Russellville Fire Department
Emergency Medical Services

Quality Management Plan

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Approved By: Steven Perry, Assistant Chief

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1. Purpose

The purpose of the Russellville Fire Department EMS Quality Management Plan is to establish a systematic, objective, and ongoing process for evaluating and improving the quality of patient care delivered by EMS personnel. This plan combines both Quality Assurance (QA) and Quality Improvement (QI) strategies to ensure compliance with clinical standards, enhance provider performance, and improve patient outcomes. Data is then used to develop strategic planning of our service delivery, forecasting changes, and developing system-wide goals to improve the EMS System. Sources of this data include, but are not limited to: QA/QI Review Database, ePCR Continuous Quality Improvement database, and Cardiac Monitor (codestat) information.

2. Scope

This plan applies to all EMS personnel, including EMTs, paramedics, field training officers, and supervisory staff, within the Russellville Fire Department. It covers all EMS activities, including patient care, documentation, operations, and interagency cooperation.

3. Definitions

- *Quality Assurance (QA)*: A retrospective and systematic process of review and evaluation to ensure that services meet established standards.
- *Quality Improvement (QI*): A proactive and continuous effort to improve processes and outcomes through education, feedback, and system redesign.
- *Clinical Indicators*: Measurable elements of care used to assess performance (e.g., response times, intubation success rate).
- *Sentinel Event*: An unexpected occurrence involving serious injury or risk thereof, which signals a need for immediate investigation.

4. Goals and Objectives

4.1 Quality Assurance Goals:

- Ensure compliance with clinical protocols, state laws, and national EMS standards.
- Identify and correct deviations in clinical care and documentation.
- Maintain certification and credentialing requirements.

4.2 Quality Improvement Goals:

- Promote a culture of safety, learning, and accountability.
- Foster professional growth through education and feedback.
- Enhance system efficiency, patient satisfaction, and clinical outcomes.

5. Roles and Responsibilities

5.1 EMS Medical Director:
- Oversees clinical quality and adherence to protocols.
- Reviews high-risk or sentinel events.
- Approves education and remediation plans.

5.2 EMS Quality Management Officer (QMO):
- Coordinates QA/QI program operations.
- Reviews reports, documentation, and performance metrics.
- Facilitates QI projects and feedback to personnel.

5.3 Shift Supervisors / Field Training Officers:
- Perform peer reviews and spot-checks.
- Mentor and monitor probationary and ongoing provider performance.

5.4 EMS Providers:
- Participate in QA/QI processes.
- Comply with feedback, training, and improvement plans.

6. Quality Assurance Process

6.1 Chart Review:
- Frequency: Daily or weekly, depending on call volume.
- Selection: Random sampling (10–20%) and all high-risk calls (e.g., cardiac arrest, refusals, deaths).
- Focus Areas: Protocol adherence, accurate documentation, appropriate treatment decisions, medication use, and transport justification.

6.2 Clinical Audit Criteria:
- Response times by call priority.
- Patient assessment completeness.
- Medication and procedure compliance.
- Pain management documentation.
- Cardiac arrest metrics (ROSC, CPR quality, defibrillation timing).

6.3 Incident Reporting:
- Self-reporting encouraged.
- Anonymous submission permitted.
- Investigated by the QMO and reviewed by the Medical Director if needed.

6.4 Remediation and Education:
- Individual feedback sessions.
- Remedial training (protocol review, skills labs).
- Disciplinary action (if negligence or repeated errors are found).

7. Quality Improvement Process

7.1 QI Committee:

- Composed of the Medical Director, QMO, Training Officer, a paramedic representative, and a data analyst (if available).
- Meets quarterly to review trends, propose QI projects, and evaluate program success.

