Monroe-Livingston Regional EMS Council
REMAC Quality Assurance Committee
Policy and Procedure

Abbreviations

AMD	Agency Medical Director
RMD-QA	Regional Medical Director for QA (or their designee)
DO	Director of Operations
EMS	Emergency Medical Services
MLREMS	Monroe-Livingston Regional EMS Council
NYS DOH BEMS	New York State Dept of Health, Bureau of Emergency Medical Services
QA	Quality Assurance
REMAC	Regional Emergency Medical Advisory Committee
RMD	Regional Medical Director (or their designee)
SEMAC	State Emergency Medical Advisory Committee
SEMSCO	State Emergency Medical Services Council

I. PURPOSE

To implement a quality assurance and improvement program that follows the "Just Culture" philosophy to facilitate high quality patient care throughout the Monroe-Livingston region.

II. INTRODUCTION

The Public Health Law vests the REMAC with the authority to conduct QA programs to assist EMS providers and agencies with achieving excellence in patient care. The Monroe-Livingston REMAC QA process is designed to be fair and equitable to all parties while achieving its primary purpose of improving patient care. The process is designed to enhance communications through a positive and structured process and to promote learning from hazards, "close-calls," and procedural or protocol deviations. The process focuses on providing quality improvement through education or training, and is intended to be a non-punitive process whenever possible.

Most referrals to the REMAC QA Committee identify areas in which providers can improve their skills, patient care, and knowledge. The REMAC QA Committee also encourages agencies, hospitals, and EMS providers to refer events with positive results from which others may learn. The EMS community benefits from education arising out of both types of referrals. The QA Committee will evaluate cases and, when appropriate, present the cases to the full REMAC with recommendations for action.

REMAC QA Philosophy and Approach: *The Just Culture Model*

The Monroe-Livingston REMAC has adopted the "Just Culture" approach to respond to adverse events and QA issues. Although the QA Committee recognizes the critical importance of a blame-free safety culture in EMS, it is also clear that in rare cases providers choose to engage in reckless behavior that puts patients at risk, and we must have a mechanism to address those situations. Just Culture serves as a structure to classify events and guide the response. After a thorough review of the event, the provider's involvement can be classified into one of the three following behaviors:

Normal Error **and** ***At-Risk Behavior*** are treated in a non-punitive, educational, and protected manner. If a normal error has occurred, then the provider undoubtedly feels badly and should be supported, and latent hazards discovered in the review should be changed in ways such as system design. At-risk behavior should be "coached," meaning peer reviewers or agency leadership reminds the provider that their practice might lead to an adverse event.

Reckless Behavior is considered unacceptable and, if a proper "systems approach" is undertaken in reviews, will be very rare.

Normal Error (Human Error)	At-Risk Behavior	Reckless Behavior
Inadvertent action: slip, lapse or mistake Manage through changes in: • Processes • Procedures • Training • Design • Environment	A choice: Risk not recognized or believed justified Manage through: • Removing incentives for At-Risk Behaviors • Creating Incentives for healthy behaviors • Increasing situational awareness	Conscious disregard of unreasonable risk Manage through: • Remedial Action • Punitive Action
SUPPORT	**COACH**	**SANCTION**

Adapted from: David Marx, *Just Culture*. Outcome Engineering 208, www.JustCulture.org

III. MEMBERSHIP

Ex-Officio Positions:

1. Regional Medical Director or designee
2. Regional Medical Director for QA
3. QA Coordinator
4. Regionalization Committee Chair

At-Large Positions:

1. Physician (2 positions) - Emergency Physicians, preferably practicing and with EMS expertise
2. Other (10 positions) – preferably a cross section of all levels of care provided in the Region (e.g.,BLS FR, ALS FR, BLS, ALS, Air Medical) and any other qualified participants (e.g., RN, PA, NP, MD)

Non-Voting Positions:

1. EMS Fellow(s) (see below)

All applicants must have a minimum of two (2) years of experience in a field related to Emergency Medical Services/Emergency Medicine.

