

**Rappahannock EMS Council
Medical and General
QI Committee Meeting Minutes
Thursday, August 19, 2010 @ 1900**

Tim Kimble called the meeting to order at 1900 at the Rappahannock EMS Council.

Members Present: Tim Kimble (Fauquier Career); Cindy Hearrell (May Washington Hospital); Elizabeth Smith (Spotsylvania Regional Medical Center); Greg Fleck (Spotsylvania Career); Carolyn Marsh (REMS Staff)

Excused Absences: Dan Butler (Chancellor Volunteer Fire & Rescue); Mark Shiflett (PHI AirCare); Michelle Wheatley (LifeCare medical Transports); Lori Knowles (Stafford Career); Mark Crnarich (King George Fire & Rescue); Dr. Garth (Regional Medical Director)

Unexcused Absence: Ray Harvey (Quantico Fire)

Motion by Greg Fleck and second by Cindy Hearrell for approval of the minutes. Motion carried.

The committee discussed the issue of non-compliance of agencies and what could be done to bring them into compliance. Carolyn Marsh advised that reports go to OMD's and OEMS Representatives quarterly. The document reflects agencies that are compliant and non-complaint. Notification is sent to those agencies that are non-compliant. The group concern is that it appears to be the same agencies consistently non-compliant. Agency reporting stats were 80% compliant and 20% non-compliant.

On the System Indicator it was discovered that 14 agencies are using the Adult EZ IO's and there is currently no protocol for the EZ Io's. Tim Kimble advised that there are some agencies that do have policies for their use and have been signed off on by the agency OMD. Tim will generate a Memo to the Protocol Committee emphasizing the need for a protocol to cover EZ IO's. Carolyn Marsh advised that the committee was aware of the need and had a working draft for the protocol. Tim felt that the QI Committee still needed to send a memo to express the urgency of getting a released protocol.

New Business

The committee reviewed the PI&E EMS Plan. During the last reporting quarter agencies had expressed difficulty extracting the ALS / BLS calls for the quarter. Carolyn advised agency to submit the Data Collection form with a notation of their inability to extract the data. After much discussion the consensus of the committee was to keep the current format. As agencies become more familiar with image-trend this should not be a continuing issue.

There was much discussion on how we can do a better job with the way we capture data and what we are doing with this data. Tim Kimble advised that as a committee we had come a long way but that there were many things we needed to look at how we are doing them and what we are expecting from the agencies as far as reporting. With the indicators interpretation is based on the way the individual reading it perceived the information

Liz Smith and Cindy Hearrell advised that the hospitals have QI and do this every day and are much better versed in this area. They offered to review the indicator and protocols for the indicators and get with the QI staff at their facilities to see if we can come up with the requested data that is measurable.

The committee reviewed the indicators for the Medical and System Indicators for the 4th Quarter of the CT year and there were no recommendations for changes. The data and protocols to be covered will be forwarded to Liz Smith and Cindy Hearrell to review and they will advise of the appropriate data to be capture by the agencies for the reporting quarter.

Old Business

Cindy Hearrell brought up that there still was not a process for closure when an EMS/Trauma Incident Review Request was submitted. She is recommending that a form be created with the following data:

- Date Received by the REMS Council
- Date forwarded to the appropriate agency
- Date returned
- Brief overview of action take

There needs to be closure for the concern being reported and Cindy advise she has to show resolution to the shared concern report. With the way the process is now she does not know what process has taken place.

Next meeting will be November 18, 2010 at 1900 hours at the REMS Council.

Meeting adjourned at 2020.

Agenda

1. Approval of the minutes (minutes were emailed to everyone)
2. Review statistical data for Medical and System QI Indicators for the 1st quarter CY2010.
3. Agencies that were non-complaint have been notified. Those agencies are:
 - Castleton Culpeper Co. Rescue
 - Marshall Fire New Baltimore
 - Oak Grove Fire Orange County
 - Rapidan Fire Salem Fire
 - Upperville Fire
4. The compliance percentages are:
 - Compliant 80%
 - Non-complaint 20%.

Old Business

New Business

1. Review the PI& EMS Policy to see if there are any recommended changes. We do need to discuss the QI Data Collection Form.
2. Also on the QI Indications need to made clearer for reporting purposes.
3. Review QI Indicators for Medical and System for 4th Quarter CY 2010.

