

Quality Improvement

Designation of Quality Improvement Personnel

Physician Director

I agree to serve as the physician advisor for the above named EMS agency as described in the INTEGRATED AGENCY/SYSTEM QUALITY IMPROVEMENT (QI) PLAN.

Signature
Printed Name
Printed Name of AED/IA physician advisor (if different)

Training Officer/QA Liaison

Printed Name
Title
Telephone Number

Dept. has in place an internal Quality Improvement program which includes a formal peer review process which interacts actively with the professional review/QI program conducted by HEMS thorough the Wayne County Medical Control Advisory Board under MDPH approved protocols. All QA materials, including correspondence between Dept.'s internal QI program and the Wayne County EMS system's QI program are handled as confidential in accordance with applicable sections of State Law.

For Dept.
(Signature)

, Chief

Return form to:
HEMS, Inc.
33030 Van Born
Wayne, Mi. 48184