

# **NORTH COUNTRY EMS PROGRAM AGENCY**

**SUNY Canton**

**34 Cornell Drive WH 027**

**Canton, NY 13617**

**PHONE: (315) 379-3977 FAX: (315) 379-3979**

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## **NCEMS REMAC QUALITY IMPROVEMENT REVIEW REQUEST**

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Date of Request: \_\_\_\_\_ PCR Number: \_\_\_\_\_

Facility/Provider Involved: \_\_\_\_\_

Facility/Provider Point of Contact: \_\_\_\_\_

Incident Date: \_\_\_\_\_ Location: \_\_\_\_\_ Time: \_\_\_\_\_

Nature of Incident:

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Proposed Resolution:

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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. After the Medical Director reviews the Incident Request, 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.