

**CENTRAL CALIFORNIA
EMERGENCY MEDICAL SERVICES**

QI#: _____

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
Tracking Report**

(Information for Attorneys representing the Central California EMS Agency)

Incident Logistics:

County(ies) Involved: Fresno Kings Madera Tulare Other _____

Status: Date Open: _____ Date Closed: _____

Incident Date: _____ **Incident Time:** _____ **EMS#:** _____

Incident Location: _____

Description:

Issue(s):

- | | | |
|--|--|---|
| <input type="checkbox"/> Airway | <input type="checkbox"/> Inappropriate Behavior | <input type="checkbox"/> Patient Transfer |
| <input type="checkbox"/> AMA/RAS/RMCT | <input type="checkbox"/> Interpersonal | <input type="checkbox"/> Patient Treatment |
| <input type="checkbox"/> Call-In | <input type="checkbox"/> Manpower/Resource Utilization | <input type="checkbox"/> Patient Turnover |
| <input type="checkbox"/> Destination | <input type="checkbox"/> MCI | <input type="checkbox"/> Physician Issues |
| <input type="checkbox"/> Dispatch | <input type="checkbox"/> Medical Control | <input type="checkbox"/> Policy Clarification |
| <input type="checkbox"/> Documentation | <input type="checkbox"/> Medication Broken | <input type="checkbox"/> Scope of Practice |
| <input type="checkbox"/> Equipment Failure | <input type="checkbox"/> Medication Error | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Equipment Utilization | <input type="checkbox"/> Medication Missing | |
| <input type="checkbox"/> Hospital Diversion | <input type="checkbox"/> Patient Assessment | |

Routing/Actions Taken:

<u>Date</u>	<u>Rcvd</u>	<u>Frwd</u>	<u>Rcmd</u>	<u>Action</u>	<u>Action Summary</u>	<u>Initial</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____

Routing/Actions Taken:

<u>Date</u>	<u>Rcvd</u>	<u>Frwd</u>	<u>Remd</u>	<u>Action</u>	<u>Action Summary</u>	<u>Initial</u>
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____ _____ _____	_____

Comments:

Resolution: (EMS Agency Only)

- | | | |
|---|--|--|
| <input type="checkbox"/> Critique | <input type="checkbox"/> No Action | <input type="checkbox"/> Verbal Reprimand |
| <input type="checkbox"/> Certification Action | <input type="checkbox"/> Policy/Procedure Revision | <input type="checkbox"/> Written Report |
| <input type="checkbox"/> EMT-I <input type="checkbox"/> EMT-II | <input type="checkbox"/> Probation | <input type="checkbox"/> Written Reprimand |
| <input type="checkbox"/> Intern <input type="checkbox"/> Interim | <input type="checkbox"/> Remedial Education | <input type="checkbox"/> Other: |
| <input type="checkbox"/> Suspension | <input type="checkbox"/> Formal Instruction | _____ |
| <input type="checkbox"/> Educational Feedback | <input type="checkbox"/> Policy Review | _____ |
| <input type="checkbox"/> Written <input type="checkbox"/> Meeting | <input type="checkbox"/> Protocol Review | _____ |
| <input type="checkbox"/> Formal Investigation | <input type="checkbox"/> Referred to State | _____ |