

Rappahannock EMS Council
Regional EMS Quality Improvement Committee Minutes & Agenda
August 24, 2011

MEMBERS PRESENT

Cindy Hearrell, MWH Trauma Dept.
Leigh-Erin Jett, LifeCare
Kate Lim, Spotsylvania RMC

OTHERS PRESENT

Carolyn Marsh
Wayne Perry
Tyler Williams

EXCUSED

Mark Crnarich
Lori Knowles
Ryan Fines
Tina Skinner
Greg Fleck
Melissa Hall
Dr. Hasan

UNEXCUSED

Tim Kimble

Wayne Perry called the meeting to order at 7:10pm in absence of the committee chairman.

Motion by Cindy Hearrell and seconded by Leigh-Erin Jett for approval of the minutes of May 25th, 2011, motion carried.

Carolyn stated that the committee is looking for more EMTs to join the committee, please let her know if you know someone that is interested. There has also been a posting on the REMS list serve inviting participation from BLS providers and open designated spaces on the committee, such as air medical.

One Trauma Shared Concern was reviewed early so that the provider who presented to answer questions regarding their case could leave – see Trauma QI meeting minutes for details.

Old Business

1. Reviewed statistical data for medical and system QI Indicators for the 2nd Quarter

Medical System Indicators:

- Objective was not met in that the agencies did not achieve the 90% goal set by the committee for compliance.
- All findings will be posted on the website for providers and agencies to review
- Suggestion made to give the objectives that were not met to the EMT instructors to make them aware of the skills that need more emphases in class.

System Indicators:

- Objective was not met in that the agencies did not achieve the 90% goal set by the committee for compliance.
- Next year the QI committee would like to incorporate the administration of Lasix and EKG time into the indicator. Will post results and information on the website, but no additional action is necessary at this time.

2. Agencies that were non-compliant, as well as their OMDs, have been notified. Those agencies are:

Culpeper Rescue
New Baltimore Fire
Upperville Fire
Chester Gap
Reva

Goldvein Fire & Rescue
Orange County
Westmoreland Co
NDW

New Business

1. Review QI Indicators for the 3rd Quarter

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. **GOOD, no additions or corrections are recommended.**

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. **GOOD, no additions or corrections are recommended.**

2. Reviewed the EMS PI Plan. Several recommendations were made to make corrections and updates to this document. The changes will be brought forward by the QI committee to the next Board of Director's meeting for final approval. Some of the suggestions include:
 - Guidelines and Training needs to be represented on the QI committee
 - Need to have representation from air medical on the committee
 - More BLS providers needed to participate on the committee
 - Attendance was a concern; it says 75% attendance in the current document, which is 3 out of 4 of the meetings, but during what time period? The committee has several long distance members that cannot attend regularly. Could a teleconference be possible? If a member is not able to attend meetings, then someone new needs to take over. This will be discussed more and attempts to clarify in the documentation will be made.
 - Changes:
 - Pg 7
 - The EQI **Sub-Committee** shall review all facts found during the review process
 - The primary goal is to identify and address the root cause. (i.e. lack of knowledge or skills, limitation of resources, poor communications, conduct issue, etc.)
 - The EQI **Sub-Committee** shall provide the results of the EMS / Incident Review and recommendations or constructive feedback to resolve the patient care issue (*Final approval by the appropriate OMD*)
 - Pg 8
 - Requests **for data** may be **initiated by the OMD, EQI Committee or other EMS agencies**
 - Pg 12
 - See following page
3. QI review of shared concerns submitted to the REMS Council. A suggestion was made to either meet monthly or appoint a Sub-Committee to review concerns as needed.
 - The committee feels that a sub-committee would best handle this. It will consist of an ALS and BLS provider, a hospital representative, and the REMS Executive Director. The OMD will be ad-hoc as needed for specific medical issues or decisions and clarifications.
 - Cindy stated that she would like to give an agency so much time to get back to the REMS about what action has been taken for the concern. When the letter is sent out from the REMS Council announcing the receipt of a shared concern. The agency will be given two weeks to respond, during which time the sub-committee will also be notified and meet.
 - Currently the agencies get a copy of the review request and they are responsible for taking action. Instead of sending a duplicate copy of the shared concern, the data will

be summarized in a letter that is generated by the REMS Council. There was a concern that some people whose name was on the shared concern had been approached and harassed by providers for completing a QI form.

