

**PC EMS COUNCIL
CQI COMMITTEE MINUTES
November 29, 2017 – 11:00**

Attendance:

Membership Attendance Roster on File.

Call to Order

Meeting was called to order by Chair, Calvin Johnson, at 11:00 am. Introductions were made around the room. Minutes of previous meeting were provided, approved and accepted as written.

Unfinished Business:

A. Standing Cardiac Updates (Stroke Update will be in January)

○ **Franciscan HS**

Jim Johnson provided data on Code STEMI Activation for St. Joseph 3rd quarter, July –September in a PowerPoint. Over 90% arrived by ambulance and in 2/3 STEMI is activated pre-arrival. There was some varied data for St Anthony, which was explained by Calvin. EMS requested additional data: time from first medical contact. Jim also provided a case study with times included for each step in treatment.

○ **MultiCare HS**

Julie Langer provided data from the 3rd quarter on Good Sam and TG combined covering Mode of Arrival, EMS Arrival and Accuracy. Next time she will include the number of patients and time of first medical contact. Russ clarified the measures that EMS needs to track.

Norma added that the Stroke Update is next meeting and Valerie Little is also presenting.

New Business:

A. Chair and Vice Chair Nominations

Calvin Johnson was nominated for Chair and Bill Barber was nominated as Vice-Chair. It is open for nominations until next meeting when they will be voted on.

Presentation:

A. Topic: Presenter PCFD#26 – Not in Attendance today –

Calvin Johnson had a presentation. It had to do with an issue of potential protocol violation which turned to be an error in documentation. EMS had responded to a care facility for an elderly patient. This person had been the subject of numerous calls and at times had been left at the scene. The paramedic was frustrated this patient continually went to the ER but was released back to the facility without intervention. The patient was anxious, had dementia and was difficult to assess. In order to do an evaluation, the medic sedated the patient with a drug that may not have been recommended in a case like this. There appeared to be a discrepancy in the documentation of the route used in dosing the patient. Upon CQI review, the GHM1 training physician was alerted and reviewed the case. Chart reviews provide good history, but charting errors can be dangerous to the treatment of the patient. It was commented that high system utilizers are a real issue. The family may not want their loved one in a nursing home. It was stated that there needed to be a conversation with the family to put her in a facility where more continuous care can be provided which may avoid repeat 911 calls for the same issue. Discussion occurred. It was noted that it's important to recognize burnout in our providers. We need to advocate for our people.

Lessons Learned:

- Having good chart review is important
- Chart/case review by the agency Training Physician who can provide constructive guidance is key
- It is important to recognize burnout in our providers and we need to advocate for them.

Unscheduled Business:

None

Announcements:

PCFD #26 is next on the schedule for a presentation.

Adjournment:

Meeting Adjourned @ 11:40 am.