

STREMS Quality Improvement/STREMAC
Ambulance Re-Routing Report

Date of Incident

Time of Incident

Hospital requesting rerouting
& Contact Name

Transporting Agency and Crew

PCR Number

Description of Incident
(use back of page if needed)

Reason Given for Rerouting

Reported by _____ Date _____

QA Determination:

Appropriate

Not Appropriate

Follow Up:

*Place completed form in the PCR box at the hospital
or fax to EMSTAR at 607-732-2661. **DO NOT** attach to PCR.*

This report is privileged and confidential under the New York State Education Law and the Public Health Law because it has been authorized for development and use by the STREMS Quality Improvement Committee for the purpose of reducing morbidity and mortality and to improve patient care.