



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

REPORT NUMBER	INTERNAL ID #	REPORTED BY (AGENCY)	INVESTIGATED BY (AGENCY)	TYPE OF REPORT	30-DAY CLOSURE DUE			NAMES OF STAFF/INVESTIGATORS ASSIGNED		
					MO	DAY	YR	FIRST	LAST	
				<input type="checkbox"/> EXCEPTION <input type="checkbox"/> SENTINEL EVENT						
BRIEF SYNOPSIS OF REPORT										
FOR SENTINEL EVENTS, INDICATE THE SEVERITY CATEGORY FOR POTENTIAL RISK TO PATIENT(S)										
INITIAL DETERMINATION	LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH WITH POSSIBLE NEGATIVE IMPACT ON PATIENT CONDITION <input type="checkbox"/>									
FINAL DETERMINATION	NONE <input type="checkbox"/> LOW <input type="checkbox"/> MODERATE <input type="checkbox"/> HIGH WITH POSSIBLE NEGATIVE IMPACT ON PATIENT CONDITION <input type="checkbox"/>									
LIST PERSONS INTERVIEWED			SUMMARY OF FINDINGS (ATTACH ANY RELEVANT WRITTEN STATEMENTS)							
FIRST NAME	LAST NAME									
LIST RECORDS INSPECTED			OTHER FACT FINDING ACTIVITIES			FINAL DETERMINATION OF MERIT TO REPORT				
						<input type="checkbox"/> WITH MERIT COMPLETE NEXT 3 SECTIONS <input type="checkbox"/> NO MERIT COMPLETE NEXT SECTION ONLY TO EXPLAIN WHY NO MERIT				
ASSESSMENT OF PROBABLE CAUSE AND ANY IMPACT ON PATIENT										
DESCRIBE INITIAL CORRECTIVE ACTIONS TAKEN				BY WHOM			DATE			
PLANNED FUTURE ACTIONS, IF APPLICABLE				BY WHOM			DUE DATE			
CLOSURE WITH REPORTING AGENCY	<input type="checkbox"/> SENT THIS REPORT		DATE				<input type="checkbox"/> DISCUSSED ON PHONE		DATE	
	<input type="checkbox"/> SENT LETTER		DATE				<input type="checkbox"/> DISCUSSED AT QI MEETING		DATE	
NAME OF PERSON COMPLETING REPORT				SIGNATURE			DATE			
OTHER REQUIRED REVIEWERS NAME				SIGNATURE			DATE			
RECOMMENDATIONS FOR SENTINEL EVENT ACTIONS (TO BE COMPLETED BY EMSA)										
<input type="checkbox"/> EMT CERTIFICATION ACTION & REPORT TO STATE <input type="checkbox"/> PM ACCREDITATION ACTION & REFER TO STATE <input type="checkbox"/> EMPLOYER CORRECTIVE ACTION PLAN <input type="checkbox"/> NOT AN ACTIONABLE ISSUE <input type="checkbox"/> SYSTEM CORRECTIVE ACTION PLAN <input type="checkbox"/> OTHER (DESCRIBE) _____										
DATE INVESTIGATION CLOSED			NAME			SIGNATURE				

DIRECTIONS

An electronic version of Investigation Form may be downloaded from the EMSA website at:
<http://www.SanFranciscoEMS.org>

EXCEPTION REPORTING

1. A closure report on the investigation of the allegation or issue and actions taken will be provided to the initiator within 30 days of receipt. This form may be used for the closure report. Alternatively, a letter which addresses the reporting elements on this form may be sent to the reporting party. When deemed acceptable by the reporting party, the investigating agency may provide a verbal closure report of findings and actions via phone or at quality improvement or peer review meetings. However, this does not preclude documenting the results of the investigation and corrective actions on this form.
2. The investigating agency is not required to disclose any information of a proprietary or confidential nature to the reporting party.

SENTINEL EVENTS

1. A written investigation closure report will be provided to the initiator within 30 days of receipt, or as soon as reasonably possible. This form may be used as the closure report or a letter may be sent to the reporting party.
2. The investigating agency is not required to disclose any information of a proprietary or confidential nature to the reporting party.

GUIDANCE FOR DOCUMENTING ISSUE RESOLUTION AND CORRECTIVE ACTIONS

The following list provides examples of the types of approaches, depending on the severity of the event, that should be mentioned when documenting corrective actions taken. Investigations involving Exception Reports where the reporting party determines that the investigating agency failed to adequately address the issues may be forwarded to the EMSA for further action.

Critique	Direct Supervision	Behavior Modification
Coaching	Peer Evaluation	Verbal Reprimand
Policy & Protocol Review	Field Observation	Written Reprimand
Policy & Protocol Testing	Preceptored Experience	Suspension
PCR Audits	Lecture/Didactic	Probation
Scenario Testing	Structural Courses	License or Certificate Action
Computer Simulation	Tutoring	Dismissal
Skills Lab Testing	Clinical Experience in a Controlled Setting	Monitoring/Trending
Case Review Reports	Interactive Videos	System Level Correction
Tape Reviews		Advisory Committee Review