

**PC EMS COUNCIL
CQI COMMITTEE MINUTES
March 30, 2016**

Attendance:

Membership Attendance Roster on File.

Call to Order

Meeting was called to order by Calvin Johnson at 11:06am. Introductions were made. Minutes of previous meeting were provided, approved and accepted as written.

Unfinished Business:

No unfinished business.

New Business:

None scheduled.

Presentation:

A. Topic

1. Presenter – Ruston FD – ~~Dr. Ferrer~~ Sara Anderson, MSO, Ruston FD

Sara presented a Case Review of a patient with chronic ear infections and an ongoing unresolved illness despite several months of treatment with steroids and antibiotics. After over 2 months of illness, patient was diagnosed with Wegener's Granulomatosis AKA Granulomatosis with Polyangiitis.

Lessons Learned:

- *Keep an open mind when dealing with chronic medical conditions*
- *Watch for common symptoms with uncommon duration and extraordinary amounts of medication*
- *Understand relationship between high doses of steroids and Afib*

2. Presenter – PCFD #17 – Sam Yount

Sam presented a pediatric case concerning a 5-week-old baby with respiratory issues. The mother reported that the baby had a 1-minute episode of apnea. Despite the medics' recommendation, the mother did not think that her baby needed to go to the ER. After calling the Base Station, they were told absolutely to bring the patient in to the ER (Sam played the actual recorded conversation). Once in the ER, there was no urgency in seeing the baby promptly. Eventually, the infant was admitted and intubated for 4 days and was very sick (respiratory failure, failure to thrive, GERD, etc.)

There was discussion regarding ROR vs AMA, there is no ROR for pediatrics. Protocol Cmte will work on this in the new protocols.

Lessons Learned:

- *Activate resources based on current status as well as history given.*

- *Need to have language regarding ROR/AMA for pediatric patients in protocols.*
- *Any infant with apparent life-threatening event (ALTE) needs to go to ER, preferably by EMS.*
- *Pediatric patient with apnea longer than 20 seconds needs to go to ER.*

B. Standing Updates

1. Stroke Update

- **Franciscan Health system**
- **MultiCare Health System**

STEMI Field Activation Report: compared with 2015, there is not significant change

2. Cardiac Update

- **MultiCare Health System**

Sent in report too late to present at meeting, but here report information:

MHS STEMI Field Activation, January – February 2016

Mode of Arrival

- POV – 22% (2015 - 24%)
- EMS – 78% (2015 - 76%)

EMS Arrival

- 70% Field Activations (2015 - 62%)

Accuracy of Field Activations

- 93% Accurate (2015 - 94%)

- **Franciscan Health System**

At St. Clare it is up to 68% POV; question raised if St. Clare is being passed by for a level one stroke center.

Doing great on pre-notification for code neuro.

Dr. Waffle commented that there is a statewide revamping of transport for stroke protocol: Less than 6 hours (go to stroke center) vs over 6 hours (go to regular hospital).

Russ stated that he supports getting sicker stroke patients to the correct hospital.

Unscheduled Business:

None

Announcements:

It was suggested that we consider selecting only one presentation per meeting so we avoid feeling rushed. Tacoma is up for May.

Adjournment:

Meeting Adjourned @ 12:14am.