



SLOEMSA Provider Feedback Form

In Accordance with California Civil Code Section 56, et seq, California Evidence Code Section 1040 and Section 1157, et, seq, and California Code of regulations, Title 22, Division 9

Submit completed form to: PH_EMSA@co.slo.ca.us

The Following Section is to be Completed by the Reporting Party

Agency Name:

Reporting Party Name:

Date of Report:

Phone Number

E-mail Address:

Date of Incident or Situation

Time of Incident (24-hr hhmm):

Run Number:

Date Investigation Initiated:

Parties Involved:

Agency of Personnel Involved:

Reporting Party Concerns:

Personnel(Units/ Engines / Shifts) Involved:

Level of Care Review:

Level 1- Issue that does not directly impact patient care

Level 2- Issue with potential for limited patient harm

Level 3- Issue with potential for patient harm

Level 4- Any incident which qualifies for review under California Health and safety Code 1798

Issue Category:

Interpersonal

Interagency

Hospital

System (LEMSA)

NA

Specific Issue(s):

Airway	Destination	Documentation
Equipment	Interpersonal	MCI
Medication	MICN Issue	Patient Transfer of Care
Physician Issue	Base Modified/Contact	Dispatch
Inappropriate Behavior	Manpower Utilization	Medical Control
Patient Assessment	Policy/ Protocol	Other

Date Submitted to SLOEMSA:

Submitted by:

The Following Section is to be Completed by the Responding Party

Responding Party Response:

Date of Response:

Response Submitted by:

The Following Section is to be Completed by the EMSA

Final Level of Case Review Outcome:

- Level 1- Issue that does not directly impact patient care
- Level 2- Issue with potential for limited patient harm
- Level 3- Issue with potential for patient harm
- Level 4- Any incident which qualifies for review under California Health and safety Code 1798
- No Issue

Additional Information Provided/Available to SLOEMSA (Confidential):

Base Hospital Audio Files	Cardiac monitor/ AED	Body Cam Footage
Dispatch Audio Files	PCR	
Patient refusal of Service	Base Hospital Documentation	
Pre Hospital Personnel Interviews	Dispatch Logs	
Incident Reports	SLOEMSA Policy/ Protocol	

Resolved Between Parties?

Yes

No (Resolution to be Determined by SLOEMSA)

Resolution / Indetermination Comments:

Date of Resolution:

Resolution Submitted by: