

CENTRAL CALIFORNIA EMERGENCY MEDICAL SERVICES

OFFICIAL USE ONLY

CQI# _____

DATE RCVD: _____

Emergent Non-Emergent

COUNTY INVOLVED:

- FRESNO KINGS MADERA TULARE
 OTHER _____

CONFIDENTIAL

(In accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and Section 1157, et seq, and California Code of Regulations, Title 22, Division 9)

Quality Improvement Report

(Information for Attorneys representing the Central California EMS Agency)

Incident Logistics

Call Location: _____ EMS Disp#: _____

Date: _____ Time: _____ Location: On Scene Enroute
 At Hospital Other

Patient Name: _____ Med. Record # or DOB: _____

PCR/BHRR# (Attach Copy): _____

Personnel Involved

Agency

Discussed with Individual

_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Primary Tracking

Date & time On-Duty Supervisor/PLN/PLO Notified: _____

Name & Title of Individual Contacted: _____

Author Information

Signature: _____

Date: _____

Print Name: _____

Cert #: _____

Agency/Facility: _____

Date Submitted to PLO/PLN: _____

Documentation Area

Issue: (Please state in one or two sentences)

Account of Incident:

Initial: _____

Proposed Resolution: (Author Must Complete)

Initial: _____

Initial: _____