



**SREMS  
COUNCIL**

**Susquehanna Regional EMS Council, Inc.**

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Binghamton, NY 13905

Phone 607.216.9299 • Fax 607.216.9990

**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?