



MAIL OR FAX REPORT TO APPROPRIATE AGENCY ON PAGE 5

CITY AND COUNTY OF SAN FRANCISCO, DEPARTMENT OF PUBLIC HEALTH EMERGENCY MEDICAL SERVICES AGENCY CONFIDENTIAL EXCEPTION, SENTINEL EVENT AND COMMENDATION REPORTING FORM PLEASE PRINT LEGIBLY

REPORTING PARTY										TITLE (CHECK ONE)					
FIRST NAME					LAST NAME					EMT	EMT-P	MD	RN	OTHER (DESCRIBE)	
										<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> _____	
REPORTING PARTY CONTACT INFORMATION															
EMPLOYER					ADDRESS										ZIP
TEL					FAX					EMAIL					
DATE OF REPORT			DATE OF EVENT			TIME OF EVENT		PCR CASE OR DISPATCH #			PROVIDER AFFILIATION				
MO	DAY	YR	MO	DAY	YR	24 HR CLOCK									
<input type="checkbox"/> CHECK BOX IF YOU WANT REPORTING PARTY IDENTIFYING INFORMATION TO BE KEPT CONFIDENTIAL DURING INVESTIGATION															
TYPE OF EVENT BEING REPORTED															
CHECK ONE. REFER TO DIRECTIONS ON BACK OF FORM															
EXCEPTION		<input type="checkbox"/> SUBMIT ORIGINAL TO PROVIDER, YELLOW COPY TO EMSA & RETAIN PINK COPY													
SENTINEL EVENT		<input type="checkbox"/> SUBMIT ORIGINAL & YELLOW COPY TO EMSA & RETAIN PINK COPY													
COMMENDATION		<input type="checkbox"/> SUBMIT ORIGINAL TO PROVIDER & YELLOW COPY TO EMSA & RETAIN PINK COPY													
LIST PERSONS INVOLVED								TITLE/ID#	EMPLOYER	WAS INCIDENT DISCUSSED W/ INDIVIDUAL?					
FIRST NAME				LAST NAME											
										<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
										<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
										<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
										<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK					
LIST IF ANY WITNESSES															
LIST IF ANY SUPERVISORS WERE NOTIFIED															
LIST IF ANY OTHER NOTIFICATIONS MADE TO INTERNAL QI OR RISK MANAGERS IN THE INVOLVED ORGANIZATIONS															
LIST IF ANY PATIENT(S) INVOLVED								AGE	PATIENT DISPOSITION						
									<input type="checkbox"/> DC'D FROM ED	<input type="checkbox"/> INPT ADMIT	<input type="checkbox"/> OTHER	<input type="checkbox"/> UNK			
									<input type="checkbox"/> DC'D FROM ED	<input type="checkbox"/> INPT ADMIT	<input type="checkbox"/> OTHER	<input type="checkbox"/> UNK			
THIS SECTION FOR INVESTIGATING AGENCY USE ONLY															
REPORT RECEIVED			NAME OF REVIEWER				INTERNAL REPORT ID# ASSIGNED	30 DAY CLOSURE DUE			REPORT CLOSED				
MO	DAY	YR	FIRST		LAST			MO	DAY	YR	MO	DAY	YR		

[illegible]

☐ PCR (REQUIRED) ☐ DISPATCH RECORD ☐ ED RECORDS
EXTRA SUMMARY PAGES ☐ OTHER (DESCRIBE) ☐ _____

REPORTS MAY BE SENT VIA FACSIMILE, MAIL OR HAND DELIVERED TO INVESTIGATING AGENCY. SEE
CONTACT INFORMATION ON BACK OF ORIGINAL FORM. YELLOW COPY IS ALWAYS SUBMITTED TO EMSA.

THIS SECTION FOR INVESTIGATING AGENCY USE ONLY

[illegible]

