University of Rochester
River Campus Medical Emergency Response Team
Department of Quality Assurance/Quality Improvement

University of Rochester
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http://www.rochester.edu/mert/

Quality Assurance/Quality Improvement Standard Operating Procedures (SOPs)

1. Definition
   1.1. Purpose – This document serves to establish standard operating procedures for all Quality Assurance and Quality Improvement within R/C MERT. It shall supersede all past documents pertaining to QA/QI.
   1.2. Reason for existence – This document exists to guide the organization in meeting NYS laws, DOH protocols, and MLREMS protocols regarding Quality Assurance. The QA/QI Department shall audit and collect data for the purposes of identifying the efficacy of MERT training and protocols and identifying areas which can be improved. Peer review is emphasized, as well as double-layer redundancy in auditing, in determining if errors are based in documentation or in patient care.
   1.3. Department – The QA/QI Department shall be tasked with all QA/QI within R/C MERT. The department shall consist of the members outlined in section 2.
   1.4. Updating this document
      1.4.1. Policy updates – This document may be superseded at any time by an official policy update by the QA/QI Director or Director of Operations pending approval of the Agency Medical Director.
      1.4.2. Advisories – A series of advisories, meant to serve as guidelines for best practices in QA/QI shall be released as deemed necessary by the QA/QI Director and Director of Training.

2. Positions
   2.1. QA/QI Officers
      2.1.1. Members – There shall exist three QA/QI Officers consisting of the Director of Operations, the Assistant Director of Operations, and the QA/QI Director.
      2.1.2. Definition of Duties – The officers shall oversee the QA/QI process, scheduling, training of committee members in chart auditing, training of the Field Staff in responding to flags, compiling statistical data, as well as any other tasks deemed necessary by the Operations Department and Training Department.
      2.1.3. Requirements – All QA/QI Officers shall be cleared Crew Chiefs, effective 2015 elections.

   2.2. QA/QI Committee
      2.2.1. Members – The QA/QI Committee shall consist of four members. At least one member shall be the Director of Training or the Assistant Director of Training.
      2.2.2. Definition of Duties - QA/QI Committee members shall serve as the primary auditors for R/C MERT, as well as any other tasks deemed necessary by the QA/QI Officers.
      2.2.3. Requirements – All QA/QI committee members shall be cleared Crew Chiefs.
      2.2.4. Appointment – Members of the QA/QI committee shall be appointed by the QA/QI Officers pending majority approval of the Executive Board. Terms of Service shall be one year long.

3. Chart Flow
   3.1. Initial entry – Charts will initially exist at level S0:Crew in emsCharts. Charts will be filled out by the Crew Chief and the Crew Chief Trainee (if applicable). Upon completion of the chart, it shall be reviewed for correctness, signed, and locked by the Crew Chief. Charts meeting Training Department and emsCharts locking criteria shall be advanced.
   3.2. QA Committee – Charts locked by the Crew chief shall advance to level S1:QA Committee in emsCharts. At this level the chart will undergo the first round of auditing. The committee member assigned to the chart shall read and assess it for correctness, as outlined in Section 4 below. Upon completion of the audit, the chart again shall be advanced.
      3.2.1. All charts shall be audited within 48 hours by the assigned committee member.

3.3. QA Officer – Charts advanced by a QA Committee member shall be advanced to level S2:QA Officer in emsCharts. At this level the chart will undergo the second and final round of auditing in the service. A QA Officer shall read the chart and assess it for correctness, as outlined in Section 4 below. Upon completion of the audit, the chart shall be signed by the QA Officer and exported out of the service to the Region, State, and NEMSIS.

    3.3.1.   All charts must be advanced within 30 days of the call's completion.

3.4. Scheduling

    3.4.1.   A weekly rotating of schedule of Committee members will be established at the beginning of the semester. Each member will audit all charts written from the start of Sunday Morning shifts to the end of the following Saturday Evening shift on their assigned week.

        3.4.1.1.   In the event that an auditor is a crewmember on a chart during his or her assigned week, he or she shall inform the next committee member in the rotation within 24 hours. The next committee member shall audit the chart within 48 hours of the completion of the call.

    3.4.2.   The QA/QI Department shall meet monthly in order to review all cases.

4. Protocol breaches

  4.1. Breach identification – Auditors will assess charts for three types of errors, as highlighted below. In the event of a breach of charting or patient-care protocols, the auditor will add QA flags and/or Special Reports.

    4.1.1.   Documentation errors – Shall be treated as the least severe. Consisting of, but not limited to, spelling errors, copy/paste errors, numerical errors, contradictions, and omissions. These charts will be flagged with specific references to the error. Only one error shall be documented per flag. Multiple errors will require multiple flags.

