

	3503	Yearly Overview Report Form
Nor-Cal EMS Policy & Procedure Manual		Quality Improvement
Effective Date: 01/01/2025		Next Revision: 01/01/2028
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.

Provider Agency: _____

Year: _____

Item (Fill out any of the following that pertain to your agency):	#
Number of Medical Responses-Emergency	
Number of Trauma Responses-Emergency	
Number of 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	
Communication Failure reports	
Unusual Occurrence Reports	
Aircraft Clarity Reports	
AED Use (Note: AED use form must be submitted to Nor-Cal within 5 days from time of occurrence)	
BLS Optional Scope/Expanded Basic Scope	
Acetaminophen (Expanded basic scope EMT)	
Aspirin (Expanded basic scope EMT)	
Benadryl (Expanded basic scope EMT)	
Epinephrine (Expanded basic scope EMT/Optional Scope EMR)	
Igel/Capnography (Optional Scope EMT)	
Epinephrine Draw (Optional Scope EMT)	
Narcan (Expanded basic scope EMT/Optional Scope EMR)	
Ibuprofen (Expanded basic scope EMT)	
LALS Optional Scope/Expanded Basic Scope	
Igel/capnography	
ALS Optional Scope	
TXA	
Oxytocin	
Igel/capnography	
IV acetaminophen	
Ketorolac	
Ketamine	
BLD&BLD products for IFT	
IV HEP for IFT	
IV Nitro for IFT	
IV Antibiotics for IFT	
ALS Air/Unified Scope	
Rapid Sequence Intubation (RSI) (Adult and pediatric)	A: P:
Igel/capnography	A: P:
Video Laryngoscopy use	
Transport Ventilator use	
Intraosseous (IO) Cannulation insertion, including site of placement (Adult and pediatric)	A: P:

Focus of EMSQIP previous year:_____

1. Personnel Issues: Incidents or actions pending

2. Equipment and Supplies: Problems or missing items, shortages.

3. Documentation review (can use peer review form):

4. Education, Skills Maintenance and Competency: Skill or educational topic this year.

5. Transportation: Problems getting to scene/receiving facility due to mechanical issues. (# of times_____)

6. Public Education and Prevention (community trainings and events):

7. Risk Management: What are you doing to keep your employees safe and healthy?

Please send optional scope training rosters for the previous year if they have not been submitted through the online form at the time of training.