

**REMS REGIONAL QI COMMITTEE
AGENCY QUARTERLY QUALITY MANAGEMENT REPORT**

REVISED: 8/29/2006

Agency # _____ Agency Name: _____

Reporting Period Year: _____ JAN – MAR APR – JUN JUL – SEP OCT – DEC
(circle one) (due APR 30) (due JUL 30) (due OCT 30) (due JAN 30)

REQUIRED DATA

Total Number of Patient Care Reports Reviewed This Period: _____

COMMENDATIONS:

Provider	Cert #	Brief Description

PATIENT CARE DISCIPLINARY ACTIONS:

Provider	Cert #	Brief Description

VOLUNTARY DATA

Total Number of Patient Care Reports Filed This Period: _____

Level of Care Provided:	Total	Incident Disposition	Total
ALS	_____	Treated, Transported by EMS	_____
BLS	_____	Treated, Transferred	_____
Not Applicable	_____	Treated, Transported by private	_____
		Treated, Released	_____
		No Treatment Required	_____
		Patient Refused Care	_____
		Dead At Scene	_____
		Cancelled	_____
		No Patient Found	_____
		Not Applicable	_____
		Unknown	_____

Submitted by: _____ Date: _____