EXCEPTION AND SENTINEL EVENT REPORTING FORM DIRECTIONS

EXCEPTION REPORTING

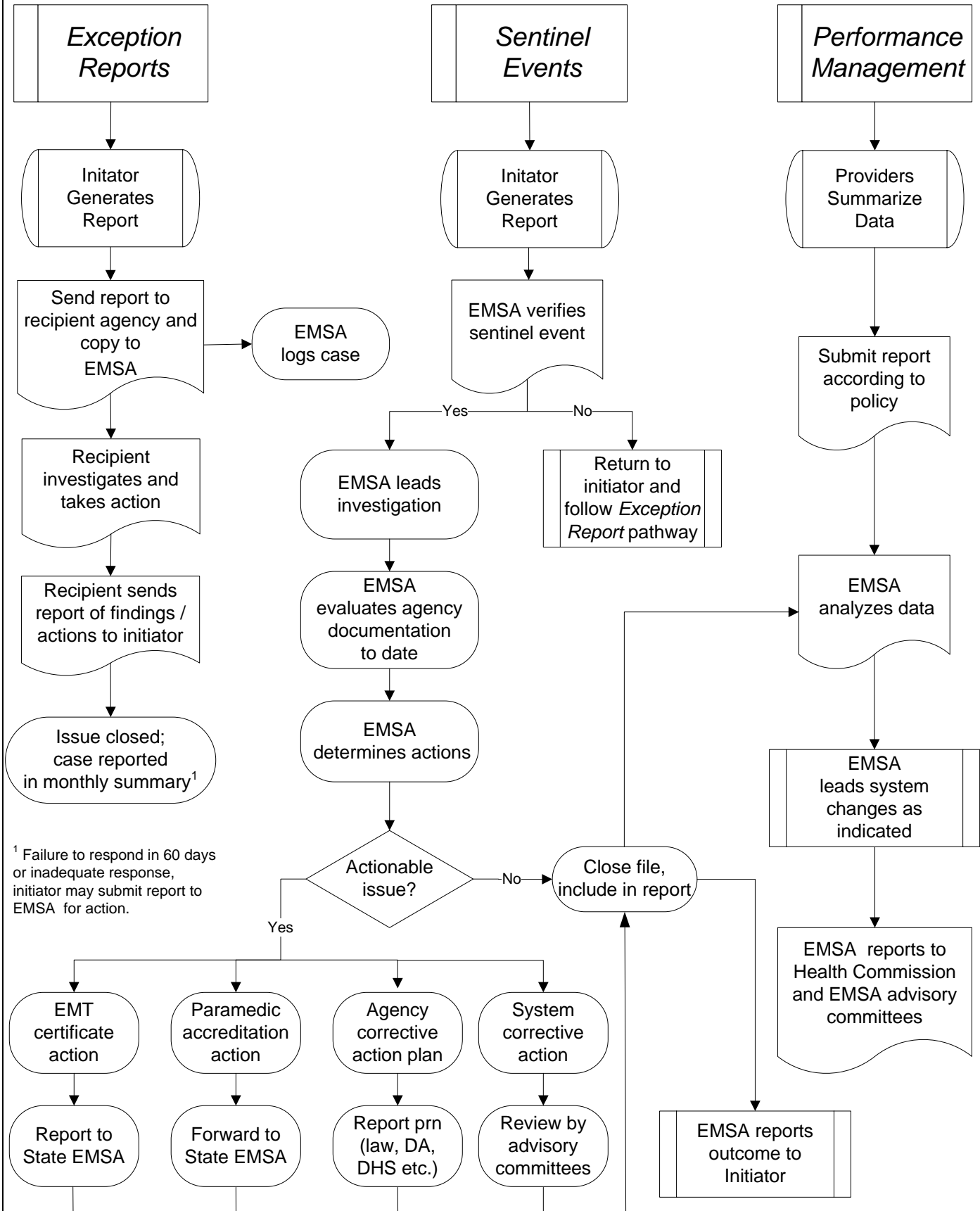
1. Involves any incident or event which the initiator believes warrants reporting to another EMS system participant. Reportable incidents or events include, but are not limited to:
 - a) Policy or protocol violations not related to clinical care or patient outcome;
 - b) Interpersonal conflicts, unprofessional conduct or behavioral issues;
 - c) Deviation from authorized use of supplies or equipment;
 - d) Documentation error or omission not related to or impacting patient care (e.g., missing times or vital sign recordings);
 - e) Communication errors (e.g., poor radio or turnover report, failure to make radio contact or answer radio);
 - f) Destination errors with no impact on patient outcome;
 - g) Operational (non-clinical) issues; and
 - h) Commendations to acknowledge exceptional care by an individual or group of providers.
2. When minor issues (such as those of an interpersonal nature) occur, initiators shall contact management representatives of the recipient agency to resolve the issue.
3. Send the original copy of the Exception Report and supporting documents directly to the recipient agency and the yellow copy is sent to EMSA (preaddressed envelope provided). Initiator retains pink copy.

SENTINEL EVENT REPORTING

1. Involves any event involving pre-hospital personnel that is actionable pursuant to California Health and Safety Code Section 1798.200 (text provided on back of original copy of this form). Events shall be reported within 24 hours to the EMSA Duty Officer who may be paged at 207-9114 on Monday's through Friday's during normal business hours. For events that occur outside of business hours, notification should be made on the next business day. Events may be reported concurrently to employers, but shall not preclude, inhibit or delay reporting to the EMSA. Sentinel Events include, but are not limited to:
 - a) Use of intoxicants or impaired ability due to alcohol or drugs while on duty as an EMS provider;
 - b) Clinical acts or omissions that may be considered negligent or possibly contributed to a poor patient outcome (e.g., assessment and treatment errors or omissions; complications from procedures and interventions);
 - c) Deviation from EMS policy or protocol that may result in a poor patient outcome;
 - d) Any act or omission that constitutes a threat to public health and safety; and
 - e) Any event where a recurrence would have a significant chance of adverse outcome.
2. Events involving non-ems personnel shall be evaluated for compliance with applicable EMSA policies and protocols and referred to appropriate jurisdictional authorities when indicated.
3. The original and yellow copy of Sentinel Event Report Form and supporting documentation is to be submitted to the EMSA (preaddressed envelope provided) within 72 hours. Initiator retains pink copy.
4. In cases where multiple people from the same agency have direct knowledge of the same event, the primary responsible reporting party will include written statements summarizing the events from each individual (can use page 2 of reporting form or alternate paper).

