



Susquehanna Regional EMS Council, Inc.
Broome, Tioga, and Chenango Counties

REMAC Policy Statement

*Supersedes/ Updates: NEW
Reference NYS Public Health
Law/BEMS Policy statements*

No. 370

Date: November 14, 2019

Revised May 7, 2020

Re: CQI Complaint Reporting &
Investigation Process

Page 1 of 8

Purpose:

This policy outlines the CQI complaint reporting and investigation process.

**THIS PROCESS IS CONFIDENTIAL FOR ALL INVOLVED
(Unless the complaint results in a provider being suspended necessitating
appropriate notifications)**

Complaint process:

Anyone can submit a written complaint regarding medical care (Attachment A). The complaint must be submitted in writing as soon as possible. The written complaint may be sent to the Agency Medical Director where the incident occurred, to REMAC or to the Program Agency.

If the complaint originates from the provider's CQI committee, Agency Administrator or fellow provider from the same agency, then the internal complaint process should be followed. If the complaint originates from outside the provider's agency or is received by either REMAC or the Program Agency, then the external complaint process should be followed.

Whether it is an internal or external complaint, the Agency Medical Director of the agency from which this complaint originates **MUST** be advised of the complaint and be involved in the complaint process. With either the internal or external complaint, at the direction/request of REMAC or the Agency Medical Director, the Program Agency will be available to assist in the investigation in any way possible.

Agency Medical Director Actions:

The Agency Medical Director is the person who grants a provider the privilege to practice at either the EMT, AEMT, CC or Paramedic level. As such, the decision over the suspension of a provider's privilege to practice **MUST** involve the Agency Medical Director.

It is at the Agency Medical Director's discretion to determine what action should be taken when a complaint is received, counseling (verbal or written) or remediation or remediation with suspension. Every effort should be made to work with the provider to develop the appropriate action plan.

Internal Complaint Process

When a complaint is brought about by an agency's CQI committee, Agency Administrator or a provider from the same agency, it is paramount that the Agency Medical Director is made aware of the complaint. The Agency Medical Director may decide to deal with the complaint themselves or bring the complaint to the REMAC CQI committee for assistance.

If the Agency Medical Director elects to deal with the complaint internally, the Agency Medical Director needs to notify the REMAC chairperson of the complaint and the fact that they are going to handle the issue internally. Then, if the REMAC chairperson is aware of an ongoing and/or previous complaint involving the provider-originating at another agency that the provider previously and/or currently practices with- a joint decision on how the complaint should be handled can be made.

If an Agency Medical Director elects to suspend a provider's privilege to practice (while undergoing remediation) or the complaint is of such a serious nature that the provider's privileges are suspended while the investigation is ongoing, a report detailing the expected remediation and remediation period MUST be forwarded the REMAC Chairperson and the Program Agency.

- A provider who has their privilege to practice suspended while they are undergoing remediation or suspended outright will be taken off line and locked out of the electronic database for the duration of the suspension.
- The Program Agency will be responsible for locking the suspended provider out of the electronic database and notifying the hospitals (and DOH when required) of a provider's suspension.
- At the conclusion of the suspension/remediation period, as defined in a suspension letter, the Agency Medical Director needs to notify REMAC and the Program Agency that the provider has either:
 - A. Completed their remediation and they are endorsed and cleared to return to practicing. (Program Agency will re-activate the provider and notify the hospitals of the provider's return to practice status.)
 - OR
 - B. Needs to continue the remediation process.

External Complaint Process

When a complaint is brought about by a report originating outside the provider's agency-whether it is submitted to the REMAC Chairperson, Program Agency or the Provider's agency- from a patient, patient's family member, fellow provider, Emergency Room personnel (Doctor, PA, NP or RN) the Agency Medical Director and REMAC chairperson MUST be notified of the complaint.

The REMAC Chairperson and Agency Medical Director will jointly decide on how best to handle the complaint.

If the decision is made to have the Agency Medical Director deal with the complaint and he/she decides to suspend a provider's privilege to practice (while undergoing

remediation) or the complaint is of such a serious nature that their privileges are suspended while the investigation is ongoing, a report detailing the expected remediation and remediation period MUST be forwarded the REMAC Chairperson and the Program Agency.

- A provider who has their privilege to practice suspended while they are undergoing remediation or suspended outright will be taken off line and locked out of the electronic database for the duration of the suspension.
- The Program Agency will be responsible for locking the suspended provider out of the electronic database and notifying the hospitals (and DOH when required) and the complainant (if it is a medical professional) of a provider's suspension.
- At the conclusion of the suspension/remediation period, as defined in a suspension letter, the Agency Medical Director needs to notify REMAC and the Program Agency that the provider has either:
 - A. Completed their remediation and they are endorsed and cleared to return to practicing. (Program Agency will re-activate the provider and notify the hospitals, and the complainant (if it is a medical professional) of the provider's return to practice status.)
 - OR
 - B. Needs to continue the remediation process.

If the Agency Medical Director and REMAC chairperson choose too, this complaint can be submitted to the REMAC CQI committee.