EMS Fellows

Physicians enrolled in the Prehospital Medicine Fellowship Program at the University of Rochester will be eligible to serve on the REMAC QA Committee. The EMS Fellow(s) may participate in reviews and provide input on Committee decisions; however, the Fellow(s) will not hold voting rights on matters before the QA Committee. The EMS Fellow(s) term on the QA Committee will commence at the start of their Fellowship and shall expire at the time of their Fellowship completion. The Fellow will be expected to abide by all confidentiality and participatory requirements as set forth by the REMAC.

Filling Seats

1. **October:** An announcement detailing the seats available will be publicly distributed to the MLREMS region. Applications will be due by October 31 of each year.
2. **November:** Applications will be distributed to Committee members at least 5 business days prior to the November meeting. At the meeting, a discussion regarding the applicants will be held without the applicants (including current members) in the room. A vote will be taken of all current QA Committee members (including those up for re-election) to provide the REMAC Chair a recommendation for Committee membership. As per REMAC policy, the REMAC Chair appoints members of committees.

3. **December:** No later than December of the year, the REMAC Chair will announce the Committee membership

Seat Terms
At-Large Positions are a two year term, half expiring one year, and the balance the following year. There are no term limits for membership.

Re-application
Any member of the QA Committee whose term is expiring may reapply through the application process.

IV. GENERAL ISSUES

Member Expectations

1. Attendance: Members are expected to attend a minimum of 80% of meetings held during any 12 month period. Excessive absences will result in a discussion between the Chair and the Committee member regarding the member's ability to fully participate.
2. Participation: Members must periodically participate in Rapid or Routine Reviews. Members that have a conflict of interest are excused from the Review.

Confidentiality
All case review related proceedings of the REMAC QA Committee are confidential and must not be discussed outside of the Committee meetings or outside Committee business. This confidentiality is critical for the protection of participants in QA cases. As such, QA Committee members must sign a Confidentiality Agreement annually. Breach of confidentiality may result in removal from the Committee after investigation.

Acceptable Communication
Acceptable communication for the purposes of the QA Committee and its cases include written communications such as email and letters delivered in person or by mail. Any communications via the telephone or in person, related to QA cases, must be recorded in writing, with the date/time, in the case file. Communications via the telephone or in person, related to normal daily business of the QA Committee do not need to be documented. Communicating via social networking (Facebook, etc.) is NEVER acceptable.

Disclosure at QA Committee Meetings
When a member of the Monroe Livingston Regional QA Committee has a potentially perceived conflict, either financial (as owner, officer, director, fiduciary, employee), personal (family member, friend, or was formerly involved in a relationship with a party), or of any other sort, he or she shall, at the time of formal consideration of such the case, disclose such interest or association to the QA Committee, so that the QA Committee is fully aware of such potential conflict.

The QA Committee will evaluate all potentially perceived conflicts. Depending upon the assessment, the Committee member may be excluded from participating in the Regional Review and case discussion.

Procedure for Disclosure and Possible Exclusion
Prior to any in depth discussion of a QA case, a Conflict Evaluation will be performed while in Executive Session. Each Committee member will be required to disclose any conflicts, and any potential conflicts will be assessed by the Committee. In the case of conflicts constituting possible disqualification from participating in the case, the QA committee shall rule upon such conflicts by the vote of a majority of those present, excluding those members who are the subject of the vote.

V. PROCEDURES FOR REFERRED CASES

Step 1: Intake and Referral

1. Referrals can be submitted to the QA Committee by anyone, but must be submitted in writing. Email is acceptable as long as all contact information is included. Anonymous referrals will be reviewed by the QA Coordinator, but action will rarely be taken from anonymous submissions.

   US Mail: EMS QA Coordinator
   University of Rochester, Division of Prehospital Medicine
   601 Elmwood Avenue, Box 655
   Rochester, NY 14642

   Email: mlrems@mlrems.org and marked for the QA Coordinator as "Confidential." .

