

REMS REGIONAL PI COMMITTEE  
AGENCY QUARTERLY QUALITY MANAGEMENT REPORT

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Agency Number:

Agency Name:

Reporting Period Year:

JUL-SEPT (Q1)

OCT-DEC (Q2)

JAN-MAR (Q3)

APR-JUN (Q4)

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

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**COMMENDATIONS:**

**Provider(s)**

**Cert #**

**Brief Description**

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**RECOMMENDATION(S) FOR IMPROVEMENT IN THE EMS SYSTEM OR PI PROCESS:**

  
  
  
  

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

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

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Submitted by:

Date:

E-mail Address:

Contact Phone #:

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



EMS COUNCIL INC.

## PLEASE READ INSTRUCTIONS CAREFULLY

Agency Name:

Agency Number:

Total Cases Reviewed:

QA Representative:

Contact E-mail:

If you did not review any reports relevant to the particular question please check the "No Relevant Calls" box at the bottom of the form--this way, we know when pages are intentionally left blank. Thank you!

### FY16 Q3 Trauma Indicator

	FY16 Q3
Out of total reports reviewed, how many were trauma calls?	

*This quarter's indicator is an assessment of the use of Trauma Triage Protocols and Trauma Activation Assessments in the REMS region. The purpose of this study is to provide a regional assessment of the utilization and effectiveness of the REMS Trauma Triage Plan.*

### CALL-BY-CALL ANALYSIS SHOULD BE OF TRAUMA ACTIVATIONS ONLY

<b>Chart Instructions / Clarification</b>	
Mechanism of Injury	Category for how injury occurred
Destination Choice	Answer options are limited to: <i>Level 1 Trauma Center, Level 2 Trauma Center, Closest Trauma Center, Closest Emergency Department, or Other</i> . If Other is chosen, please explain in the comments.
Trauma Activation	Criteria used to make determination. Choose only items considered.
Comments	Clarifying information. If possible, please include specific criteria identified in the Field Triage Decision Scheme.

**Please continue onto the next page**

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Quality Indicators, 3<sup>rd</sup> Quarter FY2016 (Jan – Feb – March)

## FY16 Q3 Medical Indicator

*This quarter's Medical Indicator asks about AMS/Stroke Assessment and the utilization of Cincinnati Stroke Scale. This is a regional assessment of the utilization and effectiveness of the REMS Regional Stroke Triage Plan.*

<b>Chart Instructions / Clarification</b>	
Stroke Alert Identified?	Was the patient specifically identified for Stroke Alert? <i>Y or N</i>
Destination Decision	Choices include <i>Designated Stroke Center</i> or <i>Closest Emergency Department</i> . If the closest ED also happened to be a Designated Stroke Center, choose Designated Stroke Center.
Cincinnati Pre-Hospital Stroke Scale Utilized?	Were the results of the CPSS documented? <i>Y or N</i> –if possible, include relevant positive CPSS findings in the comments.
REMS Stroke Alert Checklist Utilized?	<i>Y or N</i> –if possible, include in the comments the criteria used for stroke alert.
Total On-Scene Time	Time from arrival until initiation of transport.
Total Time to Transport	Time from dispatch until patient transport initiated. If patient was transferred to another agency, please measure transport time up to that point.
Total Time to Destination	Total time from dispatch until patient reached destination. If patient was transferred, please enter TRANSFER in this field.

**Please continue onto the next page**

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**Medical Indicator: AMS/Stroke Assessment & Utilization of CPSS – please use additional pages if necessary**

Stroke Alert Identified by Medical Control?	Destination Decision	CPSS documented?	REMS Stroke Alert Checklist utilized?	Total On Scene Time HH:MM:SS	Total Time To Transport HH:MM:SS	Total Time To Destination HH:MM:SS	Comments / Alternate Assessment Used
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AGENCY NAME:

NO RELEVANT CALLS



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**Medical Indicator: AMS/Stroke Assessment & Utilization of CPSS – please use additional pages if necessary**

Stroke Alert Identified by Medical Control?	Destination Decision	CPSS documented?	REMS Stroke Alert Checklist utilized?	Total On Scene Time HH:MM:SS	Total Time To Transport HH:MM:SS	Total Time To Destination HH:MM:SS	Comments / Alternate Assessment Used
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Please continue onto the next page

AGENCY NAME:

NO RELEVANT CALLS





