



Board of Registration  
in Medicine

# Patient Care Assessment Plan Tutorial

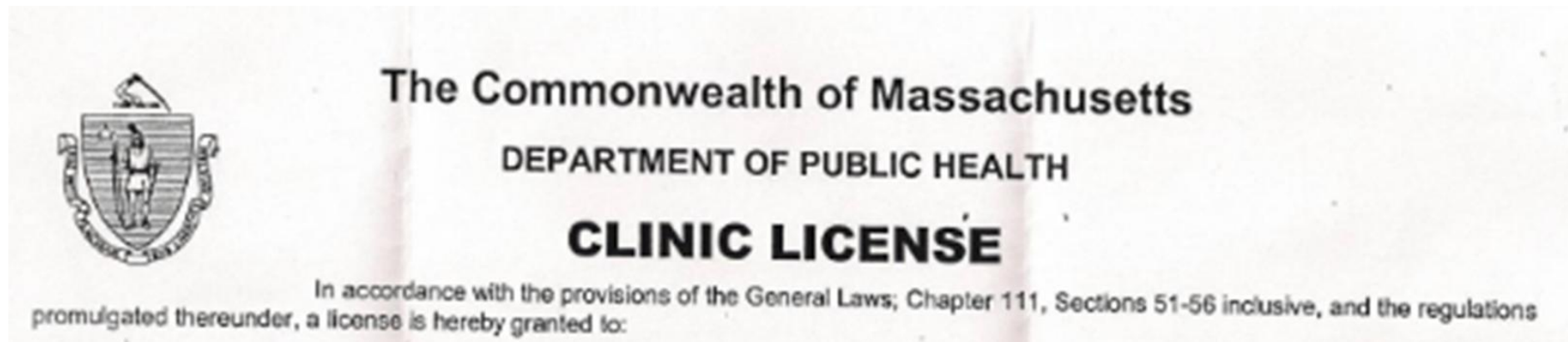
February 6, 2026

# Statutory and Regulatory Requirement

## 243 CMR 3.03: Establishment of and Participation in Qualified Patient Care Assessment Program

(1) A Qualified Patient Care Assessment Program shall be described in a written plan, shall be reviewed and updated at least annually by the governing body of the health care facility, and shall be submitted to the Board.

If your health care facility is licensed by the DPH under  
**M.G.L. Chapter 111, Section 51;**  
it is required to comply with the Patient Care Assessment (PCA)  
regulations (243 CMR 3.0).  
This information may be found at the top of the license  
certificate.



# Patient Care Assessment

As established by Massachusetts legislature (M.G.L. c. 111 § 203(d), § 204 & § 205), the BORIM Quality & Patient Safety Division (QPSD) oversees institutional Patient Care Assessment (PCA) programs (243 CMR 3.01-3.14)



- **Risk Management-** Ability to identify and respond to patient safety events.
- **Quality Assurance-** Ability to create strong actions plans to mitigate risk of occurrence or recurrence of patient safety events and near misses.
- **Peer Review-** Implementation of ongoing processes to assess provider performance, skill, and judgement.
- **Credentialing-** Compliance with biannual requirements.

# Patient Care Assessment Regulations

## 243 CMR 3.01-3.14

Require the submission of two types of reports:

1. **Patient Care Assessment Quality Assurance Reports**
2. **Safety & Quality Review (SQR) Reports**
  - Reports of unexpected patient outcomes(patient safety events)



These reports provide a window into  
**Patient Care Assessment Programs.**

- ✓ Quality Assurance
- ✓ Risk Management
- ✓ Peer Review
- ✓ Credentialing

# Online Reporting Portal (RLDatix)

RLDATIX

Dashboards Bookmarks Help Logged in as Daniela Brow...