Refer to EMSA Policy 6020 for additional information. All EMSA policies can be found at:
<http://www.SanFranciscoEMS.org>

PERFORMANCE MANAGEMENT REPORTING



PREHOSPITAL REPORTING CONTACTS

MARK ENVELOPES AS CONFIDENTIAL

American Medical Response
2829 California Street
San Francisco, CA 94115
Tel: 931-0196 Fax: 922-4910

Bayshore Ambulance
PO Box 4622
Foster City, CA 94404
Tel: 650-525-7500
Fax: 650-578-1498

Emergency Communications Dept.
QI Manager
1011 Turk Street
San Francisco, CA 94102
Tel: 558-3800 Fax: 558-3843

King & American Ambulance
2570 Bush Street
San Francisco, CA 94115
Tel: 931-1400 Fax: 931-5746

Presidio Fire Department
US Park Police/GGNRA
Fort Mason, Bldg 201
San Francisco, CA 94123
Tel: 561-5184 Fax: 561-5105

Pro Transport-1
311 Professional Center Dr.
Suite 150
Rohnert Park, CA 94928
Tel: 707-586-4041
Fax: 707-585-6341

SF DPH-EMSA
QI Coordinator
68 12th St., Suite 220
San Francisco, CA 94103
Tel: 355-2611 Fax: 552-0194
Duty Officer Pager: 207-9114

SFFD EMS Division
Performance Mgmt. Unit
698 2nd Street
San Francisco, CA 94107
Tel: 558-3644 Fax: 558-3650

St. Joseph's Ambulance
1418 Lincoln Ave.
San Rafael, CA 94901
Tel: 415-460-6022
Fax: 415-460-6038

Send Exception Reports for SFGH ED to the Base Hospital Coordinator and to the ED Nurse Managers at other Receiving Hospitals.

HEALTH AND SAFETY CODE SECTION 1798.200

1798.200. (a) The medical director of the local EMS agency may, in accordance with Chapter 6 (commencing with Section 100206) of Division 9 of Title 22 of the California Code of Regulations, deny, suspend, or revoke any EMT-I or EMT-II certificate issued under this division, or may place any EMT-I or EMT-II certificate holder on probation, upon the finding by that medical director of the occurrence of any of the actions listed in subdivision (c). The authority shall ensure that the local EMS agency's disciplinary policies and procedures are, at a minimum, as effective in protecting the due process rights of any EMT-I or EMT-II certificate holder as those in Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. (b) The authority may deny, suspend, or revoke any EMT-P license issued under this division, or may place any EMT-P license issued under this division, or may place any EMT-P license holder on probation upon the finding by the director of the occurrence of any of the actions listed in subdivision (c). Proceedings against any EMT-P license or license holder shall be held in accordance with Chapter 5 (commencing with Section 11500) of Part 1 of Division 3 of Title 2 of the Government Code. (c) Any of the following actions shall be considered evidence of a threat to the public health and safety and may result in the denial, suspension, or revocation of a certificate or license issued under this division, or in the placement on probation of a certificate or license holder under this division:

- (1) Fraud in the procurement of any certificate or license under this division.
- (2) Gross negligence.
- (3) Repeated negligent acts.
- (4) Incompetence.
- (5) The commission of any fraudulent, dishonest, or corrupt act which is substantially related to the qualifications, functions, and duties of prehospital personnel.
- (6) Conviction of any crime which is substantially related to the qualifications, functions, and duties of prehospital personnel. The record of conviction or a certified copy of the record shall be conclusive evidence of the conviction.
- (7) Violating or attempting to violate directly or indirectly, or assisting in or abetting the violation of, or conspiring to violate, any provision of this division or the regulations adopted by the authority pertaining to prehospital personnel.
- (8) Violating or attempting to violate any federal or state statute or regulation which regulates narcotics, dangerous drugs, or controlled substances.
- (9) Addiction to the excessive use of, or the misuse of, alcoholic beverages, narcotics, dangerous drugs, or controlled substances.
- (10) Functioning outside the supervision of medical control in the field care system operating at the local level, except as authorized by any other license or certification.
- (11) Demonstration of irrational behavior or occurrence of a physical disability to the extent that a reasonable and prudent person would have reasonable cause to believe that the ability to perform the duties normally expected may be impaired.
- (12) Unprofessional conduct exhibited by any of the following:
 - (a) The mistreatment or physical abuse of any patient resulting from force in excess of what a reasonable and prudent person trained and acting in a similar capacity while engaged in the performance of his or her duties would use if confronted with a similar circumstance. Nothing in this section shall be deemed to prohibit an EMT-I, EMT-II, or EMT-P from assisting a peace officer, or a peace officer who is acting in the dual capacity of peace officer and EMT-I, EMT-II, or EMT-P, from using that force that is reasonably necessary to effect a lawful arrest or detention.
 - (b) The failure to maintain confidentiality of patient medical information, except as disclosure is otherwise permitted or required by law in Sections 56 to 56.6, inclusive, of the Civil Code.
 - (c) The commission of any sexually related offense specified under Section 290 of the Penal Code.