

Conditions Imposed and / or Suspension of Privileges to Practice
Pre-hospital Emergency Care for EMS Providers
in the Mid-Coast EMS, Region VI
Procedures and Policies

In the event that a serious compromise in EMS patient care (series of compromises in EMS patient care) by an EMS provider is identified, as determined by Medical Control staff on duty, the following steps will be taken:

1. The concern will be brought to the attention of the local Medical Control physician and nurse designee, Regional Coordinator, Regional Medical Director, Regional QA (County) Staff, Service Chief of the EMS Service(s) involved, and licensee within 48 hrs. A copy of the QA Review form and run report will be forwarded to the MCEMS office, a case # will be assigned and logged.
2. If in the event that the Regional Medical Director feels that an emergency suspension or revocation of the provider=s license is imperative, Maine EMS will be immediately contacted with necessary follow up conducted by the Maine EMS Board as described within Chapter 11 of the Maine EMS Rules and policies adopted by the State Board.
3. The Regional Medical Director, in consult with MCEMS staff and / or Maine EMS, may withdraw or impose conditions upon any licensee=s approval to practice in the region, if done with the licensee=s *endorsement of a remediation agreement and / or mutual consent*
4. This will involve a meeting with the Regional Medical Director (or local Medical Control Physician), the licensee, and all other parties involved, as well as the endorsement of a (remediation) consent agreement by the licensee.
5. This must take place within 10 working days from the identification of the reason for imposed conditions, suspension, or revocation.
6. The *remediation* agreement must state the action being taken; identify the reasons for the conditions being imposed for withdrawal or suspension; and explain the course of action for a resolution, if applicable. The *remediation* -agreement will contain a permission statement to notify the sponsoring EMS service of the actions being taken.
7. If the licensee does not consent, as stated within the agreement, the Regional Medical Director will immediately contact Maine EMS as explained in (2) above.

Approved Sept. 14, 2004; by the MCEMS Regional QA / Medical Control Committee.

Return of Hospital Run Report Copy / Discontinued Calls for Codes

In the event that a ACode@ in the field was discontinued and the patient was not transported to the hospital, that the hospital copy of the run sheet (Copy 1) will be given to the Emergency Department clerk for QA filing within 24 hours following the ambulance call

Services notified April 3, 2000

MCEMS QA Policy - Feb. 27, 2001

Appropriate Use of ALS

When considering appropriate use of ALS, must review 100% of the first 200 calls/yr., 10% of the remaining, 100% of all transports and multi-traumas, if deficiencies found, monitor 100% of runs for licensee until improvement noted.

20 Minute Notification

If an EMS service is to be on scene longer than 20 minutes before transport, contact Medical Control

Services / personnel notified via newsletter - March 12, 2001