

REMS REGIONAL QI COMMITTEE
AGENCY QUARTERLY QUALITY MANAGEMENT REPORT



Agency Number:

Agency Name:

Reporting Period Year:

JUL-SEPT (Q1)

OCT-DEC (Q2)

JAN-MAR (Q3)

APR-JUN (Q4)

REQUIRED DATA (Please complete all sections of this form and submit with additional QI Indicator Forms)

COMMENDATIONS:

Provider	Cert #	Brief Description
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RECOMMENDATION(S) FOR IMPROVEMENT:

Total Number of Patient Care Reports *Filed* This Period:

Total Number of Patient Care Reports *Reviewed* This Period:

Level of Care Provided:

ALS

BLS

N/A*

TOTAL

**Unknown, Cancelled, No Patient, No Tx Required*

Incident Disposition:

Treated, Transported by EMS

Treated, Transferred

Treated, Transported by Private

Treated, Released

No Treatment Required

Patient Refused Care

Dead on Scene

Cancelled

No Patient Found

Not Applicable

Unknown

TOTAL

Submitted by:

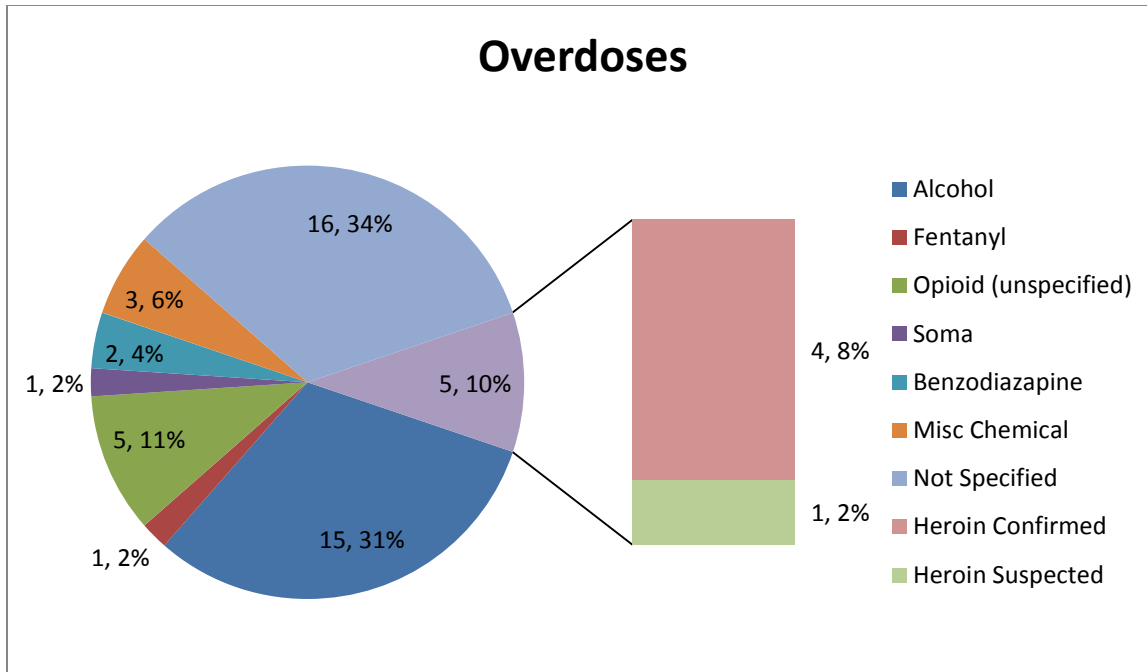
E-mail Address:

Date:

