

## Appendix B – Medical Incident Review Form (MIR)

The purpose of this referral is to improve the quality and efficiency of patient care in the Peninsulas Emergency Medical Service Council, Inc. region. This form is intended to relay comments on any incident, positive or negative regarding EMS incidents in the region. Submission of this document triggers further review of the specific incident. All information obtained through this process will remain confidential. This information will be used by the EMS agency and its Operational Medical Director (OMD) for the purposes of Quality Improvement (QI) to result in improved patient care. Provide as much of the requested information as possible.

*This form may be submitted anonymously. However, if you would like us to contact you for additional information, we must have your contact information. All MIR information is confidential.*

### **Section 1: REFERRER CONTACT INFORMATION**

Name: \_\_\_\_\_ Agency: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Email Address: \_\_\_\_\_

### **Section 2: INCIDENT DETAILS**

Date: \_\_\_\_\_ Time: \_\_\_\_\_ PPCR # (attach copy): \_\_\_\_\_

EMS Agency: \_\_\_\_\_

Attendant-in-Charge (if known): \_\_\_\_\_

Receiving Facility: \_\_\_\_\_ Receiving Physician: \_\_\_\_\_

### **Section 3: REASON FOR REVIEW**

Unable to establish contact with Medical Control

Regarding treatment orders from on-line  
Medical Control physician

Medical Control treatment needed but not performed

Regarding hospital diversion of patient

Medical control treatment initiated without physician order

Regarding EMS patient treatment or actions

### **Section 4: DESCRIPTION OF EVENTS**

Please fax a copy of the Medical Control Incident Review Form and PPCR to Peninsulas Emergency Medical Services Council, Inc. at (804) 693-6277.