REMAC CQI Committee

The REMAC CQI committee, when requested will review any/all instances of a patient care issue/concern and develop a corrective action/remediation plan as necessary. (When needed or requested, the REMAC chairperson will appoint REMAC members to the CQI committee.)

The REMAC CQI committee may recommend that a provider's privilege to practice be suspended (while undergoing remediation) or the complaint is of such a serious nature that their privileges need to be suspended while the investigation is ongoing. If this decision is made, then a report detailing the expected remediation and remediation period MUST be forwarded the REMAC Chairperson, Agency Medical Director and the Program Agency. In all instances the Agency Medical Director will draft the letter suspending the provider's practice privileges.

- A provider who has their privilege to practice suspended while they are undergoing remediation or suspended outright will be taken off line and locked out of the electronic database for the duration of the suspension.
- The Program Agency will be responsible for locking the suspended provider out of the electronic database and notifying the hospitals (and DOH when required) of a provider's suspension.
- At the conclusion of the suspension/remediation period, as defined in a suspension letter, the Agency Medical Director should notify the REMAC committee, and the Program Agency that the provider has either:

- A. Completed their remediation and they are endorsed and cleared to return to practicing. (Program Agency will re-activate the provider and notify the hospitals of the provider's return to practice status.)

OR

- B. Needs to continue the remediation process.

At any time a REMAC member or other interested party may request that a CQI issue be reviewed by the full REMAC committee.

Suspension/Revocation Process and Notifications:

Notification of Suspension/Revocation:

A suspended provider must be made aware of the suspension within five business days of the decision to suspend.

The provider and provider's agency must be notified via certified mail of the suspension. Copies of the suspension letter will be sent to NYS DOH, REMAC and the Hospital Emergency Room Medical Directors in the region.

The suspension letter needs to:

1. specify allegations and/or circumstances, or summarize the findings of an investigation, that caused the provider's privileges to be suspended.
2. state that the provider's privileges are suspended and define the duration of the suspension.
3. state that providing care during the period of the suspension is in direct violation of the public health law since medical control has been withdrawn.
4. specify the conditions that must be met in order for reinstatement of privileges to occur at the conclusion of the suspension period.

Provider Appeal Process:

If a provider doesn't agree with their remediation plan, or suspension, then they can appeal their remediation plan or suspension to REMAC. This appeal must be done in writing, within 5 business days of their receipt of their suspension.

STATUTORY, RELATED AND NON-PATIENT RELATED COMPLAINTS

DEFINITIONS / EXAMPLES

STATUTORY EVENT *Incident/event, which violates the NYS Public Health Law and/or those requirements, included in Chapter VI, Title 10, Part 800 of the NYS Codes, Rules and Regulations, or conviction of a crime or crimes (felony).*

Any of the below may be statutory.

NON-PATIENT RELATED EVENT

Practicing without NYS certification or Regional Advanced Life Support approval.
Unprofessional conduct-such as disrespect towards fellow providers, hospital staff.
Providing care while under the influence of alcohol or other drug affecting physical coordination or intellectual ability.

Approved by REMAC on 5/7/2020 and by REMSCO on 5/14/2020

Indecent behavior or other such offenses.

Criminal Acts

Falsification of Records.

PATIENT RELATED EVENT (No Direct Patient Harm)

Failure to follow protocols (Serious violation of NYS/Collaborative/Regional protocols)

Medication/procedural error resulting in no patient harm

Criminal Acts

Unprofessional Conduct- including disrespect towards patients and/or their families.

Breaking patient confidentiality

PATIENT RELATED EVENT- Resulting in Patient Harm

Substantial act or omission in violation of applicable protocol, resulting in patient harm

Medical or procedural errors resulting in significant patient harm

Patient harm attributable to actual failure to provide proper treatment or to provide it in a professionally competent manner

Criminal Acts

Equipment failure resulting in patient harm (*how/when is this the fault of the provider?*)

Specific Examples:

