



**Mid-State
Regional Emergency Medical
Advisory Committee**

**Policy Statement
#08-04**

CQI

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

The provider and agency will be notified of restriction by the Midstate 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. Midstate 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 Midstate 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 remediation is 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.

Midstate REMAC QUALITY IMPROVEMENT REVIEW REQUEST

Date of Request: _____

PCR Number: _____

Facility, Agency or Provider Involved:

Incident Date: _____ Location: _____

Time: _____

Nature of Incident: (attach additional as necessary)

Proposed Resolution:

Person Requesting Review:

Contact Phone Number: (D) _____

(N) _____