Monroe-Livingston Regional EMS Council
Quality Assurance/Quality Improvement
Policy and Procedure

Introduction:

Any Quality Assurance program is designed to measure the ability of the providers in a region to meet or exceed community standards for quality and safe patient care. This policy and procedure is intended to ensure a fair and equitable QA/QI system in the Monroe-Livingston Region for the purpose of facilitating high quality patient care throughout the region. The REMAC QA Committee addresses system issues in a confidential process through system improvements, provider education and provider remediation whenever possible.

Glossary of Terms:

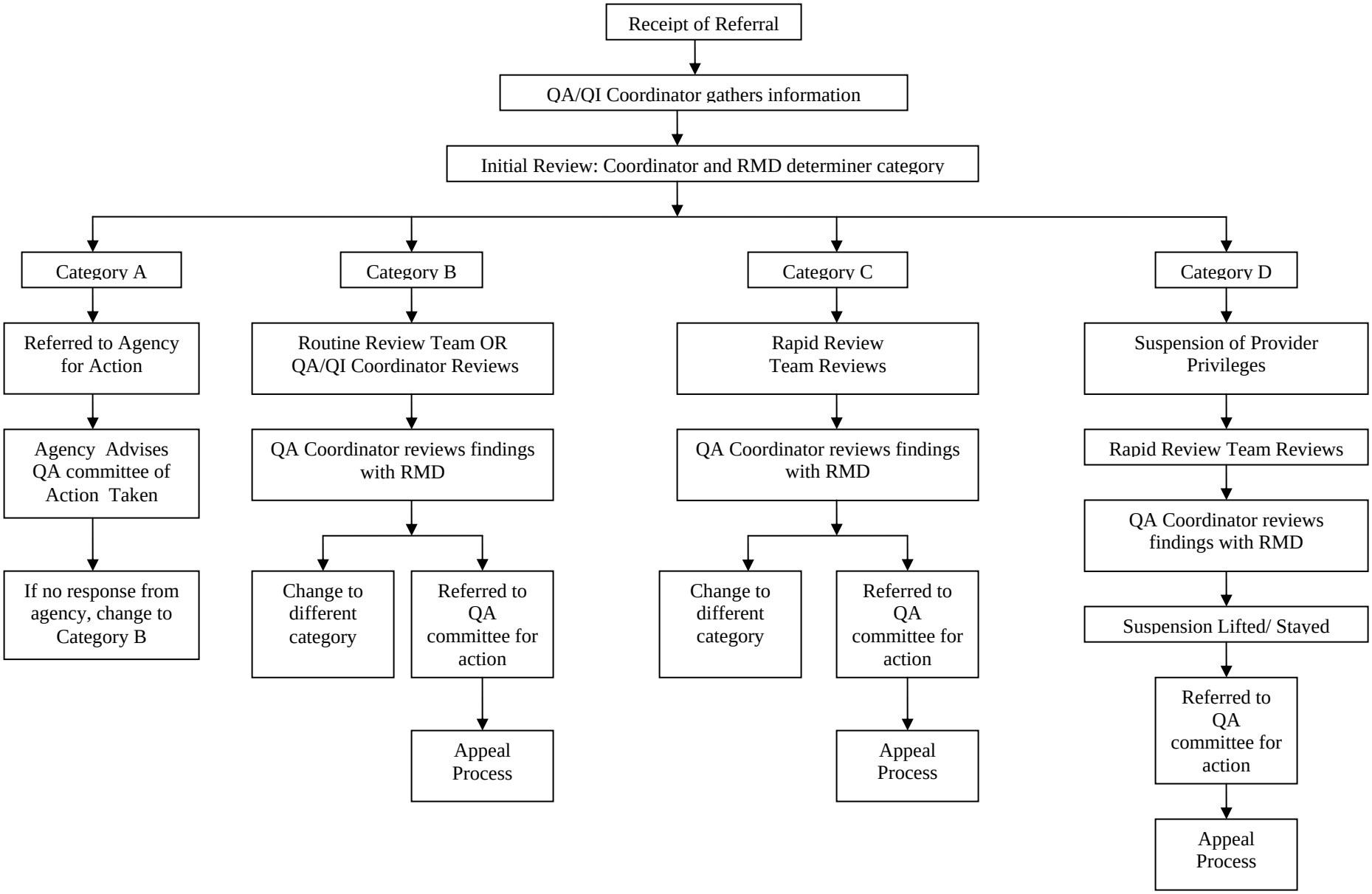
EMS	Emergency Medical Services
MLREMS	Monroe-Livingston Regional EMS Council
NYS DOH	New York State Department of Health
QA/QI	Quality Assurance/Quality Improvement
REMAC	Regional Emergency Medical Advisory Committee
RMD	Regional Medical Director (or their designee in this document)
SEMAC	State Emergency Medical Advisory Committee
SEMSCO	State Emergency Medical Services Council