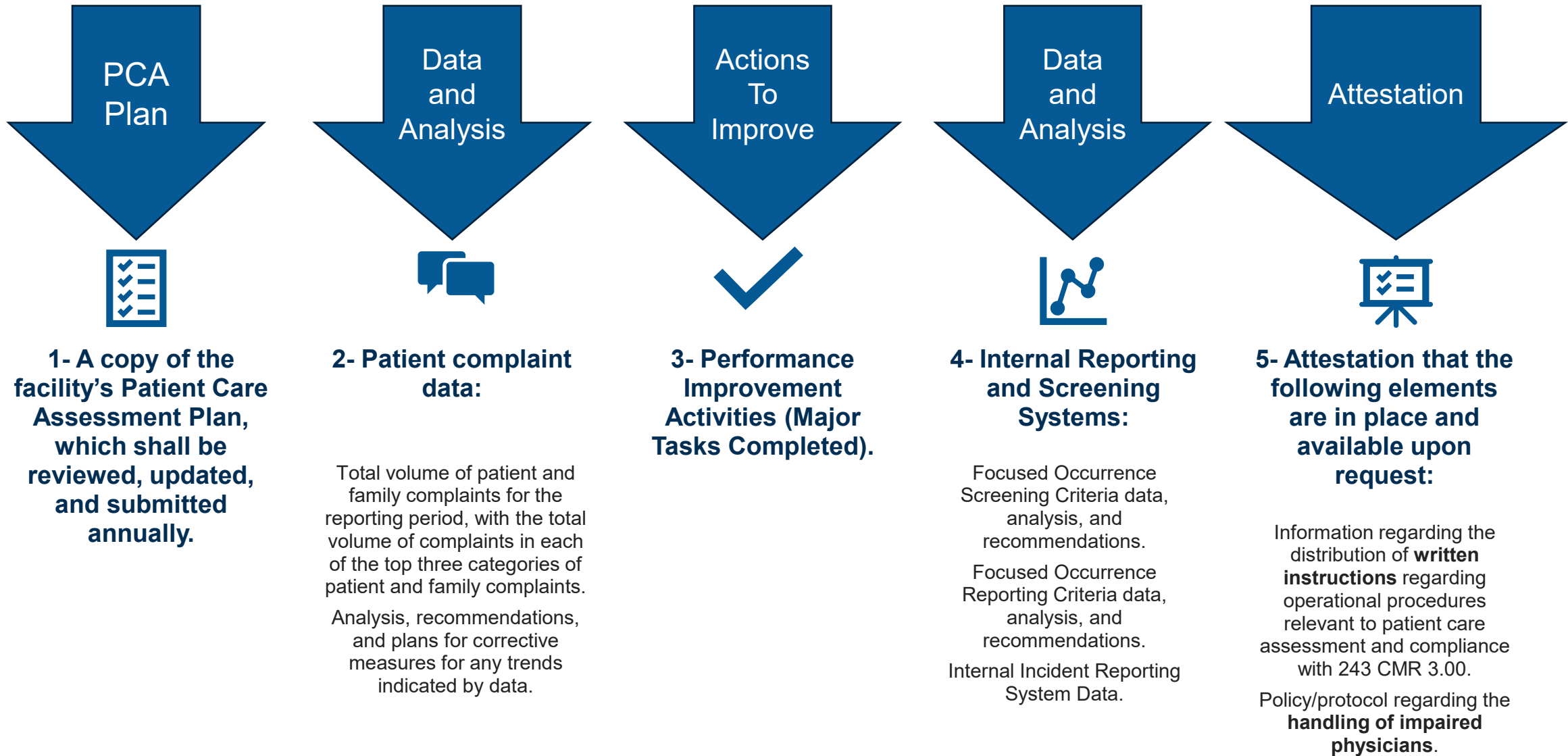
Icon Wall

Find a form

Please use the search above to narrow down your event results by using keywords to describe the event that you're looking for.  
27 results are available.

QPSD Data Center	PCA-QA Report	PCA Coordinator Change Request	QPSD Online Portal User change	Other Communication to/from QPSD	Airway Management	Blood Product
Diagnosis/Treatment	Equipment/Medical Device	Fall - FOR CLINICS ONLY	Infection	IV/Vascular Access Device	Lab/Specimen	Maternal / Childbirth/ Neonatal
Medication/Fluid	Patient ID/Documentation/Consent	Patient Protection/Self-injurious behavior	Professional Conduct	Provision of Care	Radiation Treatment	Radiology/Imaging

# Elements of the PCA-QA Report



# Elements of the PCA-QA Report



**1- A copy of the facility's Patient Care Assessment Plan, which shall be reviewed, updated, and submitted annually.**

# Patient Care Assessment-Quality Assurance(PCA QA) Report

## Patient Care Assessment Plan Elements

1. Facility and medical staff bylaws authorize elements of PCA Plan
2. Governing body responsibilities
3. PCA Committee
4. PCA Coordinator
5. Policies governing responsibilities of PCA Committee/Coordinator
6. Credentialing
7. Internal incident reporting
8. Major incident reporting system
9. Focused Occurrence Reporting Criteria
10. Maintenance of reports
11. Patient complaint system
12. Informed consent policy
13. Impaired healthcare provider provision
14. Prescription practice and medication errors
15. Medical records
16. Guidelines in specialties (Anesthesiology)
17. Facility equipment committee
18. Summary suspension
19. M.G.L. c. 112, sec. 5F
20. Documentation of disciplinary action
21. Comprehensive evaluation
22. Audit authority
23. Patient rights written notice

Resources are available including templates and worksheets to assist healthcare facilities in updating or creating PCA Plans that meet regulatory requirements.

