



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

<input type="checkbox"/> Communications	<input type="checkbox"/> Policy Violation
<input type="checkbox"/> Field Operations	<input type="checkbox"/> Patient Care
<input type="checkbox"/> Professional Conduct	<input type="checkbox"/> MCI
<input type="checkbox"/> Base Hospital Operations	<input type="checkbox"/> 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

- Patient Maltreatment
- Treatment Error/ Omission
- Medication Error
- Documentation Error/ Omission

- Other: **Affecting** Patient Care
- Other: **Not Affecting** Patient Care
- Specify: _____
- Citizen Concern

Assigned EMS Agency Investigator

Recommendations:

Lined area for recommendations with a large, faint watermark of the Stanislaus County EMS logo in the background.