BRIGHTON VOL. AMBULANCE

QUALITY ASSURANCE / QUALITY IMPROVEMENT PLAN

	BRIGHTON VOLUNTEER AMBULANCE, INC.	Original	12/25/2017
	QA/QI PLAN	Revised	12/24/2019

Purpose

The purpose of the Quality Assurance / Quality Improvement (QA/QI) plan is to ensure the continuous monitoring of documentation and clinical care practices for completeness and compliance within the guidelines set forth by the region of Monroe Livingston County Emergency Medical Services (MLREMS), New York State (NYS) and Brighton Volunteer Ambulance Inc. (BVA).

Outline

The Clinical Care Department oversees and manages the QA/QI program, with additional concurrence from the Departments of Operations, and Training with collaboration from the agency Medical Director in regards to both members, and general quality management. Select agency members will act as primary QA/QI auditors with the Clinical Care Chief to assure proper policy/procedural adherence, and to both identify and correct potential clinical care and documentation infractions. This plan will define all relevant participants, general QA/QI procedures, and remediation guidelines and plans.

Design

Brighton Volunteer Ambulance will adhere to a complete review of all electronic Patient Care Reports (ePCRs) generated to best ensure clinical and documentation compliance within set MLREMS, NYS, and agency standards. Reviews will be divided into two separate categories: Billing and Clinical with the Clinical Care Chief, performing a final review of both.Medical Director will review all ePCRs with special attention to the administration of Controlled Substances, Rapid Sequence Induction, and/or any additional ePCR at his/her discretion.

Specific targeted review may be performed at the request of either the Operations Department or Training department, and at the discretion of the Clinical Care Chief.

If a ePCR is found to be in violation of MLREMS, NYS or agency standards a QA/QI flag will be assigned to indicate the need for corrective action. Failure to complete assigned QA/QI flags in a prompt manner will result in potential punitive measures or remediation. Infractions that are deemed to be more critical in nature will be brought before the BVA QA/QI Committee for review and if deemed appropriate the Clinical Care Chief, agney Medical Director and/or the MLREMS REMAC QA/QI Committee.

QA Flags

QA/QI flags will be added by any QA/QI auditor to a ePCR where clarification or correction is needed for any concern or deviation of practice, policy, or protocol. QA/QI flags will be broken down between the categories of Clinical Care, Documentation, Crew Feedback, and Review Requested.

Clinical Care: If concern for a deviation of protocol or practice is noted within an ePCR that pertains to the care or treatment of a patient a “Clinical Care” flag will be assigned. These flags will also include any general concern for interventions/practices that may affect patient care in an advanticious manner, or require additional clarification.

Documentation: Flags of the documentation category will be assigned if any ePCRs documentation requires clarification, modification, or addition of documented material. Any flag with a concern for billing will be categorised under this classification as well.

Crew Feedback: For any general crew member feedback a flag can be assigned to "Any Crew Member" with the desire to obtain additional information by an auditor that does not pertain to a matter of Clinical Care deviation, or Documentation.

Review Requested: If the general review of a chart is requested an auditor/provider may assign a "Review Request". A review of the assigned chart will then be conducted by the Clinical Care Chief.

All QA/QI flag responses will be handled through either an Addendum, Special Report, or Email discussion. The assigning auditor will dictate the manner of response that is needed at the time of the original QA/QI flag based on the following guidelines.

- Email Discussion: Required for general clarification or simple question(s).
- Special Report: When critical non - clinical information is missing from a ePCR and needs to be documented
- Addendum: If any additional information or clarification is needed to be directly added to a chart

All QA/QI flags are to be completed by the assigned party/individual on their next scheduled shift. Repetitive neglect to QA/QI flags will qualify a member for potential punitive measures at the discretion of the Clinical Care Chief.

Levels of QA/QI Procedure & Auditor(s)

The QA /QI plan is divided into individual levels of review to ensure maximum efficiency. Each level will dictate the auditor class that is responsible for QA/QI management. The breakdown is displayed below:

- S0 - Incomplete Chart (needing completion from the original author)
- S1 - Billing
- S2 - BLS level clinical QA/QI
- S2.5 - Focused BLS QA/QI
- S3 - ALS level Clinical QA/QI
- S3.5 - ALS Focused QA/QI
- S4 - Clinical Care Chief
- S4.5 - Medical Director
- S5 - Administrator Access

Auditors

QA/QI Auditors are expected to review a set number of charts each regularly scheduled shift depending on the level of their access level. Standards are listed below:

- S1: 15-20 charts per shift
- S2/S3: 10 Charts per shift

Billing (S1) auditors will review ePCRs for any information deemed relevant and necessary for the efficient and compliant billing of service . If any billing information is found to be missing or incomplete, a "documentation flag" will be assigned to the pertinent crew member with the actions needed to correct the listed concern(s).

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BLS/ALS (S2-3) auditors are expected to review pending charts at their respective level of NYS certification for any clinical deviation from BVA policy, regional standards, or state protocol. If any concern is found by the auditor a flag will be added and assigned to the author or crew member who is responsible for the needed corrections.