- Wayne states that they take this concern into consideration when they send a letter to the agency. They will follow up with the agency to see how things have gone or what actions have been taken and loop closure will occur with the agency and the reporting individual or group make sure that this incident has been addressed and in hopes that it does not recur. REMS will make sure that the concern is addressed and providers should be encouraged and feel comfortable to report issues.
- Mel mentioned that when we notify the agencies of the concern, not to let them know who submitted it.
- Wayne mentioned the sub-committee could meet to review the concern and the agencies information and they can then bring their findings to the Quarterly meeting.
- Cindy suggested that there be a closure date on the shared concern form, so that there is so much time that the concern has to be taken care of. There was a suggestion of 30 days, everyone agreed.
- Additional changes in the formatting of the shared concern form were discussed and the revisions will be made and presented to the committee at the next meeting.

Next meeting will be on November 16, 2011 at 7:00 pm at the REMS Council.

Meeting adjourned at 8:10 pm.

Agenda

1. Approval of the minutes

Old Business

2. Review statistical data for medical and system QI Indicators for the 2nd Quarter
3. Agencies that were non-complaint have been notified. Those agencies are:

Culpeper Rescue	Goldvein Fire & Rescue
New Baltimore Fire	Orange County
Upperville Fire	Westmoreland Co
Chester Gap	NDW
Reva	

New Business

4. Review QI Indicators for the 3rd Quarter

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

5. Review the EMS PI Plan.
6. QI review of shared concerns submitted to the REMS Council do we want to meet monthly or appoint a Sub-Committee to review concerns monthly?

Next meeting will be on November 16, 2011 at 7:00 pm at the REMS Council.

APPENDIX B

Rappahannock EMS Council
435 Hunter Street, Fredericksburg, Va. 22401 – 540/373-0249
EMS INCIDENT REVIEW REQUEST FORM

This form should be utilized in the event of any unresolved EMS conflict or patient care concern. Please provide as much information as possible in the requested fields. If additional information is available after submission or in addition to this form please leave a confidential voice mail message at 540/322-2515.

When completed, attach any available documentation (copy of PPCR), and forward to the EMS liaison at the hospital, or seal in an envelope marked CONFIDENTIAL QI COMMITTEE and submit to the REMS council office. You will be contacted, if needed, for clarification and to indicate that a resolution has been reached. Thank you for your interest to improve quality and operations in the Rappahannock Regional EMS services.

Date of Incident: _____ Time of Incident: _____

Requesting Individual: _____ Tel/E-mail: _____

Organization / Affiliation: _____

Title or Certification: _____

Location of Incident: _____

Responding EMS Agency: _____

Unit #: _____ ALS BLS Unknown Type of Incident: _____

Attendant in charge: _____

Include the names of any other crew members (if known): _____

How were you involved with patient? _____

Details and Reason for review request (please write legibly!): _____

Signature: _____ Date: _____

**Rappahannock EMS Council
Regional EMS Quality Improvement Committee Agenda
November 16, 2011**

MEMBERS PRESENT

Tim Kimble – Chairperson
Ray Harvey
Leigh-Erin Jett
Lori Knowles
Tyler Williams
Tina Skinner
Dr. Hasen
Keith Beasley
Greg Leitz
Steve Mitchell
Tyler Williamson

OTHERS PRESENT

Carolyn Marsh
Wayne Perry

EXCUSED

Kate Lim
Mark Crnarich
Cindy Hearrell
Denice Greene

UNEXCUSED

Melissa Hall
Ryan Fines
Greg Fleck

Meeting called to order at 1935 by Chairperson, Tim Kimble at the REMS Council Training Center.

Motion to approve the minutes from the August 24, 2011 meeting by Dr. Hasan, seconded by Lori Knowles. Minutes approved.

Old Business

1. Review statistical data for medical and system QI Indicators for the 3rd Quarter
2. The two form changes recommended to the Board were approved, revised forms attached. Plan has been updated and form distributed to the hospitals for use.
3. Agencies that were non-complaint have been notified. Those agencies are:

Westmoreland County	REVA
Salem	NSWD
Orange County	Fredericksburg Rescue
Colonial Beach Fire	

Letters have been sent to the agencies advising they are non-complaint for the 3rd Quarter QI reporting period.

