

**Q.I. Committee
Meeting Minutes
October 27, 2003**

Present: Charlie Bocook, Mark Crnarich, Amy Hobart, Johnna Brady

Excused: Kaye Horst, Bill Welsh

Guests Present: None

Call to Order: Chairman, Amy Hobart called the meeting to order at 7:00p.m.

Approval of Minutes: Minutes approved as presented.

Discussion regarding compliance of agencies in submitting requests for information to Committee. Will solicit OMDs opinions on requesting information through OMDs for each agency rather than specific agency.

1. **Incident Report 10-03-01**, PPCR #N4041479, dated October 25, 2003 – Commendation.
2. **Incident Report 10-03-02**, Dated October 26, 2003. Request copy of PPCR for records. Remind agency to copy PPCR and attach to SCI form.
3. **Incident Report 10-03-03**, PPCR #N3672883, dated July 25, 2003 – Commendation.
4. **Incident Report 10-03-04**, PPCR #N3653416, dated December 19, 2002 – Commendation.
5. **Incident Report 10-03-05**, PPCR #N3811996, dated December 29, 2002 – Commendation.
6. **Incident Report 10-03-06**, PPCR #N3814796, dated January 1, 2003. Notify agency that provider unable to access meds to treat cardiac patient because he did not have his keys. Also, no times documented on call sheet. Request agency address these issues with the provider. No response to committee is necessary.
7. **Incident Report 10-03-07**, PPCR #N3226669, dated January 7, 2003 – Commendation.
8. **Incident Report 10-03-08**, PPCR #N3814745, dated January 1, 2003. Commendation with a note to please advise members of the agency that when ALS procedures are performed, the ALS provider needs to be listed as AIC.
9. **Incident Report 10-03-09**, PPCR #N3614554, dated March 7, 2003 – Commendation.
10. **Incident Report 10-03-10**, SCI Form forwarded to Dr. Garth through Johnna Brady, Interim EMS Liaison with Mary Washington Hospital concerning patient refusal incident required to transport by MD on-line, then sent to Triage without evaluation. No action needed.
11. **Incident Report 10-03-11**, PPCR dated October 1, 2003. Request copy of call sheet. No PPCR submitted. Request agency remind all providers to attach copy of PPCR to SCI forms.

Next QI meeting is scheduled for November 24, 2003, 7:00p.m. at the REMS Council Training Center.

**Q.I. Committee
Meeting Minutes
March 22, 2004**

Present: Charlie Bocook, Mark Crnarich, Johnna Brady, Shawn McDermott
Bill Welsh, Tina Skinner (Executive Director)

Absent: Kaye Horst, Brian Seay

Meeting called to order at 7:05 pm.

Tina Skinner introduced new Chairman Shawn McDermott to committee. Discussion on general rules and guidelines for QI committee. Tina outlined several areas including responsibilities of the Chairperson, terms of appointment to the committee, committee makeup & filling committee positions. Bill Welsh expressed several concerns including a need for active committee members, a lack of support from the executive committee, the need to establish an SOP with regard to correspondence to, and responses from, the agencies. Bill also advised he has never seen information at his agency regarding committee membership availability. Tina advised all agency notices sent out are on file in the office and that possibly we add such announcements to the council's web site since it is currently under revision.

Tina advised the committee members that the Chairman was responsible for appointing a secretary to the committee. The secretary is responsible for taking minutes and submitting them to the council office within 10 days. Mark Crnarich volunteered to fill the secretary position.

Tina reminded the committee that meetings were held on a bi-monthly basis now. Bill Welsh indicated if the committee was going to be an active, productive committee, he did not feel bi-monthly meetings would be frequent enough. Mark suggested possibly the official meetings could be left bi-monthly but the committee could meet for work sessions between meetings. Tina advised the Guidelines and Training Committee has given their chairperson the authority to determine if a situation requires more expedient attention or conduct a phone poll if necessary as they meet bi-monthly. No action was taken on this issue, however due to the extended duration since the last meeting, the committee opted to meet next month to bring business up to date.

Tina advised there were no minutes from a November committee meeting. No business was conducted by the committee in November due to the resignation of the previous Chairperson.

Committee members were informed that several notices have been sent out from the council office regarding the state requirement for agencies to conduct local QI's. The last notice was sent to agencies was in Jan. 2004 requesting quarterly data submission. This

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is the end of the first quarter, and currently there has been no data submitted. Tina indicated possibly there would be a better response from the agencies if the committee were to come up with a form to send out to the agencies that was a fill in the blank and included deadline dates for submission. Mark stated he had already been working on a form, and would complete a draft hopefully before the next committee meeting.

Johnna presented SCI forms and patient refusals. Shawn questioned why committee was reviewing patient refusals more than other calls, and why it was only refusals and SCI's from Mary Washington. She believes it should be incumbent upon each agency to QI their own patient refusals like all other calls. Shawn will request clarification and guidance from the OMD.

