

 <b>NOR-CAL</b> EMS	<b>3503</b>	<b>Quarterly Overview Report Form</b>
Nor-Cal EMS Policy & Procedure Manual		Continuous Quality Improvement
Effective Date: 4/1/2021		Next Revision: 4/1/2024
Approval: Jeffrey Kepple MD – MEDICAL DIRECTOR		SIGNATURE ON FILE

## Authority

Health and Safety Code Division 2.5, California Code of Regulations, Title 22, Division 9.

**Non-Transport Provider Agency:** \_\_\_\_\_ **Year:** \_\_\_\_\_

<b>For Quarter:</b> ■ 1 <sup>st</sup> ■ 2 <sup>nd</sup> ■ 3 <sup>rd</sup> ■ 4 <sup>th</sup>	Month 1	Month 2	Month 3
Number of Medical/Trauma Responses-Emergency			
Number of Medical/Trauma Responses-Non-emergency (including lift-assists)			
Number of AMA/ROC			
Number of Transfer of Care to ground ambulance			
Number of Transfer of Care to air medical providers			

Fill out any of the follow that pertain to your agency:

1. Personnel Issues: Incidents or actions pending, staff changes.
2. Equipment and Supplies: Problems or missing items, shortages.
3. Documentation review: Form #08-0101B Peer Review Audit Form
4. Education, Skills Maintenance and Competency: Skill or educational topic this quarter.
5. Transportation: Problems getting to scene/receiving facility due to mechanical issues.
6. Public Education and Prevention: List community trainings and events, such as CPR training, health care fairs etc.
7. Risk Management: What are you doing to keep your employees safe and healthy?