PCA Plan Determination	<input type="text" value="Met- All required elements are present in the plan"/>
PCA Plan Missing Elements	<input checked="" type="checkbox"/> N/A All elements present

PCA Plan Determination	<input type="text" value="Partially Met- Some of required elements are present in the plan"/>
PCA Plan Missing Elements	<input checked="" type="checkbox"/> 08. Focused Occurrence Reporting Criteria [3.07(3)(b)(d)] and Focused Occurrence Screening Criteria [3.07(3)(c)(d)] <input checked="" type="checkbox"/> 17. Facility Equipment Committee [3.07(3)(m)] <input checked="" type="checkbox"/> 19. M.G.L.c. 112, sec 5F[3.11(1)(a)] <input checked="" type="checkbox"/> 20. Documentation of Disciplinary Action [3.07(3)(i)] <input checked="" type="checkbox"/> 21. Comprehensive Evaluation [3.07(3)(1)] <input checked="" type="checkbox"/> 22. Audit Authority [3.07(3)(k)]

# Bylaws and Governing Body

**Bylaws:** Written rules of an organization to govern its internal operations, deriving their legitimacy from a higher authority. They provide structure, clarify procedures, resolve conflicts, and ensure consistency.

**Governing Body:** the trustees, governing board or other persons responsible for establishing policy, maintaining quality patient care and providing for institutional management and planning at a health care facility.

Facility Bylaws: The facility and medical staff bylaws must either authorize all the elements from the regulations, 243 CMR 3.00 et seq, or contain a general statement as follows:

**“The healthcare organization shall establish and maintain a qualified Patient Care Assessment Program that complies with the requirements of 243 CMR 3.00 et seq. and that has been approved by the Massachusetts Board of Registration in Medicine. Said bylaws specifically incorporate those provisions of the hospital’s Patient Care Assessment Plan, as from time to time amended, which, pursuant to 243 CMR 3.00 et seq., must be established by or described in these bylaws.”**

1 PCA Plan

2 PCA Plan

**The Governing Body oversees an organization’s Patient Care Assessment Program: The Governing body shall be responsible for the organization and functioning of each PCA Committee and ensure the adequacy of resources and support for the PCA Program.**

**Please include this statement and brief explanation regarding these activities.**

# GOVERNING BOARD RESPONSIBILITIES

## Examples



Ensure compliance with the PCA Plan



Appoint the PCA Committee members, including a Board member



Appoint a PCA coordinator who is responsible for implementing the healthcare facility's qualified Patient Care Assessment Program.



Provide support and resources for the PCA Program.



Review and analyze Patient Care Assessment reports and data and make recommendations.



Ensure that appropriate actions are taken based on recommendations from the PCA Committee



Review and approve policies and reports.

# PCA Committee

3 PCA Plan

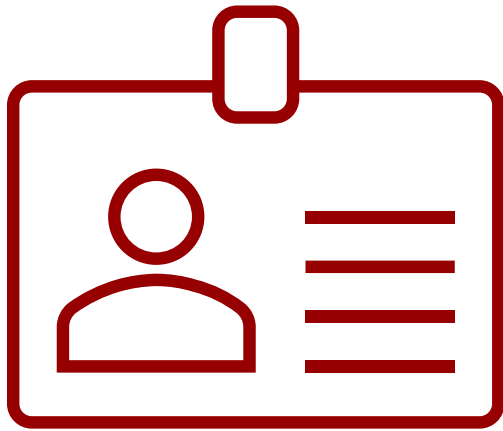
A medical peer review committee, as defined by 243 CMR 3.02, and consistent with M.G.L. c. 111, §§ 1 and 204, that is created by the bylaws at the governing body level of a health care organization.

Describe your patient care assessment committee membership.

The committee must include at least one member from the governing body of the hospital/clinic.

Please include roles of members (example: CMO, Medical Director, Administrators, Nurse Director, Chair of Board Quality Committee, etc.).





## Patient Care Assessment Coordinator:

- ✓ Appointed by the governing body
- ✓ An individual who carries out the duties of the PCA Coordinator, who shall be charged with the responsibility of implementing – by delegation, oversight or otherwise – the hospital’s qualified patient care assessment program.
- ✓ The name(s) of the PCA Coordinator shall be reported to the Board of Registration in Medicine within 10 days of appointment or replacement.
- ✓ To be qualified, the Patient Care Assessment Coordinator shall evidence by education, training or experience the ability to carry out the functions and activities of the Patient Care Assessment Program.
- ✓ **Please include a statement including the name, credentials, title of the PCA Coordinator.**