Tina advised she had to leave and turned meeting over to Shawn.

Minutes from October meeting approved.

Shawn requested feedback from committee members on how to improve committee. Several recommendations were made. Discussion ensued on the importance of equal representation of ALS and BLS providers. Also equal representation from both PD 9 and PD 16. All members present indicated their continued interest in participating in the committee. Shawn will touch base with Kaye Horst and Brian Seay to determine if they wish to continue on the committee. Shawn will also contact board members from other jurisdictions to solicit new members from their localities. The goal will be to achieve a membership of 10 – 12 members.

Bill and Charlie indicated they didn't feel the committee had enough authority, and that frequently requests for information from agencies or providers went unanswered which caused a delay in the QI process. Shawn advised it should be made clear on the request letters that go out that the provider / agency must respond to the request within 45 days or the committee would proceed with a recommendation based on the information they had available. She stated that the request was a courtesy that was extended to the providers and it should not delay the process if they chose not to respond. Committee members also agreed (based on a response letter from Spotsylvania VRS) that requests that were sent out needed to include additional information other than just a PPCR # to assist agencies with locating call sheets. Shawn will develop a form letter to bring back to the committee for review.

Shawn questioned if the committee members felt it would be prudent to review calls with the provider / agency information obscured to prevent committee members from having to abstain from the review process or to prevent bias. Committee members agreed that it has not been a problem in the past, and the additional administrative burden was not necessary.

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Due to the extended time period, and the lack of response, the committee unanimously agreed to disregard previous requests for information that had been sent out to agencies, and move forward with current issues.

A request for a call review was received from a member of Stafford Volunteer Fire Department. The request was received by the council in January. The committee unanimously agreed that the PPCR's from the call should be requested from the agencies for review. Shawn recommended that due to the extended time period since the request, a letter should be drafted to the individual requesting the review to advise him of the status of his request.

Johnna requested that a letter be drafted to the squads to remind providers to attach copies of their PPCR's to the SCI forms they submit. Charlie indicated that this form was being utilized for too many purposes. He recommended the form be split into a cardiac arrest form and a separate form for others. Shawn stated other than tracking intubations and requesting call reviews, it was unclear as to the purpose of the form. She questioned why cardiac arrests or burns or overdoses, etc. were required on SCI forms. Shawn will follow up with Dr. Garth and determine if possibly the SCI form could be done in a different manner, and if it could be done on a regional basis instead of just Mary Washington.

Shawn advised she would e-mail committee members to set a meeting date for next month that would be convenient for the majority. Motion to adjourn by Bill Welsh, seconded by Mark. Meeting adjourned at 2055.

**Q.I. Committee
Meeting Minutes
March 22, 2004**

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Bill Welsh, Tina Skinner (Executive Director)

Absent: Kaye Horst, Brian Seay

Meeting called to order at 7:05 pm.

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Shawn advised she would e-mail committee members to set a meeting date for next month that would be convenient for the majority. Motion to adjourn by Bill Welsh, seconded by Mark. Meeting adjourned at 2055.

RAPPAHANNOCK EMS COUNCIL
Q.I. Committee
Meeting Minutes
April 20, 2004

Members Present: Bill Welsh, Charlie Bocook, Mark Crnarich, Shawn McDermott and Johnna Brady

Absent: Brian Seay, Kaye Horst

Vacancies: 6

Meeting Called to order at 1908

March minutes were approved, without change, as previously distributed.

Question was raised about Brian Seay's intention for participation. The chair has not received any communication from him. Motion was made, and carried, to recommend removal of Brian Seay from the committee's roles.

Discussion occurred on current Shared Concern Inquiry (SCI) form in use at Mary Washington Hospital (MWH). The committee agreed that the SCI forms were currently not being reviewed, and that the most recent committee practice was to concentrate on reviewing random PPCR's from MWH. This practice was discontinued when new Office of EMS rules & regulations were deployed, moving responsibility to the agencies. Committee is currently only reviewing hospital or provider initiated requests.

Discussion occurred on reviewing and planning the way ahead for the current SCI form (in light of new requirements in REMS protocols). Work was previously started on separating the two purposes of the SCI form into individual forms: The Skills Review Form would be used to document field skills, and the Incident Review Request would be used to initiate QI review of patient care incidents. ACTION: Mark Crnarich to distribute draft forms from previous work.

The draft Agency Quarterly QM Report was reviewed. Report will facilitate reporting of REMS OMD mandated data, and also requests voluntary QI indicator data. Discussion occurred on requirement to report agency disciplinary actions and whether this would truly be reported. Committee approved form to be forwarded to REMS BOD for final approval and distribution to agencies.