2. Agencies should refer cases to the REMAC QA Committee if they meet any of the following criteria:
   - Agency actions with major gravity involving a provider from multiple agencies
   - Agency actions that may have significant ramifications for other agencies or the system
   - Agency actions that cannot be completed due to the provider leaving the agency

   Other reasons for referral include but are not limited to the following:
   - Contested Agency Actions – actions taken related to medical care or protocol/system policy issues
   - Direct referral by interested parties of cases serious enough or widespread enough to warrant system review and possible system action

3. For all cases, the QA Coordinator will collect initial information, including available EMS documentation. The QA Coordinator will not perform a full review, but a limited query so that the Coordinator and the RMD-QA can determine the review actions that should be taken.

   In all cases, the following will occur:
   - A QA Committee file will be created, including all paperwork and a tracking number
   - Agency approval will be obtained prior to accessing the prehospital documentation
   - The Coordinator and the RMD-QA will jointly identify the referral category

4. As demonstrated on the referral flow diagram, there are 6 categories of referrals which reflect the level of concern, the speed in which action must be taken, and the REMAC QA Committee's jurisdiction. The QA Coordinator and RMD-QA will choose one based on the information available, recognizing that the assigned category may change with additional information.

Unfounded

Based on information gathered, there is no proof the action occurred, and/or no way to prove that it did not. Thus, the case is felt to be unfounded and no full review will occur. It must be noted that cases may be assigned a final determination of "Unfounded" after the full review occurs.

Outside of Jurisdiction

When the agency and/or a provider are not part of the MLREMS system, the case is determined to be outside of our jurisdiction. In these cases, the relevant jurisdiction's REMAC QA Committee will be contacted and a referral will be made to that Committee. The case will remain open in the ML-REMAC QA Committee until a final response is received from the other region. When the response is received from the other region, it will be closed if the provider is not cleared in the MLREMS Region. If the provider is cleared in the MLREMS Region, it will be reviewed by the QA Coordinator and RMD-QA to determine if any need for local investigation exists. If no need is identified, the case will be closed.

