

# Saginaw-Tuscola Medical Control Authority (STMCA)

## Confidentiality Statement/Agreement

### Scope:

The Professional Standards Review Organization (PSRO) of the STMCA has been established through promulgation of the Michigan Public Health Act (MCL 333.1001 *et seq*), Michigan Department of Community Health (MDCH) Departmental Rules (R 325.2213), and STMCA protocols and bylaws.

Life Support Agencies and other EMS related entities operating within the STMCA area provide information to the STMCA PSRO for review and consideration as per Michigan statute (MCL 331.531 *et al.*)

Data, discussions, deliberations, documents, correspondence, materials and any other information either written or verbally shared in conjunction with quality improvement/assurance by the STMCA PSRO is for “professional review” purposes only.

*MCL 333.21515 - The records, data and knowledge collected for or by individuals or committees assigned a review function described in this article are confidential and shall be used only for the purposes provided in this article, shall not be public records, and shall not be available for court subpoena.*

### Responsibilities of the STMCA PSRO:

1. Assess, investigate and when necessary, make recommendations to the STMCA Medical Control Board, Medical Director, and/or Medical Control Authority Board of Directors regarding issues related to quality assurance and quality improvement. Investigations will be processed in accordance with STMCA Protocol.
2. Regularly assess quality assurance processes performed by STMCA agencies through audit process using data provided by the agencies and other system participants.
3. Develop plans and perform studies for the purpose of EMS system assessment and improvement of processes, protocols, EMS personnel, equipment, medications, etc. in an effort to improve patient outcome.
4. Routinely review patient care records to assess adherence to adopted protocol, acceptable standards of care, and ethical standards. Make recommendations regarding system personnel/agencies to the Office of the Medical Director and its Boards/Committees.

I, \_\_\_\_\_ as an STMCA PSRO member understand the following:

1. That all data, discussion, deliberations, documents, correspondence, materials and any other information either written or verbally shared either within the PSRO meeting setting or provided in connection with carrying out the responsibilities of the PSRO are not to be discussed or disseminated to any person not currently serving as a PSRO member or staff.
2. As a member of the STMCA PSRO, I am committed to maintaining the confidentiality practices of this organization as per STMCA Protocol and state and federal law.
3. My pledge to confidentiality extends indefinitely beyond my term of participation as a member of the STMCA PSRO.
4. If confidentiality is breached by my actions, I will be dismissed from the PSRO and risk civil or criminal prosecution.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date