Rappahannock EMS Council
Quality Improvement Committee
Meeting Minutes
August 23, 2004

Call To Order:	Meeting was called to order by Shawn McDermott at 19:05
Members Present:	Johnna Brady, Charlie Bocook, Shawn McDermott, Mark Crnarich, Steve Dove, Bill Welsh
Approval of Minutes	Minutes from July Meeting were not available for approval.
Discussions:	Discussion on revision to SCI form. Form is currently only used to track ALS field procedures performed. Reviewed draft of recommended revision to SCI form. Committee added combi-tube as a skill and added EMT to top section of provider choices. Recommended forwarding revised form to REMS executive board for approval. Discussed format of new Incident Review Request form, to be used for requesting QI committee review of an incident. Question was raised about HIPPA rules regarding patient identifiers. Committee needs to ensure that proper controls are in place to protect confidentiality of form contents
Case Reviews:	#04-08-01 – No PPCR could be located within hospital records, 8/13/04. 25 y.o., F, Simple MVA with no c-spine control. Patient ended up with c-spine fracture. There was insufficient records to pursue case. Recommendation to MWH ER staff to revise charting procedures to include actual agency that provided transportation. 04-08-02 – PPCR #N4327301, , R-14 (BLS). 4 y.o., c-spine fracture, no c-spine control. PPCR documentation does not support c-spine protocol. Ruling out c-spine control only applies to patients over 18. Narrative does not support c-spine protocol (4.0) or Pediatric Chest Trauma (9.7). Request more information for justification on deviation from protocols. Response desired by 20 September, for 27 September review. #04-08-03 – No PPCR or dates. Second hand information from Nurse about patient received without c-spine control initiated. Insufficient data to be able to take any additional action.
Adjournment:	Meeting adjourned at 19:50. Next meeting will be held Monday, September 27, 2004.

Rappahannock EMS Council
Quality Improvement Committee
Meeting Minutes

September 27, 2004

Call To Order: Meeting was called to order by Shawn McDermott at 19:10

Members Present: Johnna Brady, Charlie Bocook, Shawn McDermott, Mark Crnarich, Steve Dove

Approval of Minutes Minutes from August Meeting were not available for approval.

Discussions: Reviewed response received from case #04-08-02 (deviation from c-Spine protocol). Concerns were raised about AIC's view that "because patient was ambulatory, backboarding was not warranted". Committee makes the following recommendations:

1) Notify OMD and Training committees that c-spin immobilization protocol needs to be mandatory yearly refresher training.
2) Recommendation to agency OMD for suspension of AIC's ALS privileges until remediation training is completed. Training should include completion of BTLS and REMS c-Spine protocol review with REMS Staff or designated preceptor

Case Reviews: #04-09-01 – PPCR #N4327361, 8/29/04, R-17 (BLS). Neck Pain from MVA with no c-Spine control. Request amplification and justification for deviation from REMS c-spine protocol.

04-09-02 – PPCR #N4367825, 9/25/04, R-14 (BLS). Roll-over MVA with ejection, charge nurse noted no c-spine control. Reason given was patient "denied back pain". Request amplification and justification for deviation from REMS c-spine protocol.

Adjournment: Meeting adjourned at 19:50. Next meeting will be held Monday, October 25, 2004.

Rappahannock EMS Council
Quality Improvement Committee
Meeting Minutes
25 October 2004

Call To Order: Meeting was called to order by Shawn McDermott at 19:15

Members Present: Charlie Bocook, Shawn McDermott, Mark Crnarich, Bill Welsh, Karen Bankston

Approval of Minutes August & September minutes accepted with corrections.

Discussions: Karen Bankston introduced herself as the new Mary Washington Hospital EMS Coordinator.

Recommendation for case # 04-08-02 has not gone to OMD for distribution. Need PPCR copy from MWH to make available to the OMD, accompanied with committee recommendations.