Rappahannock EMS Council
Regional EMS Quality Improvement Committee Meeting
November 18, 2010

MEMBERS PRESENT

Tim Kimble – Chairperson
Dan Butler, Chancellor Volunteer
Ray Harvey, Quantico Fire
Greg Fleck, Spotsylvania Career
Lori Knowles, Stafford Career
Mark Crnarich, King George Volunteer
Leigh-Erin Jett, LifeCare Medical Transports

OTHERS PRESENT

Carolyn Marsh – Staff

EXCUSED

Cindy Hearrell
Kate Lim

UNEXCUSED

Dr. Garth, RMD
Mark Shifflett

Tim Kimble, Committee Chair called the meeting to order at 7:00 pm. at the Rappahannock EMS Council Training Center. All committee members received electronic copies of the August 19, 2010 meeting minutes, meeting agendas, QI indicator statistical data, and agency reporting data.

Motion was made by Mark Crnarich, second by Lori Knowles and carried to approve the minutes of August 19, 2010 as presented.

Review Reported Data for Medical and System QI Indicators for Jul-Sept, 2010:

The committee discussed the Medical Indicator statistical data regarding review of cardiac patient care for the third quarter of the calendar year. Regionally there were 828 chest pain calls reviewed and reported on; 81% followed the chest pain protocol with the remaining 19% not specifically identified. They could have been evaluated as either a non-cardiac related event, no need for medication administration, or the chest pain protocol simply was not followed. This was an area of discussion by the committee where the data was questioned and it was felt we could have been more specific in what information was being captured to benefit the review and system. All agreed it was not fair to assume that the 19% simply did not follow protocol. It was decided that if this indicator was monitored again in the future, that we specify the type of Chest Pain under cardiac or non-cardiac related, per the regional protocols. The committee decided they would like to look at whether the chest pain was symptomatic and would like to see if nitroglycerin was given until the patient had relief and if not, why? It would also be good to verify the level of care.

The System Indicator for the quarter captured how many calls reviewed had two complete sets of vital signs taken on patients, versus the number of calls reviewed that did not. Total calls reviewed under this indicator regionally were 8,393 and of those calls 7,875 followed the assessment protocol with 5,535 completing and documenting 2 sets of vital signs. For those calls that did not complete two sets of vitals it was possible the agency had a short transport time. If this indicator is used again we need to specify transports greater than 5-10 minutes. It would be beneficial to identify whether the agencies followed ALS protocols after each intervention or medication, to include vital signs reassessed, as well as identify the reasons for not completing the vitals during such a review.

Agencies that were non-compliant in QI Reporting have been notified:

Culpeper Rescue
New Baltimore Fire
Orange County
Upperville Fire

Goldvein Fire & Rescue
Oak Grove Fire
The Plains Fire
Westmoreland Co.

The committee continues to monitor those agencies that are non-compliant in regional QI Reporting each quarter. Carolyn advised a letter was sent to all agencies that were non-compliant for the reporting quarter. The Data

Collection Report and the Operational Medical Director (OMD) Compliance reports are also sent to the appropriate OMD and the agency OEMS Program Representative every quarter.

Old Business

None

New Business

Review QI Indicators Approved for 1st Quarter CY 2011

QI Indicators were discussed and there was some discussion regarding the use of the “Fiscal Year” versus “Calendar Year” reporting and review each quarter. To some this was confusing, and the difference between the two was explained and discussed further. Under the Regional Performance Improvement (PI) Program, agencies report data quarterly on a calendar year basis (Jan-Mar; Apr-Jun; Jul-Sep; Oct-Dec). This regional process was already in place prior to the initiatives outlined in the council’s current state contract for Regional PI, which requires REMS to report quarterly on the program under the state’s Fiscal Year and contract which is July 1st – June 30th annually. As such, the council office uses these terms to properly identify which quarter in the year is being discussed (calendar year quarter versus fiscal year quarter). It was suggested that we eliminate the terms Fiscal Year and Calendar Year, and just call them Reporting Quarters with the identified months and year indicated, to help eliminate any confusion.

System Indicator recommendation for the Reporting Quarter of Jan - Mar 2011 to monitor regionally the use of code grey versus DOA protocols. Identify whether the agencies are following the DOA protocol and if they are following the cardiac monitoring protocol. If there is obvious death, there is no need to attach the patient to an AED or contact medical control physician. Committee agreed to modify the previously announced system indicator for this reporting quarter accordingly.

Case Review Study for Medical Call from Chancellor Volunteer Fire and Rescue Department:

Tim Kimble, Committee Chair, received a request from CVF&R to conduct a case study on a call the agency responded to at a local nursing home. The agency was dispatched to a nursing home for a female hospice patient that had a DNR. When the crew arrived they were directed to an unresponsive patient. Upon establishing a complete set of vital to include checking the patient’s glucose levels the crew identified the patient had a blood sugar of 35. Since the patient was un-responsive the crew could not administer glucose so they toned for ALS. The closest station staffed with ALS was 11 minutes away, so the crew decided to load the patient and prepare for transport.