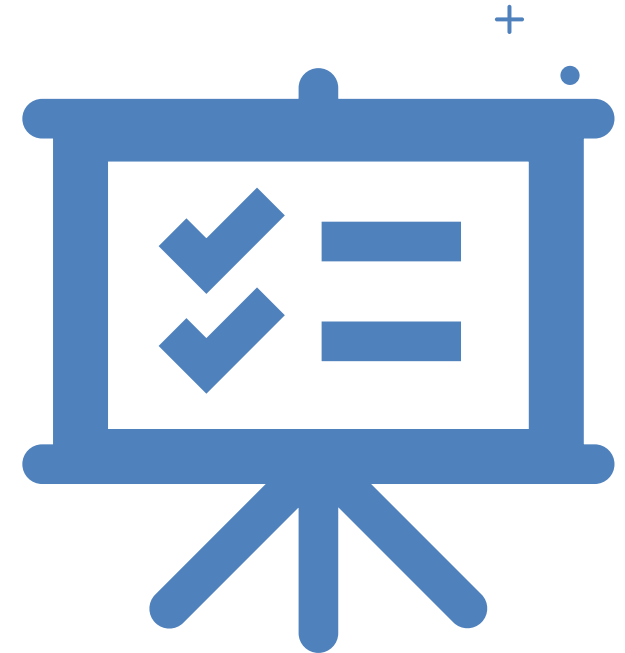
## Examples

### Responsibilities of the PCA Coordinator and PCA Committee

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- Prepare and distribute detailed written instructions regarding operational procedures relevant to patient care assessment and compliance.
- Conduct ongoing assessments of clinical practices, procedures, and outcomes to identify areas for improvement
- Ensure that internal incidents reports are completed
- Review, investigate and follow-up on incident reports.
- Complete analysis of data for potential trends, concerns, and outliers.
- Implement evidence-based interventions to ensure client/patient safety
- Present monthly/quarterly and annual reports on incidents and PCA Program activities to the PCA Committee/ Governing Body
- Coordinate the implementation of action plans developed to improve quality and patient safety
- Coordinate staff PCA Program training and education
- Evaluate the quality of health care rendered by the medical and professional staff.
- Implement corrective action plans related to specific incidents of substandard care.
- Provide provider performance data summaries for credentialing
- Identify system level process problems and create mitigation action plans to prevent harm events
- Review of maintenance of facilities data and reports
- Obtain input from clients/patients and their families regarding their treatment experiences, preferences, and suggestions for improvement
- Submit reports to DPH/BORIM as required by regulations.

5 PCA Plan



# Credentialing 243 CMR 3.05

6 PCA Plan

Must repeat credentialing requirements at least every two years.

Maintain on file:

- Completed application for staff membership
- Evidence of a valid Massachusetts license
- Malpractice insurance
- Current DEA certificate of registration for licensees who will be prescribing controlled substances
- Appropriate references

Establish criteria for documenting and analyzing a licensee's:

- Professional performance, judgment and clinical skills;
- Mental and physical status;
- Compliance with continuing education requirements;
- Data dealing with utilization;
- Adherence to health care facility and medical staff bylaws, policies and procedures;
- Malpractice claims filed against the licensee; and
- Information regarding any criminal proceedings.

## Credentialing Regulations

243 CMR 3.05: Qualified Patient Care Assessment Program - Credentialing

243 CMR 3.14: Qualified Patient Care Assessment Program-- Clinics (1) Credentialing

At a minimum, the following statement must be present as a policy in your PCA Plan:

(Name of healthcare facility) shall undertake and repeat at least biennially all the credentialing requirements pursuant to 243 CMR 3.05

# Peer Review:

## A review of performance, skill, and judgement.

Establish fair and consistent standard workflows for peer review.

- ✓ Standardize the frequency of evaluations.
  - Ongoing review: Routine (at least yearly) performance reviews
  - Focused review: Standardized triggers that lead to a review of performance, skill, & judgement
    - Define event types that trigger focused evaluation.
    - Examples: sentinel event; higher infection or complication rate than benchmark; failure to follow standards or best practices; trends of incivility and/or disruptive behavior; patient harm/injury resulting in significant morbidity or mortality; unexpected deaths; return to OR; transfer/return to ED; not meeting established performance metrics.
- ✓ Reviews should be consistent for all providers.
- ✓ Define clinical performance measures and benchmarks. Include performance metrics that are outcome-based and not just fiscal-based. Use internal and/or external benchmarks to compare providers to peer groups.
- ✓ Define the methods used for evaluation.
- ✓ Document guidelines for how peer review is used for recredentialing.
- ✓ Determine when external review would be indicated.
- ✓ Ensure tools, education, and supports are available
- ✓ Ensure feedback to credentialed providers is consistent.

### Evaluation may include:

- Monitoring clinical practice
- Review of performance metrics including benchmarking
- Discussion with peers
- Patient/family feedback
- Discussion with other disciplines
- Retrospective chart review
- External peer review

# PCA-QA Report: Internal Incident Reporting and Screening Systems

This is about how  
you collect and  
analysis your  
patient safety data

The healthcare facility shall develop and implement an internal incident reporting system. The system will include data collection, management, and analysis:

- ✓ Internal incident (event) reporting
- ✓ Screening Systems
  - focused occurrence reporting criteria
  - focused occurrence screening criteria


If possible, please state the system or method of data collection (RLDatix, Midas, Meditech, paper, etc)

Of note...