Discussed survey form sent by REMS to each committee member. Shawn asked each member to spend some time to fill out and discuss at the next meeting.

Reviewed responses to inquiries from September cases (see below).

Reviewed agency submitted QI data for third quarter, which is due at the end of the month. Only 8 out of 37 agencies provided requested data so far. Also the committee noted that only 12 out of 37 agencies provided data for the previous quarter.

Case Reviews: Reviewed additional responses for case #04-09-02. Responses received from 2 providers (AIC from R93). C-Spine protocol states mechanism must be “low risk” in order to rule out spinal immobilization. Recommendation to be sent to agency OMD that BLS provider be remediated on C-Spine protocol within 30 days or face suspension of privileges.

Reviewed additional responses for case #04-09-01. Patient refused c-spine protocol as advised by AIC. Supplemental letter indicates the documentation of refusal was omitted. Recommend sending letter of caution regarding documentation of protocol deviations, as well as patient refusals.

Case #04-10-01. 14 y.o. patient in SVT. Patient was converted via vagal maneuvers. Physician recognized excellent provider skills without requiring use of medication (adenosine). Recommend sending Atta-Boy to provider.

QI Statistics

2nd Quarter (April – June)

Total PPCRS Reviewed: 1940
Commendations: 9
Disciplinary Actions: 2

Call Distribution By Level of Care		
ALS:	755	27.9%
BLS:	1368	50.6%
N/A:	582	21.5%
Total	**2705**	

Call Distribution By Incident Disposition		
Treated and Transported	1393	48.2%
Treated and Transferred	109	3.8%
Treated and Transported POV	27	0.9%
Treated and Released	60	2.1%
No Treatment Required	113	3.9%
Patient Refusal	279	9.7%
Patient DOA	16	0.6%
Cancelled	330	11.4%
No Patient Found	332	11.5%
N/A	87	3.0%
Unknown	36	1.3%
TOTAL	2891	

Adjournment: Meeting adjourned at 20:10. Next meeting will be held Monday, November 22, 2004.

Rappahannock EMS Council
Quality Improvement Committee
Meeting Minutes
22 November 2004

Call To Order: Meeting was called to order by Shawn McDermott at 19:10

Members Present: Charlie Bocook, Shawn McDermott, Mark Crnarich, Bill Welsh, Karen Bankston

Approval of Minutes October minutes reviewed.

Discussions: Shawn reviewed agency quarterly statistics report. They are getting slightly better.

Reviewed response received from Dr. Garvie with respect to case #04-08-02. Dr. Garvie requested clarification on committee recommendations. He wanted to know if recommendations were list of options or all inclusive. Committee responded that recommendations are all inclusive.

Case Reviews: Case #04-11-01. N4646286, dated 11/05/04. Public initiated concern through REMS. Mother of patient was concerned about the crew's skills with respect to asthma treatment. Mother was concerned about appearance of inadequate equipment, and BLS crew possibly giving nebulizer treatment. Committee recommended forwarding concern to agency captain, and notifying patient's mother of action taken. Agency is to forward results to REMS for follow-up with family.

Case #04-11-02. P0146601, dated 11/01/2004. Physician requested review. Deviation from c-spine protocol with no documentation of any type of patient refusal. Recommend remediation with providers on c-spine protocol within 30 days or face suspension of privileges. Recommendation forwarded to agency OMD.

Case #04-11-03. Dated 10/25/04. BLS crew treating patient with altered mental status, delayed call for ALS. Committee was concerned on delay of first set of vitals (30 minutes). Request additional information from BLS crew on reason for delay, general impression, why wasn't oral glucose used for altered mental status (per protocol), and why transport was not initiated sooner.

Case #04-11-04. N4707362, Physician requested review. Agency crew used PIC line in non-emergency situation. Committee remarked that use of PIC lines is not covered or addressed in Protocols (Section 11.0 of Clinical Procedures). Committee requesting additional information on how use of PIC line was authorized.

