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EMS Medical Director

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Chief, Emergency Medical Services

**I. INTENT:**


To describe the EMS Continuous Quality Improvement (CQI) process in Sacramento County.

**II. AUTHORITY:**


- A. Health and Safety Code, Division 2.5, Ch. 4, Art. 1, §1797.205 & §1797.220.
- B. California Code of Regulations, Title 22, Division 9, Ch. 4, Art. 8, §100172.

**III. GENERAL GUIDELINES:**

- A. The Sacramento County Emergency Medical Services (SCEMS) Agency shall maintain a system wide Continuous Quality Improvement (CQI) program to monitor, review, evaluate and improve the delivery of prehospital and trauma care services. The program shall involve all system participants and shall include, but not be limited to the following activities:
  - 1. Prospective - designed to prevent potential problems.
  - 2. Concurrent - designed to identify problems or potential problems during patient care.
  - 3. Retrospective - designed to identify potential or known problems and prevent their recurrence.
  - 4. Reporting/Feedback - all CQI activities will be reported to the SCEMS Agency in a manner to be jointly determined. As a result of CQI activities, changes in system design may be made.
- B. SCEMS shall maintain a CQI Committee. Membership of the SCEMS CQI Committee is limited to the SCEMS Chief, Medical Director, and Emergency Medical Services (EMS) Specialists. The SCEMS CQI Committee shall meet as necessary.

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1. The SCEMS Data Systems are tools of the SCEMS CQI Committee.
2. The SCEMS CQI Committee shall operate subcommittees consisting of the "Trauma Review Committee" (Program Document (PD) #2026), the "Sacramento Area EMS CQI Committee" and "Advanced Life Support (ALS) Service Provider Peer Review Committees" and Ad Hoc CQI Committees, e.g. critiques and other.
3. All proceedings of the SCEMS CQI Committee, its subcommittees, and the contents of the SCEMS Data Systems are confidential and protected under Section 1157.7 of Evidence Code: "The prohibition relating to discovery or testimony provided in Section 1157 shall be applicable to proceedings and records of any committee established by a local governmental agency to monitor, evaluate, and report on the necessity, quality, and level of specialty health services including, but not limited to, trauma care services, provided by a general acute care hospital which has been designated or organized by that governmental agency as qualified to render specialty health care services."
4. EMS Patient/System Data transmitted or conveyed to SCEMS from EMS providers is for the express purpose of analysis by members of the SCEMS CQI Committee.
5. No copies of EMS Patient/System Data records shall leave SCEMS custody, and all unessential copies shall be destroyed by paper shredder.
6. All correspondence addressed to the SCEMS CQI Committee will be stamped "Confidential," remain unopened and personally handed to the addressee.
7. Any outgoing SCEMS CQI correspondence will be stamped "Confidential".
8. All SCEMS CQI records shall be stored in a locked cabinet at SCEMS offices, and dedicated for SCEMS CQI Committee use.
9. All SCEMS Data System files will be encrypted and/or protected by user access code. Only SCEMS' employees will be assigned user access code(s), and issuance of access codes shall be limited to a need-to-know basis.

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10. A Confidentiality Statement/Agreement shall be signed by all SCEMS employees granted access to EMS Patient/System Data.
- C. Each Advanced Life Support (ALS) Service Provider shall submit a CQI plan to SCEMS for approval. The time frame for submission will be determined by SCEMS.
  - D. Appropriate revisions shall be made as requested by SCEMS.
  - E. Each ALS Service Provider shall conduct an annual review of their CQI plan and submit any changes or alterations to SCEMS for approval.
  - F. SCEMS will evaluate the implementation of each ALS Service Provider's CQI plan annually and request appropriate revisions as needed.

#### **IV. SCEMS:**

- A. Prospective:
  1. Comply with Federal, State and County rules, regulations, laws and codes applicable to EMS.
  2. Plan, implement and evaluate the EMS system.
  3. Approve ALS Service Provider's Peer Review Programs.
  4. Approve and monitor all EMS training programs.
  5. Certify/accredit prehospital personnel where applicable.
  6. Establish policies and procedures to assure medical control, which may include, but not be limited to, dispatch, basic life support, advanced life support, patient destination, patient care guidelines and CQI requirements.
  7. Facilitate implementation by system participants of required CQI Programs.
  8. Design system wide reports for monitoring identified problems and/or trends analysis.

