INLAND COUNTIES EMERGENCY MEDICAL AGENCY
Serving San Bernardino, Inyo and Mono Counties
1425 SOUTH "D" STREET
SAN BERNARDINO, CA 92415-0060
909-388-5823 FAX: 909-388-5825

ANNUAL REPORT FORM

Submitted by: _____ Title: _____ Date: _____

Employer: _____ Address: _____

Base Station: _____ Phone: _____ Year _____

*****IMPORTANT*****
Complete this form and forward to ICEMA addressed **"CONFIDENTIAL INFORMATION"**

1. For the calendar year _____, please provide the following workload indicators:
   a. # of PCR Audits/total runs: _____
   b. # of MICN Audits/total runs: _____
   c. # of Base Station Recordings Audits: _____
   d. # of Case Review requests initiated: _____
   e. # of Case Review forms: _____
   f. # of Case Review Conferences conducted: _____

2. Provide a summary of key quality improvement issues identified by your agency this year.

_____
_____
_____
_____
_____
_____
_____
_____

3. Provide a summary of accomplishments obtained through your agency's continuous quality improvement process this year.

_____
_____

4. Describe your agency's specific goals for continuous quality improvement for the next year.

5. Do you have suggestions for system-wide education and continuous quality improvement projects?

Additional Comments: _____