

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

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"/>
---	-----------------------	--

"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
---	---	--	---

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 ☆
--	---

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

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

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

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

Issue Concluded? Yes No

If Yes, PMD Signature Required : _____