Susquehanna Regional EMS Council, Inc.

EMS Agency Quality Improvement Form

CFR Agencies: complete section 1
BLS Agencies: complete section 1 and 2
ALS Agencies: complete section 1 – 3
All agencies complete section 4

Agency Name:______________________ Month/year:__________

QI Coord. completing form:_____________________
Contact phone number:________________________
Contact email address:________________________

Section 1

Number of calls for six month period:________
Number of PCR's reviewed:
Electronic:_______
Paper:__________

Call by type:

Airway obstruction ____
Respiratory arrest ____
Respiratory distress ____
Cardiac related (potential) ____
Cardiac arrest ____
Allergic reaction ____
Syncope ____
Stroke/CVA ____
General illness/malaise ____
Gastro-intestinal distress ____
Diabetic related (potential) ____
Pain ____
Unconscious/unresp. ____
Seizure ____
Behavioral disorder ____
Substance abuse (potential) ____
Poisoning (potential) ____

Shock ____
Head injury ____
Spinal injury ____
Fracture/disloc. ___
Amputation ____
Major trauma ____
Trauma-blunt ____
Trauma-penetrating ____
Soft tissue injury ____
Bleeding/hemorrhage ___
OB/GYN ____
Burns ____
Environmental:
Heat ____
Cold ____
HazMat ____
Obvious death ____

Agency/ambulance assistance: _________ (#)_____ __________ (#)____
__________ (#)_____ __________ (#)____
__________ (#)_____ __________ (#)____

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Section 2

BLS/ALS Rendevous and
Agency/ambulance assistance: __________ (#)______ ___________ (#)_____
___________ (#)______ ___________ (#)_____
___________ (#)______ ___________ (#)_____

Section 3

BLS/ALS Rendevous and
Agency/ambulance assistance: __________ (#)______ ___________ (#)_____
___________ (#)______ ___________ (#)_____
___________ (#)______ ___________ (#)_____

Controlled Substance/Narcotic Assists: _______

Section 4

Any safety issues?

____
____
____

Any patient care issues?

____
____
____

Any agency concerns?

____
____
____

New EMS providers to your agency. *(please include full name, level of care, certification #, address, phone number and email address)*

____
____
____

Comments or
suggestions?____
____
____
____