

PC EMS COUNCIL
CQI COMMITTEE MINUTES
January 31, 2018 – 11:00

Attendance:

Membership Attendance Roster on File.

Call to Order

Meeting was called to order by the 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 Stroke Updates (Cardiac Update will be in March)

○ **Franciscan HS**

Gena Kreiner said they are looking at new guidelines for intervascular stroke and expanding the window. She provided her data in PowerPoint on: Arrival Mode; Last Known Normal to Arrival; Door to CT. Discharge Disposition; Age and Gender; Door to tPA; and Door to Groin.

○ **MultiCare HS**

Phyllis Smith provided data on Arrival Mode and Run Sheets. Discussion followed regarding missing run sheets; this system needs improvement.

The question was raised: What is the problem? Cynde replied that something is broken and we need to fix it. She concluded asking if it was an IT problem. More discussion on this topic.

New Business:

A. Chair and Vice Chair Nominations

Calvin Johnson was nominated for Chair and Bill Barber was nominated as Vice-Chair. Nominations were open from the previous meeting until today's meeting. At the call for nominations for Chair, Ryan McGrady was also nominated and the vote went to Ryan as the new Chair. Calvin was then nominated for Vice-Chair and the vote went to Calvin. So Ryan will begin as Chair next meeting and Calvin will serve as Vice-Chair.

Presentation:

A. Topic: Presenter PCFD#26 – Mike Smith, Greenwater Commissioner

Mike talked about the location of Greenwater on Highway 410 and described how you have to drive up through King County and back down into Pierce County to get there. Their biggest problem is communication. They get assistance with their transports from Buckley Medic 35 and East Pierce.

Mike gave an example of when a tree fell on a car going 55 mph that was immediately stopped upon impact. Two people were injured and one was airlifted to Harborview. The communication difficulty becomes serious when half of Greenwater has no cell service. Calls from out in the field face real problems communicating with people down here (Tacoma). We had 71 aid calls. When we want to use an AMA or ROR, which requires Base Station contact, it is impossible without cell service.

Mike gave another example of a family who were in an accident and there was an injured minor, again requiring Base Station contact. He opened it up for feedback. Cynde suggested that he use documentation and then contact the Base Station immediately upon return to the fire station.

There was also discussion on the use of radios as an alternative means of communication. Mike added that 911 has put up three towers which will help with their communication issues.

Lessons Learned:

- Use protocol when Base Stations cannot be reached from the field, and appropriately chart and document the run. Contact Base Station as soon as you are able to.
- Use radios as an alternative to get AMAs approved, and document if you cannot make phone or radio contact. Contact Base Station as soon as you are able to.

B. Valerie Little - Good Samaritan Case Review

Valerie reported on a 2017 Quality Improvement project that Good Sam completed. They wanted to improve their Door to Needle time to <45 minutes – in 2016 they reached that goal only 30% of the time. Valerie presented slides about the following:

- Updated Tools
- Pre-arriving Patients in Epic
- Process Creation and Updates
- EMS Communication and Collaboration
- Mapping the Process
- Creation of “Parking Lot” for Feedback
- Document your Project and Plan Results
- Before and After

They saw immediate and later improvement, measuring in 30, 60 and 90 days. They achieved 65% in <45 minutes and median D2N times dropped 10 minutes. Mortality rates dropped by 50%, not solely due to their project, but community education and other criteria played a part. They met the criteria for Target Stroke Elite Plus.

Lessons Learned:

- Customize tools to meet YOUR requirements, resources and situation.
- Regular feedback to all stakeholders (especially FRONTLINE).
- Revise, trial, revise, trial as needed.
- Celebrate the wins! Early and Often!
- Keep the End Goal in sight.
- Document your project, process and results.
- QI projects change outcomes!

An added tip from Valerie: Flu A is a risk factor in stroke.

Unscheduled Business:

PCFD #27 is next on the schedule for a presentation. So instruction for Ryan, as the new Chair, is to contact Jay Wiggins at PCFD #27 to let him know he’s presenting.

Announcements:

NOTE: the Amtrak MCI CQI Committee review will be in March after AAR is completed.

Adjournment:

Meeting Adjourned @ 11:40 am.

Respectfully Submitted: Laurelee, Scribe EMS Office