- Employee education must include
  - written instructions within 5 days of new employment
  - educated within 30 days of hire with emphasis on **timely reporting of incidents (events)** and patient rights
  - annual training/education for all employees involved in patient care (three hours).

# Focused Occurrence Reporting & Screening Criteria

List the criteria (indicators) in  
your PCA Plan  
(Element 1 of PCA QA Report)

1. Facility and medical staff bylaws authorize elements of PCA Plan
2. Governing body responsibilities
3. PCA Committee
4. PCA Coordinator
5. Policies governing responsibilities of PCA Committee/Coordinator
6. Credentialing
7. Internal incident reporting
8. Major incident reporting system
9. Focused Occurrence Reporting & Screening Criteria 
10. Maintenance of reports
11. Patient complaint system
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# Focused Occurrence Reporting & Screening Criteria

## Focused Occurrence Reporting Criteria

- Incidents (events) that need to be reported to the PCA Coordinator within 24 hours of occurrence.
- Higher level events that need to be reported asap to ensure patient and/or employee is taken care of, and an investigation is started
  - Severe adverse reaction to medication
  - wrong surgical procedure
  - transfer/admission to hospital from clinic
  - medication error with serious harm
  - Maternal or neonatal death or serious injury
  - patient suicide/self-harm/elopement
  - assault of patient/employee
  - Any event that you feel is appropriate for your facility

Include data, analysis, and recommendations

## Focused Occurrence Screening Criteria

- Criteria or indicators used to screen medical records.
- Enables you to track and monitor the indicators that you feel are most important for your facility
- Often part of retrospective chart review
  - Compliance with medication reconciliation
  - Compliance with admission assessment
  - transfer to ED
  - return to OR
  - healthcare-associated infections
  - Falls with serious harm
  - canceling of same-day procedure
  - medication errors with serious harm
  - surgical related-complications
  - anesthesia-related complications
  - patient burns
  - IV infiltrates
  - Any indicator that you feel is appropriate for your facility

Include data, analysis, and recommendations

# PCA-QA Report: Major Incident Reporting SQR Reports

- The healthcare facility shall report all Major Incidents as defined in 243 CMR 3.08 to the Board of Registration in Medicine on a quarterly basis.

Safety & Quality Review (SQR) Reports are reports of unexpected patient outcomes, or adverse events.

The submission of SQR Reports is a requirement of a healthcare facility's Patient Care Assessment (PCA) Program. There are four types of events that must be reported to the QPSD:

Type 1 –  
Maternal deaths that  
are related to  
delivery

Type 2 –  
Death in the course  
of, or resulting from,  
elective ambulatory  
procedures

Type 3-  
Any invasive  
diagnostic  
procedure or  
surgical intervention  
performed on the  
wrong organ,  
extremity or body  
part

Type – 4  
All deaths or major  
or permanent  
impairments of  
bodily functions that  
are not ordinarily  
expected as a result  
of the patient's  
condition on  
presentation

- All reports need to be maintained for three years.

