



Westchester REMAC

Mandatory QI Topic PCR Review Form

Medical Control Order Requests

Review Period _____ # Of Calls in Category _____ Total # of Calls _____

EMS Agency _____ NYS Certification # _____

	#YES	#NO
Was the provider request appropriate for patient presentation per protocol? (ALS or BLS) <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
If the request deviated with standard protocol, was it appropriate for the patient presentation? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
Was the provider able to communicate request directly to a REMAC MD/DO? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
If the provider request was appropriate, was it approved by Medical Control? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>

Comments

(Please provide a summary of any negative responses in the QI review, attaching a separate report if necessary.)

This quality improvement review has been conducted as required by New York State Department of Health (NYSDOH) Law Article 30 Section 3006. The intent of this review is to ensure compliance with all NYSDOH and Westchester Regional Emergency Medical Advisory Committee (WREMAC) policies, procedures, protocols and standards of care. As a participant in the NYSDOH and WREMAC Quality Improvement Plan, all data that is collected and reviewed by the Quality Improvement Committee will be kept confidential as required by law and will be utilized to improve the quality and effectiveness of patient care that is offered to our patients by identifying deficiencies as well as areas of excellence in current policies, procedures, protocols and educational processes.



Westchester REMAC

Mandatory QI Topic PCR Review Form

Pediatric Calls (age<15yrs.)

Review Period _____ # Of Calls in Category _____ Total # of Calls _____

EMS Agency _____ NYS Certification # _____

	#YES	#NO
Was the presence or absence of a parent or guardian on the scene documented? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
Was a complete patient assessment with vital signs performed? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
If not, was the reason documented? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
Were any documented suspicions of child abuse reported as per NYS Law <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
If necessary for medication administration, was patient size/weight and method of calculation documented? (i.e. parent, Braslow tape, medical chart, SWAG) <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>

Comments

(Please provide a summary of any negative responses in the QI review, attaching a separate report if necessary.)

This quality improvement review has been conducted as required by New York State Department of Health (NYSDOH) Law Article 30 Section 3006. The intent of this review is to ensure compliance with all NYSDOH and Westchester Regional Emergency Medical Advisory Committee (WREMAC) policies, procedures, protocols and standards of care. As a participant in the NYSDOH and WREMAC Quality Improvement Plan, all data that is collected and reviewed by the Quality Improvement Committee will be kept confidential as required by law and will be utilized to improve the quality and effectiveness of patient care that is offered to our patients by identifying deficiencies as well as areas of excellence in current policies, procedures, protocols and educational processes.



Westchester REMAC

Mandatory QI Topic PCR Review Form

Refusal of Care

Review Period _____ # Of Calls in Category _____ Total # of Calls _____

EMS Agency _____ NYS Certification # _____

	#YES	#NO
Was a complete patient assessment performed? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
Was the patient stable and legally able to refuse treatment? (i.e. patient was not a minor, mentally retarded, intoxicated, hypoxic, etc.) <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
Was the reason for the patient's refusal and the crew's explanation of all potential negative consequences of the refusal documented? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
If patient condition indicated a need for ALS assessment / care, was Medical Control contacted regarding the refusal? <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>
Were all the appropriate signatures obtained? (ie patient, guardian / parent for minor, third party for witness, etc.) <i>If No, explain deviations in comment section:</i>	<input type="text"/>	<input type="text"/>

Comments

(Please provide a summary of any negative responses in the QI review, attaching a separate report if necessary.)

This quality improvement review has been conducted as required by New York State Department of Health (NYSDOH) Law Article 30 Section 3006. The intent of this review is to ensure compliance with all NYSDOH and Westchester Regional Emergency Medical Advisory Committee (WREMAC) policies, procedures, protocols and standards of care. As a participant in the NYSDOH and WREMAC Quality Improvement Plan, all data that is collected and reviewed by the Quality Improvement Committee will be kept confidential as required by law and will be utilized to improve the quality and effectiveness of patient care that is offered to our patients by identifying deficiencies as well as areas of excellence in current policies, procedures, protocols and educational processes.



Westchester REMAC

Mandatory QI Topic PCR Review Form

Unusual Occurrences

Review Period _____ # Of Calls in Category _____ Total # of Calls _____

EMS Agency _____ NYS Certification # _____

**Equipment Failure
Complaints or Grievances Filed with the Service by the Patient or Their Families
Incidents that are Injurious or Potentially Injurious to Patients**

#YES	#NO

If any of the above occurred during this period, was the situation documented?

#YES	#NO

If No, explain deviations in comment section:

Was the provider(s) actions appropriate for the incident?

--	--

If No, explain deviations in comment section:

**Did the provider(s) follow procedure / protocol?
(i.e. treatment decisions, transport decisions, medical control contacted, etc.)**

--	--

If No, explain deviations in comment section:

Were the incidents receive a QI review by the agency?

--	--

If No, explain deviations in comment section:

Comments

(Please provide a summary of any negative responses in the QI review, attaching a separate report if necessary.)

This quality improvement review has been conducted as required by New York State Department of Health (NYSDOH) Law Article 30 Section 3006. The intent of this review is to ensure compliance with all NYSDOH and Westchester Regional Emergency Medical Advisory Committee (WREMAC) policies, procedures, protocols and standards of care. As a participant in the NYSDOH and WREMAC Quality Improvement Plan, all data that is collected and reviewed by the Quality Improvement Committee will be kept confidential as required by law and will be utilized to improve the quality and effectiveness of patient care that is offered to our patients by identifying deficiencies as well as areas of excellence in current policies, procedures, protocols and educational processes.



Westchester REMAC

Mandatory QI Topic PCR Review Form

Local or Regional Focused Study

TOPIC _____

Review Period _____ # Of Calls in Category _____ Total # of Calls _____

EMS Agency _____ NYS Certification # _____

	#YES	#NO

<i>If No, explain deviations in comment section:</i>	_____	

<i>If No, explain deviations in comment section:</i>	_____	

<i>If No, explain deviations in comment section:</i>	_____	

<i>If No, explain deviations in comment section:</i>	_____	

Comments

(Please provide a summary of any negative responses in the QI review, attaching a separate report if necessary.)

This quality improvement review has been conducted as required by New York State Department of Health (NYSDOH) Law Article 30 Section 3006. The intent of this review is to ensure compliance with all NYSDOH and Westchester Regional Emergency Medical Advisory Committee (WREMAC) policies, procedures, protocols and standards of care. As a participant in the NYSDOH and WREMAC Quality Improvement Plan, all data that is collected and reviewed by the Quality Improvement Committee will be kept confidential as required by law and will be utilized to improve the quality and effectiveness of patient care that is offered to our patients by identifying deficiencies as well as areas of excellence in current policies, procedures, protocols and educational processes.