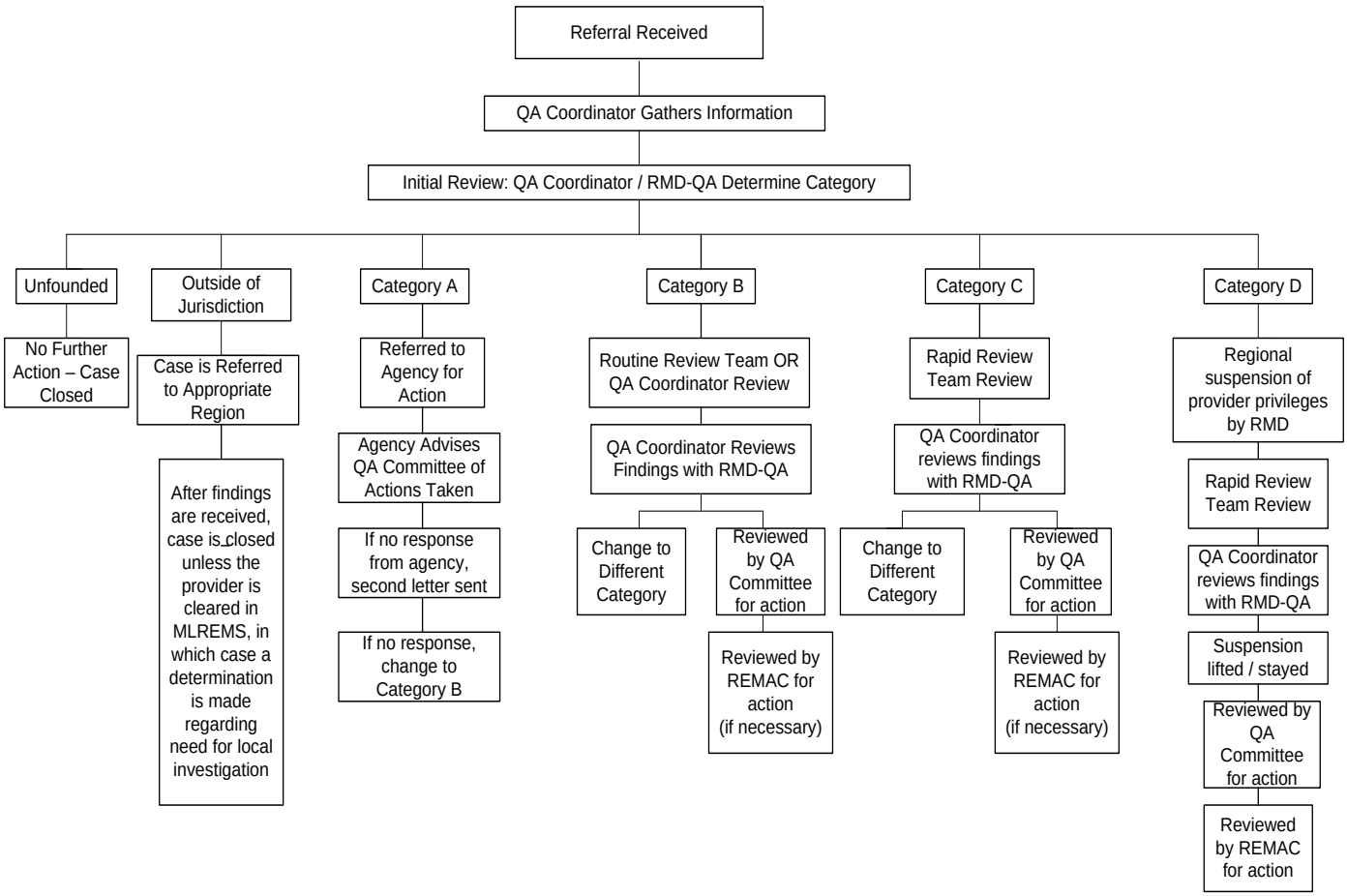
Category A – Agency Review
The case is suitable for referral to the provider's agency at which the incident occurred for internal review only. If at any time the concerns rise to the level of a Category "B", "C" or '"D", such action as permitted for that category may be taken.

Category B – Routine Review
The case requires further review and will be referred to a Routine Review Team or will be reviewed by the QA Coordinator alone. The provider may continue to practice during the review process. If at any time the facts show that the issue can be handled at the Agency level, the case is changed to a Category "A" and referred to the Agency. If at any time the facts rise to the level of a Category "C" or "D", such action as permitted for that category may be taken.

Category C – Rapid Review
The case requires immediate review and will be referred to a Rapid Review Team. The provider may continue to practice during the review process. If at any time the facts rise to the level of a Category "D", such action as permitted for that category may be taken.

Category D – Immediate Suspension, Full Review Pending
This category would be chosen in conjunction with the RMD, as suspensions are enacted by the RMD. The provider is suspended immediately from providing ALS and/or BLS patient care in the Monroe-Livingston Region, pending a full review, for credible allegations of any the following (not a complete list):

- The provider engaged in (or has been found guilty of) fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of the provider's duties and practice;
- The provider has practiced on at least one occasion with incompetence, gross negligence or recklessness, or on many occasions with negligence or has taken actions or has permitted omissions demonstrating a lack of the level of competence necessary to practice at the provider's level of certification such that the provider's continuation of practice is an immediate threat to patients;
- The provider has failed to comply with the requirements of section 800.15 of the codes, rules and regulations of the Department of Health;
- The provider has engaged in fraud or deceit in the procuring of an ALS or BLS certification;
- The provider has been convicted of any crime or crimes that could commonly be perceived by a layperson to jeopardize the EMS provider-patient relationship unless the QA Committee finds that such conviction does not demonstrate a present risk or danger to patients (e.g., murder, assault, sexual abuse, theft, endangering the welfare of a child, drug abuse or sale of drugs);
- The provider has initiated patient care or driven an ambulance or other EMS response vehicle while under the influence of alcohol or any other drug affecting physical coordination or intellectual functions;
- The provider has knowingly aided or abetted another in practice as an EMT who is not certified as such;
- The provider has presented him or herself as being certified at a higher level than actually certified, or has used skills restricted to individuals holding a higher level of certification.


