

Grant County EMS CQI Medical Event Report

Date _____ PCR#: _____ Medic Unit: _____ Medic Name: _____

1. Sign and return a copy of this form to your Agency CQI representative within 24 hours of event.

CQI rep to review the case and pertinent protocol, policy, or procedure(s) involved. Submit a written response/explanation of the deviation to Dr. Murphy Nature of Event:

- Documentation error or omission Treatment error or omission
 Assessment error or omission High risk procedure
 Adverse or unexpected outcome Excellence in Care

Event Summary:

2. CQI rep to review the case and pertinent protocol, policy, or procedure(s) involved. Submit a written response/explanation of the variation within 15 days of receipt of the form.

Response:

Signed _____ Date _____

Event review/action plan:

- No additional action necessary Education or training
 Evaluate policy or procedure Forward for further review
 Monitor and trend 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 Grant County EMS CQI Committee are confidential and protected by law under the QA protection Act.