North Country Regional Emergency Medical Advisory Committee

Policy Statement

Serving: St. Lawrence, Jefferson, and Lewis Counties

No. 08-02

Date: Updated 4/5/2021

Revised:06/12/2023

Re: Quality Improvement

When an agency or outside facility identifies a patient care concern that rises to the level of requiring involvement from the Agency Medical Director, this document will provide guidance and direction. The Agency's Medical Director is responsible for ensuring a timely review and developing appropriate remediation or potential suspension of ALS privileges, as deemed suitable per review.

- The responsibility for executing the remediation process lies with the agency medical director and the agency. It is essential that all remediation efforts are accurately documented and securely maintained in the agency's records.
- The Regional Continuous Quality Improvement (CQI) Committee assumes the role of reviewing all instances where allegations of patient care issues or concerns arise and is responsible for devising corrective actions when necessary. If a matter is referred to the committee by an Agency Medical Director, Regional Medical Director, or the Program Agency, they are empowered to take appropriate corrective actions as deemed fit.
- The Regional CQI Committee will extend support to the agency during their remediation process, if required, and retains the authority to implement additional remediation measures if warranted.
- These guidelines apply to patient care issues or concerns that arise in both interfacility and 911 operations.

The Agency Medical Directors should consider immediate restrictions of ALS privileges including, but not limited to, the following reasons pending review, investigation, and outcome as indicated for the following:

1. Unrecognized esophageal intubation
2. Patient abandonment
3. Practicing medicine without valid certification
4. Medication errors that cause patient harm
5. Responding to calls under the influence

In order to ensure a professional and systematic approach to handling written concerns received by the Program Agency, the following procedures will be followed:

1. Submission of Written Concerns: All written concerns received by the Program Agency must be submitted using the NCEMS REMAC Quality Improvement Review Request form. This form serves as the official means of documenting and tracking complaints.

2. Individual Review of Cases: Each case will be reviewed individually, with the severity of the complaint determining the course of action.

3. Internal Review Process: Program Agency Staff, in collaboration with the Regional Medical Director, will review all relevant information pertaining to the complaint. This may involve gathering additional details and evidence related to the case.

4. Appropriate Individuals for Rectification: Based on the severity of the issue, the Program Agency Staff will forward their findings to the most appropriate individuals who can address and rectify the problem. These individuals may include the Agency Medical Director, the Agency's Quality Improvement Officer, and/or the NYS Bureau of EMS.

5. Timely Review and Interviews: Program Agency Staff will aim to complete the review process within 30 days of receiving a written review request. Interviews may be conducted with parties to gather more information and gain insights into the situation.

6. Unbiased Review: The review will be conducted in a fair and unbiased manner, ensuring all parties involved are given a fair opportunity to present their perspectives and evidence.

7. Recommendations for Corrective Action: Upon completion of the review, the Program Agency will compile all documentation, including Patient Care Reports (PCR), and forward the documents to the Regional Medical Director and Agency Medical Director. The documents will be accompanied by recommendations for appropriate corrective actions based on the review findings.

8. Decision on Recommendations: The Regional Medical Director, in collaboration with the Agency Medical Director, will evaluate the recommendations made by the Program Agency Staff. A determination will be made whether the suggested actions are sufficient to address the issue, or if a full review of the case is necessary at the next Regional CQI meeting. In the event that the Regional Medical Director and Agency Medical Director don't agree on a plan of remediation, the matter will be forwarded to the Regional CQI Committee, and/or the NYS Bureau of EMS based on the severity of the issue

By following these professional procedures, the Program Agency ensures that written concerns are handled in a structured and thorough manner, promoting accountability and quality improvement.
At the discretion of any REMAC member or other pertinent stakeholder, it is permissible to formally seek a comprehensive review of a CQI matter by the complete REMAC CQI Committee.

NCEMS REMAC QUALITY IMPROVEMENT REVIEW REQUEST

Date of Request: _____ PCR Number: _____
Facility/Provider Involved: _____
Facility/Provider Point of Contact: _____
Incident Date: _____ Location: _____ Time: _____

Nature of Incident: (utilize an additional sheet if necessary)

_____
_____
_____
_____
_____
_____
_____

Proposed Resolution: (utilize an additional sheet if necessary)

_____
_____
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_____

Facility/Provider Requesting Review:

_____

Contact Phone Number: (D) _____ (N) _____