

**PC EMS COUNCIL
CQI COMMITTEE MINUTES
March 29, 2017**

Attendance:

Membership Attendance Roster on File.

Call to Order

Meeting was called to order by Calvin Johnson at 11:08 am. Introductions were made. Minutes of previous meeting were provided, approved and accepted as written.

Unfinished Business:

A. Standing Updates (Stroke Update will be in May)

• **Cardiac Update**

- Franciscan HS – Susan Eardley provided the Pierce County STEMI report for Jan 1 to March 27.
- MultiCare HS – Glenn Bean presented a chart of Tacoma General and Good Sam Field Activation. He asked the hypothetical question, “Does Field Activation make a difference?” and answered Yes!

Karen Kiesz clarified that Allenmore is a Level III and not a Level II for stroke patients. Norma displayed the chart in the 2017 Protocol Book and asked if the chart should be changed.

Another question was raised regarding the transport chart. Is St. Joseph is a psyche receiving facility? And Mary Bridge? Representatives of those facilities said they will get answers about these two question, so we’ll know whether or not to change the chart in the new protocol book.

***** Possible protocol changes to be decided *****

New Business:

A. SGA QA – Norma Pancake

Norma suggested implementing a report form to track the usage of the Supraglottic Airway. Typically, it’s a quality assurance issue to document any new process or device. There was discussion as to whether SGA tracking would be just for EMTs or PMs too. It’s not a new device for paramedics, just for EMTs. Norma explained that the purpose is to track the EMTs decision to use the SGA and the outcome of its use. Todd asked what specific data you are wanting to capture. Jeff answered that we want an understanding of how successful our EMTs actually are in using the SGA.

Much discussion followed regarding capturing the data and how to deliver it. Norma suggested creating a form and putting it on the EMS Website to be filled out each time an SGA was used. Norma then made a motion to collect data on the use of the SGA by EMTs and submit on a form on the EMS Website. It was seconded and then opened for discussion. Todd asked who would be the one filling out the form and Norma responded that it should be the person who placed the SGA just as in the PAM pilot. More questions arose: How will the data be delivered? Through a website form? Collect info for a quarter and give to MSO for a quarterly report? Or...? A vote was called for and it was approved to collect data via a fill-in web form.

B. Base Station Contact time on PCR – Karrie O’Brien

Recently, in an email chain a request was mentioned for using time stamps on EMRs for code patients. Three agencies in Pierce County received the Gold Standard from the State and Karrie asked about the feasibility of all agencies using a time stamp for when contact is made by EMS to the receiving facility to improve the process. Angie said it’s very difficult to think about charting that call time because they are intensely involved working on the patient. Jeff Moore’s agency was one of the ones receiving the Gold Standard and he responded that they are currently implementing the time stamp. They make the call before or while the patient is being loaded into the rig. He said it took a lot of training and reinforcing for this to become their process.

***** Put this on the agenda next meeting for further discussion around this issue.

Calvin asked Jeff to bring something to the next meeting from his and his agency’s experience. *****

Presentation:

A. Presenter – Jeff Moore, East Pierce Fire and Rescue

Jeff began his “CQI Event for East Pierce Fire and Rescue” by noting the confidentiality of this event and the correlating report. His presentation involved an MVA incident involving a 52-year-old man who went into cardiac arrest during transport. The man’s truck was off the road, in bushes, with no evidence of impact, but extensive damage to his truck. The victim was reported to be found slumped over the wheel and not breathing.

In summary, the paramedics were given a remediation plan developed by their Training Physician, Dr. Barnhart. Jeff included a list of things the involved personnel were required to do in response to this incident, including incident review and reporting, related reading and videos, skills practice and demonstration of skills, followed by undergoing assessments and evaluations.

LESSONS LEARNED:

- Importance of Closed Loop communications during EMS care to be certain the message and plan of action is clear. “Don’t add any more chaos to an emergency”
- Utilization of vital signs parameters and ALS assessment are important aspects of patient care. Don’t treat the monitor only, if in doubt pull the ET tube out and reinsert.

B. Next meeting presenter is PCFD#23, Joe Koehler from PCFD#23 acknowledged.

Unscheduled Business:

Announcements:

Adjournment:

Meeting Adjourned @ 12:03 am.