

# El Dorado County EMSA CQI Medical Event Report

Date: \_\_\_\_\_ PCR #: \_\_\_\_\_ Medic Unit: \_\_\_\_\_ Name: \_\_\_\_\_

## Nature of Event

- |  |  |
|--|--|
| <input type="checkbox"/> Documentation Error or Omission | <input type="checkbox"/> Treatment Error or Omission |
| <input type="checkbox"/> Assessment Error or Omission    | <input type="checkbox"/> High Risk Procedure         |
| <input type="checkbox"/> Adverse or Unexpected Outcome   | <input type="checkbox"/> Excellence in Care          |
| <input type="checkbox"/> Other                           |  |

## 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:

- |   |   |
|---|---|
| <input type="checkbox"/> No additional action necessary | <input type="checkbox"/> Education or training      |
| <input type="checkbox"/> Evaluate policy or procedure   | <input type="checkbox"/> Forward for further review |
| <input type="checkbox"/> Monitor and trend              | <input type="checkbox"/> 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.*