REMS REGIONAL QI COMMITTEE
AGENCY QUARTERLY QUALITY MANAGEMENT REPORT

RAPPAHANNOCK EMS COUNCIL INC.

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**

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 0

**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 0

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