

# CONTRA COSTA COUNTY EMS EVENT REPORT FORM

Reporting is encouraged by all who encounter an actual or "potential" patient care safety event or recognize exemplary care in the field. These events may be related to systems, operations, devices, equipment, medication or any aspect of patient care and include "great catches" defined as patient safety events that are recognized and prevented before they actually occur.

- Instructions:**
1. Assure patient safety. Inform medical personnel caring for patient as needed.
  2. Provide a concise description of the event.
  3. Supervisors complete a brief summary of findings and disposition of the event
  4. Submit completed form to the QI coordinator.

Patient Name: \_\_\_\_\_ Age \_\_\_\_\_  
Incident/PCR#: \_\_\_\_\_  
Event Date: \_\_\_\_\_ Time: \_\_\_\_\_  
Location: \_\_\_\_\_  
Initiated by: (name) \_\_\_\_\_  
Title: \_\_\_\_\_ Agency: \_\_\_\_\_  
Contact Info: \_\_\_\_\_  
Receiving Facility: \_\_\_\_\_  
Other Agency(s) Involved: \_\_\_\_\_  
\_\_\_\_\_

Other(s) involved (include name, title & agency):  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Witness(es): (persons familiar with incident, include:  
name, title, department, relationship)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Details of Event: (provide facts, observations, and direct statements. (Use addendum if needed)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  See addendum

Immediate efforts to resolve this issue: \_\_\_\_\_  N/A

Recommendations to prevent situation in the future: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\*\*\*\*\*  
Could this event cause a community concern or represent a threat to public health and safety?  No  Yes  
**If yes, contact your supervisor and/or agency QI coordinator ASAP**

Supervisor Name: \_\_\_\_\_ Date/Time contacted: \_\_\_\_\_  
Meets criteria for EMS Agency notification  No  Yes **(If yes contact EMS Agency promptly)**  
EMS notified: Date/ time/individual notified: \_\_\_\_\_  
Supervisor findings and comments:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Submit report to QI Coordinator

Report completed by/signature: \_\_\_\_\_ Date: \_\_\_\_\_  PCR attached

## EMS Event Form Instructions

- **This form is to be completed for every reported EMS event.**
  - This information should originate from the provider involved and may be submitted anonymously
  - Assure that the notification process described in Policy #32 has been followed.
  - Provide a concise description of the event.
  - Individuals receiving the report should complete a brief summary of findings and disposition of the event and submit to the appropriate QI personnel.
  - Events that need follow-up should be conducted in coordination with QI personnel.
  - Oversight for the EMS event reporting process is the responsibility of each agency's QI coordinator in conjunction with the Contra Costa County Quality Improvement Committee and EMS Agency QI Coordinator.
  
- **In reviewing the event consider the following questions**
  - What are the facts of the events? Be objective.
  - What factors lead up to or contributed to the event?
  - What consequences resulted from the event?
  - Could the event been prevented? How?
  - What can be learned from the event?
  - What required actions need to be taken?
  
- **EMS Event Criteria requiring Local EMS Agency notification:**
  - **Any EMS event that leads to or has the potential to cause a community concern.**
  - **Threat to public health and safety** (as defined by the Health and Safety Code 1798.200)
    - **Any of the following actions**
      - Fraud in the procurement of any certificate or license under this division
      - Gross negligence
      - Repeated negligent acts
      - Incompetence
      - The commission of any fraudulent, dishonest or corrupt act related to the qualification, functions and duties of prehospital personnel
      - Conviction of any crime which is substantially related to qualification, functions and duties of prehospital personnel
      - Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of or conspiring to violate, any provision of this division or regulations adopted by the authority pertaining to prehospital personnel.
      - Violating or attempting to violate federal or state statute or regulation which regulates narcotics, dangerous drugs or controlled substances
      - Addiction to the excessive use of or misuse of alcohol beverages, narcotics dangerous drugs or controlled substances
      - Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification
      - Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
      - Unprofessional conduct exhibited by any of the following
        - Mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of their duties would use.
        - Failure to maintain confidentiality of patient medical information except as permitted by law Section 56-56.6 of the Civil Code
        - Commission of any sexually related offense under section 290 of the penal code.