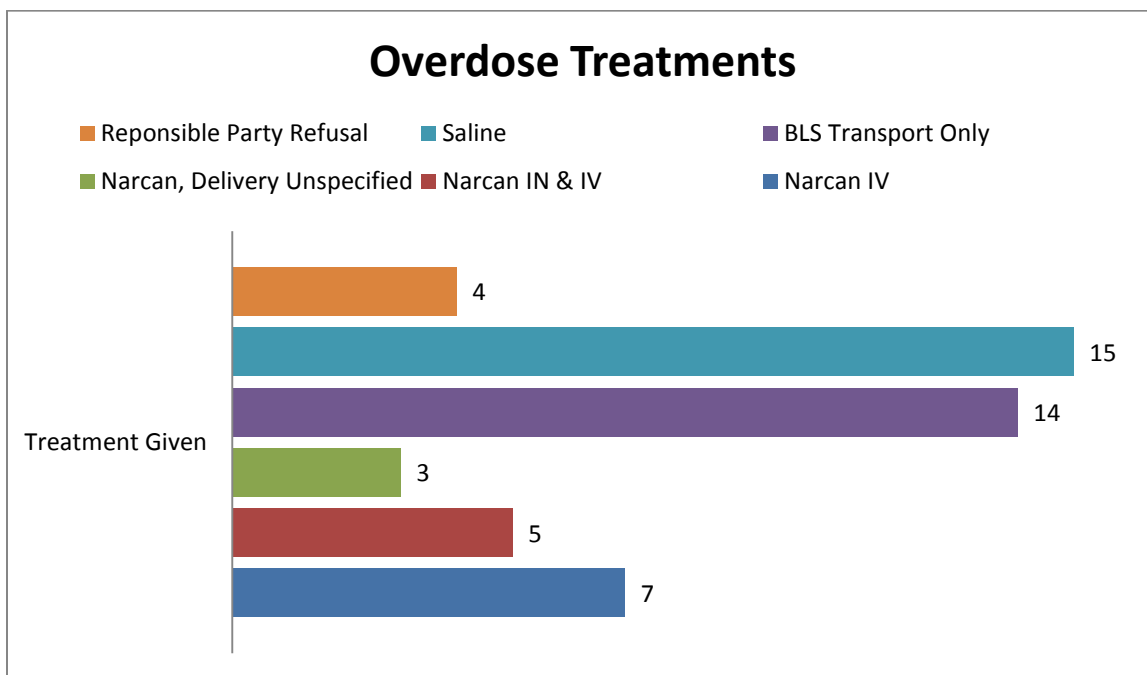
Contact Phone #:

**FAX COMPLETED FORMS TO REMS COUNCIL AT 540-373-0536
OR E-MAIL TO REMS@VAEMS.ORG**

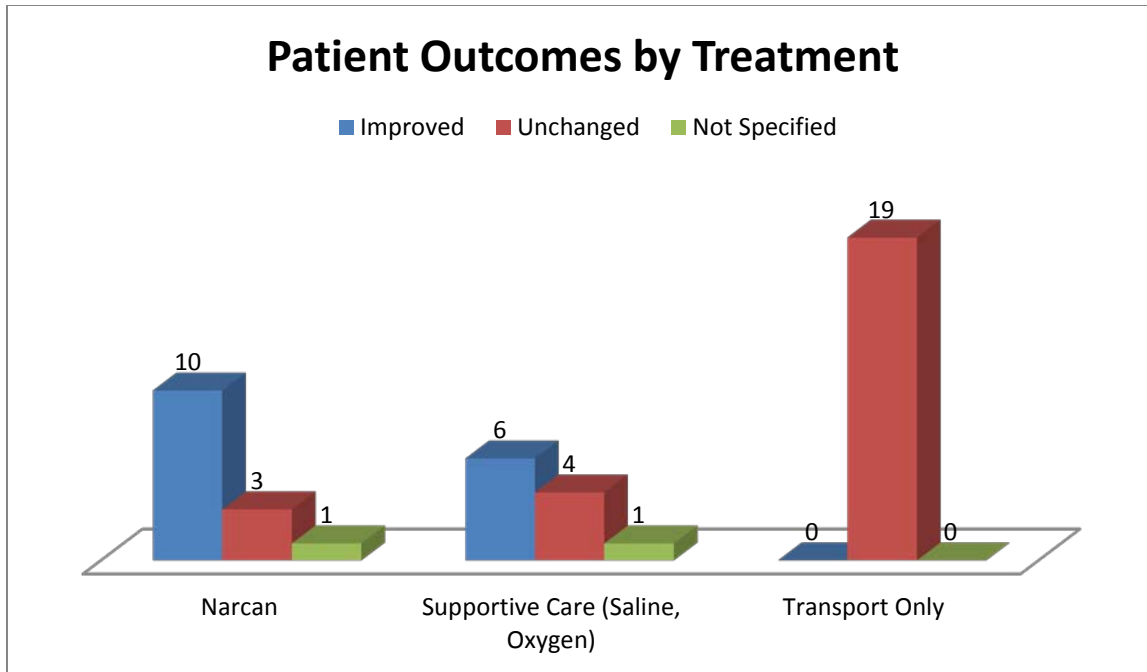
Rappahannock EMS Council – Medical Indicator FY15 Q1



