

Rappahannock EMS Council
435 Hunter Street, Fredericksburg, Va. 22401
INCIDENT REVIEW CLOSURE FORM

This form is to be completed and returned to the REMS council. It is to be utilized to provide a response from the agency to REMS regarding an incident review.

Date of Incident		Approx Time of Incident	
Date Received		Type of Incident:	
EMS Agency			
Agency notified		Date of Agency Response	

Incident Description/Concern:

- Was there sufficient information in this request to locate the incident? YES NO
- Was this previously reviewed by the agency prior to this notification? YES NO
- Was an action taken by the agency prior to this notification? YES NO

Action taken. Based on this incident review we have (check all that apply):

- Reviewed the associated clinical documentation
- Interviewed or spoken with the involved provider(s)
- Consulted with the agency operational medical director
- Amended internal procedures or policies directly related to this event
- Requested modification of regional protocol and policy
- Other:

Disposition. As a result of this QI process the agency has:

- Found there is no further action necessary
- Provided additional global education specific to this event
- Requested or provided additional training specific to this provider
- Handled the incident through other internal personnel procedures
- Other:

Status. As of _____ this incident is considered:

- Closed – administratively handled and no further action is necessary
- Closed – insufficient information exists to properly locate this event
- Open – the event has not yet been reviewed
- Open – further investigation is necessary and a disposition is pending
- Open – requesting assistance or further review by the regional QI procedure

Reported by

Name and title:	Date:
Signature:	REMS Incident Tracking #: