

WEST MICHIGAN REGIONAL PROTOCOL

REGIONAL PROTOCOL AGREEMENT

Number: IV.JH
Date: 2-1-2007
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Purpose: To provide a process for the performance of Medical Control Authority (MCA) mandated Quality Improvement activities, documentation and reporting.

This agreement is made and entered into this ___ day of _____ 2006 by and between the Medical Control Authorities identified below.

- WHEREAS, the Medical Control Authorities identified are duly appointed by the Michigan Department of Consumer and Industry Services to provide medical oversight of EMS agencies and personnel, and
WHEREAS, Medical Control Authorities are responsible for oversight of EMS activity in their geographic region, and
WHEREAS, EMS units from one Medical Control Authority may provide care to patients within the geographic region of another Medical Control Authority.
IT IS THEREFORE AGREED THAT EMS agencies will operate under the protocols, policies and procedures established by the State Model Protocols or their local Medical Control Authority on those occasions when they are treating patients within the geographic region of another Medical Control Authority.

This agreement will remain in effect until modified or revoked in writing by any party within 30 days written notice.

Name of Medical Control Authority

Printed Name and Signature of Medical Director Date

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