



SCEMSA Provider Case Tracking 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

The following form is to be utilized between parties involved. A separate initial notification form MUST be completed and submitted to SCEMSA, (located above this form on website, online form) when it is determined the incident is reportable per regulations/statutes or a resolution cannot be achieved between the parties.

This form is intended to serve as a template and aid in communication between parties. Once the incident review is concluded and a resolution or indetermination is reached, form is to be submitted to SCEMSA for review and record.

**Reporting
Party
Concerns
(Blue)**

**Responding
Party
Response
(Pink)**



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Reporting Party:

Agency Name:

Name of Reporting Party:

Date Reported: (MM/DD/YYYY)

Phone Number:

E-mail Address:

Date of Incident or Situation:

Time of Incident: (Military Time)

Run Number:

Date Investigation Initiated:

Parties Involved:

Agency Reported to:

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:

Agency(LEMSA)

Provider

Hospital

Individual

None

Just Culture OPTIONAL (if your agency utilizes Just Culture you may indicate the appropriate category)

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

Responding Party Response:

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 SCEMSA:(Confidential)

Base Hospital Audio Files

Cardiac monitor/ AED

Dispatch Audio Files

PCR

Patient refusal of Service

Base Hospital Documentation

Pre Hospital Personnel Interviews

Dispatch Logs

Incident Reports

SCEMSA Policy/ Protocol

Resolved Between Parties?

Yes

No (Resolution to be Determined by SCEMSA)

Resolution / Indetermination Comments:

Date Submitted to SCEMSA:

Submitted by: