El Dorado County EMSA CQI Medical Event Report

Date: _____ **PCR #:** _____ **Medic Unit:** _____ **Name:** _____

Nature of Event

- ☐ Documentation Error or Omission
- ☐ Assessment Error or Omission
- ☐ Adverse or Unexpected Outcome
- ☐ Other
- ☐ Treatment Error or Omission
- ☐ High Risk Procedure
- ☐ Excellence in Care

Event Summary:

Follow Up Request:

1. Sign and return a copy of this form to your Agency CQI Representative when received. This only acknowledges receipt of this request for information.
2. Review the case and the pertinent protocol, policy, or procedure(s). Submit a written response or explanation of the variation to the CQI committee within 15 days

Response:

Signed: _____ **Date:** _____

Event Review / Follow-Up Action:

- ☐ No additional action necessary
- ☐ Evaluate policy or procedure
- ☐ Monitor and trend
- ☐ Education or training
- ☐ Forward for further review
- ☐ Other _____

Confidentiality Notice: *The functions of the Continuous Quality Improvement Committee include the evaluation and improvement of the quality of medical care provided in the emergency medical system. Accordingly, the proceedings, records, and files of the El Dorado County EMS CQI Committee are confidential by law and further are neither discoverable nor admissible in any proceeding arising from the matters that are being reviewed and evaluated pursuant to California State Evidence Code 1157.*

EDC EMSA 070110

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