

Yaphank Fire District  
CONTROLLED SUBSTANCES QUALITY ASSURANCE  
& QUALTY IMPROVEMENT (QA/QI) PLAN

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## 1. Introduction

The Yaphank Fire District provides Advanced Life Support as part of the Suffolk County Department of Health Services Emergency Medical Services program. This agency's Quality Assurance & Quality Improvement Plan is therefore integrated into the County's plan and is presented here as a continuum of Quality Assurance which includes both the Yaphank Fire District and the Suffolk County EMS System.

## 2. Goal & Methods

The goals of this QA/QI plan are:

- a. That patients requiring Controlled Substances receive them and that no patient receives a Controlled Substance unnecessarily.
- b. This will be accomplished by retrospectively evaluating the signs, symptoms, and clinical presentation of each ALS patient to determine the correctness of the patient care protocol into which each patient was placed.
- c. Following each ALS call, the Yaphank Fire District Controlled Substance Agent will review the patient's EPCR for legibility and completeness. The Agent will evaluate the documentation to determine compliance with the New York State Collaborative ALS protocols and the provisions of the Yaphank Fire District Controlled Substances Operational Plan. Any deviation from protocol or procedures will immediately be brought to the attention of the Yaphank Fire District CEO and both the Agency and System Medical Director for review.
- d. Following each ALS call, a copy of the PCR will be forwarded to the Agency Medical Director for review.
- e. Following each ALS call by the Yaphank Fire District a copy of the EPCR will be sent to [QAQI@suffolkcountyny.gov](mailto:QAQI@suffolkcountyny.gov) for review by the System Medical Director.
- f. That, if administered, the correct controlled substance and the correct dosage were administered in accordance with the New York State Collaborative ALS Protocols for that patient. This will be accomplished in the same manner as described in "a" above.
- g. That any partial dosage remaining after the administration of Controlled Substances to the patient was disposed of properly.

### **3. Deviations, Errors, and Other Untoward Events**

In the event that the System Medical Director finds any deviation from protocol, error in Controlled Substance Administration, or any other untoward event, communication will immediately be made to the Agency Medical Director, the Yaphank Fire District Controlled Substance Agent, Agency CEO, and others involved on the call in question. The latter may include the Physician ordering the Controlled Substance administration, any and all EMS providers on the call, receiving hospital personnel or others who may be identified as having pertinent information of or witness to the events related to the call.

The purpose of this communication will be to:

- Assure the accuracy of the written documentation.
- Gather any additional information; and
- Confirm the correctness of the conclusion that there was a deviation, error, or untoward event.

### **4. Remediation/Education**

Should a deviation, error, or other untoward incident occur, the System Medical Director, in consultation with the Agency Medical Director, make take one or more of the following actions:

- Meet with the individual(s) responsible and provide remediation.
- Require that additional education/retraining of the individual(s)
- Temporarily suspend the individual(s) from patient care activities
- Permanently suspend the individual(s) from patient care activities
- Conduct or have conducted necessary retraining of all certified and authorized individuals of the Agency.
- Others that may be deemed required

### **5. Yaphank Fire District Quality Assurance/Improvement Committee**

A Controlled Substance QA/QI Committee has been established consisting of the following:

- The Agency CEO or
- The Agency's Controlled Substance Agent
- The Agency's Medical Director
- A representative ALS provider of the Agency selected by the CS Agent or CEO
- One additional member selected by the Agency CEO or Medical Director

The Committee will meet once every three (3) months to review the Controlled Substances administration if there were any. In order to achieve its objectives, the Committee may, but is not limited to, conduct the following:

- Review the process of obtaining and storing Controlled Substances.
- Review Pre-Hospital Care Reports.
- Develop Agency training/in-service programs.
- Develop patient care audits.
- Assure timely completion of all required Controlled Substance paperwork; and
- Identify and acknowledge excellence.

#### **6. Forms to be used by the Yaphank Fire District**

- YFD CS form #1 - Controlled Substance Program – Agency Medical Director
- YFD CS form #2 - Controlled Substance Program – Receipt of PIN and Fingerprint ID for YFD Narcotics Safes
- YFD CS form #3 - Controlled Substance Program – Receipt of Policy and Procedures
- YFD CS form #4 - Controlled Substance Program – Acknowledgement of Responsibility Member/Employee
- DOH 2094 (Loss of Controlled Substance Report) “Loss of Controlled Substances” -Suspected Diversion
- DOH-3826 “License Application to Engage in a Controlled Substance Activity Pre-Hospital Care EMS ALS Agency”
- DOH-3848 “Controlled Substances Biannual Report” (Part of the Schedule2.IT)
- DOH-3827 “Application to be a Controlled Substance Agent for an ALS Agency.”
- DOH-4004 “Controlled Substance Usage Log” (Part of the Schedule2.IT)