7.2 Data Collection and Analysis:

- Use of ePCR (electronic patient care reports) system data.
- Benchmarking against regional and national standards.
- Statistical tracking of:
  - Protocol compliance
  - Skills success rates (e.g., IV, intubation)
  - Patient outcomes (e.g., STEMI, stroke alerts)
  - Scene times and on-scene decision making

7.3 Continuous Improvement Projects:

- Select 1–2 focus areas per quarter (e.g., sepsis recognition, documentation improvement).
- Use PDSA (Plan-Do-Study-Act) cycles for change management.
- Track and report progress internally and to city leadership as appropriate.

7.4 Provider Engagement:

- Annual QA/QI training.
- Biannual performance review meetings.
- Recognition of excellence (e.g., “Clinical Save” awards).

8. Confidentiality and Legal Protections

All QA/QI activities are conducted under strict confidentiality. Records and discussions are protected under Arkansas state law and applicable federal QA/QI statutes (e.g., HIPAA, PSQIA). Only authorized personnel may access QA/QI information.

9. Documentation and Recordkeeping

Maintain QA/QI records for a minimum of 5 years. Track education, remediation, and provider performance metrics. Archive QI project outcomes and committee meeting minutes.

10. Plan Review and Evaluation

Annual review of this QMP by the EMS Medical Director and QMO. Update goals and metrics based on evolving standards and department needs. Incorporate feedback from EMS personnel and stakeholders.

Appendix A: Sample QA Review Form

Date of Review: _____

Reviewer Name: _____

Run Number: _____

Date of Call: _____

Patient Name (or Initials): _____

Provider(s) Involved: _____

Call Type: ☐ ALS ☐ BLS ☐ Refusal ☐ Cardiac Arrest ☐ Trauma ☐ Other: _____

Chief Complaint: _____

Were protocols followed? ☐ Yes ☐ No (explain):

_____

_____

Was documentation complete and accurate? ☐ Yes ☐ No

Any medication errors? ☐ Yes ☐ No

Any equipment issues? ☐ Yes ☐ No

Overall Call Rating: ☐ Acceptable ☐ Needs Improvement ☐ Unacceptable

Reviewer Comments:

_____

_____

_____

_____

Action Taken: ☐ Education ☐ Remediation ☐ Commendation ☐ No Action

Appendix B: Clinical Indicators Matrix

Indicator	Benchmark	Source	Review Frequency
Response Time < 9 min (Priority 1)	90%	NFPA 1710	Monthly
Cardiac Arrest – ROSC	≥ 30%	AHA Guidelines	Quarterly
Intubation First-Pass Success	≥ 85%	Medical Director	Monthly
12-Lead for Chest Pain ≥ 35 y/o	100%	Protocols	Monthly
Stroke Scene Time < 20 min	≥ 90%	State EMS Guidelines	Quarterly
Pain Reassessment within 15 min	≥ 90%	Internal QI Goal	Monthly

Appendix C: Sentinel Event Reporting Form

Date of Event: _____

Time of Event:_____

Location: _____

Patient Name (or Initials): _____

Run Number: _____

Description of Event (be specific): _____

Was there patient harm? ☐ Yes ☐ No

Type of Event: ☐ Medication Error ☐ Equipment Failure ☐ Protocol Deviation ☐ Other: _____

Immediate Action Taken: _____

Personnel Involved: _____

Supervisor Notified? ☐ Yes ☐ No – Name: _____

Was the Medical Director Notified? ☐ Yes ☐ No

Recommendations to Prevent Recurrence:

_____

_____

_____

Submitted By: _____ **Date:** _____

Appendix D: PDSA Worksheet Template

Project Title: _____

Team Members: _____

Start Date: _____ **End Date:** _____

PLAN:

Describe the objective of this cycle:

_____

_____

What is the plan to test the change?

_____

_____

Who, What, When, Where:

_____

_____

DO:

Carry out the plan. What happened?

_____

_____

Document problems and unexpected observations:

_____

_____

_____

STUDY:

Analyze data and compare results to predictions:

_____
_____

What did you learn?

_____
_____
_____

ACT:

What changes will you make before the next cycle?

_____
_____
_____

Will you adopt, adapt, or abandon the change? ☐ Adopt ☐ Adapt ☐ Abandon