# MRC – Patient Care Quality Assurance Incident Report (PCQA-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)
5. EMSOP      **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Unit Number

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

Name & ID Number 2.      \_\_\_\_\_\_\_\_\_\_\_\_ ID#      \_\_\_\_\_\_\_\_\_\_\_\_\_

1. Hospitals: 1. Sending      **\_\_\_\_\_\_** 2. Receiving      **\_\_\_\_\_\_** 3. Consulting      **\_\_\_\_**
2. Other Individuals: 1)      \_\_\_\_\_\_\_\_\_\_ 2)      \_\_\_\_\_\_\_\_\_
3. Type Of Incident (Check ONE)
4. \_[ ] \_ **Extraordinary Care Procedure** (**within 24 hours** report to State EMS Medical Director **800-648-3001**)
5. **\_****[ ] \_** Protocol variation which may have resulted in harm to a patient or substandard patient care
6. **\_****[ ] \_** Inability to carry out physician orders
7. \_[ ] \_ May require disciplinary action by the State, or
8. \_[ ] \_ Suggest need for change to Statewide EMS System by MIEMSS
9. **\_****[ ] \_** Other (explain)      \_\_\_
10. Describe incident -      \_

\_     \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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1. 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:      \_

1. Report Submitted By:

Name      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Official Title      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Street      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State      \_\_ Zip code      \_\_\_

Office Phone      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Cell Phone      \_\_\_\_\_

Fax      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-mail      \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date      **\_\_\_\_\_\_\_\_**

MIEMSS’ e-mail addresses: **MDO** (CHyzer@miemss.org), **Chief Compliance Officer (lchervon@miemss.org)**; **SOCALR** (slegore@miemss.org) & (SHoffman@miemss.org)

**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.

1. Credentialing 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.

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