Referral Received
QA Coordinator Gathers Information
Initial Review: QA Coordinator / RMD-QA Determine Category
Unfounded
No Further Action – Case Closed
Outside of Jurisdiction
Case is Referred to Appropriate Region
After findings are received, case is closed unless the provider is cleared in MLREMS, in which case a determination is made regarding need for local investigation
Category A
Referred to Agency for Action
Agency Advises QA Committee of Actions Taken
If no response from agency, second letter sent
If no response, change to Category B
Category B
Routine Review Team OR QA Coordinator Review
QA Coordinator Reviews Findings with RMD-QA
Change to Different Category
Reviewed by QA Committee for action
Reviewed by REMAC for action (if necessary)
Category C
Rapid Review Team Review
QA Coordinator reviews findings with RMD-QA
Change to Different Category
Reviewed by QA Committee for action
Reviewed by REMAC for action (if necessary)
Category D
Regional suspension of provider privileges by RMD
Rapid Review Team Review
QA Coordinator reviews findings with RMD-QA
Suspension lifted / stayed
Reviewed by QA Committee for action
Reviewed by REMAC for action

Step 2: Provider / Agency Notification

1. Category A
   A phone call will be made to the agency notifying them of the QA referral. An email (sent to the Agency's DO or ALS Chief and AMD, as long as contact information is available) with the official referral letter and the Monroe-Livingston EMS System QA Form (Appendix A) will be sent within 3 business days of the referral. The email will ask for verification of receipt and if no verification is received within 3 business days, a copy of the letter and form will be sent via certified US Mail, return receipt requested. The letter will specify the concern that was received, any known details and the date the response is due back to the QA Committee (usually 30 business days).

2. Category B, C or D
   A phone call will be made to the provider and the agency the provider was affiliated with at the time of the referral. An email (sent to the provider, the DO or ALS Chief, and the AMD, as long as contact information is available) with the official referral letter will be sent within 3 business days of the referral. The email will ask for verification of receipt and if no verification is received within 3 business days, a hard copy letter will be sent via certified US Mail, return receipt requested. The letter will specify the concern that was received, any known details, the members of the review team and will invite the provider to attend the QA meeting at which the case will be discussed.

   In the event of a suspension of practice, a phone call will be made to the AMD, and to the DO(s) and AMD(s) at all other agencies with whom the provider is affiliated.

3. If at any time the category changes to a more severe category both the provider and the agency will be notified via phone call and a follow up email will be sent to the provider, the agency DO(s) and the AMD(s).

Step 3: Review Process

1. Agency Reviews
   The agency is expected to review the concern that was referred and to complete the MLREMS System QA Form (Appendix A) with all information requested. This form must be returned to the QA Committee postmarked no later than the date specified in the letter (usually 30 business days from the date of the referral letter/form). The QA Committee will be informed of the case (by concern only) at the next QA Committee meeting and will be advised of any actions and remediation done at the Agency level at the following QA Committee meeting.

   If the agency does not comply with the 30-day notification, a second letter will be sent via email. The second letter will ask the agency to notify the QA Committee within 7 business days of the reason for the delay and to assure the committee that they are reviewing the concern within the agency. The letter will allow the agency 30 additional business days to complete their review. If the agency has either not responded to the request for assurance within 7 business days, or not finished their review within the additional 30 business days, the issue will automatically revert to being handled by the QA Committee at the regional level as a Category "B" case.

2. Routine Reviews
   The Routine Review Team will be composed of personnel suited for the review and chosen by the QA Coordinator and the RMD-QA (or their designee). In some cases the review may be performed by the QA Coordinator alone. If a full team is assembled, team members will be preferentially chosen in the following order: REMAC QA Committee, REMAC and other REMAC Committees, MLREMS, and interested EMS parties. The individual(s) conducting the review should not work directly with, supervise, or have a personal relationship with the provider or the agency represented at the time. A member of the Routine Review Team may be excused at any time should a real or perceived conflict of interest be identified during the review.

