

Rappahannock EMS Council
Trauma
QI Committee Meeting Minutes
Thursday, August 19, 2010 @ 2020

Tim Kimble called the meeting to order at 2015 at the Rappahannock EMS Council.

Members Present: Tim Kimble (Fauquier Career); Cindy Hearrell (Mary 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.

New Business

The committee reviewed the PI&E Trauma Plan.

Old Business

Cindy Hearrell brought up that there still was not a process for closure when an EMA/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 taken

Once the process was completed a copy of the form would then be sent to the individual that generated the incident review request.

New Business

The committee reviewed the PI&E Plan and the only change that was recommended was to add the form that Cindy Hearrell had requested under old business. Cindy Hearrell advised that there may be future changes recommended from the Virginia OEMS Trauma Oversight Committee. It was agreed that we would table any changes to the plan pending recommended changes from the state committee.

Cindy Hearrell advised that the Trauma Center is still not being notified of incoming trauma patients in a timely manner. She advised the committee of the following:

- 30% 1-5 minutes ETA
- 54% 6-10 minutes ETA
- 5% 11-15 minutes ETA
- 3% 16-20 minutes ETA
- 8% ETA Now

She further advised the group that notification of incoming patients declined.

Chart was reviewed for the Trauma System Indicators for the prior reporting quarter.

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

Meeting adjourned at 2045.

Agenda

1. Approval of the minutes (minutes sent out to everyone).

Old Business

New Business

1. Review the PI&E Trauma Plan.
2. Confirm Trauma Indicators for 4th Quarter CY 2010.

Rappahannock EMS Council
Regional Trauma 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 8:05 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 Greg Fleck, second by Carolyn Marsh and carried to approve the minutes of August 19, 2010 as presented.

Review Reported Data for Trauma QI Indicator of Jul-Sept, 2010:

In reviewing the Trauma Indicator monitored, the total number of reports reviewed regionally involving multi-system trauma patients was 568. Of the reports, 545 documented the patient's blood pressure, Glasgow Coma Scores and respirations on the PPCR. This reflects 95% compliance with the protocol. Overall the committee felt the agencies did a good job in reporting the Trauma Indicator, with no recommendations.

It was agreed that the Trauma Indicator for the 1st Quarter of CY2011 would be modified from identifying the number of trauma patients that are transported to the closest appropriate trauma center, to identifying the number of multi-system trauma patients being transported to the appropriate trauma center.

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

Culpeper Rescue	Goldvein Fire & Rescue
New Baltimore Fire	Oak Grove Fire
Orange County	The Plains Fire
Upperville Fire	Westmoreland Co.

Old Business

None

New Business

There was discussion regarding the newly formed Regional Trauma Committee under the council and the importance of the two committees working closely together as it relates to QI. The Council President has appointed Dr. Roberts as chair to the Trauma Committee. He has requested information on how regional Trauma QI indicators are selected, and this new committee would like to also provide input and recommendations in that area based on their expertise. This item has been placed on the Trauma Committee's December agenda and a member of the Trauma QI Committee will be invited regularly to give a report. Discussion ensued regarding the continued importance of participation by all regional hospitals, OMDs as well as our regions Designated Trauma Center. The makeup of both Trauma related committees does include representation from the Trauma Center (Cindy Hearrell)

who has been active. The QI Committee would like to encourage more participation at the physician level and other non-trauma hospitals.

The committee reviewed other means for identifying QI indicators with the following discussed:

- Query agencies to see if they are seeing trends and what those trends are
- Monitor how many patients receive aid prior to EMS arrival
- QI the QI system

Discussion ensued regarding how the committee utilizes the data received from the quarterly QI indicators reviewed. Their purpose was discussed as noted in the Trauma Performance Improvement Plan, which states the committee is responsible for tracking this data, identifying trends within the regional system and making recommendations as needed. It was concluded that we should be reporting to other regional committees any trends noted or concerns that arise with protocols that may be left up to interpretation. The committee should also be reporting all trends with skills that may be identified as a need for training and possible part of the annual skills drills. Bottom line communication with other regional committees is important to the Trauma QI system.

