



**Rappahannock EMS Council  
Quality Improvement Committee Minutes  
Medical & General Meeting  
Wednesday, August 22, 2012 @ 7:00 pm  
REMS Council Classroom A**

**MEMBERS PRESENT**

Mark Crnarich-KG County  
Leigh-Erin Jett-LifeCare  
Melissa Hall-MWH TS  
Tina Skinner-MWHC  
Tyler Williamson-Fburg  
Keith Beasley-Spotsylvania  
Ulysses Taormina-Quantico

**OTHERS PRESENT**

Pam Bertone  
Wayne Perry

**EXCUSED**

Tim Kimble  
Dr. Hasen

**UNEXCUSED**

Kate Lim  
Lori Knowles  
Greg Leitz  
Ryan Fines  
Greg Fleck  
Steve Mitchell

**Agenda**

Meeting brought to order at 2000. Tim Kimble is absent, so Marc Crnarich will be chairing tonight.

Approval of the minutes deferred till next meeting, they were not emailed out and were not available for the committee to review.

**Old Business**

1. Review Data Sheet and Medical and System QI Indicator for the 2nd Quarter.  
Data Sheet and Indicator Charts sent to all committee members.
  - a. Medical Indicator
    - i. The numbers were low
    - ii. Marc suggested looking at the Public access to AEDs.
  - b. System Indicator
    - i. Wayne stated that the purpose is to see how many agencies have provided their providers with training.
    - ii. The question should have been broken down individually instead of being grouped, something to look at next time.

2. Agencies that were non-compliant have been notified. Those agencies are:
  - a. Brandy Station, New Baltimore, Culpeper Rescue Squad, Colonial Beach Fire Station, Fredericksburg Rescue Squad, Quantico, and Upperville Fire and Rescue. However, both Culpeper Rescue Squad and Quantico expect to get their reports in within the week.
    - i. OMDs have been notified
3. The compliance ratio is 78% with 22% non-compliant.
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. Review indicators for the 2<sup>nd</sup> Quarter FY 2012/4<sup>th</sup> Quarter CY 2012
  - a. For the System Indicator, Keith suggested adding in Patient refusals
  - b. Leigh-Erin offered to set up a document in Report Writer in ImageTrend for the indicators and put into a document to assist agencies in determining their data.

Next meeting will be on November 14, 2012 at 7:00 pm due to the Thanksgiving holiday, location to be announced.

Meeting closed at 2030 hrs.

Rappahannock EMS Council  
Quality Improvement Committee Minutes  
Medical & General Meeting  
Wednesday, November 14, 2012 @ 7 p.m.  
REMS Council, Classroom A

MEMBERS PRESENT

Mark Crnarch-KG County  
Melissa Hall, MWH TS  
Tyler Williamson, FVRS  
Keith Besley-Spotsylvania Co.  
Steve Mitchell, PHI Air Medical  
Lori Knowles, Stafford Co.

OTHERS PRESENT

Wayne Perry, REMS  
Pamela Bertone, REMS

EXCUSED

Greg Fleck  
Tina Skinner  
Dr. Nael Hasan  
Leigh-Erin Jett  
Waverly Alley  
Ulysses Taormina  
Warren Jenkins

UNEXCUSED

Ryan Fines  
Tim Kimble  
Kate Lim

Agenda

Meeting brought to order at 1941 hours. In the committee chair's absence, Mark Crnarch chaired the meeting tonight. Approval of the minutes after the following revisions:

Lori Knowles' absence from the 8/22/12 meeting was excused as she was on vacation.

Steve Mitchell's absence from the 8/22/12 meeting was excused as he was out on medical leave.

Old Business

1. Review Data sheet and Medical and System QI Indicator for Q2 FY2013/Q3 CY2012. Data sheet and Indicator Charts sent to all committee members.
  - a. Improvement from previous quarter to 96% of agencies reporting
    - i. 3 non-compliant agencies' medical directors have been informed
    - ii. Salem, Upperville, and Brandy Station
  - b. Medical Indicator
    - i. Noted that of the 42 agencies reporting, only 22 were eligible to report on 12 lead use for cardiac chest pain patients as the other 20 agencies either did not transport cardiac chest pain calls or did not have providers above the EMT-E level transporting the cardiac chest pain patient.
    - ii. It was noted that the majority (41%) of agencies obtained 12 leads <25% of the time, which was uniformly deemed as not constituting best practice.
    - iii. Discussed that those agencies (23% or 5 agencies) that performed 12 leads 100% of the time on their cardiac chest pain patients were deserving of commendation in some form.
  - c. System Indicator
    - i. System error was indicated in that most providers document appropriately the amount of drug given, method, etc., however, most providers not informed of the importance of documenting methodology of arriving at pediatric patient weight.
    - ii. Agreed that this was a training issue that could be addressed in continuing education and certification courses, as well as addressed in REMS Newsletter.