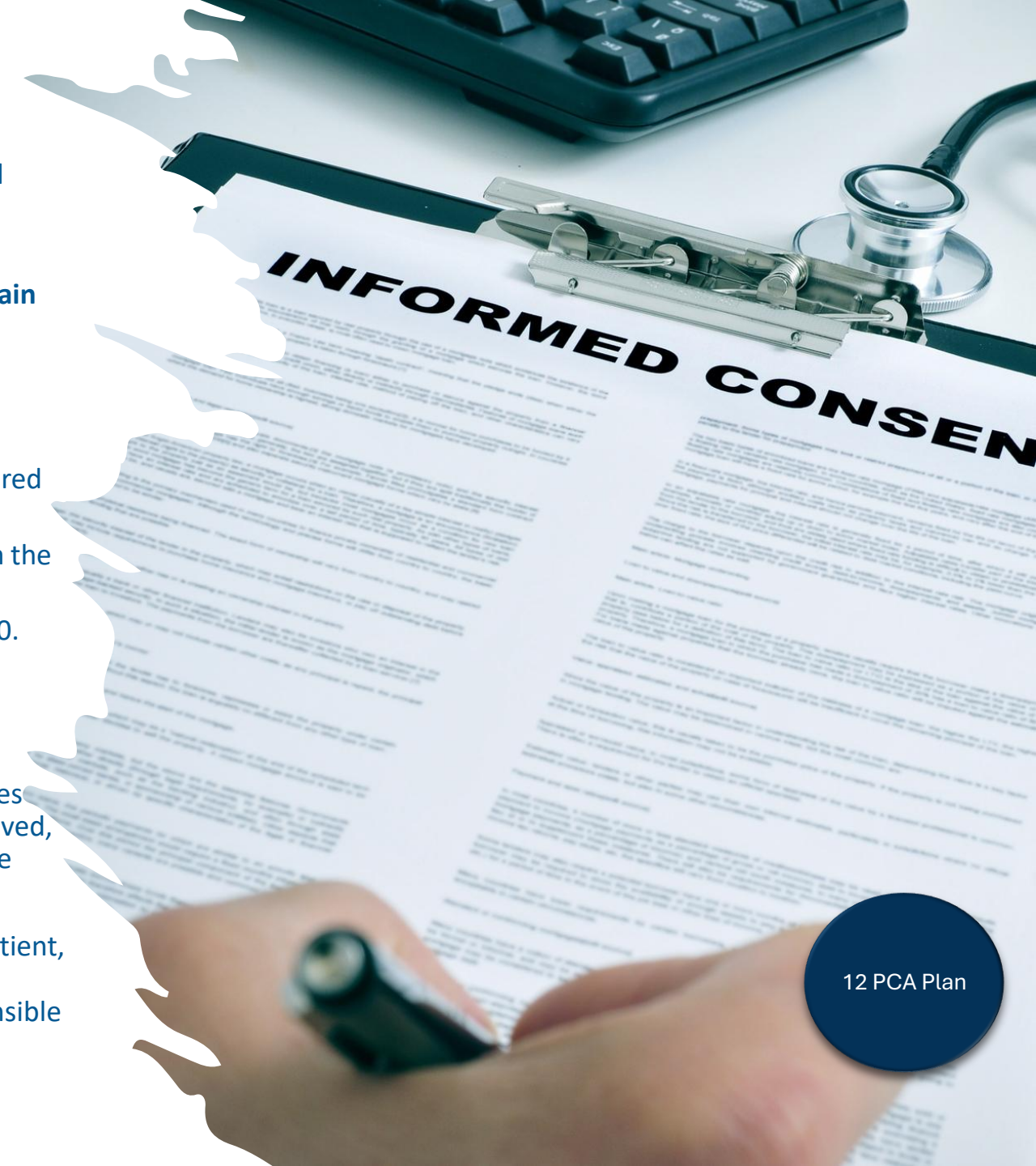
# Patient Complaint System

- “The hospital/clinic developed a Patient Complaint policy and system for the central collection of, investigation of, analysis of, and timely response to patient complaints which relate to patient care and the quality of medical services”.
- If you have a policy, include the policy or explain your process.
- Do not include relevant data in your plan. The data is to be included in another section of the report.



# Informed Consent Policy

- The hospital/clinic must develop as part of their PCA Plan a policy on Informed Consent which complies with 243 CMR 3.10(1).
- **Please include a statement that the hospital/clinic has a policy on Informed Consent which complies with 243 CMR 3.10(1) and include the policy or explain your process.**
- **Please ensure the following is included in your policy.**
- The policy should address:
  - Medical procedures and treatments for which informed consent is required and the content of the information provided.
  - Designation of persons responsible for obtaining informed consent from the patient.
  - The manner of documentation of consent, consistent with 243 CMR 3.00.
  - Designation of appropriate persons, other than the patient, from whom consent may be obtained, and the circumstances when consent may be obtained from a person other than the patient.
- Consent should be obtained for all major therapeutic and diagnostic procedures where disclosure of significant medical information, including major risks involved, would assist a patient in making an intelligent decision whether to undergo the proposed procedure.
- It shall be a physician's responsibility to obtain the informed consent of the patient, and to discuss sufficient medical information to enable the patient to decide whether to undergo the proposed treatment. Although the physician is responsible for informing the patient, clinic personnel may assist in the completion of documentation.
- A patient's consent shall be documented with clarity and detail



## Impaired Health Care Provider Provision

- **Please include the following statement and ensure a process/policy/procedure exists:**
- “The healthcare facility has developed a procedure for ongoing review and counseling of health care providers impaired by drugs or alcohol or arrange for and monitor participation in other established review and counseling programs. The procedure developed above will not relieve the hospital or any health care provider at the hospital from his or her obligation to report impaired physicians to the BORIM, under M.G.L. c. 112, sec.5F”.

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## Prescription Practice and Medication Errors:

- **Please refer to your accreditation body standards (Joint Commission, DNV, AAAHC, CARF etc.) and include the following statement and ensure a process/policy/procedure exists:**
- “All licensees shall adhere to the requirements for the safe administration of drugs and biologicals, set forth in the current accreditation manual published by (the accreditation body of the hospital or clinic). Please insert the name of the organization that provides accreditation at your clinic.

