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## Division of Inspector General

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### REPORT NO. 2025-09

TO: Jim Fogarty, Bureau Director  
Department of Safety and Emergency Services

FROM: Melissa Dondero, Inspector General/Chief Audit Executive *md*  
Division of Inspector General

DIST: Ken Burke, CPA, Clerk of the Circuit Court and Comptroller  
The Honorable Chair and Members of the Board of County Commissioners  
Barry Burton, County Administrator  
Lourdes Benedict, Assistant County Administrator  
Dr. Angus Jameson, EMS Medical Director, Office of the Medical Director

SUBJECT: Follow-Up Audit of the Quality Assurance Review Process

DATE: June 10, 2025

This memo serves to inform you that the Division of Inspector General completed a Follow-Up Audit of the Quality Assurance Review (QAR) Process within the Office of the Medical Director. The purpose of our follow-up review was to determine the status of previous recommendations for improvement.

The objectives of the original audit were to:

1. Determine whether complaints against medical staff were documented and maintained
2. Determine whether complaints were reported, investigated, and resolved in a timely manner as required by the Pinellas County Medical Operations Manual (MOM)

To determine the current status of our previous recommendations, we surveyed and/or interviewed management to determine the actual actions taken to implement recommendations for improvement. We performed testing to verify that management's action plans have effectively addressed the opportunities for improvement (OFIs). The extent and timing of testing was based on the significance of the OFIs and management's planned implementation completion date.

Our follow-up audit was conducted in accordance with the *Global Internal Audit Standards* of The Institute of Internal Auditors and the *Principles and Standards for Offices of Inspector*

*General* of the Association of Inspectors General. Accordingly, it included such tests of records and other auditing procedures as we considered necessary in the circumstances.

Our follow-up testing was performed during the month of May 2025. The original audit period was from January 1, 2023, through December 31, 2023. However, transactions and processes reviewed were not limited by the audit period.

Of the six recommendations in the original audit report, we determined that three have been implemented and three have been partially implemented. The status of each recommendation is presented in this follow-up report.

### **Original Report Reference**

To view the original report (Report No.: 2024-07), published in the report section of our website, please use the following link:

[Report #2024-07 - Audit of Quality Assurance Review Process](#)

Recommendation Implementation Status

The table below reports on the status of management’s action plans to implement the recommendations contained in the original audit report.

OFI	PREVIOUS RECOMMENDATION	STATUS
1	<i>Inadequate Configuration Of ImageTrend Impacts Monitoring And Documenting Of QAR Cases.</i>	
A	<p>Modify the configuration of the ImageTrend database, with the assistance of ImageTrend support staff, if necessary, to increase case efficiency and accuracy in the database to include the following functions:</p> <p>Document dates to appropriately state timelines regarding QAR notification, fact-finding, Medical Director disposition, and applicable Medical Case Review (MCR) and/or remedial training.</p>	<p><b>Implemented</b></p> <p>We randomly reviewed a sample of 10 QAR cases completed between January 2025 and April 2025. We determined the 10 sampled cases within ImageTrend appropriately documented the timelines for each QAR phase.</p>
B	<p>Incorporate an administrative user access role and limit the number of users who can modify QAR cases after the case is formally closed.</p>	<p><b>Implemented</b></p> <p>We reviewed a listing of users with security roles associated with the Investigation module in ImageTrend and Administrator users and confirmed the users were appropriate for adding and deleting documentation from the database.</p>

OFI	PREVIOUS RECOMMENDATION	STATUS
<b>C</b>	The ability to upload video and audio files in ImageTrend to ensure all case documentation is maintained in a singular location.	<p><b>Partially Implemented</b></p> <p>Safety and Emergency Services (SES) management requested that ImageTrend update the database to allow audio and video files to be uploaded into QAR cases. However, ImageTrend had not completed this task, and SES was not aware of when it would. We continue to recommend management implement our recommendation fully, as it risks errors in document preservation and/or review of information during QAR case disposition.</p>
<b>2</b>	<b><i>QAR Phases Extended Beyond The MOM Requirement.</i></b>	
<b>A</b>	Analyze prior QAR cases to identify an average number of days required to complete each phase of the QAR process in a timely manner.	<p><b>Partially Implemented</b></p> <p>SES used the QAR analysis completed by the Division of Inspector General (IG) during the original audit. SES deemed the IG review thorough, and it used the information to create potential recommendations to the Office of the Medical Director (OMD) and the Board of County Commissioners (BCC). Regarding deadlines, SES determined most were achievable but not all. Management envisioned proposed changes to the MOM, as reflected in recommendation B, would ensure achievable timeline compliance. We continue to recommend management implement our recommendation fully by formalizing changes to the MOM and ensuring adherence to all established timelines, including pauses, as it risks prolonged suspension or probation.</p>

OFI	PREVIOUS RECOMMENDATION	STATUS
<b>B</b>	Utilize the QAR analysis to modify, as applicable, the timelines for each QAR phase within Section 5 of the MOM to ensure timelines appropriately reflect the duration of responsibilities required to complete each phase.	<b>Partially Implemented</b>  SES used the IG QAR phase analysis from the original audit and determined that section 5.12 of the MOM should be modified to include a pause for agency discipline, leave of absence, or ongoing criminal or other legal proceedings. In addition, during this time period, the applicable agency will provide written updates no less than once every 14 calendar days. The MOM modification is in draft and needs to be reviewed and approved by the OMD and the BCC. SES's goal is for these changes within the MOM to be approved by December 31, 2025. We continue to recommend management implement our recommendation fully by formalizing changes to the MOM and ensuring adherence to all established timelines, including pauses, as it risks prolonged suspension or probation.
<b>C</b>	Update internal policies and procedures to document daily responsibilities essential to efficiently complete QAR cases accurately and timely as required within Section 5 of the MOM. These procedures should include step-by-step actions to conduct, document, and maintain QAR cases to ensure the QAR process is completed consistently, efficiently, and accurately.	<b>Implemented</b>  Management created the Pinellas County Emergency Medical Services and Fire Administration QAR Workflow document, which formalized the step-by-step actions to conduct, document, and maintain QAR cases.

We appreciate the cooperation shown by the staff of Safety and Emergency Services during the course of this review.

MD/EP