

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:**

**Provider(s)**

**Cert #**

**Brief Description**

---

**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:**

---

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**



EMS COUNCIL INC.

## System Indicator: Reporting and Transition to v3

1. Please provide up-to-date contact information for your agency's QI contact:

Provider Name \_\_\_\_\_

Title / Office (if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

2. Has your agency already transitioned to v3? Yes No

3. If not, what date will your agency make the transition?

4. Who is the administrative point of contact for your agency regarding VPHIB reporting?

Provider Name \_\_\_\_\_

Title / Office (if applicable) \_\_\_\_\_

Phone Number \_\_\_\_\_

E-mail Address \_\_\_\_\_

5. Is your agency reporting on its own, or is your data included as part of a DERA's reporting? Separate Agency Filed Under Designated Emergency Response Agency

6. Under which agency name and number are your reports filed?

Agency Name \_\_\_\_\_

Agency Number \_\_\_\_\_

7. What application does your agency use for ePCR reporting?

8. Which vendor provides this software?

AGENCY NAME:



## FY2017 Q1 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>	<a href="#">Y / N</a>	<a href="#">Cause of Injury</a>	<a href="#">HH:MM:SS</a>	<a href="#">HH:MM:SS</a>	<a href="#">Effective / Non- Effective</a>



Agency Name:

Rappahannock EMS Council, Inc.  
Quality Indicators, 1st Quarter FY2017 (July - Aug -Sept)

### FY17 Q1 Medical Indicator

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

Drug Administered	Dose	Route	Outcome



Agency Name:

Rappahannock EMS Council, Inc.  
Quality Indicators, 1st Quarter FY2017 (July - Aug -Sept)

### FY17 Q1 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