14 PCA Plan



## Medical Records:

Please refer to your accreditation body standards (Joint Commission, DNV, AAAHC, etc.) and include the following statement and ensure a process/policy/procedure exists:

“(Healthcare facility ) shall prohibit the alteration of medical records when such alteration distorts any facts or circumstances reflected in the original writing. Medical records shall meet requirements , set forth in the current accreditation manual published by (the accreditation body of the hospital or clinic)”. Please insert the name of the organization that provides accreditation at your clinic.

15 PCA Plan



## Guidelines in Specialties

(if applicable)

Please include the following statement and ensure a process/policy/procedure exists, if applicable:

“Anesthesiology: All licensees shall adhere to the Standards for Basic Intra-Operative Monitoring established by the American Society of Anesthesiologists”.

This may not be applicable to some ambulatory clinics and some non-acute care hospitals.

16 PCA Plan



## Facility Equipment Committee

Please include the following statement and ensure a process/policy/procedure exists:

“The governing body has established a committee charged with overseeing safety and maintenance of facilities and equipment and the Patient Care Assessment Coordinator shall receive periodic reports”.

17 PCA Plan

## Summary Suspension

**Please include the following statement and ensure a process/policy/procedure exists:**

- “Violation of any health care facility bylaws or regulation as part of a Qualified Patient Care Program may be grounds for summary suspension of employment, practice, and association for the purpose of providing patient care or privileges at the health care facility or on behalf of an HMO”.
- Explain your process or include your policy.



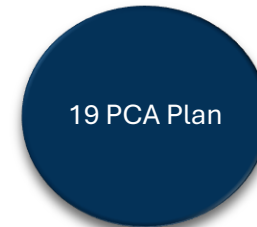
## Documentation of Disciplinary Action

- **Please include the following statement and ensure a process/policy/procedure exists:**
- “All disciplinary actions against physicians taken by (Name of hospital/clinic) must be in writing and be reported to BORIM on the required reporting forms to the appropriate division of the Board”.

FAQ: [Health Care Facility Disciplinary Action Reports FAQs | Mass.gov](#)

Definitions: [Definition of Disciplinary Action | Mass.gov](#)

Reporting: [Health Care Facility Disciplinary Action Reports | Mass.gov](#)



# M.G.L.c.112, sec 5F

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Please include the following statement and ensure a process/policy/procedure exists:

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“At least annually, every health care provider who is employed by or has privileges or provides patient care at (name of Healthcare facility ), shall receive written notice of the requirements and rights in M.G.L. c. 112, sec. 5F”.

[Mandated Peer Reports | Mass.gov](#)

20 PCA Plan

## Board of Registration in Medicine (BORIM)



### Mandated Reporting

- Massachusetts law requires health care facilities, health care providers and others to report to the Board of Registration in Medicine certain information about physicians licensed in Massachusetts.
- These "mandated reports" include, but are not limited to, the following:
- "disciplinary action" reports by health care facilities (M.G.L. c.111, §§ 53B and 203, 243 CMR 2.07 (17) and 3.13);
- "disciplinary action" reports by professional medical associations or organizations (M.G.L. c. 112, §5B);
- allegations of physician misconduct by health care providers, referred to as "peer reports" (M.G.L. c. 112, §5F);
- allegations of physician misconduct by government agencies and other governmental entities (including their officers or employees) who have oversight of medical or health services (M.G.L. c. 112, §5D);
- "closed claim" reports by medical malpractice insurers (M.G.L. c. 112, §5C);
- court reports of medical malpractice matters (M.G.L. c. 231, §60B); and
- court reports of criminal convictions (M.G.L. c. 221, §26).
- This section contains links to instructions and forms for submitting certain of these mandated reports to the Board.

### Peer Reports

A physician or other health care provider must file a report (a "5F report") with the Board of Registration in Medicine (the "Board") when he or she has a reasonable basis to believe that a physician is in violation of Massachusetts General Laws chapter 112, §5, or any of the Board's regulations. Such violations include substandard care, prescription violations, insurance fraud, sexual misconduct or other boundary violations, and practicing while impaired (although there are exceptions in some impairment cases). If your report is filed in good faith, state law protects you from being discriminated against by an employer for reporting.

## Comprehensive Evaluation

243 CMR 3.07(3)(1)]

- Please include the following statement and ensure a process/policy/procedure exists:
- “At the request of BORIM, (healthcare facility ) will provide for the administration of a reasonable and comprehensive evaluation of a physician’s clinical skills, competence, and judgment”.

21 PCA Plan

## Audit Authority

3.07(3)(k)]

- Please include the following statement and ensure a process/policy/procedure exists:
- “(Healthcare facility ) grants DPH and BORIM access and audit authority overqualified PCA program information and records during normal business hours”.