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9. Approve standardized corrective action plan for isolated and trend deficiencies with prehospital and base hospital personnel.

**B. Concurrent:**

1. Site visits to monitor and evaluate EMS system components to include both ground and air ALS unit inspections.

**C. Retrospective:**


1. Evaluate system providers for retrospective analysis of prehospital care.
2. Evaluate identified trends in the quality of prehospital care delivered in the system.
3. Establish procedures for implementing the Certificate Review Process (CRP) for prehospital personnel.
4. Monitor and evaluate the Incident Resolution Process.
5. Conduct MCI critiques.

**D. Reporting/Feedback:**


1. Evaluate data submitted from system participants and make changes in system design as necessary.
2. Provide feedback to system participants when applicable or when requested on CQI issues.
3. Design prehospital research and efficacy studies regarding the prehospital use of any drug, device or treatment procedure where applicable.

**V. DISPATCH:**

**A. Prospective:**

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1. Evaluate data submitted from system participants and make changes in system design as necessary.
2. Provide feedback to system participants when applicable or when requested on CQI issues.
  - a. Provide EMS system orientation to new employees.
  - b. Provide continuing education (CE) activities to further the knowledge base of dispatchers, to include but not limited to:
    - (1) Tape reviews.
    - (2) Educational programs based on problem identification and trend analysis.
    - (3) Discussion of selected calls.
  - c. Provide for certification and training of the Emergency Medical Dispatcher (EMD).
  - d. Establish procedure for informing all EMDs of system changes.
3. Evaluation:
  - a. Develop criteria for evaluation of individual EMDs to include, but not limited to:
    - (1) Tape review or other documentation as available.
    - (2) Evaluation of new employees.
    - (3) Routine audit/review.
    - (4) Problem-oriented cases.
    - (5) Action plans for individual EMD deficiencies.
4. Certification:

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- a. Provide for initial certification (employer responsibility).
- b. Provide for recertification (employer responsibility).

**B. Concurrent Activities:**


1. Establish a procedure for evaluation of EMDs utilizing performance standards through direct observation.

**C. Retrospective Analysis:**

1. Develop a process for retrospective analysis of dispatched calls, utilizing audio tape and dispatcher report form, to include, but not limited to:
  - a. High-risk.
  - b. High-volume.
  - c. Problem oriented calls.
  - d. Those calls requested to be reviewed by SCEMS.
  - e. Specific audit topics established through the CQI Committee.
2. Develop performance standards for evaluating the quality of care delivered by the EMD through retrospective analysis.
3. Participate in IRPs, as necessary.
4. Comply with reporting and other CQI requirements, as specified by SCEMS.
5. Participate in prehospital research and efficacy studies requested by SCEMS.

**D. Reporting/Feedback:**

1. Develop a process for identifying trends in the quality of dispatch care.


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- a. Report as requested by SCEMS.
- b. Design and participate in educational offerings based on problem identification and trend analysis.
- c. Make approved changes in internal policies and procedures based on trend analysis.

## **VI. FIRST RESPONDERS:**

### A. Prospective:

1. Participate on EMS advisory committees, as requested by SCEMS.
2. Education:
  - a. Provide EMS system orientation to new employees.
  - b. Provide CE activities to further the knowledge base of the field personnel.
  - c. Participate in certification courses and the training of prehospital care providers.
  - d. Establish procedure for informing all field personnel of system changes.
3. Evaluation:
  - a. Develop criteria for evaluation of field personnel to include, but not limited to:
    - (1) First responder report form.
    - (2) Ride-along.
    - (3) Evaluation of new employees.
    - (4) Routine audit/review.

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(5) Problem-oriented cases.

(6) Action plans for individual first responder deficiencies.

4. Certification:

Establish procedures, based on SCEMS' policies, regarding:

- a. Initial accreditation/certification.
- b. Reaccreditation/recertification.
- c. Documentation of attendance at defibrillation skills proficiency demonstration sessions.
- d. Mechanisms for personnel to make up missed skills proficiency demonstration sessions.


5. Concurrent Activities:

- a. Ride-along - establish a procedure for evaluation of first responders utilizing performance standards through direct observation.

6. Retrospective Analysis:

- a. Develop a process for retrospective analysis of field care, utilizing the First Responder Form or other available documentation, to include, but not limited to:

- (1) High-risk.
- (2) High-volume.
- (3) Problem-oriented calls.
- (4) Those calls requested to be reviewed by SCEMS.
- (5) Specific audit topics established through the CQI Committee.