The Routine Review Team is charged with objectively gathering information regarding the concerns presented to the QA Committee, summarizing their findings, and proposing an improvement plan within 10 business days of assembling the Team. The Review Team should review any relevant information (e.g., documents, tapes, etc.) and interview any relevant parties (e.g., the person, hospital, or agency making the referral; any witnesses to the event; leadership from the agencies involved, including the Medical Director(s) and chiefs). Based on the previous experience, the Routine Review Team should consider items discussed in Section VI.

Using the QA Review template (Appendix B) the Routine Review Team will provide the QA Coordinator with a written preliminary report, including a summary of the concern along with any suggested actions to be taken within 10 business days. If the QA Coordinator did the review alone, the report will be given to the RMD-QA (or their designee) for review. The Routine Review Team should be debriefed by the QA Coordinator after the investigation is complete and their report has been submitted is to gain feedback on the process and make improvements where needed.

The RMD-QA will then determine whether the case can be held until the next QA Committee meeting or if immediate action is required. If the RMD-QA believes immediate action is required, he/she will work with the RMD to determine what action is necessary.

The Routine Review Team will present the facts to the QA Committee and the Committee will discuss the referral at the next QA Committee meeting. The provider(s) and/or agency involved will be invited to attend the next QA meeting so that the QA Committee may ask questions of the provider if clarification is needed.

3. Rapid Reviews

If a Rapid Review Team is needed, it will be composed of personnel suited for the review selected by the QA Coordinator and the RMD-QA (or their designee). Team members will be preferentially chosen in the following order: REMAC QA Committee, REMAC and other REMAC Committees, MLREMS, and interested EMS parties. The individual(s) conducting the review should not work directly with, supervise, or have a personal relationship with the provider or the agency represented at the time. A member of the Rapid Review Team may be excused at any time should a real or perceived conflict of interest be identified during the review.

The Rapid Review Team is charged with objectively gathering information regarding the concerns presented to the QA Committee, summarizing their findings, and proposing an improvement plan within 5 business days of assembling the Team. The Review Team should review any relevant information (e.g., documents, tapes, etc.) and interview any relevant parties (e.g., the person, hospital, or agency making the referral; any witnesses to the event; leadership from the agencies involved, including the Medical Director(s) and chiefs). Based on the previous experience, the Team should consider items discussed in Section VI.

Using the QA Review template (Appendix B) the Review Team will provide the QA Coordinator with a written preliminary report, including a summary of the concern along with any suggested actions to be taken. The Rapid Review Team should be debriefed by the QA Coordinator after the investigation is complete and their report has been submitted to gain feedback on the process and make improvements where needed.

The RMD-QA will then determine whether the case can be held until the next QA Committee meeting or if immediate action is required. If the RMD-QA believes immediate action is required, he/she will work with the RMD to determine what action is necessary.

The Rapid Review Team will present the facts to the QA Committee and the Committee will discuss the referral at the next QA Committee meeting. The provider(s) and/or agency involved will be

invited to attend the next QA meeting so that the QA Committee may ask questions of the provider if clarification is needed.

If a suspension is involved and the suspension is stayed until the QA Committee meets again, the local representative from the NYS DoH BEMS must be notified of the suspension.

Nothing contained herein shall prevent the REMAC from imposing an emergency suspension of any or all privileges of the provider.

4. Immediate Suspension, Full Review Pending
   If a provider is suspended at the regional level, a Rapid Review will be required to fully investigate the allegations. As such, the process for Rapid Reviews will be followed.

5. New Topics Identified During the Case
   During the review of the case, new issues related to the original complaint may become evident. Additionally, serious issues unrelated to the original complaint may become evident. The QA Committee should consider how it wants to handle these issues, but it is important for the QA Committee to balance the value of identifying and addressing these findings with the scope of the complaint and investigation. A QA case does not give the QA Committee carte blanche to investigate all aspects of the individuals and agencies involved, but the Committee has a general responsibility to advance its mission.