Once the crew had the patient in the ambulance the nurse came out and advised the crew that she had spoken with the daughter who had power of attorney and she did not want anything done for her mother. The crew explained to the nurse that they could not take a directive 2nd party and needed to see the DNR and/or the power of attorney. The crew further explained that if they left the patient, it would be considered abandonment since EMS care had been initiated, and that DNRs were for recitation if the patient was in cardiac arrest, which the patient was not and by their assessment had a low blood sugar.

After the crew arrived at the hospital, the physician expressed anger and concern to the crew, advising them that they should not have transported the patient. The patient was treated in the emergency room and returned to the nursing home four hours later.

The committee’s concern was the crew received 2nd party information and at no time was the DNR presented to the crew on their arrival. After review it was agreed that the agency should discuss this call further with the agency OMD and it should be investigated as there were so many concerns on so many levels. The provider’s actions were justified in that the patient was unconscious, so it was to be assumed that she wanted care. It was also felt that social services should be notified because the patient’s blood

sugar was low, in addition, with possible concerns of proper nutrition being provided to the patient. The chair advised he would draft a letter to the agency and send a copy to their OMD.

Tracking for QI Concerns:

The tracking of the QI concerns through the use of the Regional EMS/Trauma Incident Review Request Form was discussed and Carolyn advised that she would be monitoring the reports as received through the current tracking system and creating a spreadsheet/report to share with the committee at their quarterly meetings. In the future she should be able to provide data on the types of QI concerns being forwarded to agencies for review and provide percentages. This would aid the committee in the recommendation of future indicators as well as training needs and recommendation for future skills drills.

In the past there has been some concern regarding shared concerns that have been submitted, with the requesting individual not receiving feedback. The committee drafted a form for feedback that was presented to the board at their September meeting, with a recommendation to include in the Trauma and EMS Performance Improvement Plans. Following review and discussion, the Board of Directors did not endorse the change.

Use of Image Trend/VPHIB for QI Reporting:

The council office received a request from two agency representatives asking that we use specific data that they can query or pull from the Image Trend/VPHIB system software program for the QI Indicator review and reporting each quarter. The committee felt selecting indicators and only pulling data electronically in this manner was not reasonable or possible, and if an agency is advising they are doing QI under their required agency quality management program, it should include an actual review of the patient care reports. There were also two agencies that reported they could not query whether their calls were ALS or BLS, as the quarterly QI report requests data on the total number of ALS and BLS calls reviewed. The committee advised that in reviewing the patient reports under VPHIB it does indicate when IVs, meds, etc. are given, so that should be an indicator of ALS or BLS. While this method of tracking is more time consuming than a computer program query on such data, it was also recommended that Christy Saldana at the Office of EMS be contacted to verify if such a query of this type of general data is possible, or recommend it be added to the software program.

Next meeting will be February 17th, 2011 at 7:00 pm at the Rappahannock EMS Council.

Meeting adjourned at 8:02 pm.

**EMS QI MEETING AGENDA
November 18, 2010**

1. Approval of Minutes
2. Review of EMS QI Data from Jul-Sep, 2010
3. Non-compliant Agencies
4. Old Business
 - QI Tracking Feedback Form
5. New Business
 - Review of QI Indicator for 1st Quarter of CY2011
 - Case Study Review Request
 - Use of ImageTrend / VPHIB Program
6. Adjourn

**Rappahannock EMS Council
Regional EMS Quality Improvement Committee Meeting
February 23, 2011**

MEMBERS PRESENT

Tim Kimble-Chairperson
Dr. Nael Hasan, Regional Medical Director
Kate Lim, Spotsylvania Reg. Medical Center
Lori Knowles, Stafford Career
Mark Crnarich, King George Volunteer
Leigh-Erin Jett, LifeCare Medical Transports
Cindy Hearrell, Mary Washington Hospital

OTHERS PRESENT

Carolyn Marsh - Staff

EXCUSED

Dan Butler, Chancellor Volunteer
Ray Harvey, Quantico Fire
Greg Fleck, Spotsylvania Career

Tim Kimble called the meeting to order at 7:00p.m. at the Rappahannock EMS Council Training Center. Dr. Nael Hasan and Kate Lim were new to the QI Committee so everyone introduced themselves prior to conducting business.

Motion by Lori Knowles and second by Mark Crnarich to approve the minutes of November 18, 2010, as presented. All approved, motion carried.

