

EMS Agency Quarterly QI Report Form

Date: _____

Name of QI Chairman/Coordinator _____
(List both if different)

QI Chairman/Coordinator's Phone # _____

Agency Name & Code: _____

- Type of Agency QI Individual Agency Committee
- Battalion or multi Agency Committee (Please List Agencies)
- Hospital based Committee

Most Frequently Recurring Quality Issues or Topic Studied: (i.e.: Poor Documentation, poor protocol compliance, improper destination or No Issue etc.)

Agency Proposed Remedy to Correct Above Listed Issues: (ie: Re-training, required dept. training, counseling etc.)

Improvement Remedies That Are Most Effective: (ie: Dept. Training, Re-education, Counseling etc.)

Any additional information may be attached to this form.

Please submit the completed form to the:

Nassau Regional EMS Council
Attention: QI Coordinator
2201 Hempstead Tpke Bin# 78
East Meadow, N.Y., 11554