   The QA Committee may address these new issues in any way it sees fit; it is impossible for a policy to address the varied possibilities that may occur. It may elect to deal with the new issues as a new case. Alternatively, the Committee may add findings and interventions to the existing case. Or, the Committee may decide that the identified issue is outside the scope of the investigation or not of serious enough nature to require intervention.

Step 4: QA Committee Meetings With Providers

Any time a provider is being reviewed by the QA Committee, they are invited to address the QA Committee regarding the concerns that were brought forward to the QA Committee and time will be allowed for members of the committee to ask questions of the provider. The provider may only attend this portion of the QA Committee meeting. As an education-based process, attorneys are not allowed to participate. If the provider feels that they need support, they may bring another individual with them, but only the provider can address the QA Committee. The provider must notify the QA Committee at least 5 business days in advance of the meeting that they are attending in order to make time on the agenda. Minutes of this portion of the meeting will be kept separately in the QA case file.

Step 5: Corrective Actions—Educational and Disciplinary

It is expected that for the majority of cases, the corrective actions imposed will be educational in nature. This educational plan can include (but is not limited to) didactic education, remediation of skills, specialty course completions, testing, and temporary suspension pending completion of any of the above and/or evaluation of skills.

1. Agency Based Plans
   The agency must provide written documentation within 30 business days to the QA Committee that the corrective action plan is at least in place and provide a timeline for completion. The agency must notify the QA Committee when the entire corrective action plan is complete. In the event the agency does not provide the proper documentation to the QA Committee in the time frame specified, the case will be referred to the QA Committee for review and disposition.

2. Regionally Based Plans

   Corrective actions including interventions greater than educational support (e.g., suspension of privileges, preceptor status) must be reviewed by REMAC. The QA Coordinator will bring forth the Committee's recommendations at the next meeting. The QA Committee will present the case to the full REMAC plus QA Committee members while the REMAC is in Executive Session. The REMAC will make the final determination for any cases brought to them.

   The burden of proof of the REMAC in any matter that seeks suspension or revocation of privileges shall be "Preponderance of Evidence." Preponderance of Evidence shall be defined as "the existence of the fact being more probable than its non-existence." In all other matters, the burden of proof shall be "Substantial Evidence." Substantial evidence shall be defined as "such relevant proof as a reasonable mind may accept as adequate to support a conclusion or ultimate fact."

   The REMAC may make a referral to the New York State Department of Health, Bureau of EMS, local law enforcement agencies and/or the NYS DoH Bureau of Narcotic Enforcement (BNE).

3. REMAC Voting and Actions
   a. For plans that include any type of corrective actions greater than educational support (e.g., suspension of privileges, preceptor status) or plans that address highly significant issues, the action plan will be read during open session and voted on by the REMAC.

4. Adverse event reporting systems
   a. All cases, including all root causes determined by review, may be submitted to external databases which will allow identification of trends and (anonymous) sharing of information in order to minimize the chance of reoccurrence. No provider or patient identifiers will be included.
   b. In cases where disciplinary (i.e. non-educational) sanctions are recommended by the QA Committee, but the involved provider's agency has a contract with an adverse event reporting system with an immunity clause and the provider meets criteria, the QA Committee recommendations will honor the immunity from punitive action, under the contracted terms.

Step 6: Notification of Corrective Actions--Educational or Disciplinary

If a provider is given an Educational Plan or a Disciplinary Plan, the QA Coordinator will call the provider and every agency the provider is affiliated with, as applicable, the first business day after it is approved (after QA Committee or REMAC meeting, depending upon the final approval body). If there is a loss of privileges, the appropriate agency medical director(s) will also be called the first business day after the meeting.

An official letter will also be emailed to all appropriate parties outlining the Education Plan and details of any suspension, if necessary, within 2 business days. The email will ask for verification of receipt and if not received within 3 business days, a copy of the letter will be mailed via certified US Mail, return receipt requested.