Review statistical data for Medical and System QI Indicators for the 4th Quarter CY 2010

Tim asked if more qualifiers were needed for this quarter. Carolyn advised the group needed to review the indicators for the CY 2nd Quarter to ensure no changes are needed. Dr. Hasan was advised that the committee needs input and feedback from the OMDs since they are on the front lines in the ED and see firsthand items that may need to be indicators. Dr. Hasan stated he wants to make sure the providers are following the protocols in the field and inquired about protocol changes. He was advised the protocol changes are part of the Guidelines and Training Committee and there is a Protocol Sub-Committee that is currently working on revisions. All agreed if problems were found with the protocols and identified a need for a change that information should be forwarded to the appropriate committee.

Carolyn advised the committee that they need to identify the QI Indicators for FY 2012. In the event that at a later date an indicator had to be changed they could do so. Tim advised Dr. Hasan that he would like the OMDs to identify the Trauma and Medical Indicators for FY 2012 and the committee would identify the system indicators. Dr. Hasan stated that he and Cindy Hearrell could get together and discuss the medical and trauma indicators for the year. Dr. Hasan extended kudos to the committee for the job they have done in collecting data, but he wants indicators that can be beneficial for the committee.

Carolyn advised the committee that she and Tim Kimble had spoken to Kelly Southard, Chairperson for the Guidelines and Training Committee, regarding skills drills and the need for the two committees to communicate on this issue. Since the QI Committee identifies potential areas of concern with provider skills it is a benefit to both committees. Kelly felt it was a good idea. In addition, the OMDs need to give feedback on the skills drills so that the council can ensure that the providers are performing their skills correct and by protocol.

Dr. Hasan asked about doing a CPAP study. Tim stated that a CPAP study would be good and could possibly do a study about who is using the CPAP and patient outcomes from the use of CPAP.

In review of the upcoming QI Indicators, Dr. Hasan suggested that we look at documentation of blood pressure, EDC date or LMP date for the OB indicator and take off the left lateral recumbent as it is not that relevant. Everyone agreed to go ahead with blood pressure and EDC date documentation on OB patients for the indicator with a benchmark of 75%.

Six agencies were non-compliant during the reporting period and have been notified.

Tim stated that Fauquier County agencies are non-compliant due to the switch from EMS Charts to Image Trend, their call report documentation system. They switched during the quarter and are having difficulty obtaining their numbers.

The compliance percentages are:

- Compliant 87%
- Non-complaint 13%

Old Business

No old business discussed.

New Business

QI Data Collection Form

Cindy asked what the QI committee is going to do to make all agencies compliant. Carolyn advised that all we can do is ensure the agencies receive the information to report in a quarter. Under Virginia EMS Rules and Regulations the agency is required to have a QI policy and review 10% of the agency's run reports. In addition to making the agency aware they are non-compliant, the OMD and OEMS Program Representative is notified. QI's are to identify problems and the need for training to improve the performance of the providers. Tim stated that in Fauquier County he sends the reports to the training coordinator of each agency.

Lori asked what we do with the Quarterly report and can we put it on the REMS Council website for all agencies to view. Mark stated that he can work on that. He is working on redoing the website and adding some items, so he can work on putting the reports on the web-site.

Cindy also asked if there is a benchmark goal regarding the indicators. Dr. Hasan stated that there should be a goal, for example 90%, for use of the epinephrine pen in anaphylaxis shock.

4th Quarter CY 2010 QI Indicators (October, November, December)

- **Medical System Indicator** – Documentation of patient's allergies to medication to insure patient has no adverse effects to medications administered.
 - There were 5455 calls reviewed for this indicator.
 - 4178 reports reviewed noted patient's allergies to medications in report.
 - 1277 reports did not note patient's allergies to medications in report.
- **System Indicator** – Average response time from the time dispatched to arrival of the pre-hospital provider on scene.
 - Average response time 9.72 minutes

Dr. Hasan stated that he would like to see a response time of less than 9 minutes and a benchmark of 90% of the time. Mark stated that he would also like to see an indicator for the amount of time it takes from the time a call is dispatched to the time the patient is transferred to a helicopter. Dr. Hasan stated he would be curious as to how long a unit waited on scene for the helicopter verses transporting to the hospital. The only need for a helicopter is prolonged extrication, immediate need for TPA, and a STEMI with extended transports. The question to ask is can the ambulance get the patient to the hospital quicker than waiting for a helicopter. Cindy stated that all of the data can be pulled from the state registry.

