

REMS REGIONAL QI COMMITTEE  
 AGENCY QUARTERLY QUALITY MANAGEMENT REPORT

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Agency #: \_\_\_\_\_ Agency Name: \_\_\_\_\_

Reporting Period      JAN – MAR      APR – JUN      JUL – SEP      OCT – DEC 2004  
 (Due APR 30)      (Due JUL 30)      (Due OCT 30)      (Due Jan 30)

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REQUIRED DATA

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Total Number of Patient Care Reports Reviewed This Period: \_\_\_\_\_

COMMENDATIONS:

Provider:	Cert. #	Brief Description
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

PATIENT CARE DISCIPLINARY ACTIONS:

_____
_____
_____
_____
_____
_____

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VOLUNTARY DATA

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Total Number of Patient Care Reports Filed This Period:

<u>Level of Care Provided:</u>	Total	<u>Incident Disposition</u>	Total
ALS	_____	Treated, Transported by EMS	_____
BLS	_____	Treated, Transferred Care	_____
Not Applicable	_____	Treated, Transported by Private	_____
		Treated, Released	_____
		No Treatment Required	_____
		Patient Refused Care	_____
		Dead at Scene	_____
		Cancelled	_____
		No Patient Found	_____
		Not Applicable	_____
		Unknown	_____

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Submitted by: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_