

**PC EMS COUNCIL
CQI COMMITTEE MINUTES
January 25, 2017**

Attendance:

Membership Attendance Roster on File.

Call to Order

Meeting was called to order by Calvin Johnson at 11:46am (standing in as an alternate for Chris Barnard). Introductions were made. Minutes of previous meeting were provided, approved and accepted as written.

Unfinished Business:

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

- **Stroke Update**
 - MultiCare HS – Karen Kiesz presented the update, comparing data from the 1st and 2nd quarter of 2016. Pierce County has 75% of the stroke patients in the West Region. The “Door to CT” time standard is 20 minutes, Pierce County’s is 15 minutes. And we are under the goal of 60 minutes “Door to tPA”.
 - Franciscan HS – No rep from CHI Franciscan

New Business:

A. Nominations for Chair and Vice-Chair

In the last meeting Calvin Johnson was nominated for Chair and Sam Yount and Bill Barber were nominated for Vice Chair. The nominations were opened and Tim Lookabaugh was nominated for Vice Chair. Tim and Sam abstained. Calvin was approved unanimously for Chair and Bill for Vice Chair.

Presentation:

A. Presenter – Todd Jenson, Graham Fire/PCFD#21

Todd said that in this case, he wanted to focus on the process and being adaptable. Are we doing that? The case is CQI #16-6 It came to him via a request through the EMS Office. There is no discipline in CQI, it is solely a learning climate. But Todd didn’t get information on the situation, so he was unsure of where to go with this. A call was made that became the catalyst that drove the involved medic off shift and out of the agency for 8 months.

The case: a 7 year-old girl fell out of a shopping cart onto her head. Her mom thinks she’s okay so continues to shop and then goes home. The girl takes a nap and a couple of hours later wakes up with a headache and vomiting. 911 is called and 5 people come to the scene. The mom wants to take her daughter POV instead of EMS transport. The patient has cardiac issues and the Mom is used to caring for her daughter. EMS calls the Base Station Dr. and he says POV is fine, but just come on in. Some things to note:

- The paramedic’s calm demeanor
- The mother’s calm demeanor
- The patient’s vital signs (okay)
- The patient’s other medial issues

Cynde Rivers reviews the call and Todd asks for it and goes to the EMS Office with it. Cynde sends something out that the patient is in ICU. Todd has received no response from EMS. Cynde tells Todd the call has been reviewed. It is put into the CQI process.

Jeff Moore begins reviewing it at GFR and meets with the individual on learning points, critical factors and recommendations. Jeff produces a memo of Lessons Learned. This all takes a few months. Todd still hasn’t heard anything from the EMS Office. Then he sent a letter and got a response that the EMS Office will wait until all the information is collected.

Todd then spoke with Dr. Waffle and learned that a complaint was made: the mother said she was forced to take her daughter to the hospital instead of EMS Transport and now was afraid her daughter might die.

When Todd called the EMS Office yesterday in preparation for this presentation, he was told the case was closed. Todd says we need a better process. He had charges filed against him for labor contract violations. One of them was for discrimination.

The medic that was in charge was granted extended leave of absence to deal with a number of stress related issues.

The questions Todd posed are:

1. We, the agency, needs information on these situations
2. Are you, the EMS Office, investigating or are you asking me, the agency, to do so.
3. There are many legal ramifications surrounding this case. GFR is still deep into legal issues.

This is not an isolated case; there was a second case that was mishandled. Employees at GFR had a really big problem with the way these cases were handled. We need to look at our internal process and do a better job. It has to be clear whether it is an internal EMS investigation or and agency investigation.

Cynde stated that from the perspective of MBCH, it was handled correctly both in the field and at the hospital level. Discussion followed. Calvin Johnson gave another example and confirmed, saying we do need a process. Discussion continued about if there is a policy on the CQI process that would address complaints to the State, State investigations, dual investigations, Dr. Waffle's involvement.

LESSONS LEARNED:

- Parents may be adamant about taking their child POV versus EMS transport. EMS must emphasize the risks versus the benefits and sign paperwork accordingly.
- The index of suspicion should be high on calls with possible mechanism of injury.
- Recommendation to use this call as a learning experience in similar presentations.
- The CQI Committee should work to develop a standard process for looking into calls/incidents.

Unscheduled Business:

None.

Announcements:

None

Adjournment:

Meeting Adjourned @ 12:04 am.