



**North Country  
Regional Emergency Medical  
Advisory Committee**

**Policy Statement**

*Serving: St. Lawrence, Jefferson, and Lewis Counties*

No. 08 - 02

Date: 03/19/2008

Re: Quality Improvement

Page 1 of 2

Supersedes:

It is the function of the Regional Continuous Quality Improvement Committee to review any/all instances where there is an allegation of a patient care issue/concern and to develop corrective action as necessary

The following will constitute immediate restrictions of ALS privileges pending review, investigation, and outcome:

1. Unrecognized Esophageal Intubation
2. Patient Abandonment
3. Practicing Medicine without valid certification
4. Medication errors that cause patient harm  
(Removed patient abuse)

The provider and agency will be notified of restriction by the North Country EMS Program Agency after consultation with the Regional Medical Director if ALS restriction is deemed to be the appropriate action.

Agencies will be requested to immediately fax necessary paperwork to the Program Agency for review so that it can be completed within 24 hours.

All other situations will be handled on an individual basis depending on the severity of the complaint. North Country Program Agency Staff will request and review all relevant information pertaining to the case and in some instances will complete interviews with involved parties within 30 days of receiving a CQI request. Upon review completion by the North Country Program Agency all documentation, including PCR will be forwarded to the Regional Medical Director for review with recommendations for corrective action. The Regional Medical Director will decide whether or not recommendations made by program agency staff are sufficient or if the case requires full review at the next continuous quality improvement meeting.

At any time a REMAC member or other interested party may request that a CQI issue be reviewed by the full REMAC CQI Committee.

Approved 3/19/08 AMS



**North Country EMS PROGRAM AGENCY**  
“Serving Jefferson, Lewis & St. Lawrence Counties”

Ann M. Smith, EMT-CC, Director  
Mysti L. Mattice, Secretary

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**NCEMS REMAC QUALITY IMPROVEMENT REVIEW REQUEST**

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Date of Request: \_\_\_\_\_ PCR Number: \_\_\_\_\_

Facility/Provider Involved: \_\_\_\_\_

Facility/Provider Point of Contact: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Incident:

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Proposed Resolution:

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Facility/Provider Requesting Review: \_\_\_\_\_

Contact Phone Number: (D) \_\_\_\_\_ (N) \_\_\_\_\_

The REMAC has established the following process for a call review: This form must be completed and returned to the NCEMS Program Agency. All PCRs and other forms of documentation about the incident will be collected and reviewed by Program Agency Staff. The documentation will be given to the System Medical Director for review with recommendations from the program agency staff. After the Medical Director reviews the Incident Request and documentation a decision will be made to accept the program agency recommendations or send the incident request to the regional continuous quality improvement committee for further review. A report will be written delineating any recommended actions required by the Medical Director. The parties involved in the incident will individually receive copies of the report, as will the County CQI Committee(s) and/or others according to the direction of the Medical Director. This form may be utilized for patient care and/or for non-patient care issues.

Questions may be directed to the North Country EMS Program Agency.

Revised (1/29/2008) AMS