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- b. Develop performance standards for evaluating the quality of care delivered by field personnel through retrospective analysis.
  - c. Participate in IRPs, as necessary.
  - d. Comply with reporting and other CQI requirements, as specified by SCEMS.
  - e. Participate in prehospital research and efficacy studies requested by SCEMS.
7. Reporting/Feedback:
- a. Develop a process for identifying trends in the quality of field care.
    - (1) Report as specified by SCEMS.
    - (2) Design and participate in educational offerings based on problem identification and trend analysis.
    - (3) Make approved changes in internal policies and procedures based on trend analysis.


**VII. DEFIBRILLATION PROVIDER AGENCIES:**

A. Prospective:

- 1. Participate on EMS advisory committees, as requested by SCEMS.

B. Education:

- 1. Provide initial training, semi-annual skills proficiency demonstration sessions, and field care audit sessions, in cooperation with participating first responder departments.
- 2. Offer educational programs based on problem identification and trend analysis.


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3. Establish procedures for informing all First Responder Defibrillation (FRD) personnel of changes in SCEMS' policies and procedures regarding FRD.
4. Design standardized corrective action plans for FRD personnel with identified deficiencies in performance including, but not limited to, failure to attend periodic skills demonstration sessions.

C. Retrospective:

1. Develop a process for retrospective review and analysis utilizing the First Responder form, audio tape, (if applicable) memory module, and patient follow-up, to include but not limited to:
  - a. All witnessed arrests.
  - b. All patients who received defibrillatory shocks.
  - c. Problem-oriented calls.
  - d. Those calls requested to be reviewed by SCEMS.
  - e. Specific audit topics as requested by SCEMS.
2. Assist SCEMS in developing and implementing a procedure for insuring that patient follow-up is obtained from the receiving hospitals on all patients who received defibrillatory shocks from first responders.
3. Develop performance standards for evaluating the quality of care delivered by FRD personnel.
4. Participate in IRPs, as necessary.
5. Comply with reporting and other CQI requirements as specified by SCEMS.
6. Participate in prehospital research and efficacy studies requested by SCEMS' Medical Director.

D. Reporting/Feedback:


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1. Participate in the process of identifying trends in the quality of field care delivered by FRD personnel.
  - a. Report as specified by SCEMS.
  - b. Design and participate in education offerings based on problem identification and trend analysis.
  - c. Make approved changes in internal policies and procedures based on trend analysis.

#### **VIII. ALS PROVIDER AGENCIES:**

##### **A. CQI Plan Approval Process:**

1. The service provider shall demonstrate, at a minimum, the following mechanisms of their CQI plan:
  - a. Record keeping
    - (1) Describe the handling of Patient Care Reports (PCRs).
    - (2) Filing
    - (3) Confidentiality
    - (4) Duration of PCR storing
    - (5) Describe your process of handling incident reports.
    - (6) Use of a log?
    - (7) Categories:
      - (a) Open
      - (b) Closed
      - (c) Pending

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(d) Etc.

(8) Actions:

(a) With education

(b) With skills training

(c) No action

(d) Etc.

(9) Description of how the issue of confidentiality handled.

(10) Description of the paper flow process/mechanism.

(11) Description of closure process for incident reports originating external to your agency.

b. Certification/Licensure/Additional Certification


(1) Describe your process of monitoring and insuring current certification/licensure/additional certification or accreditation of EMT-I and/or EMT-P personnel.

2. Peer Review Process


a. Each EMT-P provider agency shall submit in writing their agency's peer review process document(s) along with the names of their designated ELO and CQI Coordinator. This document shall be reviewed and discussed with the agency's ELO and CQI Coordinator prior to approval and implementation. The provider-based peer review committee shall be approved on an annual basis by SCEMS.

b. As part of the annual approval process, the provider shall describe the following aspects of their peer review committee structure:


(1) Number of members.

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- (2) The appointment process.
  - (3) Term on the committee.
  - (4) The chairperson's position.
  - (5) How official minutes will be taken.
  - (6) How the issue of confidentiality will be addressed.
  - (7) Under what conditions guests may attend.
  - (8) What continuing education may be offered.
  - (9) How the committee will handle the flow of both internal and external incident reports.
- c. Upon mutual agreement between the provider and SCEMS, the EMS Medical Director and/or staff may:
- (1) Attend the peer review committee.
  - (2) Periodically review the peer review committee's minutes.
  - (3) The review shall be performed at the provider's designated location.
- d. No copies of the minutes shall be removed from the provider's designated location.
3. Education/Training
- a. Programs for maintaining current scope of practice (SOP) skill.
  - b. Programs for training new additions to SOP skills in Sacramento County.

