

## OPPORTUNITY FOR IMPROVEMENT / INCIDENT REPORT FORM

Please forward form to your Base Station Liaison Nurse or the EMS Agency (as appropriate)

This form is intended for use by hospital and pre-hospital personnel for EMS-related items. Please do not include identifying patient information. The County of SLO EMS Agency has a legal and ethical responsibility to safeguard the privacy of all patients and to protect the confidentiality of their health information as stated in the Health Insurance Portability and Accountability Act (HIPAA) Confidentiality Guidelines.

\_\_\_\_\_  
Date of Call

\_\_\_\_\_  
Base Hospital

\_\_\_\_\_  
Time of Call

\_\_\_\_\_  
Receiving Hospital

\_\_\_\_\_  
County Run Number

\_\_\_\_\_  
MICN / Paramedic Liaison Nurse

\_\_\_\_\_  
Paramedic /Agency

\_\_\_\_\_  
Base Physician

Describe interesting and/or pertinent facts of this call, patient outcomes, and/or in retrospect what contributions you could have made to improve the overall operation of the scene. The intention of this review is to pass on information from which all can learn.

What supportive documentation is available and/or attached?

- PCR       X-Rays       911 Tape       Guest: \_\_\_\_\_  
 Slides       Overheads       PowerPoint       ED Record       Coroner's Record  
 Base Station Radio Report       Other: \_\_\_\_\_

Please provide your name and contact information for follow-up purposes:

\_\_\_\_\_