Total Reported Reviewed Overdose Cases: 48
 Average Patient Age: 37
 Percentage Female: 29%
 Percentage Male: 71%

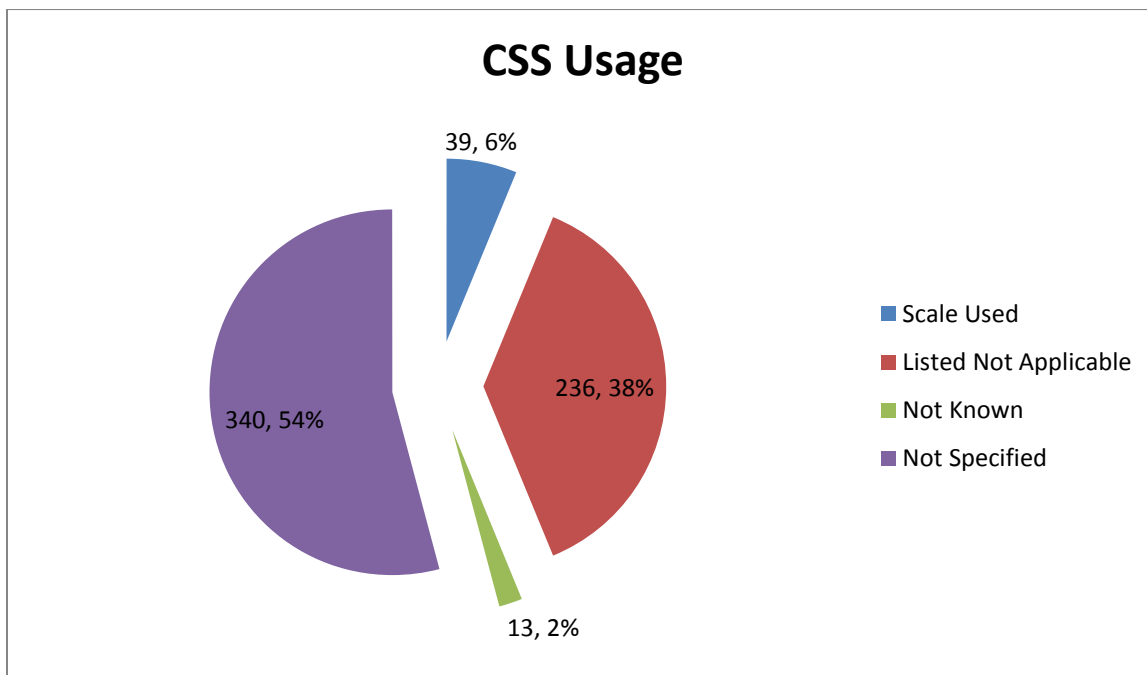


Rappahannock EMS Council – Medical Indicator FY15 Q1

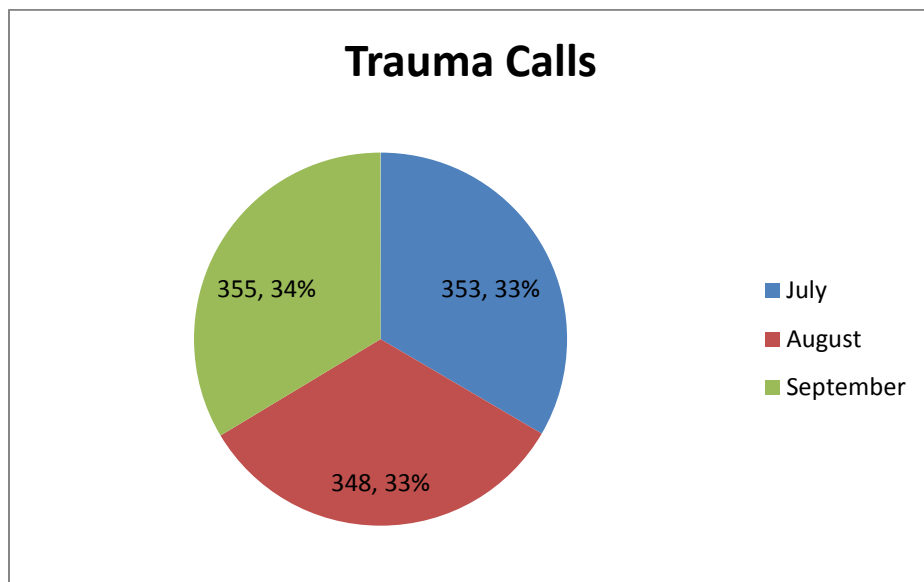


CINCINATTI STROKE SCALE DATA REQUESTED BY PEMS

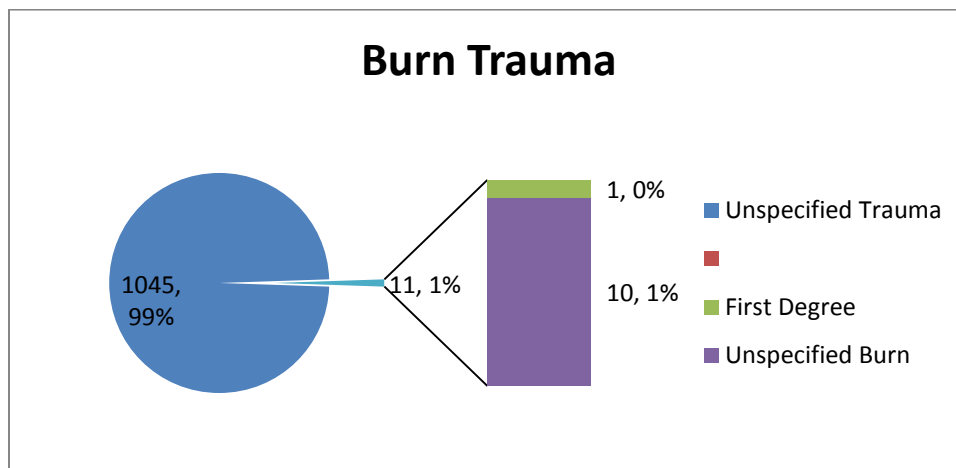
Total number of REMS area cardiac calls: 628



Rappahannock EMS Council – Trauma Indicator FY15 Q1



Total Number of Trauma Calls Q1 (from reports reviewed): 1,105



Total Burn Calls Q1 (from reports reviewed): 6

July: 6
 Aug: 4
 Sept: 1

1st degree: 1
 Not Specified: 10

Pain management not present in most reports (81%). On one call: 5 mg Morphine IV; another, flushing only.