

Maryland Institute for Emergency Medical Services Systems
Confidential / Nondiscoverable Medical Case Review (MRC) Material

MRC – Patient Care Quality Assurance Incident Report (PCOA-IR)

5-Day Incident Report: _____ **35-Day Incident Report:** _____

Request Case Closure: _____ **Request MIEMSS Action:** _____

Within **5 days** of being made aware of an **Incident** the QA Officer must in writing document the **Incident** and **identify EMS Clinician(s)** involved to MIEMSS' Compliance Office and State EMS Medical Director.

Within **35 days** being made aware of an **Incident** the QA Officer must in writing submit documentation of the MRC's **investigative findings** and **recommendations** to MIEMSS' Compliance Office and State EMS Medical Director.

1. Incident Date: _____ EMSOP Incident #: _____ Report Date: _____

2. Date(s) EMSOP Medical Director(s) notified: _____

3. Name of EMS Operational Program Medical Director(s) notified: _____

4. Individuals / EMSOP Involved (additional space provided on page 2)

4a. EMSOP: _____ Unit Number: _____

4b. EMS Clinician(s): 1. _____ ID# _____

Name & ID Number 2. _____ ID# _____

4c. Hospitals: 1. Sending: _____ 2. Receiving: _____ 3. Consulting: _____

4d. Other Individuals: 1. _____ 2. _____

5. Type Of Incident (Check ONE)

a. _____ **Extraordinary Care Procedure** (within 24 hours report to State EMS Medical Director **800-648-3001**)

b. _____ **Protocol variation which may have resulted in harm to a patient or substandard patient care**

c. _____ Inability to carry out physician orders

d. _____ **May require disciplinary action by the State, or**

e. _____ **Suggest need for change to Statewide EMS System by MIEMSS**

d. _____ Other (explain): _____

6. Describe incident - _____

7. Action by EMSOP. (Describe planned remediation on page #2)

EMS Clinician privileges Suspended? NO YES **

(** Immediately Notify State EMS Medical Director (410-706-0880); COMAR Title 30.03.03.06D)

EMSOP Medical Director **Signature:** _____ **Date:** _____

8. Report Submitted By:

Name: _____

Official Title: _____

Street: _____

City: _____ State: _____ Zip Code: _____

Office Phone: _____ Cell Phone: _____

Fax: _____ E-mail: _____

Signature: _____ Date: _____

MIEMSS Email Addresses: **MDO:** CHyzer@miemss.org **Chief Compliance Officer:** lchervon@miemss.org;
SOCALR: (slegore@miemss.org) & (shoffman@miemss.org)

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Date Received MDO: _____

Date Received CCO: _____

Title 30
MARYLAND INSTITUTE FOR EMERGENCY MEDICAL
SERVICES SYSTEMS (MIEMSS)

SUBTITLE 03 EMERGENCY MEDICAL SERVICES OPERATIONAL PROGRAMS

Chapter 03- Medical Direction

Authority: Education Article, §§ 13-509, 13-510 and 13-516, Annotated Code of Maryland.

- .06 Credentiaing of EMS providers
- C. In association with or through the granted authority of an EMS operational program, an EMS operational program medical director may suspend or limit the privileges of an EMS provider within that EMS operational program if, in the opinion of the EMS operational program medical director, the EMS provider poses an imminent threat to the health or well-being of patients.
- D. If the EMS operational program medical director suspends or limits the privileges of an EMS provider under § C of this regulation, the EMS operational program medical director and the EMS operational program shall immediately notify the State EMS Medical Director of:
- (1) The circumstances and grounds for the action;
 - (2) Specific plans for remedial education; and
 - (3) The process, including reevaluation, by which the EMS provider may be able to regain privileges.

[Enter your text in this field](#)