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

Meeting adjourned at 8:27pm.

TRAUMA QI MEETING AGENDA
November 18, 2010

1. Approval of Minutes
2. Review of Trauma QI Data from Jul – Sept. 2010
3. Non-compliant Agencies
4. Old Business
5. New Business
- Review QI Indicators for the 1st Quarter CY 2011
6. Adjourn

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

MEMBERS PRESENT

Tim Kimble-Chairperson
Dr. Nael Hasan, RMD
Kate Lim, SRMC
Lori Knowles, Stafford Career
Mark Crnarich, King George Volunteer
Leigh-Erin Jett, LifeCare Medical Transports
Cindy Hearrell, MWH Trauma Dept.

OTHERS PRESENT

Carolyn Marsh

EXCUSED

Dan Butler
Ray Harvey
Greg Fleck

UNEXCUSED

Mark Shiflett
Elizabeth Smith

Tim Kimble called the meeting to order at 8:09p.m. at the Rappahannock EMS Council Training Center.

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

New Business

Shared Concern Tracking form and Data

In previous meetings the committee group had discussed the need to be involved in the shared concern process. Carolyn advised she has created a spread-sheet for tracking the Shared Concerns that are reported to the REMS Council. The form will identify the locality, date received and type of incident. Carolyn advised during this reporting period there were two shared concerns.

- One was discussed. Carolyn had not received all the information on the incident so she will look into it and provide further information at the next meeting.
- The second incident: The patient was alert when the Police Department arrived and did not call EMS initially. The patient decompensated quickly and passed away as he was being transferred to the helicopter. Dr. Hasan stated he believes the crew did everything possible for the patient and does not see a problem with the call.

Cindy stated when she submits a Shared Concern she does need follow-up information so she can close the file. The only information she needs is that the concern was addressed with the appropriate individuals and review/counseling was done. Tim agreed we do need to document that the concern has been addressed so that the originator of the Shared Concern is aware their concern was addressed.

Dr. Hasan stated he believes that if an incident doesn't involve the OMD's direct area of responsibility or they were involved in the incident; then there should be no discussion. Dr. Hasan stated the only people submitting a shared concern should be someone on the scene, OMD, or the ER. Dr. Hasan and Tim stated the QI Committee needs to be involved in the Shared Concerns process.

Review Trauma Indicators for 2nd Quarter of CY2011

- Trauma System Indicator – Identify the number of chest trauma calls reviewed, total number of PPCR's where assessment of breathing was documented and the total where oxygen was administered. Trauma Protocol, Section III, Penetrating Thoracic Trauma 9.0, 9.3, page 13

- Revision: Identify the number of chest trauma calls reviewed; total number of PPCR's where assessment of the chest was done for trauma. Patient's chest was auscultated and palpated. Trauma Protocol, Section III, Penetrating Thoracic Trauma 9.0, 9.3, page 13. Benchmark 90%.

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

Motion made to adjourn the meeting by Tim Kimble. Motion approved by Cindy Hearrell and seconded by Dr. Hasan.

Meeting adjourned at 8:50 pm.

TRAUMA QI MEETING AGENDA
February 23, 2011

1. Approval of the minutes (minutes sent out to everyone).
2. Old Business
3. New Business
4. Shared Concern Tracking for and Data.
5. Review Trauma Indicators for 2nd Quarter of CY2011.
6. Establish future indicators for FY 2012.

**Rappahannock EMS Council
Regional Trauma Quality Improvement Committee Meeting
May 25, 2011**

MEMBERS PRESENT

Tim Kimble, Chairperson
Tina Skinner, MWH EMS Coordinator
Nael Hasan, MD, RMD
Mark Crnarich, King George Volunteer
Kate Lim, SRMC
Cindy Hearrell, MWH Trauma Dept.
Greg Fleck, Spotsylvania Career

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 2045 at the Rappahannock EMS Council. All committee members received by email a copy of the Third Quarter FY11 QI Indicator Charts, Agency Compliance Report, and meeting minutes.

