



Honolulu Emergency Medical Services Division

REPORT FOR QUALITY IMPROVEMENT

ACCIDENT, COMPLIMENT, COMPLAINT, PROPERTY LOSS, OR OTHER REPORTABLE INCIDENT

CONFIDENTIAL---All information on this form including any appended materials, is privileged and confidential, and is furnished as a report to the Quality Improvement staff for the purpose of improving the quality of care and services provided by the Emergency Medical Services Division.

Incident Date: mm/dd/yy		Time of Incident: hh/mm	
Unit:	01 Charlie 1	Physician (PRN)	
Chart Number:		Incident Location:	
Receiving Facility (PRN):	Castle Medical Center	PSAP # (PRN): (Dispatch Card #)	

BRIEF DESCRIPTION OF INCIDENT

The EMS Report for Quality Improvement Form is similar to a hospital Incident Report.

From about 1993, the RQI form has been sent (snail mail or E-mail) to the receiving agencies.

Forms may be completed electronically or in hard copy. Include names, dates, and other facts.

If completing electronically, know that the gray fields expand as they completed.

The Unit and Receiving Facility fields are drop down menus.

Fax to 808.550.6356 or 808.831.4390.

Investigations may be completed in less than an hour or longer. EMS tries to "close the loop" in 10 days though this is not always possible depending on the extent of the case review.

Reporter:					
Check One :	EMS Staff <input type="checkbox"/>	Dispo Staff <input type="checkbox"/>	Pt./Family Member <input type="checkbox"/>	State <input type="checkbox"/>	Other <input type="checkbox"/>

Contact Phone Number/s:

Home	Mobile	Work	Other

Email Address:	
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Date Report Completed:		Time:	
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Other Persons Familiar or Witness to Incident:		
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