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- c. Program for orientation of all EMS personnel to Sacramento County Emergency Medical Services (SCEMS).
- 4. Communications
  - a. Describe the mechanism for dissemination of information from SCEMS or EMSA for EMT-Is and EMT-Ps.
  - b. Incident Reports.
  - c. Timetable for gathering information.
  - d. Timetable for assimilating information and assessing the need for further information.
  - e. Timetable for closing the incident or referring the incident, i.e. to SCEMS.
  - f. Flowchart for handling incident reports.
  - g. Mechanism to address the emergent need to remove an EMT-I or EMT-P from clinical practice for imminent threat to public health and safety.
- 5. Data Capture
  - a. Describe method to capture required data.
  - b. Describe mechanism for validation of data.
- 6. Documentation
  - a. Mechanisms to review EMS personnel PCR documentation.
    - (1) Consistency
    - (2) Congruency
    - (3) Completeness

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(4) Correctness

(5) Clarity

b. Mechanism to assure PCR's are left with the patient at the receiving hospital prior to returning to service.

c. Clinical Performance

(1) Describe your agency's field evaluation of new EMT-Is and/or EMT-Ps.

(2) Does your agency utilize Field Preceptors? If so, how do they function?

(3) Does your agency utilize EMT-P Supervisors? If so, in what capacity?

(4) Describe your agency's field performance evaluation program for EMT-Is and EMT-Ps.

**B. ALS Provider CQI Process:**

1. Prospective:

a. Participate on EMS advisory committees, as requested by SCEMS.


b. Education.

c. Provide orientation of new employees to the EMS system.


d. Provide Field Care Audits (Run Reviews, Peer Reviews, CQI Meetings).

e. Participate in certification courses and the training of prehospital care providers.

f. Offer educational programs based on problem identification and trend analysis.

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- g. Establish procedure for informing all field personnel of system changes.
- 2. Evaluation:
  - a. Develop criteria for evaluation of individual Emergency Medical Technicians (EMT Is & Ps) to include, but not limited to:
    - (1) Peer Review Committees.
    - (2) Ride-along.
    - (3) Evaluation of new employees.
    - (4) Routine audit/review.
    - (5) Problem-oriented cases.
    - (6) Action plans for individual EMT deficiencies.
- 3. Certification/Accreditation: Establish procedures, based on SCEMS's polices, regarding:
  - a. Initial accreditation.
  - b. Reaccreditation.
  - c. Advanced Cardiac Life Support (ACLS) certification.
  - d. Other training as specified by SCEMS.
- 4. Concurrent Activities:
  - a. Ride-along - establish a procedure for evaluation of EMTs utilizing performance standards through direct observation.
  - b. Provide availability for Field Supervisors and/or Liaison personnel for consultation/assistance.

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c. Provide patient information to the base hospital to facilitate obtaining patient follow-up information from receiving hospitals.

5. Retrospective Analysis:

a. Each EMT-P provider agency shall have a SCEMS approved provider peer review process that shall meet at least once a month.

b. The Peer Review Committee shall develop a mechanism/procedure for:

(1) Auditing patients refusing evaluation and treatment.

(2) Auditing patient-initiated refusal of transport.

(3) Auditing EMT-P initiated refusal to transport.

(4) Auditing all EMT-P Scope of Practice utilizations.

(a) Develop audit filters, e.g. orotracheal intubation.

(b) Develop audit threshold, e.g. 100% of orotracheal intubation, 50% of IVs attempted, etc.

(c) Develop a mechanism to audit the appropriateness of Scope of Practice utilizations (e.g. IV access and ECG monitoring indicated based on Patient Care Report (PCR) documentation).


(5) Auditing the completeness of PCR documentation.

(6) Auditing clinical assessments and treatments rendered, coupled with protocol compliances.


(7) Primary and Secondary surveys.

(8) Pertinent positive and negative history.

(9) Treatments rendered with reassessment.