A motion was made to approve the February 23, 2011 committee minutes as emailed out. All approved, motion carried.

New Business

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

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

The committee reviewed the data from the Trauma Indicators for the 3rd quarter. The indicator involved Multi-Trauma patients that were transported to the closest appropriate medical facility. Through this indicator the data reflected that air medical transports were down overall and they only accounted for 20% of the total trauma patients. Also, the data reflected that EMS was not transporting to the closest trauma center in 11% of the calls. A question was asked regarding why these patients were not transported to the closest appropriate facility – and based on the data return there was not sufficient information to know. Further discussion ensued and in presenting future QI indicators we need to make sure that we are presenting the questions clearly and when there is an outlier we have an explanation or justification so that we can gather all the necessary data to make improvements and recommendations.

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

Old Business

None

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

Meeting adjourned at 2115.

**TRAUMA QI MEETING AGENDA
May 25, 2011**

1. Approval of the minutes (minutes sent out to everyone)
2. New Business
3. Old Business
4. Shared Concern Tracking form and Data.

5. Review Trauma Indicators for 1st Quarter of CY2011.
6. Establish trauma indicators for FY 2012.

Rappahannock EMS Council
QI Indicators July 1, 2011 – June 30, 2012

1st Quarter QI Indicators (July, August, September)

Trauma System Indicator –Identify the total number of Trauma patients and the number of Trauma patients, which did not require extrication, that were transported from the scene within 15 minutes of arrival.

Medical System Indicator –Identify the total number of Congestive Heart Failure patients where Lasix was given by EMS in accordance with the CHF protocol. Medical protocol, Section 6.0, 6.1, 6.2.

Hospital Data: Total number of patients transported by EMS with complaint of shortness of breath that were diagnosed with congestive heart failure.

System Indicator –Identify the total number of patient care records where a medication was administered. Total number of PCR's from this batch with physician's signatures for the medication administration. Administrative, Section I Documentation and Confidentiality 3.3 and 3.3.2.

2nd Quarter QI Indicators (October, November, December)

Trauma System Indicator – Identify the total number of trauma patients. Of those charts, how many document a complete set of vitals and assess Traumatic Brain Injury markers: Oxygenation, Blood Pressure, Level of Consciousness using the Glasgow Comma Score, and pupil response. Trauma Protocol, Section 6.0

Medical System Indicator –Identify the types of airway interventions used on Cardiac patients, such as Bag-Valve Mask, Endotracheal Intubation, King or Rescue Airway, and CPAP.

System Indicator – Total number of calls where an EZ-IO was placed; of these calls how many involve placing an EZ IO after at least 2 peripheral IV attempts. Clinical Procedure Protocol, Section 29, 29.1 and 29.2

3rd Quarter QI Indicators (January, February, March)

Trauma System Indicator – Identify the total number of Trauma calls and the number of charts reviewed where appropriate neurological exam was preformed and documented. Trauma Protocol, Assessment, Section 1, 1.2, 1.2.1, and 1.2.2.

Medical System Indicator – Identify the number of chest pain patients that received medications. Of those charts, how many had documentation of vital sign reassessment post interventions and had no less than two sets of vital signs total.

System Indicator –Total number of cardiac calls reviewed where bystander CPR was initiated before EMS arrived.

4th Quarter QI Indicators (April, May, June)

Trauma System Indicator – Total Trauma calls reviewed where the receiving facility was notified/given report at least 15 minutes prior to arrival.

Medical System Indicator – Total number of CPR calls; quantity where “uninterrupted CPR” was preformed AND documented in the patient care report.

System Indicator – How many agency providers have received formal education on the regional EMS plans (stroke, MCI, trauma triage, etc)? How were providers given information on these regional plans -- individual instruction one-on-one meeting, online posting for them to review, email with plan attached, or class/group training event?