New Business

1. Review of indicators for current quarter (Oct./Nov./Dec.) noting some clarification and rewording of indicators was necessary. Discussion ensued regarding the need for clarification in the wording following input from the Committee Chair, Tim Kimble, via email, and direction from the committee.
2. Review of Exposure Reporting Form

- a. Lori Knowles pointed out that some providers may not know that Lee's Hill and Stafford fall under MWH and asked that the form be revised to denote that. All committee members agreed.
  - b. Revised form will be resent to all QI Agency Representatives and to the QI Committee members.
3. In discussing the 12 lead issue, Mark Besley pointed out that EMT-Bs are allowed to perform 12 leads but may not interpret. Wayne Perry pointed out this was not so during the reporting period, but was effective Nov. 1, 2012.
4. It was decided to change the medical indicator verbiage for January from "amiodarone" to "prednisone" in light of the deletion of Amiodarone and the addition of Prednisone.
5. Wayne Perry introduced the topic of Scope of Practice changes initiated at the OMD level that influence changes to protocols.
  - a. Lori Knowles acknowledged the misinformation in the field regarding the misconception that EMT-I providers may still intubate pediatric patients and/or that regional medical directors may override practice maximums. She suggested, and the committee agreed that the Council should get that information out to the providers.
6. Mark Cnarch suggested that we begin considering indicators for next fiscal year as they must be submitted by July 1, 2013.
7. Wayne Perry suggested that we mirror other QI committees by making many of our forms available to complete online, to which the committee agreed.
8. Marc Cnarch asked about the advisability of adding a discussion forum to the website, noting that users would be required to register with their actual names in order to discourage inappropriate discussion. The committee did not concur.
9. Wayne Perry suggested an "Ask Jeeves" format for the website, in lieu of that, to which the committee did concur.

The next meeting is scheduled for February 27, 2013 at 7 p.m. at the REMS Council, Classroom A.

The meeting was adjourned at 2020 hours.



Rappahannock EMS Council  
Quality Improvement Committee Minutes  
Medical & General Meeting  
February 27, 2013

Members Present

Mark Crarnich, Chair, KG Vol.  
Tyler Williamson, Fburg VRS  
Greg Fleck, via confr. call, Spotsy Co.  
Pamela Bertone, REMS Staff  
Wayne Perry, REMS Director

Members Excused

Skinner, Tina, MWH  
Besley, Keith, Spotsy Co.  
Hall, Melissa, MWH  
Jenkins, W.  
Alley, Waverly, Spotsy Co.  
Hasan, Nael Dr., RMD

Members Absent

Taormina/Harvey, Quantico  
Steve Mitchell, PHI Air Medical  
Kate Lim, SRMC  
Leigh-Erin Jett, LifeCare  
Lori Knowles, Stafford Co.  
Pamela Scholl, SRMC  
Ryan Fines, Chancellor VF&R  
Cindy Hearrell, Community Rep.

Meeting convened at 1931 hours. The minutes were reviewed without corrections required and were approved.

The agency reports were reviewed noting that Spotsylvania and Fredericksburg Squad did not report this month.

On review of The Plains, the question arose if it was an accurate report as zero patients were transported. Pam reported that The Plains commonly does not generate a significant call volume and is frequently unstaffed.

Discussion ensued with Mark requesting that previous quarters' data be forwarded to him and Pam assenting. Wayne further requested that the typo on the data sheet be corrected from "2<sup>nd</sup> Q CY" to "2<sup>nd</sup> Q FY". Pam assented.

All agreed that FY should be the only means of recording data, and elimination of CY was prudent.

Mark would like to add information to a database to show yearly trends. Asked if Dahlgren would consider reporting like Quantico. Also discussed creating a form that's fillable and adds the data together, i.e. Excel spreadsheet fashion.

It was noted that Colonial Beach Fire report was entered twice and that CB Rescue failed to report altogether. Pam will make corrections.

