



**MAIL OR FAX REPORT TO APPROPRIATE AGENCY ON PAGE 3**  
**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. EMSA MUST RECEIVE COPY IF FORM IS COMPLETED ELECTRONICALLY.												
EXCEPTION		<input type="checkbox"/> SUBMIT ORIGINAL TO PROVIDER, COPY TO EMSA & RETAIN COPY										
SENTINEL EVENT		<input type="checkbox"/> SUBMIT TO EMSA & RETAIN COPY										
COMMENDATION		<input type="checkbox"/> SUBMIT ORIGINAL TO PROVIDER, COPY TO EMSA & RETAIN 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



# 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. 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. Events shall be reported within 24 hours to the EMSA Investigator. 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 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, California Health and Safety Code 1798.200, and Title 22 Regulations for additional information.**

**All EMSA policies can be found at: <http://www.sfdph.org>  
Prehospital Reporting Contacts (Mark Envelopes as Confidential):**

**San Francisco EMS Agency**  
C/O Investigations  
30 Van Ness Ave Suite 3300  
San Francisco, CA 94102  
Tel: 415-487-5018  
ExceptionReport@sfdph.org

**Emergency  
Communication Dept.**  
Administrative Coordinator  
1011 Turk Street  
San Francisco, CA 94102  
Tel: 415-558-3853  
Fax: 415-558-3843

**American Medical Response**  
1300 Illinois Street  
San Francisco, CA 94017  
Tel: 415-645-6904  
Fax: 415-970-0971

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

**Falck**  
2190 South McDowell St, Suite A  
Petaluma, CA 94954  
Tel: 408-316-3691  
Fax: 707-766-2426

**King & American  
Ambulance**  
2570 Bush Street  
San Francisco, CA 94115  
Tel: 415-931-1400  
Fax: 415-931-5746

**San Francisco Fire Dept. –  
EMS Division**  
Performance Mgmt. Unit  
698 2nd Street  
San Francisco, CA 94107  
Tel: 415-558-3649  
Fax: 415-558-3687

**St. Joseph's Ambulance**  
1418 Lincoln Ave.  
San Rafael, CA 94901  
Tel: 415-921-0707  
Fax: 415-460-6038

**Norcal**  
PO Box 12347  
Pleasanton, CA 94588  
Tel: 209-712-9457  
Fax: 925-452-8748

**Pro Transport-1**  
720 Portal St  
Cotati, CA 94931  
Tel: 800-650-4003

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