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- (10) Was the assessment correct?
- (11) Was the treatment correct?
- (12) Was the protocol(s) used appropriately?
- (13) Classifying all identified problems as individual, agency, or system.
- c. Dealing with each identified type of problem.
  - (1) Individual: e.g. education, counseling, etc.
  - (2) Agency: e.g. training and education, discussion, etc.
  - (3) System: e.g. clarification or rewriting a policy, training, etc.
- d. Providers shall have mechanisms in place to identify major incidents and rapidly disseminate them to appropriate sub-committee and SCEMS; such events include issues detrimental to patient care, increased liability to the provider and/or any imminent threat to public health and safety (some providers use the term sentinel event). When two (2) or more CQI committees cannot reach a satisfactory resolution, the matter shall be forwarded to SCEMS. The conclusion by SCEMS shall be final.
- e. Channeling identified problems to the individual, agency, and to the system. When individuals at another agency or an external agency utilize their Emergency Medical Services Liaison Officer (ELO) or Emergency Medical Services Liaison Nurse (ELN).
- f. Tracking identified problems and the process utilized to address the problems. A log is highly recommended; also status indicators such as open, pending, closed with education, closed with skills testing, closed with direct field observation, etc.
- g. Following and auditing care that is actually/potentially compromised due to the following:
  - (1) Equipment failure or malfunction.


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(2) Medication or treatment modalities that is not given because the stock is out of date, not on the unit, damaged, or lost.


(3) Vehicle failure.

### C. CQI Coordinator

1. Each EMT-P provider agency shall have a CQI Coordinator, who shall be one of the following:
  - a. EMT I - EMT I may be utilized for first responder, BLS agencies and dispatch agencies where EMT-P or higher level of licensure is not available.
  - b. EMT P - EMT-P must maintain current State of California EMT-P License and County of Sacramento EMT-P Accreditation.
  - c. Emergency Medical Services Liaison Officer (ELO) may fulfill the role of CQI Coordinator if the above requirements are met.
  - d. Registered Nurse (RN) or Nurse Practitioner (NP):
    - (1) Maintain current State of California RN license.
    - (2) An RN or NP shall have significant knowledge and experience in out-of-hospital emergency medical services.
    - (3) Past or current experience as a mobile intensive care nurse (MICN) is highly recommended.
  - e. Physician Assistant (PA):
    - (1) Maintain current State of California PA license.
    - (2) A PA shall have significant knowledge and experience in out-of-hospital emergency medical services.
  - f. Physician (MD or DO):

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- (1) Maintain current State of California license.
  - (2) An MD or DO shall have significant knowledge and experience in out-of-hospital emergency medical services.
  - (3) Certification by the American Board of Emergency Medicine, or equivalent, is highly recommended.
  - (4) Concurrent employment in an Emergency Department is highly recommended.
2. CQI Coordinator shall be responsible for:
- a. Development, implementation and management of the provider agency's peer review program.
  - b. The annual CQI Summary Report that shall contain the following:
    - (1) Total number of cases reviewed during the year.
    - (2) A sampling of audit filters used to review cases.
    - (3) Identification of the EMS System's trends.
    - (4) Improvement activities resulting from the provider's audit and case review processes.
    - (5) Examples of focused audits that subcommittees have selected to review over the reporting year.
    - (6) Improvements to both operational and medical components by each provider that resulted from the CQI process.
  - c. The annual CQI Summary Report shall be submitted to SCEMS thirty (30) days after the end of the fiscal year.
  - d. Patient Care Reports (PCRs):


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- (1) Total number of PCR's generated per quarter.
- (2) Total number of PCR's left with the patient.
- e. Develop a process for retrospective analysis of field care, utilizing PCR's and audiotape (if applicable), to include but not limited to, specific audit topics established through the Peer Review Committee.
- f. Develop performance standards for evaluating the quality of care delivered by field personnel through retrospective analysis.
- g. Participate in IRPs, as necessary.
- h. Comply with reporting and other quality assurance requirements as specified by SCEMS.
- i. Participate in prehospital research and efficacy studies requested by SCEMS and/or the CQI Committee.
- j. Reporting/Feedback:
  - (1) Develop a process for identifying trends in the quality of field care.
    - (a) Report as specified by SCEMS.
    - (b) Design and participate in educational offerings based on problem identification and trend analysis.
    - (c) Make approved changes in internal policies and procedures based on trend analysis.
    - (d) Provide SCEMS with data specified.

