

Appendix: B	PDN: 6006.03	Last Updated: December 30, 2005	Subject: Investigation Matrix for PMD	Page 1 of 4
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## Investigation Matrix for PMD

QA Issue  Conduct Issue  Competency Issue  Both  Undecided

Immediate Suspension? Yes <input type="radio"/> No <input type="radio"/>	Date Suspended/level changed: (dd/mm/year)	If Suspended or level changed state reason :
Level changed ? Yes <input type="radio"/> No <input type="radio"/>		
Date/Min# :	Paramedic:	Paramedic Id #
Date Incident/Issue Reported:	Referred by ? : <i>(** Contact information required...Refer to page 3 if this is per "outside" client contact)</i>	Patient's Name:
Location:	Type of Incident:	
Synopsis:		

Request sent to Paramedic for written reply of their information about incident? \_\_\_\_\_ Follow- up date ? : \_\_\_\_\_  
*(dd/mm/year) (Date response needs to be returned.)*

Paramedic requested meeting with PMD ? Yes <input type="radio"/> No <input type="radio"/>	Date: (dd/mm/year)	Comments: Attachments? Yes <input type="radio"/> No <input type="radio"/>
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### "Competency Issues"

Remedial Sessions Required? Yes <input type="radio"/> No <input type="radio"/>	Referred to ? :	Date: (dd/mm/year)
Notes:		Follow - up Date: (dd/mm/year)
Paramedic Re-Activated and or Level returned ? Yes <input type="radio"/> No <input type="radio"/>	Follow up Required? Yes <input type="radio"/> No <input type="radio"/>	If so, enter date:

Issue Concluded? Yes  If Yes, PMD Signature Required : \_\_\_\_\_ No  \* Continue to next pages

**“Competency and /or Conduct Issues”**

ADR Proposed ? <input type="checkbox"/> Yes <input type="checkbox"/> No	ADR Synopsis:	ADR Sent to Review Panel for feedback? <input type="checkbox"/> Yes <input type="checkbox"/> No
		Date sent?: <input type="checkbox"/> Follow up ?
		(dd/mm/year) (dd/mm/year)

**Review Panel Members (x3) :**

Name & Id #	Name & Id #	Name & Id #
Contact Info	Contact Info	Contact Info
Response Received? ADR agreed to ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Response Received? ADR agreed to ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Response Received? ADR agreed to ? <input type="checkbox"/> Yes <input type="checkbox"/> No
Comments:		

ADR offered to Paramedic ? <input type="checkbox"/> Yes <input type="checkbox"/> No	ADR Agreed to by Paramedic ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Signed ADR attached ? <input type="checkbox"/> Yes <input type="checkbox"/> No	Written confirmation received? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Issue Concluded? Yes  If Yes, PMD Signature Required : \_\_\_\_\_ No  \* Continue to next pages

**“Conduct Issues”**

Referred to Investigation Committee ? Yes ☆ No ☆	Investigative Matrix for C&C Investigation Committee (Appendix C) attached ? Yes ☆ No ☆
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**Investigation Committee Members (x 3) :** Proposed Follow up Date for Response from Committee ? : ( dd/mm/year) \_\_\_\_\_

Name & Id #	Name & Id #	Name & Id #
Contact Info	Contact Info	Contact Info
Decision :		

Registration revoked? Yes ☆ No ☆	Letter of Caution ? Yes ☆ No ☆	Letter of Reprimand? Yes ☆ No ☆
Verbal reprimand? Yes ☆ No ☆	Dismissal of Complaint? Yes ☆ No ☆	Other ? Yes ☆ No ☆
If Other Explain ?		

Suspension ? YES ☼ NO ☼	Follow up date:	Reinstated ? YES ☼ NO ☼ Date:
Conditions ?		

Placed on Probation ? YES ☼ NO ☼	Follow up date:	Reinstated ? YES ☼ NO ☼ Date:
Conditions?		

Issue Concluded? Yes  If Yes, PMD Signature Required : \_\_\_\_\_ No  \* Continue to next page

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<b>Educational Sessions Required?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>Referred to ?</b> / ( <i>Learning Institution Giving Remedial ?</i> )	<b>Date:</b>  (dd/mm/year)
<b>Education ? :</b> (Attach additional notes if required)		<b>Date Received ? :</b>  (dd/mm/year)
<b>Report Received from Educational Institution ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>		

<b>OSCE Date:</b> (dd/mm/year)	<b>Successful ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>
<b>Follow up required ?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	<b>If so, when ?</b>  (dd/mm/year)
<b>Report on follow up attached?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>	

**Issue Concluded?**    Yes     No

**If Yes, PMD Signature Required :** \_\_\_\_\_