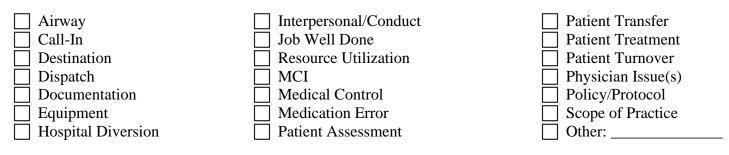
CENTRAL CALIFORNIA CQI #_____ **EMERGENCY MEDICAL SERVICES** DATE RCVD: _____ **COUNTY INVOLVED:** Emergent Non-Emergent FRESNO KINGS MADERA TULARE OTHER_____ CONFIDENTIAL (In Accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and Section 1157, et seq, and California Code of Regulations, Title 22, Division 9) **QUALITY IMPROVEMENT REPORT** (Information for Attorneys representing the Central California EMS Agency) **Incident Logistics** Call Location: _____ EMS Disp. #:_____ Date:_____ Time:_____ Location: On Scene Enroute At Hospital Other Patient Name: Med. Record # or DOB: **Personnel Involved Discussed with Individual** Agency ☐ Yes ☐ No Yes No Yes No] Yes 🗌 No] Yes 🗌 No Yes 🗌 No Yes No **Author Information** Date: Name: _____ Accreditation #: Agency/Facility:

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(Utilize the back of this form to elaborate your concerns & resolution)

Documentation Area

Issue(s):



Select primary issue from dropdown

	Initial:
Account of Incident:	
Initial: Proposed Resolution: (Author Must Complete)	
 Critique/Paramedic Education Educational Feedback Written Meeting Formal Education No Action 	 Policy Review Policy Revision Protocol Review Protocol Revision Other:

Initial:

(Final completed form will be forwarded to County Counsel from the EMS Agency)