Policy:

The Public Health Law vests the Regional Medical Advisory Committee with the authority to conduct Quality Assurance and Quality Improvement programs in order to assist providers and agencies with providing appropriate patient care. The Monroe-Livingston County REMAC QA/QI 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 learn from adverse events, "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. However, in rare cases where remediation is deemed futile, the process may result in the removal of a provider from the practice of EMS in the Monroe Livingston region.

Most referrals to the QA/QI Committee identify areas in which providers can improve their skills, patient care, and knowledge. The QA/QI 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.

MLREMS/REMAC QA Procedures



Procedure – REFERRALS

1. Any person, hospital, or agency may refer a concern to the QA/QI Coordinator. All requests and referrals must be submitted in writing: email is acceptable as long as all contact information is included. US Mail should be addressed to the QA/QI Coordinator at Office of Prehospital Care 601 Elmwood Avenue, Box 655, Rochester, NY 14642. Email should be addressed to OPC@urmc.rochester.edu and marked for the QA/QI Coordinator as "Confidential." Anonymous referrals will be reviewed by the QA/QI Coordinator and the Regional Medical Director.

2. The QA/QI Coordinator shall gather initial information about the referral, including available pre-hospital documentation and discuss the referral with the Regional Medical Director. A QA reference number will be assigned to the referral and it will be logged in a master file that will be tracked until the referral has been reviewed with the QA Committee and closed.

3. There shall be four "Categories" of referrals: A, B, C and D. Upon intake, the Regional Medical Director and the QA/QI Coordinator shall categorize each referral into one of the categories and shall make one or more of the following initial determinations:

Category A

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 facts rise to the level of a Category "B", "C" or '"D", such action as permitted for that category may be taken. The Agency must provide the QA Committee with written documentation of any actions taken within 30 business days from the date of the letter notifying them of the referral. If the agency doesn't handle the review and send written documentation to the QA Committee within the time specified the issue will revert back to the QA Committee for disposition. A separate agency file will be kept for issues that reverted back to the QA Committee.

Category B

The case requires further review and will be referred to a Routine Review Team or will be reviewed by the QA/QI 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

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.

Procedure – REFERRALS, continued

Category D

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 the following:

- 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 related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse or sale of drugs unless the QA Committee finds that such conviction or charges do not demonstrate a present risk or danger to patients;
- The provider has initiated patient care or driven an ambulance or other emergency medical services 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 emergency medical technician who is not certified as such; or
- 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.

4. There are two types of determinations: "initial" and "final." The initial referral category determination will be made by the Regional Medical Director and the QA/QI Coordinator or may be left to the discretion of the entire QA Committee if the Medical Director so chooses, as provided below. The initial determination is temporarily binding and shall be based upon the facts and circumstances before the Medical Director and QA/QI Coordinator at the time. The initial determination may include a suspension or a determination of no suspension necessary.

5. After an initial referral category determination is made, the QA/QI Coordinator will send a letter to the provider involved and the provider's agency that the provider was representing at the time the referral arose. The letter may advise the agency and provider of the concern and the initial decision. The letter may outline the steps that will be taken in the future regarding the investigation and may request a response or additional information.