Appeals Process

Any provider shall have the right to appeal a REMAC decision. The appeal must be received in writing by the QA Committee within 60 business days of the decision. The REMAC will hear the appeal within 60 business days of the date the appeal request was received. The provider may select either of two options:

a. The provider may appeal directly to the members of REMAC in Executive Session. A quorum of voting members must be present. Non-voting members will also have the opportunity to be present and will contribute to the discussion and may give input to the voting members.

b. The provider may opt for an appeal committee consisting of five members of the REMAC who are not members of the QA Committee. This special appeals committee will be appointed at the discretion of the REMAC Chair, and the new committee will self- select a chair. The findings of this

committee will be presented as a recommendation to the full REMAC committee in Executive Session, and the appeal decision will be determined by a vote of the full REMAC. Notifications of the decision of the REMAC appeals session will follow the same process as any other notification of a REMAC decision.

The provider may request in writing to have documentation sent to them for their appeal. Documents may only be sent to the provider and not to any third parties. Documents that may be requested include:

a. A copy of the initial QA letter, notifying the provider of the referral
b. A copy of the final QA letter, notifying the provider of the REMAC decision
c. A copy of the minutes from the interview with the QA Committee

As an education-based process, attorneys are not allowed to participate. During the appeals process the provider shall have the right to bring another individual if they feel they need support, but only the provider may address the REMAC and/or appeal committee. The provider shall have the opportunity to plead "responsible" or "not responsible" to the findings.

If the provider wishes to appeal the REMAC appeals decision, the provider has the right to appeal to SEMAC as state policy provides.

Providers No Longer in the MLREMS System

If an EMS provider is cleared in the MLREMS Region but is no longer practicing in the Region or if an EMS provider is no longer cleared in the Region, the case will remain open at the Regional level in the event the provider returns to the Region. In addition, a letter will be sent to the local NYS DoH BEMS representative informing them of the existence of an open QA case within this Region that we are unable to act upon due to jurisdictional issues.

VI. OTHER CONSIDERATIONS

Interview Considerations

1. Have two team members interview key individuals;
2. Write a summary of the interview and provide it to the key individuals so that they can document their agreement with the summary or request revisions to the summary;
    - This summary should be completed at or as soon as possible following the interview, to encourage freshest recollection of all parties.
    - If there is a discrepancy between what the interviewed person recalls, and what the interviewers recall, from the discussion, both version should be documented and attributed appropriately.
3. The provider should be interviewed first; consider interviewing the provider again at the end of the investigation if there are additional questions or concerns;
4. Interviews should not be recorded electronically (audio or video).

Providers and Agencies Requesting QA Documents

Only a limited number of documents can be requested, and for the documents to be released the requesting party must have a compelling reason. Generally, documents are not released in order to ensure their continued confidentiality and integrity under the NYS QA regulations.

If a provider changes agencies, they can request, in writing, a copy of the final QA letter detailing the educational or disciplinary plan that was sent out. This request must have the name of the QA contact person at the agency to whom the letter is to be sent to. The letter will be sent directly to the new agency.

Closing / Trend Tracking

1. A case is closed once all the paperwork is complete and the QA Committee is given a final report by the QA Coordinator. Copies of all documentation are kept in the QA case file.

2. Each case is categorized into one of the following:
    a. Unfounded
    b. Out of Region
    c. State Reportable
    d. Operational Issue
        i. Response
        ii. Chart Lock Times
        iii. Policy/Procedure
    d. Clinical Issue
        i. Protocol Deviation
        ii. Medication Error
        iii. Hospital Destination
        iv. Refusals
        v. Other

3. Trends will be followed to help determine topics for regional lectures and continuing education.

4. Depending on the findings, the QA Committee or the RMD-QA may decide that it is both appropriate and beneficial to provide feedback to the party that made the initial referral.

5. The QA process is dynamic and may be revised as the QA process itself is improved.

Appendix