New Business

1. Review QI Indicators for the 1st Quarter 2012

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.

Revision – Identify the number of chest pain patients that received Nitroglycerin. Of those charts, how many had documentation of vital sign reassessment post intervention 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.

Revision–Total number of cardiac calls reviewed where bystander CPR was initiated before EMS arrived. Have agencies list the name of the patient, incident numbers, and name of receiving facility.

Tina Skinner will research MWH/SHC patients to review the outcome of patients who received bystander CPR.

2. Sub-committee met on October 5th and October 27th for review of three Shared Concern reports. On October 5th there was recommendation and closure on one report. It was determined that additional information was needed for the two remaining reports. On October 27th there was a recommendation and closure on one report. It was determined that an invitation needed to be extended to the crew to appear to resolve and close the final report.

Next meeting will be on February 22nd, 2012 at 7:00 pm at the REMS Council.

Meeting adjourned at 8:10 p.m.

Agenda

Approval of the minutes from the August 24, 2011 meeting

Old Business

1. Review statistical data for medical and system QI Indicators for the 3rd Quarter
2. The 2 form changes recommended to the Board were approved, revised forms attached. Plan has been updated and form distributed to the hospitals for use.
3. Agencies that were non-complaint have been notified. Those agencies are:

Westmoreland County	REVA
Salem	NSWD
Orange County	Fredericksburg Rescue
Goldvein	Culpeper Co. Rescue
Colonial Beach Fire	

Letters have been sent to the agencies advising they are non-complaint for the 3rd Quarter QI reporting period.

New Business

1. Review QI Indicators for the 1st Quarter 2012

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.

2. Sub-committee met on October 5th and October 27th for review of 3 Shared Concern reports. On October 5th there was recommendation and closure on one report. It was determined that additional information was needed for the remaining 2 reports. On October 27th there was a recommendation and closure on 1 report and determined that an invitation needed to be extended to the crew to appear to resolve and close the final report.

Next meeting will be on February 22nd at 7:00 pm at the REMS Council

**Rappahannock EMS Council
Quality Improvement Committee Minutes
Medical & General Meeting
February 22, 2012**

MEMBERS PRESENT

Tim Kimble – Chairperson
Steve Mitchell, PHI Air Medical
Leigh-Erin Jett, LifeCare
Lori Knowles, Stafford Co.
Greg Leitz, Spotsylvania Co.
Tina Skinner, MWH EMS Liaison
Greg Fleck, Spotsylvania Co.
Keith Besley, Spotsylvania Co.
Cindy Hearrell, MWH

OTHERS PRESENT

Carolyn Marsh

EXCUSED

Tyler Williamson
Ryan Fines
Mark Crnarich
Ray Harvey

UNEXCUSED

Kate Lim
Dr. Hasan
Denice Greene

Meeting was called to order by Tim Kimble, Chair, at 7:05p.m. at the REMS Council Training Center.

Motion by Keith Besley, seconded by Greg Leitz to approve minutes of November 16, 2011. Change the past minutes at the top of the header from “Agenda” to “Minutes”. Motion carried.

Old Business

1. Review Data Sheet and Medical and System QI Indicator for the 4th Quarter. Data Sheet and Indicator Charts were sent to all committee members.
 - o Tim stated that he has spoken to agencies and they are impressed and happy that we are asking for more detailed information
 - o Tina suggests that we should find out what agencies are using EZ-IOs since the number was so low. 49 out of 17,963.
 - o Could we get grants for those agencies that can’t afford them?
 - o Cindy suggested that that in the future that we do an indicator with the following:
 - o How many calls were completed where an IV was required?
 - o Of those calls,
 - o How many IVs were attempted?
 - o How many IVs were not attempted?
 - o How many EZ-IOs were attempted?
 - o She also suggests that when we come back next quarter to make tiers in the indicators.
 - o Tina said that it looks good, but would like to see in the future why the EZ-IO was done first instead of an IV. We need to get more details with the indicators in the future.
 - o Cindy stated she would like to know the age of the EZ-IO patients.
 - o Tim stated that he has received feedback that the new forms have been helpful.
 - o He would like to make sure that all agencies are seeing how the QI committee is using the data and what they do when they received the data.
 - o Any ideas on how to get this information out?
 - o Inviting providers to the meeting was suggested by a couple committee members.
 - o Edit to the Medical Indicator numbers
 - o Add multiple adjuncts used: 41
- 2. Agencies that were non-complaint have been notified. Those agencies are:

Catlett, Colonial Beach Fire, New Baltimore, Salem

3. The compliance ratio is 90% with only 10% non-complaint.
4. OMD Reports have been emailed to all the OMD's.
5. The QI sub-committee had no meetings during this reporting Quarter

New Business

1. Carolyn has created a QI email group and will be sending forms and data out to the agency representatives. All forms have been made fillable so the agency can fill in the data and email back to her. In return the agency representative will receive a reply advising the forms were received and if there are any issues with the reports she can advise and get it corrected in a timely manner. She also plans to email the Data Report and the Charts for the Indicators so the agency can see first hand what we are doing with the information they report.
2. Review Medical and System QI Indicators for the 2nd Quarter 2012:

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

- Many of the committee members were not sure what this means.
 - Tim asked if it means the time that it takes to move the patient?
 - Most times opening the call sheets, there is not any documentation regarding interrupted CPR time in order to find the data
- Lori suggested we look at capnography
 - Does the agency use it?
 - What type of patient was it used on?
 - How often is it used?
- Possible new indicator
 - How many cardiac arrests were performed?
 - In those cardiac arrests, in how many were an AED attached prior to arrival of EMS?
 - What was the outcome of the patient?
 - Of those patients, how many had return of spontaneous circulation?

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.

- A list needs to be made regarding various methodology of how they are receiving the information
 - Add:
 - How many providers are in your agency?
 - Of those providers how many 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.
 - Make up a fill out sheet for example
 - A, B, C, D-all of the above
3. Time to put our thinking caps on again as we need to identify at our May, 2012 meeting the QI Indicators for 2013. We need Four Medical and System Indicators. In the past we had Dr. Hasan and Cindy Hearrell come up with the Medical and Trauma indicators and the committee was responsible for the System indicators. Need to discuss and decide if we want to continue as we did for 2012 or choose another process.
 - Lori made a suggestion that we survey the agencies to see what they would like to see for indicators in the future. Everyone agreed.

Motion to close the meeting by Greg Fleck, seconded by Keith Besley.

Meeting closed at 8:03p.m.

Next meeting will be on May 16th at 7:00 pm with location to be announced.

Agenda

Approval of the minutes

Old Business

1. Review Data Sheet and Medical and System QI Indicator for the 4th Quarter. Data Sheet and Indicator Charts were sent to all committee members.
2. Agencies that were non-complaint have been notified. Those agencies are:
Catlett, Colonial Beach Fire, New Baltimore, Salem
3. The compliance ratio is 90% with only 10% non-complaint.
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New Business

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2. Review Medical and System QI Indicators for the 2nd Quarter 2012:
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.
3. Time to put our thinking caps on again as we need to identify at our May, 2012 meeting the QI Indicators for 2013. We need Four Medical and System Indicators. In the past we had Dr. Hasan and Cindy Hearrell come up with the Medical and Trauma indicators and the committee was responsible for the System indicators. Need to discuss and decide if we want to continue as we did for 2012 or choose another process.

Next meeting will be on May 16th at 7:00 pm location to be announced

**Rappahannock EMS Council
Quality Improvement Committee
Medical & General Meeting
May 16, 2012**

MEMBERS PRESENT

Tim Kimble – Chairperson
Lori Knowles
Mark Crnarich
Cindy Hearrell
Greg Leitz
Greg Fleck

OTHERS PRESENT

Wayne Perry

EXCUSED

Christina Skinner
Steve Mitchell
Keith Beasley
Leigh-Erin Jett

UNEXCUSED

Ryan Fines
Ray Harvey
Kate Lim
Tyler Williamson

The meeting was called to order by Chairman, Tim Kimble, at 7:03p.m. at the REMS Council Training Center.

Tim announced that effective August 22, 2012, Pam Bertone, REMS ALS Instructor, would take over as staff support for the QI Committee.

Minutes from the April 13, 2012 Medical and General QI meeting were sent out by email. No questions or amendments. A motion and second to accept the minutes. None opposed. Motion carried.