QI Statistics None

Adjournment: Meeting adjourned at 20:41. Next meeting will be held Monday, January 24, 2005.

Rappahannock EMS Council
Quality Improvement Committee
Meeting Minutes
25 April 2005

Call To Order: Meeting was called to order by Shawn McDermott at 19:15

Members Present: Charlie Bocook, Shawn McDermott, Mark Crnarich, Bill Welsh, Karen Bankston

Approval of Minutes None.

Discussions: Bill Welsh provided some discussion on reviewing effectiveness of this committee. All present agreed that additional committee members are needed.

Case Reviews: Reviewed case #04-09-02. Shawn noted that no documentation has been received, to date, with respect to retraining of crew members. Forwarded concerns to agency OMD.

Reviewed case #TBD. No response from request for more information regarding incorrect rhythm identification and incorrect identification of rhythm change. Lidocaine drip was documented as hung but not opened, however ER states lidocaine was wide open. 2 months have elapsed since information was requested. Issue was forwarded to agency OMD for resolution. No committee recommendation possible.

Case review, improper dosage of NARCAN given. Dosage was not correct. In addition, NARCAN was not indicated based on documented patient vitals. No response has been received for additional information. Committed decided to send letter of caution to provider about indications for the usage and dosage of NARCAN.

Call review of previous spinal immobilization case. Documentation was provided that provider had completed the requested training.

Call review. Atta-Boy to crews for management of 3mo cardiac arrest. Crews covered all aspects of cardiac arrest causes, including administration of NARCAN and D25. Call was well documented and left no questions unanswered.

New case, 05-04-01, no PPCR. EMT-P states arrived to assist ALS crew, and found EMT-CT about to give D25 via IM. EMT-P also stated that oral glucose was given to unresponsive patient by EMT-CT. Patient was transported to MRMC, no PPCR was available for review. Committee recommended requesting PPCR from agency, and statement of events from EMT-CT.

QI Statistics None

Adjournment: Meeting adjourned at 20:10. Next meeting will be held Monday, May 23, 2005.

Rappahannock EMS Council
Quality Improvement Committee
Meeting Minutes
23 May 2005

Call To Order: Meeting was called to order by Charlie Bocook at 19:12

Members Present: Charlie Bocook, Mark Crnarich, Bill Welsh, Karen Bankston

Approval of Minutes None.

Discussions: Open discussion continuing to review effectiveness of this committee. All present agreed that redefinition of committee may be in order, possibly going to an "ad hoc" committee, or transforming into an advisory panel to the local agencies. All agreed that more committee members are desired.

Case Reviews: Reviewed case #05-04-01. Additional documentation received (PPCR only, no additional statements). Committee noted the following documentation issues:

- Oral glucose given for unresponsive patient.
- No documentation of D50 attempt, as stated in SCI
- No additional vitals properly documented after interventions
- Poor overall documentation by EMT-P who initiated SCI

Recommend forwarding documentation to OMD for resolution. Appears to be conflict between agencies within county, this should be handled by agency OMD. Committee requests status of OMD/agency review by July 25.

Case review. #05-05-01, N3923559. Review requested by pharmacy. PPCR indicated morphine dosage of 2.5mg administered with 7.5mg wasted. However, pharmacy discovered needle in drug box with 5mg morphine still in it. Additionally, a second drug box was discovered the next day with an empty morphine syringe in it. Committee was puzzled as to why pharmacy directed issue to QI. Only recommendation is to MWH Coordinator to remind ER staff about witnessing disposal of medication when signing PPCR. Also suggested sending letter to agency noting pharmacy discrepancy.

Case review, #05-05-02, dated 5/21/05. ER concern on justification for helicopter medevac. Committee suggested that additional clarification be requested from agency for clarification on what parts of Trauma Protocol (11.0 helicopter protocol) were used to justify helicopter medevac.

QI Statistics None

Adjournment: Meeting adjourned at 20:25. Next meeting will be held Monday, June 27, 2005.