

QUALITY ASSESSMENT FLOWCHART (QAF)

Describes the QA process. It shows the progression of a patient care report (PCR) as it moves through the QA process. This chart also describes the process of how notification, remediation, investigation and disciplinary actions will occur. It also briefly describes the overall QA process.

DOCUMENTATION QUALITY ASSESSMENT TOOL (DQAT)

This form allows the reviewer will highlight the DEFICIENT aspects of the PCR, based on the call, and focus upon the more important information that is needed. Please note, however, that not all sections will apply to all PCRs, use your judgment. The Comment section will allow the reviewer to comment on any particulars of the PCR that are not found in the above sections.

COVER SHEET (OPTIONAL)

This form possesses the information for that week's PCRs. The top section is self-explanatory with the exception of the colors. The colors are based upon the colored folders the PCRs that have yet to be distributed for QA. Each provider has their own folder that stores their PCRs to be distributed the following week. The folders are divided into ALS and BLS and further sub-divided into 3 color-coded sections (pink, blue, green). Each member of the Quality Assessment Team (QAT) will be assigned the PCRs of the providers of one colored section for 3 months. During those three months they will review and grade those providers. This, in turns, allows the QAT member to see the improvement of the providers that they have worked with. At the end of the 3-month period the QAT members will be rotated to review providers of a different colored section. If the QAT member needs to hold a PCR to review with a provider they will document this in the space provided at the bottom of this form. Once the PCR is returned it should be noted on this form by the QA coordinator. Finally each reviewer is to complete the bottom section of this form in its entirety. This allows us to track QAT members's progress weekly and validates their accomplishments.

PROVIDER EDUCATION / REMEDIATION FORM

This form has been designed to track problems found with documentation and patient care and is meant to be a running form (a new form is started only when the present one is filled). When the QAT member discovers a deficiency in a report they will document on the front of the form: the report number; the deficiency; the remedial method used and suggestions for improvement; the educator's signature or initials and date the issue was addressed. The reverse side of the form allows for: the provider's rebuttal; the outcome of the remedial session (i.e. "Provider satisfactorily demonstrated proper spinal immobilization techniques.") or the QAT member may follow-up later (i.e. "After further review of the provider's reports we have seen an improvement."); the provider's signature or initials and date. Both sides should be completed every time. Sometimes when assessing PCRs a provider may have commonalities in their deficiencies (i.e. the

provider routinely fails to document a past medical history). Instead of documenting each report separately, combine them in one row writing each report number in the box. If, for some reason, there are more reports than what will fit in the box just document one number and mark “multiple”. This also goes for the box in which you document the deficiencies, just mark “same problem”.

PATIENT CONFIDENTIALITY

Due to new regulations there is an increase in the enforcement of patient confidentiality. Breach of this confidentiality can lead to: governmental fines; termination; imprisonment; banned from working for any service or business that works with Medicare; loss of certification. Because of these regulations, no reports be left in an area where another individual may see them. No one is to view or read these reports nor discuss them with anybody. **DO NOT LEAVE REPORTS LYING AROUND.** In addition all identifying patient information (name, address, social security number, DOB) should be removed from the reports.

SUMMARY

So that is a basic overview of the process. Hopefully through peer teaching you can improve the quality of the care and documentation that you have at your service. If you have any comments, questions, or concerns about this QA/QI program, please feel free to contact Kyle Bates at Lake Plains Community Care Network.