

# Area QI Committee Report to Regional QI Committee

Date of Meeting:

Area Committee:

Present	Representing	Report Submitted	Present	Representing	Report Submitted

Issues/Problems discussed: **(use back of page if needed)**  
 ·Continuation of previous issues (describe and compare to last review)

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·New issues (describe)

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Focus study - topic:

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Comments/discussion:

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Other/General Comments, suggestions, questions

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Name of person completing form \_\_\_\_\_

Date \_\_\_\_\_

Indicators Reviewed: results - meeting standards						NA = not applicable	
	Documentation <i>regional standard 75%</i>		BLS Protocols <i>national standard 70%</i>		ALS Protocols <i>national standard 80%</i>		
	<u>compliance</u> # cases	%	<u>compliance</u> # cases	%	<u>compliance</u> # cases	%	
cardiac arrest							
multiple trauma							
pediatric (age 6 and under)							
GCS <15 new onset acute onset							
Stroke							
other (list)							

**Please list Reasons for ALS Fallout by category; please explain any “other”:**

**Cardiac:**

- No.
- No ALS treatment
  - Appropriate meds not given
  - No IV
  - No EKG/monitor
  - No 2° tube confirmation
  - Protocol deviation
  - Insufficient vitals
  - Other:
  - Other:

**Pediatric:**

- No.
- No ALS
  - No glucose check
  - No IV
  - Appropriate meds not given
  - Protocol deviation
  - Insufficient vitals
  - Other:
  - Other:

**Trauma:**

- No.
- Refusal not according to protocol
  - No ALS treatment
  - Long scene time
  - No immobilization
  - Protocol deviation
  - Insufficient vitals
  - Other:
  - Other:

**GCS <15:**

- No.
- Refusal not according to protocol
  - No ALS
  - Appropriate meds not given
  - No glucose check
  - Protocol deviation
  - Insufficient vitals
  - Other:
  - Other:

**Stroke:**