Medication errors with negative patient outcome

Undetected accidental esophageal intubation

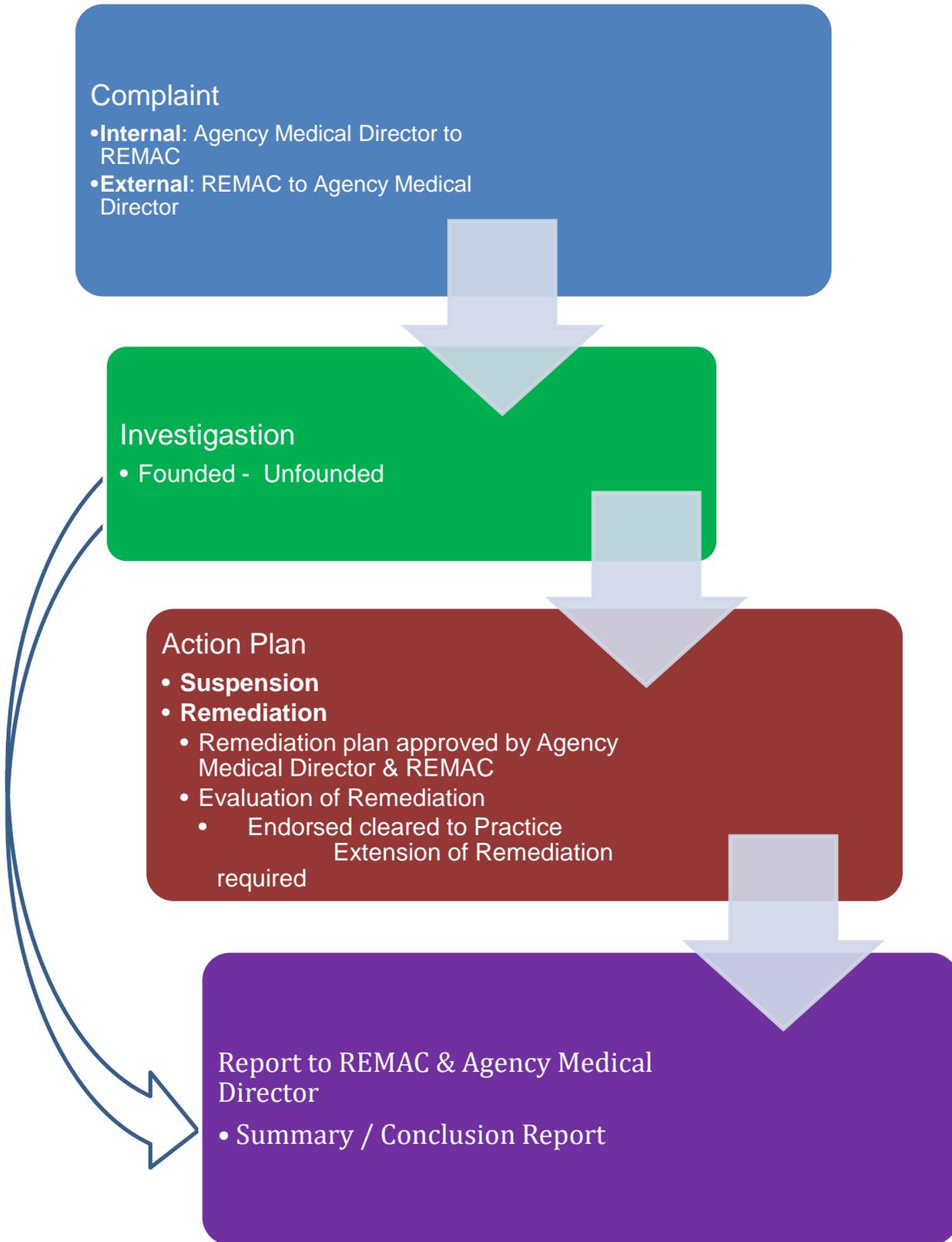
Improperly performed invasive procedures

Invasive procedures performed when not medically indicated

THE FOLLOWING EVENTS ARE IMMEDIATELY REPORTABLE TO THE NYS DOH:

- Non-compliance with Part 800.15
- Failure to maintain confidentiality of information about names, treatment, and conditions of patient/s treated.
- When acting as a CFR, EMT, AEMT, CC, or Paramedic treats patients in accordance with applicable state approved protocols, unless unauthorized to do so otherwise for an individual patient by a Medical Control Physician.
- Fails to comply with the terms of a non-hospital order not to resuscitate.
- Used an AED and they weren't:
 1. acting as a CFR, EMT, AEMT, CC or Paramedic
 2. under medical control
 3. authorized by, and serving with an agency providing EMS which has been approved by the REMAC to provide AED level care within the EMS system
 4. certified in the use of an AED after having completed the state minimum AED curriculum.
- Fraud, deceit, incompetence, patient abuse, theft, or dishonesty in the performance of the certificate holder's duties and practice.
- Deceit or fraud in the procurement of certification

- Any crime/s related to murder, manslaughter, assault, sexual abuse, theft, robbery, drug abuse or sale of drugs.
- Has provided 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.
- CFR, EMT, AEMT, CC or P knowingly aided or abetted another in practice as an emergency medical technician who is not certified as such.
- CFR, EMT, AEMT, CC or P has held himself or herself out as being certified at a higher level than actually certified, or has used skills restricted to individuals holding a higher level of certification.
- A patient dies, is injured or otherwise harmed due to actions of commission or omission by a member of an ambulance service.
- An EMS response vehicle is involved in a motor vehicle crash in which a patient, member of the crew, or another person is killed or injured to the extent requiring hospitalization or care by a physician.
- A member of an ambulance service is killed or injured to the extent requiring hospitalization or care of a physician while on duty.
- Patient care equipment fails while in use, causing patient harm.



Attachment A
Susquehanna Regional EMS Council REMAC
Request for Review

Complete this form and return by email to director@srems.com, by fax to 607-397-2728 or by mail to SREMS, 317 Main St, Binghamton, NY 13905.

Date of Filing: _____

Date of Incident: _____

Time of Incident: _____

Agency: _____

Provider's Name: _____

Hospital Transported to (if known): _____

Please state the nature of the incident and the reason the review is requested: