



# County of Santa Clara Emergency Medical Services System

Form # 903  
System Performance Variance Report

### REPORTING PARTY

Name: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Agency: \_\_\_\_\_  
Date and Time of Incident: \_\_\_\_\_ Date and Time of Report: \_\_\_\_\_  
County Event Number: \_\_\_\_\_ Agency Event Number: \_\_\_\_\_  
Phone #: \_\_\_\_\_ E-Mail: \_\_\_\_\_ Other: \_\_\_\_\_  
Reported to: \_\_\_\_\_ Title/Position: \_\_\_\_\_ Agency: \_\_\_\_\_

### SELECT LEVEL AND TYPE OF VARIANCE:

#### Level A Variance

- Threat to Public Safety
- Negative Patient Outcome due to Medication Error or Policy Violation
- Public Concern/Media

**Immediately notify the EMS Duty Chief via County Communications**

#### Level B Variance

- Potential Clinical Care Variance
- Potential Policy Variance
- Interagency Coordination
- General Complaint (Public)
- Communications System Variance
- Other: Describe in part 2 below

#### Level C Variance

- Good Patient Outcome
- Outstanding Customer Service
- Provider Agency/Hospital
- Field Provider
- Other: Describe Below

### NARRATIVE OF VARIANCE:

Include specific and detailed information about incident location, times, persons involved, witnesses, actions taken, notifications given, and anything else relevant. Continue on additional pages if needed.

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### ATTACHMENTS:

- Patient Care Report
- Dispatch Records
- Recordings
- Photos
- Incident Report
- Witness List
- Other

Submit this form and all attachments to your EMS Program Manager and the Santa Clara County EMS Agency

E-mail: reports@phd.sccgov.org Fax: 408.885.3538