**IX. BASE HOSPITALS:**

A. Prospective:

- 1. Participate on EMS advisory committees, as requested by SCEMS.

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2. Education:


- a. Provide Field Care Audits.
- b. Provide CE activities to further the knowledge base of the field and Base personnel.
- c. Offer educational programs based on problem identification and trend analysis.
- d. Participate in certification courses and the training of prehospital care providers.
- e. Establish procedures for informing all Base Hospital personnel of system changes.
- f. Establish criteria for offering supervised clinical experience to EMTs.

3. Evaluation:

- a. Develop criteria for evaluation of individual Base Hospital personnel to include, but not limited to:
  - (1) Base Hospital Mobile Intensive Care Nurse (MICN) Logs/Tape Review.
  - (2) Evaluation of new MICNs and BHPs.
  - (3) Routine audit/review.
  - (4) Problem oriented cases.
  - (5) Action plans for individual MICN or Base Hospital Physician (BHP) deficiencies.

4. Authorization/Certification: Establish procedures, based on SCEMS' policies, for MICNs regarding:

- a. Initial authorization.

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b. Maintaining authorization.


c. Reauthorization.

**B. Concurrent Activities:**

1. Provide on-line medical control for EMT-Paramedics (EMT-Ps) within the SCEMS approved scope of practice.
2. Develop a procedure for identifying problem calls.
3. Develop internal policies regarding BHP involvement in medical control according to SCEMS' policies and procedures.
4. Develop a procedure for obtaining patient follow-up on all Base directed calls.
5. Develop performance standards for evaluating the quality of on-line medical control delivered by the MICNs and BHPs through direct observation by the Base Liaison Personnel (BLP).

**C. Retrospective Analysis:**

1. Develop a process for retrospective analysis of field care and base direction utilizing the MICN record, audio tape, PCR and patient follow-up, to include, but not limited to:
  - g. High-risk.
  - h. High-volume.
  - i. Problem-oriented calls.
  - j. Those calls requested to be reviewed by SCEMS.
  - k. Specific audit topics established through the CQI Committee.
2. Develop performance standards for evaluating the quality of medical control delivered by the MICNs and BHPs through retrospective analysis.

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3. Evaluate medical care delivered by prehospital care providers based on information available to them with respect to protocols through retrospective analysis.
4. Participate in IRPs, as necessary.
5. Comply with reporting and other CQI requirements as specified by SCEMS.


**D. Reporting/Feedback:**

1. Develop a process for identifying trends in the quality of medical control delivered by Base Hospital MICNs and BHPs:
  - a. Report as specified by SCEMS.
  - b. Design and participate in educational offerings based on problem identification and trend analysis.
  - c. Make approved changes in internal policies and procedures based on trend analysis.
2. Participate in the process of identifying trends in the quality of field care delivered by EMTs.

**X. RECEIVING HOSPITALS:**

**A. Prospective:**

1. Participate on EMS advisory committees, as requested by SCEMS.
2. Establish procedures for informing appropriate Emergency Department personnel of EMS system changes.
3. Optional Educational Activities:
  - a. May offer educational programs based on problem identification and trend analysis.

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b. May participate in certification courses and the training of prehospital care providers.

c. May establish criteria for offering supervised clinical experience to EMTs.

4. Evaluation:

Develop criteria for evaluation of individual cases to include, but not limited to:

a. Problem oriented cases.

B. Retrospective analysis.

1. Evaluate medical care delivered by prehospital care providers based on information available to them with respect to protocols through retrospective analysis.

2. Participate in IRPs, as necessary on request.

3. Comply with reporting and other CQI requirements as specified by SCEMS.


4. Refer problem oriented calls to the provider's CQI Coordinator and Base Hospital (if utilized). When two (2) or more CQI committees cannot reach a satisfactory resolution, the matter shall be forwarded to SCEMS. The conclusion by SCEMS shall be final.

**XI. CERTIFICATION REVIEW PROCESS:**

See PD # 4050

**XII. TRAUMA REVIEW COMMITTEE:**

See PD # 2026

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## Provider CQI Application

Provider Name:
Address:
Phone: (       )
Fax: (       )
24 hour Emergency Contact:
Phone/Pager:
CQI Coordinator:
Professional Certification/License Number(s):
Expires:
Expires:
Expires:
Expires:
Professional and/or Academic Degree(s) currently held:
Emergency Care - Related Experience
1.
2.
3.
4.