Review QI Indicators for Medical and System for 2nd Quarter CY 2011

- **Medical Indicator** - Total number of OB calls reviewed, was it documented that the patient placed on the left lateral recumbent position, was placed on oxygen. Medical Protocol, Section II, Labor and Delivery Protocol 12.0, 12.2, page 35.
 - Revision: Total number of OB calls reviewed, where it was documented that a blood pressure and EDC was documented. Benchmark 75%.
- **System Indicator** - Total number of PPCR's, where medication was administered and total number of PPCR's with doctor's signatures for medication administration and total without doctor's signatures. Administrative, Section I Documentation and Confidentiality 3.3 and 3.3.2, page 8 and 9.
 - Benchmark 100%.

It was discussed to review how many times a physician signature was obtained by an ALS Provider when a medication was given in the field to a patient. Dr. Hasan stated that there is currently an ongoing problem with the DEA and what is a viable physician signature in the field. They do not agree with electronic signatures and are on the mend of forging on paper. Carolyn advised that currently in the narcotic bags there is a carbon Narcotics Exchange form where the provider obtains an original signature from the doctor to do medication exchange. Dr. Hasan said the benchmark for physician signatures should be 100%.

Next meeting will be May 18, 2011 at 7:00 pm at the REMS Council.

Motion made to adjourn the meeting by Tim Kimble. Approved by Lori Knowles and seconded by Dr. Hasan.

Meeting adjourned at 8:09 pm.

EMS QI MEETING AGENDA February 23, 2011

1. Approval of the minutes (minutes were emailed to everyone)
2. Review statistical data for Medical and System QI Indicators for the next quarter.
3. Non-compliant Agencies
4. The compliance percentages are: Compliant 87%, Non-complaint 13%.
5. Old Business
6. New Business
 - a. QI Data Collection Form.
 - b. Establish future QI Indicators for FY 2012
 - c. Review QI Indicators for Medical and System for 2nd Quarter CY 2011.



**Rappahannock EMS Council
Medical & General
QI Committee Meeting
Minutes**

DATE: Thursday, May 25, 2011 @ 1900

LOCATION: Rappahannock EMS Council

MEMBERS PRESENT

Tim Kimble Kate Lim
Tina Skinner Cindy Hearrell
Nael Hasan, MD Greg Fleck
Mark Crnarich

OTHERS PRESENT

Carolyn Marsh – Staff
Wayne Perry – Staff

EXCUSED

Ray Harvey
Leigh –Erin Jett
Lori Knowles
Dan Butler

Tim Kimble called the meeting to order at 1900. All committee members received by email a copy of the Third Quarter CY11 QI Indicator Charts, Agency Compliant Report, and Minutes to the meetings.

New Business

The first order of business was approval of the February, 2011 committee minutes. Motion for approval and minutes were approved unanimously.

The following agencies were non-compliant for submission of QI date for the first quarter:

New Baltimore	Goldvein Fire & Rescue
Orange County	Upperville Fire
Westmoreland County	Chester Gap
Reva Fire & Rescue	Salem

The committee discussed Chester Gap and Westmoreland County that are part of the REMS Council's service area but their OMD's are from ~~in~~ other Council service areas and as such require those agencies to report QI to those specific councils. It was agreed by the committee that it was not fair to require these agencies complete two different QI reports and therefore for future reporting they would report to the OMD's required council and provide REMS with a copy of the QI report. Orange County advised that they have different ~~their own~~ protocols than the standard regional protocols and data reported to us under the QI Indicators based on regional protocols will not be accurate ~~is screwed~~. The committee agreed to have Orange County ~~to~~ submit the QI Data form and advise what they are doing for QI.

Tim Kimble advised that he used some data on C Spine Rule and use of the KED as a education tool in Fauquier and was very surprised at the quantity of providers that were not aware of the rule out protocol.

It was asked if the council had access to localities data for review to determine the number of specific calls to better determine potential indicators. OMD's have the ability to access agency data but the State Councils do not. Dr. Hasan will discuss this at the state OMD meetings and report back to the committee.

AThe question was asked regarding how agencies doing ~~their QI review perform their PCR for QI do they~~ review – is it a daily, weekly, or monthly review during the of every quarter. Dr. Hasan felt that everyone should be reviewing data daily in order to do appropriate review and address QI issues. There was a suggestion to increase the amount of QI chart reviews conducted to at least 50% of all patient encounters.

Spotsylvania Rescue Squad asked the QI committee to review two calls involving one provider and the use of the EZ IO on the patients. After review it was determined that the patients did not meet the protocol criteria for the EZ IO. A letter will be drafted and sent to the Chief of the agency to report the findings of the QI review~~address in the concerns.~~

Old Business

The committee established the FY 2012 QI Indicators. Please see attached.

Next meeting will be August 24, 2011 at 1900 hours at the REMS Council.

Meeting adjourned at 2045.