Mark Crnarich-review of other indicators:

Three patients in Fauquier were not given meds due to the drug shortage. Two were OD patients, with no Narcan available. The third was not explained. Wayne asked for a sanitized run copy of each call, if possible. Pam agreed to contact the Fauquier QI rep.

Wayne would like to follow up on the 4 patients transported by air in lieu of ground; Pam assented.

Mark suggested reviewing upcoming indicators; leave prednisone on the medical indicator, in spite of Wayne indicating he thought it might have amiodarone.

Mark also reviewed upcoming ROSC with cardiac arrest patients and wanted to review the instances of the use of therapeutic hypothermia by EMS for the applicable quarter.

Discussion ensued of noting how many advanced practice skills were being used in the field and which ones. It was suggested that we add an "other" category for this purpose. Wayne addressed the need to identify what constituted an "advanced practice" skill noting that there were new skills out for a number of months and the importance of seeing if those skills are being utilized.

Mark suggested we come up with a suggested list of what to measure by April.

Mark recommended PI plans for next year and review of committee charter for topics. He also suggested making more use of email for discussions to increase communications to greater than 4 times per year. He noted that we will continue to improve the phones for conference calls for the next meeting and suggested we consider a video sharing option.

Wayne noted that the Stroke committee is asking the QI committee to do the annual stroke report. Mark noted that all plans are on the website and asked when the first annual report is due. Wayne replied there is no date on it but in October, on reviewing the stroke plan, they asked for a report and Wayne informed them at that time that the QI committee had not been apprised by the Stroke Committee of such a request. Wayne further stated that, "It can't be something the REMS staff can do. We simply can't do more."

Mark suggested that we add a section on noting the number of strokes and types of patients to the QI data form, and perhaps adding STEMIs also. Wayne suggested asking the hospitals to come up with their numbers and expecting the numbers will match up.

Mark suggested adding additional patient classification for data form for FY 2014.

Wayne suggested adding data for not just advanced interventions, but also data regarding number of ET and success rate. Pink tracking sheets track but do not report well. It's currently in an access data base.

We currently get the pink forms from MW hospital. On Mark's questioning, Wayne replied that the best way to get providers to report would be to offer an online option since providers state they don't have access to the forms. The agencies then became upset when REMS provided forms stating we shouldn't have access to the data. Perhaps enlisting the support of the OMDs would be helpful, per Wayne. Mark noted that establishing boundaries for data usage and conveying this data is not to be used for punitive purposes would be helpful.

Nothing further.

Next meeting is the third Wednesday, May 15, 2013, 7:00p.m. at the REMS Council Training Center.

Meeting adjourned at 2020 hours.

Medical/System

Note: Mark's name misspelled.

Meeting begins with discussion of medical indicator - use of atrovent or prednisone.

Discussion ensued regarding determination of indicators for upcoming fiscal year:

Q1 FY 2014

1<sup>st</sup> System

Did agency offer training on regional plans? How many providers attended, how many instances of training?

Can we consider a Quarterly report add on, i.e.,  
Categories of medical patients to track trends:

+ stroke assess., + STEMI on 12 lead,

Online reporting form to directly report data instead of through forms hopefully coming out in the next two quarters.

Mark suggested we model after central Shenandoah, submitting online forms for airway management tracking. Getting agency buy in will be the challenge. Then provide feedback for the region.

FY 2014-other indicators

2<sup>nd</sup> system indicator: has the agency QI plan been reviewed or revised, or has there been agency training on QI?

How many providers are involved in peer review? How many agencies have their own plan and how many are using the REMS QI plan?



1st medical indicator

Of patients with CHF how many were managed with CPAP and/or Lasix?

2<sup>nd</sup> medical indicator- helo use for medical patients

3<sup>rd</sup> -system indicator -Blind insertion device training by BLS and ALS cert level

4<sup>th</sup> system : CP with 12 lead? By ALS and BLS

3<sup>rd</sup> medical indicator- total number of behavioral emergencies. How many required meds and what meds?

4<sup>th</sup> medical indicator-how many OB calls had 1<sup>st</sup> BP within normal limits,,if not, were they being treated for HTN and was due date documented?

Next meeting is supposed to be 3<sup>rd</sup> wed of august but move to 4<sup>th</sup> week of august so as not to conflict with BOD meeting.

PI plan is available on website for review and for revision later in the year.

Motion to adjourn at 2155 hours.