22 PCA Plan

# PATIENT RIGHTS

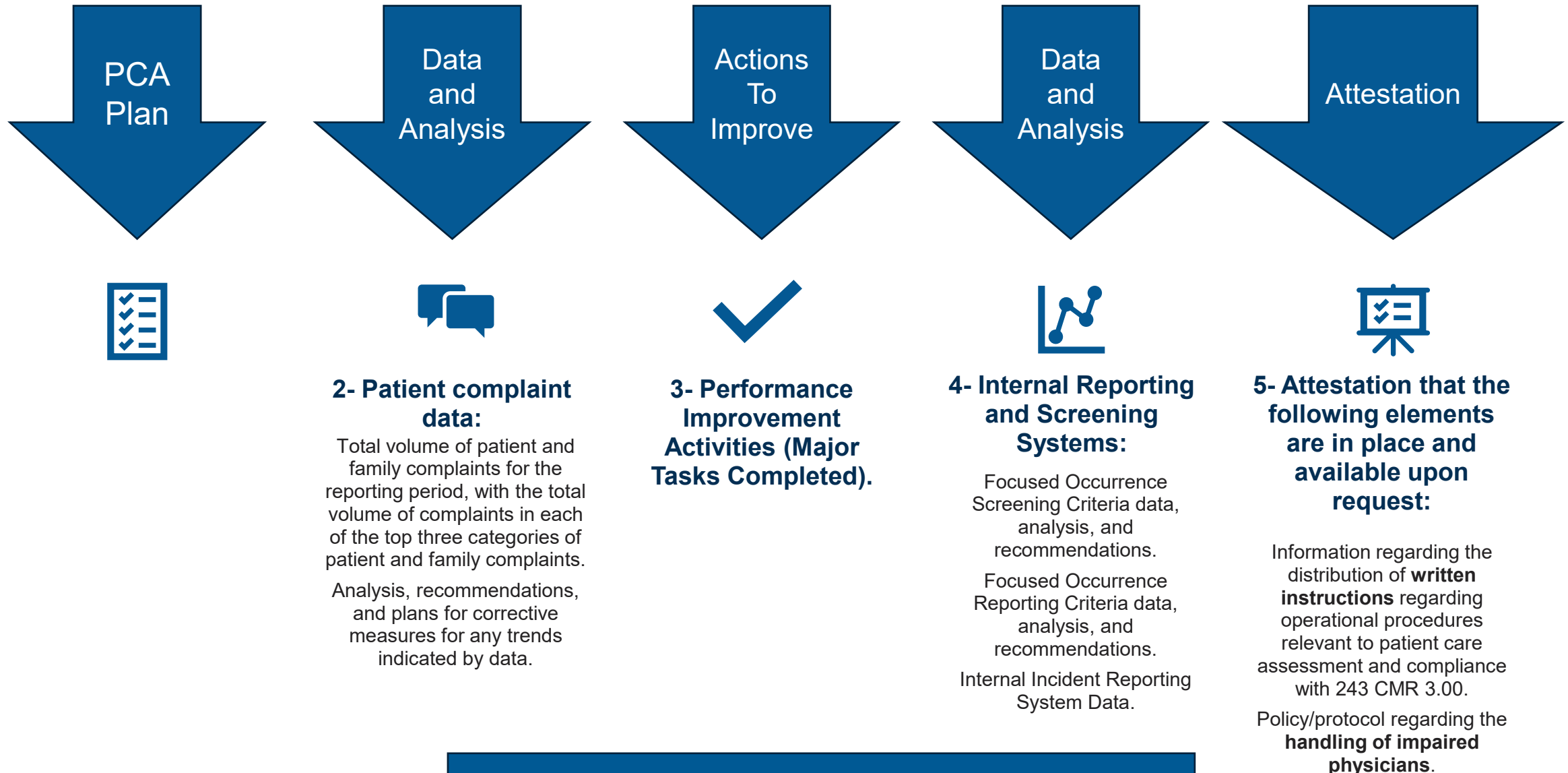


## Patient Rights

- Please include the following statement and ensure a process/policy/procedure exists:

“(Healthcare facility ) will provide to all patients, prior to or within 24 hours of admission, written notice, in plain language, of their rights established by M.G.L. c. 111, sec 70E. These rights will be conspicuously posted in the hospital. All patients will be informed that they may file complaints with a designated office, person or committee established under 243 CMR 3.07(3)(f) and of the existence of the Board, the DPH, and their addresses and telephone numbers”.

# Elements of the PCA-QA Report



There is a 20-minute instructional video on our website

# Questions

Please contact the QPSD if there are any questions

- Call Center: 781 876 8230
- General information: [borim.info@mass.gov](mailto:borim.info@mass.gov)

Request to be referred to the Quality & Patient Safety Division