



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

QUARTERLY REPORT FORM

Submitted by: _____ Title: _____ Date: _____
Employer: _____ Address: _____
Base Hospital: _____ Phone: _____ Quarter 1 2 3 4

*****IMPORTANT*****

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

1. For this quarter, indicate the number of workload indicators:
 - a. # of PCR Audits/total runs: _____
 - b. #of MICN records/total runs: _____
 - c. # of Base Hospital Recording Audits: _____
 - d. # of Case Review requests initiated: _____
 - e. # of Case Review forms: _____
 - f. # of Case Review conferences: _____

2. During this quarter, has your agency identified any specific issues, patterns or unusual occurrences which should be reviewed or addressed by the Central Quality Improvement Committee (CCQIC) or Protocol Education Committee (PEC) or ICEMA?

Additional Comments: _____

Comments to Medical Director: _____

Submitted by: _____