    4.1.2.   Minor patient care violations – Shall be treated with moderate severity. Minor patient care violations shall be defined by the Operations, QA/QI, and Training Departments. These charts will be flagged with specific references to the error as well as the protocol violated. Only one error shall be documented per flag. Multiple errors will require multiple flags.

    4.1.3.   Major patient care violations – Shall be treated with the highest severity. Consisting of, but not limited to, negligence, abandonment, withholding appropriate care, willful HIPAA violations, willful disregard of protocol, operating outside of the scope of practice, and inadequate/inappropriate refusals. These charts will be flagged with specific references to the error as well as the protocol violated. Only one error shall be documented per flag. Multiple errors will require multiple flags. In the event of a major patient care violation the auditor shall submit a Special Report to Operations and Training.

    4.1.4.   All charts shall be locked within 3 hours of the completion of the call. In the event of one of the following circumstances is met, extended lock times may be permitted, pending review by the QA/QI Department.

        4.1.4.1.   Another call or series of calls is received.

        4.1.4.2.   Technical Difficulties are experienced with emsCharts.

        4.1.4.3.   The crew is requested to assist RPD or DPS in matters relating to the call.

        4.1.4.4.   A crewmember is injured and unable to meet the deadline.

        4.1.4.5.   Other extenuating circumstances.

  4.2. Breach Response

    4.2.1.   By Crew – In the event a chart receives a QA flag, the Crew shall respond to it as accurately as possible. It shall be the primary responsibility of the Crew Chief to respond to the flag or instruct the Trainee in responding to the flag. In the event that the Crew Chief is unable to respond to the flag, the Trainee may respond to the flag after receiving training from a QA/QI Officer.

        4.2.1.1.   All flags shall be responded to within 48 hours of the time that the flag is created. In the event of noncompliance, the QA/QI Director shall notify the Operations and Training Departments.

        4.2.1.2.   In the event that a crewmember feels a flag is unjustified, he or she must contact the QA/QI Director within 48 hours of the flag's creation. The QA/QI Director will review the dispute and

advise the crewmember how to proceed. In the event of noncompliance, the QA/QI Director shall notify the Operations and Training Departments.

      4.2.2. By Ops/Training – Upon receiving notification of a breach of patient care, the Operations and Training Departments shall review the breach and create a response plan in a timely fashion.

          4.2.2.1. In the event of a documentation error capable of erroneously affecting statistical analysis, the QA Officers shall have the authority to amend errors on the Dispatch page of the Chart upon verification of the amendment's validity.

          4.2.2.2. In the event of a minor patient care violation, an emphasis on correcting future errors through training and coaching shall be taken. The Training Department shall have ultimate authority regarding remediation.

              4.2.2.2.1. In the event of repeated minor patient care violations by the same provider after remediation takes place, the violation shall be treated as a major patient care violation.

          4.2.2.3. In the event of a major patient care violation punitive sanctions shall be necessitated. The Operations Department shall have ultimate authority regarding major patient care violations. The Agency Medical Director shall be notified in the event of any major patient care violations.

      4.2.3. REMAC Referral – In the event that any QA/QI Officer or Committee member feels there exists a need for referral to the REMAC QA/QI Committee or the Regional Medical Director, the Agency Medical Director must be notified of the incident.

5. emsCharts
    5.1. Security roles
      5.1.1. QA Specialist – A security role shall be created in emsCharts to be assigned to all QA/QI Officers. Permissions granted shall be specified in APPENDIX A.
      5.1.2. QA Committee – A security role shall be created in emsCharts to be assigned to all QA/QI Committee Members. Permissions granted shall be specified in APPENDIX A.
    5.2. Access – All members of the QA/QI Department shall have complete access to patient charts.

6. Training
    6.1. Of Committee – Members of R/C MERT appointed to serve as QA/QI Committee-members shall be trained in effective QA/QI Methodology and auditing in emsCharts by the QA/QI Director prior to commencing their term.
    6.2. Of Field Staff – At the beginning of each year the Training Department shall hold a training session with the field staff addressing proper charting and QA flag response. New trainees shall receive this training upon their acceptance to the Crew Chief Training Program.

7. Statistics Updates
    7.1. To MERT – The QA/QI Director shall provide the membership a report of call statistics during his or her officer report at each GMM.
    7.2. To DPS – The QA/QI Director shall provide the Liaison to the Department of Public Safety with a report of call statistics for each month. Reports shall be submitted within two weeks of the conclusion of a month.
    7.3. To the University – The QA/QI Director shall create a report at the end of each semester for dissemination to the University community. This report shall include all statistics for the semester and shall be written for the lay audience.

