



# EMS EVENT REPORTING FORM

MARIN COUNTY EMS AGENCY  
 1600 Los Gatos Drive, Suite 220, San Rafael, CA 94903  
 ph. 415-473-6871 fax 415-473-3747  
 www.MarinEMS.org

### PURPOSE (Check all that apply)

- Identify examples of exemplary EMS care (FYI)
- Share an outcome of an interesting patient with a provider that might facilitate education(FYI)
- Identify potential systems issues\* (follow-up)
- EMS care could be improved (follow-up)
  - EMS policy and/or procedures were not followed – Policy# \_\_\_\_\_
  - Protocol was followed but EMS care could be improved

### REPORTING PERSON

Name	Date	Phone
Agency/Hospital	Email	

### EVENT

Date	Time	Location
Incident #	Receiving facility	

Details

\*e.g. Protocols were followed but the system did not seem to function well, such as a stroke patient who got tPA but did not meet stroke alert criteria or a patient identified as a limited trauma by the triage tool who had major injuries.

1. This form is to be completed for every reported EMS event.
2. This information should originate from the provider involved and may be submitted anonymously.
3. FYI events - submit form to Provider Agency CQI Coordinator.
4. Follow-up events - submit form to EMS Agency CQI Coordinator.
5. All reports and follow up should be handled with confidentiality and in coordination with CQI personnel.
6. Individuals receiving the report of Follow-up events will complete a summary of findings and disposition of the event and submit to the EMS Agency CQI Coordinator and all involved CQI personnel.