



Yolo County Emergency Medical Services Agency

137 N Cottonwood Street, Woodland, CA 95695

530-666-8665 – www.yemsa.org

EMS EVENT REPORTING FORM

EMS Event is defined as: Any event deemed to have impact or potential impact on patient care, either positive or negative. The purpose of this form is to give any person directly involved with a Yolo County EMS Event an opportunity to share comments, concerns, suggestions and recognition. All EMS Events reported will be, **prioritized, investigated, and acted on accordingly.**

INCIDENT INFORMATION: Please answer to the best of your ability.

Incident Date/Time: _____

Address/Location of Incident: _____

Provider Agency Name: _____

Unit or Engine #: _____

Dispatch #: _____

PCR #: _____

Other Agencies On Scene: _____

Receiving Facility: _____

Type of Incident: Mark all that apply

Care of Patient:

- Exemplary Care (great job, unusual call)
- Sentinel Event (does impact patient care)
- Reportable Event (outside norms for patient care)
- Adverse Event (may impact patient care)
- Controlled Substance
- Professional Conduct
- Treatment Error/Omission

Response/On Scene:

- Air Utilization
- Ambulance Response
- Communications
- 9-1-1 Dispatch
- Equipment Issue
- Fire Department Response
- Law Enforcement Response

Incident Description: Be as specific as possible, include: names, address, times, etc. Use additional paper if necessary.

Attachments: No Yes - # of attachments: _____

REQUESTED ACTION:

How would you like the investigation to be followed up on: Mark all that apply

- After Action Report
- Email
- Meeting
- Phone Call
- Written
- Other: _____

The reporter information may be left blank if the reporting party wants to remain anonymous. Please keep in mind that if the reporting party chooses to remain anonymous, a status of the report cannot be given and *it will impact the ability to respond to your concern.*

REPORTER INFORMATION:

Name of Person Reporting Incident: _____

Certification/License #: _____

Cell Phone #: _____

Email: _____

Employer/Affiliation: _____

I certify that all information on this form and enclosed documents, to the best of my knowledge, are true and correct.

Signature

Date