A. The Opportunity for Improvement Report form is for reporting and documentation of any unusual or irregular occurrences that may happen during an EMS call. (e.g., patient injury, equipment failure, conflict with EMS / ED, etc.)

B. This form is also used for patient outcome follow-up.

C. This form is to be used by physicians, nurses, EMTs and anyone else who has a complaint and/or conflict about an EMS call.

D. The report should be completed as soon as possible after the incident has occurred and submitted to the EMS Office.
Person making report: ___________________________ Phone #: ___________________
EMS / ED department: __________________________ Date of incident: ___________________
Location of incident: __________________________ Time: _______________ EMS run #: ________
Personnel involved: ___________________________________________________________________

**TYPE OF INCIDENT**

- O Patient injured
- O Personnel injured
- O Equipment failure
- O Communication problem
- O Conflict with EMS / ED staff
- O On-Scene issue
- O Patient outcome request (list patient name, DOB, date of service below)
- O Other (specify) ______________________________________________________________

**EXPLANATION OF INCIDENT**

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Signature of person making report ___________________________ Received by EMS Office ___________________________ Date ___________________________