8. Transition
    8.1. QA/QI Director - At the conclusion of a term, the outgoing QA/QI Director shall transition the incoming QA/QI Director. The outgoing Director shall provide the incoming Director with all statistical reports, past records, and any other pertinent data and information.
    8.2. QA/QI Committee – The QA/QI Committee shall have a one-cycle shadowing period for transition. Incoming members, upon receiving training from the QA/QI Director, shall shadow outgoing members in the auditing process. The outgoing members shall emphasize methods of auditing, justification of audits, and provide helpful resources for successful QA.

9. Useful Resources
    9.1. NYS BLS Protocols. Available through the Department of Health: https://www.health.ny.gov/professionals/ems/protocolsnew.htm
    9.2. MLREMS Protocols. Available through MLREMS' website: https://www.mlrems.org/provider/protocols/
    9.3. MLREMS Charting Training. Available through MLREMS' website: https://www.mlrems.org/GetFile.aspx?fileID=1504
    9.4. MERT Charting Training. Available through the Training Department

APPENDIX A: Security Roles

SEE FOLLOWING PAGE

Security Role Report: QA Specialist

Service: University of Rochester River Campus MERT
Prepared 11/16/2014 14:09:32
By: Andrew Tomich

QA Specialist	Privileges	Users
	Configuration	Mongeon, Marie
	Create a New Message Forum	Smith, Greta
	Continuing Education	Tomich, Andrew
	Create Presentations	
	View Presentations	
	Human Resources	
	Employee Roster	
	View Certification Classes	
	View Certifications	
	Menu System	
	Chart Summary	
	Forums	
	Patient Records	
	Reporting Module	
	Supplies	
	View Statistics on Home Page	
	Patient Record	
	Access Printout	
	Access all pages of chart	
	Add Patient Follow-up Comments	
	Add Procedure Logs (non-chart related)	
	Addendums: Delete All	
	Addendums: Modify All	
	Attached Files: Modify after lock	
	Bulk Advance Charts	
	Chart Toolbox	
	Chart Toolbox: Export Options	
	Create New Chart	
	Delete own initial charts	
	Export State Charts / Information	
	Followup Letters: Create	
	Followup Letters: Manage Queue	
	Followup Letters: Prompt to complete	
	Followup Letters: Read All	
	IP Filtering: Override (Allow ANY IP)	
	Lower/Demote QA levels	
	Manage Patients	
	Modify Activity Audit	
	Modify Chart	
	Modify Dispatch Information	
	Modify State Export	
	Modify Supplies	
	Modify all charts in Initial Entry	
	Patient Management: Consolidate Patients	
	QA Flag: Assign if not on chart	
	QA Flag: Assign if on chart	
	QA Flag: Create	
	QA Flag: Email Override	
	QA Flag: Report	
	QA Flag: View All / Admin	
	QA Level Report	
	Read All Charts	
	Read Charts Above the QA Level of the User	
	Response Time Report	
	View All Incomplete Charts	
	View All Procedure Logs	
	View Chart Audit	
	Phone Messages	
	Add new message	
	Read All Messages	
	Reports	
	Custom Reports: Create	

Special Reports
  Allow comment as author
  Allow comment as crew member
  Carbon Copy Report
  Flag other users on report
  Place reports in Sub-Categories
  Review All Service Reports
  Review Reports When Listed as Crew
User Maintenance
  Allow Multiple Login Sessions
  Security Activity Audit
  View Users

Security Role Report: QA Committee

Service: University of Rochester River Campus MERT
Prepared 11/16/2014 14:11:11
By: Andrew Tomich

QA Committee	**Privileges**	**Users**
	Patient Record	Dorian, Emily
	QA Flag: Assign if not on chart	Fitzgerald, Emily
	QA Flag: Assign if on chart	Healey, Michael
	QA Flag: Create	Ladley, Richard
	QA Flag: Report	
	QA Level Report	
	Read All Charts	
	User Maintenance	
	Allow Multiple Login Sessions	

APPENDIX B: Policy Updates

1. Effective 01/20/2015, under authorization of Andrew Tomich, QA/QI Director, all use of Naloxone by R/C MERT shall be audited within 48 hours for compliance with the following factors:
   1.1. Proper indications for administration.
   1.2. Online approval by Medical Control.
   1.3. Notification of Director of Operations and Agency Medical Director within 3 hours of call completion for DOH-mandated appropriateness review using the NYS Naloxone QI Usage Report form.