Procedure – REVIEWS

1. Agency Reviews:
   Category "A" matters should be handled at the Agency level. The Agency Director of Operations will receive written notification from the QA/QI Coordinator that the case is being referred to the Agency for action (a copy will be sent to the Agency Medical Director). This written notification will include the Agency's responsibility to inform the QA/QI Coordinator, in writing, of all actions taken and any remediation performed regarding this case. This response must be postmarked to the QA/QI Coordinator no later than 30 business days from the date of the letter informing the Agency of the concern. The QA Committee will be informed of the case at the next QA Committee meeting and will be advised of the 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, the QA concern will revert to being handled at a regional level.

2. Routine Reviews
   For any Category B referral, a Routine Review Team will review the matter. The Routine Review Team will be composed of personnel suited for the review selected by the QA/QI Coordinator. People will be preferentially chosen in the following order: REMAC QA Committee, REMAC and other REMAC Sub-Committees, MRLEMS, and EMS interested parties. Reviews must be completed within the 10 business day time limit starting from the date the Routine Review Team is assembled. In some cases the review may be performed by the QA/QI Coordinator alone. 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 apparent conflict of interest be identified during the investigation.

   The Routine Review Team is charged with interviewing the parties involved to objectively gather information regarding the referral for review by the QA Committee. The Routine Review Team is advised to interview all persons they feel are necessary to successfully gather all available information. It is recommended that the Team review any relevant documents, tapes, etc, and separately interview at least the following parties:

   i. The person, hospital, or agency making the referral;
   ii. Any witnesses to the event;
   iii. The Medical Director(s) of the agency(s) involved;
   iv. The supervisor at the agency involved;
   v. The provider that is the subject of the review.

   Using the QA/QI Review template the Routine Review Team (if used) will provide the QA/QI Coordinator with a written preliminary report, including a summary of the concern along with any suggested actions to be taken within 10 business days starting from the date the Routine Review Team was assembled This report will be reviewed by the QA/QI Coordinator and the Regional Medical Director.

   If the review is performed by the QA/QI Coordinator, a report will be generated and reviewed by the Regional Medical Director within 10 business days starting from the date the referral was made.

Procedure – REVIEWS, continued

The Regional Medical Director will then determine whether the case can be held until the next QA Committee meeting or if immediate action is required. The Regional Medical Director has the right to suspend privileges or allow a provider to continue working while the referral is reviewed by the QA Committee. In either case, 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 Agency, the Medical Director of the Agency involved and the provider will be informed in writing of the Regional Medical Director's decision.

3. Rapid Reviews

For any Category "C" or "D" referral, a Rapid Review Team will review the matter. The Rapid Review Team will be composed of personnel suited for the review selected by the QA/QI Coordinator. People will be preferentially chosen in the following order: REMAC QA Committee, REMAC and other REMAC Sub-Committees, MRLEMS, and EMS interested parties. Reviews must be completed within the 5 business day time period starting from the date the Rapid Review Team is assembled. These two individuals 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 apparent conflict of interest be identified during the review. If no member of the QA Committee is able to participate, the QA/QI Coordinator will find someone else, preferably from MLREMS or REMAC.

The Rapid Review Team is charged with interviewing the parties involved to objectively gather information regarding the case for review by the QA Committee. The Rapid Review Team is advised to interview all persons they feel necessary to successfully gather all available information. It is recommended that the Team review any relevant documents, tapes, etc, and separately interview at least the following parties:

i. The person, hospital, or agency making the referral;
ii. Any witnesses to the event;
iii. The Medical Director(s) of the agency(s) involved;
iv. The supervisor at the agency involved;
v. The provider that is the subject of the review.

Using the QA/QI Review template the Rapid Review Team will provide the QA/QI Coordinator with a written preliminary report, including a summary of the concern along with any suggested actions to be taken within 5 business days starting from the day the Rapid Review Team was assembled. This report will be reviewed by the QA/QI Coordinator and the Regional Medical Director.

The Regional Medical Director will then determine whether the case can be held until the next QA Committee meeting or if immediate action is required. The Regional Medical Director has the right to suspend privileges or allow a provider to continue working and refer the matter to the QA Committee for further review. In either case, 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 Agency, the Medical Director of the Agency involved and the provider will be informed in writing of the Regional Medical Director's decision.

Procedure – REVIEWS, continued

If 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.

Procedure – QA Committee Meetings with Providers

1. 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. The provider may only attend this portion of the QA Committee meeting. The provider may bring an advocate to the meeting, but only the provider may 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.

