

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 FORM**

(Information for Attorneys representing the Central California EMS Agency)

Incident Logistics:

County Involved: FRESNO KINGS MADERA TULARE OTHER _____

Status: Date Open: _____ Date Closed: _____

Incident Date: _____ Incident Time: _____ EMS # _____

Incident Location: _____

Description:

Issue(s):

- | | | |
|--------------------|-----------------------|--------------------|
| Airway | Interpersonal/Conduct | Patient Transfer |
| Call-In | Job Well Done | Patient Treatment |
| Destination | Resource Utilization | Patient Turnover |
| Dispatch | MCI | Physician Issue(s) |
| Documentation | Medical Control | Policy/Protocol |
| Equipment | Medication Error | Scope of Practice |
| Hospital Diversion | Patient Assessment | Other: |

Routing/Actions Taken:

Date Rcvd Frwd Rcmd Action Initial

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Date Rcvd Frwd Rcmd Action

Initial

Comments:

Resolution: (EMS Agency Only)

Critique
Certification Action
 EMT-I EMT-II
 Intern Interim
 Suspension
Educational Feedback
 Written Meeting
Formal Investigation

No Action
Policy/Procedure Revision
Probation
Remedial Education
Formal Instruction
Policy Review
Protocol Review
Referred to State

Verbal Reprimand
Written Report
Written Reprimand
Other: