

REMS REGIONAL PI 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 PI Indicator Forms)

COMMENDATIONS:

<u>Provider(s)</u>	<u>Cert #</u>	<u>Brief Description</u>
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RECOMMENDATION(S) FOR IMPROVEMENT IN THE EMS SYSTEM OR PI PROCESS:

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

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

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:

Date:

E-mail Address:

Contact Phone #:

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