

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**



## FY2016 Q4 TRAUMA INDICATOR

Agency Name:  
Total **TRAUMA** 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 pages are intentionally left blank. Thank you!

*This quarter’s trauma indicator is concerned with the use of Tranexamic Acid (TXA) in trauma patients.*

Call Number	TXA used?	Cause of Injury	Time of Injury	Time TXA Administered	Outcome
<a href="#">20156891</a>	Y / N	<a href="#">Cause of Injury</a>	<a href="#">HH:MM:SS</a>	<a href="#">HH:MM:SS</a>	<a href="#">Effective / Non- Effective</a>

NO RELEVANT CALLS



EMS COUNCIL INC.

Agency Name:

Rappahannock EMS Council, Inc.  
Quality Indicators, 4<sup>th</sup> Quarter FY2016 (April - May - June)

### FY16 Q4 Medical Indicator

*This quarter's medical indicator is a survey regarding the use of opioid pain medication.*

Drug Administered	Dose	Route	Outcome

NO RELEVANT CALLS



Agency Name:

Rappahannock EMS Council, Inc.  
Quality Indicators, 4<sup>th</sup> Quarter FY2016 (April - May - June)

### FY16 Q4 Medical Indicator

*This quarter's medical indicator is a survey regarding the use of opioid pain medication.*

Drug Administered	Dose	Route	Outcome

NO RELEVANT CALLS



