



Stanislaus County Emergency Medical Services Agency

Unusual Occurrence Report

Ensure all fields have been completed. Use additional sheet(s) if necessary. The involved parties shall submit the completed form to their CQI Coordinator within three (3) working days of the incident. The CQI Coordinator shall review and complete the form, then submit it to the EMS Agency within five (5) working days. This report may be completed electronically and submitted as an email attachment to: EMSDutyOfficer@stanoes.com

PCR Attached

Date of Occurrence:	Time:	Patient ID/ MRN:
Location:	Unit #:	Agency Incident #:
Form Completed By:	Title:	
Agency:	Phone #:	

Type of Occurrence

Communications	Policy Violation
Field Operations	Patient Care
Professional Conduct	MCI
Base Hospital Operations	Other (explain on a separate sheet of paper)

Involved Parties

Name	Provider/ Employer
Paramedic:	
EMT:	
RN/ Fire/ Police/ Other:	

Summary of Event

Specific Issue:

Details of Occurrence: (provide facts, observations, and direct statements)

Recommendations

None

Signature: _____ **Date:** _____



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FOR AGENCY USE ONLY

Trend Report Information

<input type="checkbox"/>	Patient Maltreatment	<input type="checkbox"/>	Other: Affecting Patient Care
<input type="checkbox"/>	Treatment Error/ Omission	<input type="checkbox"/>	Other: Not Affecting Patient Care
<input type="checkbox"/>	Medication Error	Specify: _____	
<input type="checkbox"/>	Documentation Error/ Omission	<input type="checkbox"/>	Citizen Concern

Assigned EMS Agency Investigator

Recommendations:

