



North Country EMS Program Agency

“Serving Jefferson, Lewis & St. Lawrence Counties”

www.fdrhpo.org/ems

NCEMS REMAC QUALITY IMPROVEMENT REVIEW REQUEST

Date of Request: _____ PCR Number: _____

Facility/Provider Involved: _____

Facility/Provider Point of Contact: _____

Incident Date: _____ Location: _____ Time: _____

Nature of Incident: (utilize an additional sheet if necessary)

Proposed Resolution: (utilize an additional sheet if necessary)

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 (3/6/2019) JPC