If a QA/QI auditor has any concern(s) or question(s) regarding a flag or chart that they believe that is not able to be handled at its current QA level an email should be sent to the Clinical Care Chief for further instructions or clarification.

Clinical: Advanced Life Support (ALS) and Basic Life Support (BLS) auditors will be selected by the Clinical Care Chief and will perform all levels of clinical QA/QI under the guidance of this plan. To be qualified as an auditor members must meet the following criteria:

- Cleared at their respective level of certification for at least one (1) year
- Clean QA/QI standing with BVA/MLREMS
- In good standing with the BVA Operations and Training Department(s)

Clinical auditors will only review ePCRs at their respective level of NYS certification. BLS auditors will not be allowed to perform QA/QI on any ALS level ePCR, and only under the approval of the Clinical Care Chief will ALS technicians perform BLS QA/QI.

Billing: Auditors designated as billing will be selected by the Clinical Care Chief and will perform QA/QI of all matters in relation to billing compliance. To be qualified as a billing auditor a member must meet the following Criteria:

- Cleared at their respective level of certification for at least one (1) year
- Clean QA/QI standing with BVA/MLREMS
- In good standing with the BVA Operations and Training Department(s)

Billing Auditors are not authorized to perform any level of QA/QI as related to patient care and/or treatment, and are restricted to only matters of billing and reimbursement/compliance.

With consultation from the BVA Chief of Operations auditors may be removed from their position at the discretion of the Clinical Care Chief.

Remediation

QA/QI is designed to be a method to monitor and improve practices of documentation and patient care within an agency. The primary purpose of QA/QI is to educate and improve practices, however if infractions precist, various methods of remediation may be used to address and correct the concern(s). Though the process of correction is intended to be linear, issues can be addressed at any level of appropriate remediation depending on the severity of the QA/QI infraction.

Consultation: Minor deficiencies as defined below and concerns at the discretion of the Clinical Care Chief may be handled with a member(s) consultation. Minor deficiencies will be classified as any of the following:

- Minor documentation errors/corrections
- Deviation from standard practice/protocol without documented justification

- Clinical Care Chief discretionary matters

Consultations are non-punitive discussions with the intent to correct concerns that may not require more direct remediation methods. If a member is not receptive to a direct consultation or fails to respond in a timely manner further remediation and potential punitive measures may be performed.

Simple Remediation: Minor clinical concerns, moderate or repetitive documentation errors, and concerns deemed too severe for consultation will be managed through a simple remediation. Simple remediation plans will involve a process of review and post demonstration of improvement to an identified performance concern. Generating a plan and developing a process of remediation may be handled between the Clinical Care Department, Training Department, and agency Medical Director. Remediations at this level will have no impact on the status of the providers clearance within the agency.

Severe Remediation: Severe clinical concerns or continuous clinical infractions will be handled through Severe Remediation. Once a concern has been identified by the Clinical Care Chief and/or Clinical Committee, a remediation plan will be developed through the guidance of the agency Medical Director, and with assistance from the Training Department. Depending on the severity of the clinical infraction both the Medical Director and Clinical Care Chief have the right to suspend practicing privileges of a provider within BVA. Once an appropriate remediation plan has been developed by the Clinical Committee, Clinical Care Chief, Training Department, and Medical Director the provider(s) in question must complete all plan requirements in a timely manner as deemed by the Clinical Care Chief and Medical Director. Failure to complete the remediation plan will result in suspension of the provider(s) practicing rights and place the provider in question at grounds for further punitive measures or termination. More than one (1) Severe Remediation within a three(3) month period may additionally result in a providers suspension of practicing rights, and be grounds for agency punitive measures up to termination of employment.

Infractions deemed to be to the utmost severity will still be eligible for severe remediation within the BVA QA/QI plan, however at the discretion of the Clinical Care Chief and Medical Director may be brought to the attention of the REMAC council.

Severe remedications will negate a member(s) status as a BVA field training officer (FTO) and/or QA/QI auditor for up to six (6) months. After this time the Clinical Care Chief and agency Medical Director may evaluate a member(s) status for approval back into either role.

QA/QI Committee

To create better accountability and maintain consistent review, a QA/QI committee will consist of Lead QA/QI Auditors, the Clinical Care Chief, and agency Medical Director. Meetings will be held once every quarter, and may be called for an emergency session(s) at the discretion of the Clinical Care Chief and/or agency Medical Director. Meetings will review and discuss clinical concerns, trending clinical data, and if needed deliberate on matters of severe remediation.

Meetings that discuss matters of severe remediation will require mandatory attendance of all committee members, the Clinical Care Chief and at his/her discretion and the agency Medical Director. In the instance of severe remediation the Assistant Chief Training Department may be permitted to attend as to assist in the development of a remediation plan.

- Any severe remediation verdict has the right to be appealed not only to the Clinical Care Chief and Medical Director, but also may be submitted in writing to the MLREMS REMAC QA/Qi Committee.
- Any verdict rendered by the MLREMS REMAC QA Committee is deemed to be final, and will be upheld by the BVA Clinical Care Department.

All clinical matters discussed within the QA committee are deemed to be confidential and are not to be discussed out of session.