Old Business

1. In reviewing the 1st Quarter Report there is one correction regarding the agencies that reported there needs to be a correction made under Marshall Fire: the total number of reports reviewed needed to be moved up one cell. Will inform Carolyn as it could skew total numbers because it was out of place.
2. Agencies that were non-complaint have been notified. Those agencies are: Brandy Station, New Baltimore, Salem
3. The compliance ratio is 93% with only 7% non-complaint.
4. OMD Reports have been emailed to all the OMD's.
5. The QI sub-committee had no meetings during this reporting Quarter
6. There are no indicators to review for the 3rd Quarter (Jun – Jul – Aug) since we have not established the indicators.

New Business

1. **Medical Indicators**: Total number of cardiac reports reviewed was 563. Total number of reports reviewed where there was administration of nitro to the patient was 234. Total number of reports reviewed that had vital sign assessment post-intervention and had no less than 2 sets of vitals: total was 229. Followed protocol only 51% of the time. One patient with no justification, one with 1 nitro

administered and no vital signs, report reflects 2 nitro only with only 1 set of vitals, 1 nitro being issued but report reflects 2 nitros and only 1 set of vitals and 2nd nitro prior to 2nd BP. Others were outside the nitro category. Committee thoughts on results: Nitro being administered less than 50% of chest pain patients. Perhaps add to the collection criteria: Not Applicable, etc. Hoping to be able to collect the raw data off the computer reporting system sometime in the future.

2. **System Indicator**: Total number of cardiac calls reviewed was 488. Total cardiac calls reviewed where bystander CPR was initiated before EMS arrival was 22. Were these cardiac calls or arrests? Looking for follow-up at the hospital for survivability outcomes because of bystander CPR. Not sure why follow-up to find out what the outcomes were have not been conducted. Need name of patient and date of incident. Will have staff contact the facilities to get patient outcomes. Tina Skinner can do for MWH and Stafford Hospital. Not sure about Culpeper Hospital, Fauquier Hospital or SRMC.

System Indicator 1, FY2013 1st Qtr. (July, August, September): How many pediatric patients were given medications? What method was used to calculate the dosage of medication(s) given? Was the dose given correct?

System Indicator 2, FY2013 2nd Qtr. (October, November, December): How was patient transported to the hospital – via ambulance, helicopter, other?

System Indicator 3, FY2013 3rd Qtr. (January, February, March 2013): Number of providers trained within the agency (FR, EMT-B, EMT-E, EMT-I, EMT-P). Number of classes sponsored by agency.

System Indicator 4, FY2013 4th Qtr. (April, May, June): Number of advance practice skills offered by agency?

Medical Indicator 1, FY2013 1st Qtr. (July, August, September): How many cardiac chest pain patients? How many providers ran a 12-lead on the cardiac chest pain patient?

Medical Indicator 2, FY2013 2nd Qtr. (October, November, December): What medications were administered prior to arrival at hospital? Who were the patients? Did you check on their outcome?

Medical Indicator 3, FY2013 3rd Qtr. (January, February, March 2013): How many patients were administered amiodarone / atrovent? To treat what?

Medical Indicator 4, FY2013 4th Qtr. (April, May, June): Did anyone use the Therapeutic Hypothermia protocol?

Wayne gave a point of information that the foresight of the Virginia Legislature has changed one of their VA Codes to include a new access to the state-wide EMS data.

Meeting adjourned at 8:00p.m.

Next meeting will be on August 22, 2012 at 7:00 pm - location to be announced.

Agenda

Approval of the minutes

Old Business

1. Review Data Sheet and Medical and System QI Indicator for the 1st Quarter. Data Sheet and Indicator Charts sent to all committee members.
2. Agencies that were non-complaint have been notified. Those agencies are:
Brandy Station, New Baltimore, Salem
3. The compliance ratio is 93% with only 7% non-complaint.
4. OMD Reports have been emailed to all the OMD's.
5. The QI sub-committee had no meetings during this reporting Quarter
6. There are no indicators to review for the 3rd Quarter (Jun – Jul – Aug) since we have not established the indicators.

New Business

1. Establish four Medical and System Indicators for 2012 – 2013.

Next meeting will be on August 22, 2012 at 7:00 pm location to be announced.