CASE REVIEWS

Case # 040420-1, PPCR# N2842114, Dated 4/18/2004. Trauma Code, Single MVA with ejection. Review requested by MWH physician as no spinal precautions were maintained or documented with this call. Documentation also showed deviation from ACLS protocol for Asystole, as no Code Grey was documented. ACTION: Request further information from

agency as to how spinal precautions were maintained through turnover to ER, and clarification on deviation from ACLS protocol. Case will be placed on June agenda for follow-up.

Case # 040420-2, PPCR# N4320701, Dated 01/05/2004. Suicide Attempt with patient refusal. ACTION: Request clarification on refusal decision, specifically the lack of contacting medical control, in accordance with 3.6 of protocols in effect for that time period. Case will be placed on June agenda for follow-up.

Case # 040420-3, PPCR #N3906252, Dated 2/3/2004, Overdose with patient refusal, transferred POV. No chief complaint documented. Narrative indicated an overdose of DXM. The committee members did not know what DXM was, nor could they look it up. Vitals as documented and description of “slurred speech” seem to indicate unstable patient. No medical control contact for refusal. Patient refusal was not properly documented. ACTION: Request more information as to why this was not treated as an unstable patient. Case will be placed on June agenda for follow-up.

Case # 040420-4 PPCR # N3603245, Dated 1/20/2004. 54 y.o. pt. chief complaint of hypertension., with patient refusal. Well documented, however appearance of poor vitals. There was a concern about lack of medical control consultation with patient refusal, given the description of the patient. ACTION: request clarification on decision not to contact medical control. Case will be placed on June agenda for follow-up.

Case # 040420-5, PPCR # N4371338 and # N4358103, Dated 2/12/2004. Field delivery of twin #1, 23 week gestation. Review requested by MWH legal services. No drugs noted, but they are low on the “inverted triangle” protocol for neo-natal resuscitation. Base on narrative and 10 minute transport time to MWH, all treatment that was documented appears to be in accordance with REMS protocol. ACTION: Draft letter to Julie Cannon (MWH ER) indicating results of committee’s review.

Case # 040420-6, No PPCR, Date, or Timeframe. Provider initiated SCI. Provider concerned with another EMT within agency attempting to use heart monitor. Committee agrees that BLS providers should not be using ALS monitoring equipment. No further review activities required. ACTION: Draft letter to agency indicating concern about EMT using monitor.

Case # 040420-7, PPCR #N4343216, Dated 4/12/2004. HEAR report discrepancy with PPCR. HEAR report from BLS crew (rescue unit) indicated that ALS provider on scene ran a strip and it appeared OK. No documentation of ALS monitoring procedures appeared on PPCR. Concern was ALS monitoring was initiated, but ALS provider did not accompany patient. No documentation of ALS provider was supplied with PPCR. ACTION: Send request to agency for copy of ALS providers PPCR that corresponds to this patient. Case will be placed on June agenda for follow-up.

Case # 040420-8, PPCR # N2882799, Dated 12/04/03. Low Blood Sugar with patient refusal. BLS crew was on scene for over 1 hour. There was a lack of vital sign records, should have been at least every 15 minutes if patient was stable. There appears to be a discrepancy between narrative of patient presentation and blood glucometry readings, as narrative indicates stable

patient, but glucometry readings were VERY LOW. No physician signature obtained for glucometry procedure and oral glucose administration. There was a concern about use of blood glucometry, as the readings didn't indicate a stable patient (was glucometer used correctly?).

ACTION: Draft recommendation letter to agency to provide refresher training on usage of the glucometer. Also, provide reminder on intervals for vital sign monitoring.

END OF CASE REVIEW

The next three QI meetings were set at May 24, June 28, and July 26. Meetings will be held at MWH ER Conference Room. At the July meeting, the committee will re-evaluate going to bi-monthly meetings.

Meeting adjourned at 2110.

Attachment #1 – Draft Agency Quarterly Management Report.

Agency # _____ Agency Name: _____

Reporting Period (circle one)	JAN – MAR (due APR 30)	APR – JUN (due JUL 30)	JUL – SEP (due OCT 30)	OCT – DEC (due DEC 30)
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REQUIRED DATA (attach separate report if necessary)

Total Number of Patient Care Reports Reviewed This Period: _____

COMMENDATIONS:

Provider	Cert #	Brief Description

PATIENT CARE DISCIPLINARY ACTIONS:

Provider	Cert #	Brief Description

VOLUNTARY DATA (attach separate report if necessary)

Total Number of Patient Care Reports Filed This Period: _____

Level Of Care Provided:	Total	Incident Disposition	Total
ALS	_____	Treated, Transported by EMS	_____
BLS	_____	Treated, Transferred	_____
Not Applicable	_____	Treated, Transported by private	_____
		Treated, Released	_____
		No Treatment Required	_____
		Patient Refused Care	_____
		Dead At Scene	_____
		Cancelled	_____
		No Patient Found	_____
		Not Applicable	_____
Unknown	_____	_____	

Submitted By: _____

Date: _____