2. The portion of the QA Committee meeting that involves the provider will be taped. At the start of this portion of the meeting the Chair or his designee will have the tape started and will make a statement which will include the following information:
    - Date of the meeting
    - Reason for the meeting
    - Review Case Number
    - Name of the provider being reviewed
    - Names of all QA Committee members present and their titles

3. In addition, the Chair or his designee will tell the provider that the meeting is being taped and ask the provider if they understand that. The provider will need to answer on the tape.

4. The Chair or his designee will ask the provider if they understand that any information from the meeting can be used during and after the review. The provider will need to answer on the tape.

5. At the end of the portion of the QA Committee meeting with the provider, the tape will be stopped, taken from the machine and signed by two committee members with the date. The tape will be placed in a sealed envelope and signed by the same two committee members with the date.

6. The tape will be transcribed by the OPC secretary and the tape kept as part of the official review documentation.

Procedure – CORRECTIVE ACTION/REMEDIATION

1. It is expected that for the majority of cases the corrective actions imposed will be educational in nature. This can include (but is not limited to) education, remediation of skills, hospital time, course completions, testing, and temporary suspension pending completion of any of the above and evaluation of skills. If imposed by the Agency, the Agency must provide written documentation within 30 business days to the QA Committee that the remediation is complete. In the event the Agency does not provide the proper documentation to the QA/QI Coordinator in the time frame specified, the case will be referred to the QA Committee for review and disposition.

   If imposed by the QA Committee, the provider is required to provide the written documentation to the QA/QI Coordinator within the time frame indicated. Failure by the provider to complete any of the assignments may result in further suspension or complete loss of privileges in the Monroe-Livingston Region.

   The completion paperwork will be placed in the provider's QA file and will be presented to the QA Committee at the next meeting. Once remediation is completed and the QA Committee notified, the matter will be considered closed. A letter will be sent to the provider and the agency involved notifying them that the case has been closed.

2. There will be times when the QA Committee determines that a provider's ability to practice in the region should be suspended and/or limited. Cases where the QA Committee recommends limiting or removing a provider's ability to practice in the Monroe-Livingston Region, the QA Committee will report the details of the case to REMAC while in Closed Session. REMAC will make the final determination for any cases brought to them. Any provider sanctions determined by REMAC will be read into the official meeting minutes.

3. Appeals Process

   Any provider wishing to appeal a QA Committee decision shall have the right to an appeal. 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 a Closed 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. Alternatively, 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 by majority vote. The findings of this committee will be presented as a recommendation to the full REMAC committee in Closed Session, and the appeal decision will be determined by a vote of the REMAC.

   During the appeals process the provider shall have the right to bring an advisor, but the advisor may not address the REMAC and/or appeal committee. The provider shall have the opportunity to plead "responsible" or "not responsible" to the charges.

Procedure – CORRECTIVE ACTION/REMEDIATION, continued

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

4. 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 by the provider include:
    - A copy of the initial QA letter
    - A copy of the Rapid/Routine Review team's findings (if applicable)
    - A copy of the final QA letter
    - A copy of any transcriptions of taped interviews with the provider

5. The burden of proof of the REMAC in any matter that seeks 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."

6. The QA Committee 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).

7. Outcomes of all cases will be held in strict confidence unless the outcome of any process described above reveals concerns that could potentially jeopardize future patient care. In these cases, the details will be brought to the REMAC as described above in #2.

8. Adverse event reporting systems.
    a. All cases, including all root causes determined by review, may be recorded and tracked in either a regional or national database 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 punitive (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 agency's contracted terms.

Procedure: CLOSING/TRENDS

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

2. Each case is categorized into one of the following:
    a. Operational Issue
    b. Clinical Issue – Non life-threatening
        i. Respiratory
        ii. Cardiac
        iii. Medication Error
        iv. Clinical Decision
        v. Other
    c. Clinical Issue – Life-threatening
        i. Respiratory
        ii. Cardiac
        iii. Medication Error
        iv. Clinical Decision
        v. Other

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

4. The QA/QI process is dynamic and may be revised as the QA process itself is improved.