviewed this period, please provide assessment of overdose demographics, treatment capabilities, and patient outcome

Overdose Management					
Incident	Pt Age	Pt Sex	Type of Overdose	Primary Treatment	Patient Outcome

Please continue onto the next page



EMS COUNCIL INC.

FY15 Q1 System Indicator

Financial Information for FY 2014 (July 1, 2013 – June 30, 2014)	
Total Number of EMS Incidents for the Fiscal Year:	
EMS Expenses:	
1	Amount spent on consumable EMS supplies <i>Consumable supplies include one-time use items such as gloves, oxygen, IV, medications, etc.</i>
2	Amount spent on patient care equipment <i>This includes reusable equipment such as backboards, monitors, rigid splints, etc.</i>
3	Amount invested in capital equipment <i>Capital equipment includes vehicles, buildings, communications equipment, etc.</i>
	buildings:
	communications:
	vehicles:
	other:
4	Amount spent on training <i>Include all agency expenses related to training events. This includes course registration, salaries, training supplies, etc.</i>
5	Overall EMS related Expenses. <i>Please indicate your agencies entire EMS expense for the fiscal year. This can include additional items not requested above.</i>
Revenue Recovery:	
Does your agency Bill For Survive (please circle answer)? YES / NO	
1	Revenue Recovery - Billed <i>Please indicate approximate amount billed for EMS services</i>
2	Revenue Recovery - Income <i>Please indicate approximate amount of income received from billing.</i>
Additional Comments / Information	
<i>Any additional comments or amplifying information?</i>	