

**PC EMS COUNCIL
CQI COMMITTEE MINUTES
September 28, 2016**

Attendance:

Membership Attendance Roster on File.

Call to Order

Meeting was called to order by Chris Barnard at 11:10am. Introductions were made. Minutes of previous meeting were provided, approved and accepted as written.

Unfinished Business:

No unfinished business.

New Business:

None scheduled to facilitate time for WA DOH presentation.

Presentation:

A. Standing Updates (Cardiac Update will be in Nov)

- **Stroke Update**
 - MultiCare HS/Franciscan HS Stroke data report- Gena Kreiner
 - Looking at arrival modes
 - Pre-notification
 - Door to CT – doing great
 - Time to IV thrombolytic therapy

Gena made mention of a situation from last week at St Anthony's in Gig Harbor. They had back-to-back code neuro patients. They sent them to St. Jo's and both recovered well.

B. CQI Case Presentations:

- **Stroke Case Review- Artery of Percheron– Valerie Lyttle, Good Sam**

The case involved a female who was initially suspected to be experiencing a psychiatric episode after the first examination and work-up. An MRI showed two strokes of posterior circulation. These type of strokes don't present normally and are very rare (0.1-2% of all strokes).

Valerie opened it up for questions. Russ asked about the Last Known Well and the timeframe. Todd asked about the unusual symptoms and how that adds confusion to diagnosing and mis-diagnosing. Valerie concluded that posterior strokes are very unusual, bizarre, and interesting; they don't meet the FAST Criteria. A request was made for an email of the FAST Card and it will be included with these minutes.

LESSONS LEARNED:

- i. Posterior strokes present differently.
- ii. Same as with cardiac event signs/symptoms, women may present with different signs/symptoms of a stroke.

- **Case Review – Orting Valley Fire & Rescue/PCFD#18 – Art Vazquez**

The case involved a call to 911 by an elderly woman regarding her husband who was disabled and obese, and had fallen. She was taking him in their wheelchair van out to dinner, but apparently had not strapped his chair securely and during the trip his chair tipped over in the van. The initial call to 911 and dispatch was for 'assist man who fell and can't get up', then escalated to 'not conscious and don't think he is breathing'.

During the response, communication to/from FireCom went down so updated information could not be passed on. The BC enroute had a feeling that something more was going on so they decided to upgrade themselves to respond as if CPR was needed. As well, the medic unit dispatched was out of service on another call. By the time EMS arrived, the patient was in cardiac arrest. They struggled to move him and worked on him with full ALS but he remained in PEA for about 25 minutes (and 10 minutes prior with no CPR). The medic called Base Station and the physician agreed they could terminate efforts. By the time the medic got back to the patient to terminate efforts, they had gotten pulses back, so they transported the patient to the ED and recalled Base Station to notify them they were about 10 minutes out. At the hospital the patient was alive, but his DNR papers were produced by the family, so further efforts to sustain life were terminated.

Calvin Johnson commented that when you have the order to terminate and then get a pulse/rhythm, your game changes. There is some new info from Europe showing success saving lives with patients like this.

LESSONS LEARNED:

- EMS providers need to listen to your instincts when it is telling you something life-threatening may be going on.
- Follow AHA and protocols to provide >40 minutes of high quality CPR for the patient with witnessed collapse who remains in shockable rhythms or has organized electrical rhythms (PEA).
- Know a back-up plan if your dispatch center has a system failure and radio communication is cut-off.

Unscheduled Business:

None.

Announcements:

Karmela (Little) Palmer wanted to remind everyone to correct her name in her email address.

karmelapalmer@chifranciscan.org

Adjournment:

Meeting Adjourned @ 11:58 am.