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

MEMBERS PRESENT	OTHERS PRESENT	EXCUSED	UNEXCUSED
Mark Crnarich-KG County	Pam Bertone	Tim Kimble	Kate Lim
Leigh-Erin Jett-LifeCare	Wayne Perry	Dr. Hasen	Lori Knowles
Melissa Hall-MWH TS			Greg Leitz
Tina Skinner-MWHC			Ryan Fines
Tyler Williamson-Fburg			Greg Fleck
Keith Beasley-Spotsylvania			Steve Mitchell
Ulysses Taormina-Quantico			

Agenda

Meeting brought to order at 1902. 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 Trauma QI Indicator for the 2nd Quarter, Data Sheet and Indicator Charts emailed to all committee members.
    a. There were 2 activations of the Trauma team at MWH; both had ETAs of less than 10 minutes.
    b. Who calls for the Trauma activations?
        i. The Hospital
        ii. The activation is determined by the call report called in by the EMS crew.
        iii. MWH has a 3 tiered activation process. The nurse in the Comm box makes the determination if an activation is needed based on the call report by the EMS crew.

iv. Per Melissa, ETAs are now increasing which has been great. She feels that the issue that they had is becoming better as they are educating the EMS community.
v. MWH is now monitoring agencies with less than 5 minutes ETAs and they are eliminated from the criteria.
vi. There was a discussion among committee members about involving 911 dispatch centers in notifying the hospital about a critical patient that is being transported to their facility.
    1. Keith Beasley volunteered to help look into this.
vii. Marc asked Melissa to send something to put on the website to promote more awareness of notification to the EMS community

c. There is also a new protocol rollout coming soon.

2. Agencies that were non-compliant have been notified. Those agencies were:
    a. Brandy Station, New Baltimore, Salem, Culpeper Rescue Squad, Colonial Beach Fire Station, Fredericksburg Rescue Squad, Quantico, and Upperville Fire and Rescue. However, we are expecting reports from Culpeper and Quantico in the next week.
        i. OMDs have been notified
        ii. Quantico has submitted their data
        iii. Ulysses from Quantico mentioned that they are using the paper PPCRs from the state and the new ones do not have certain areas to mark so it is it making hard to determine some of the criteria needs.
        iv. Tyler Williamson from Fredericksburg inquired when was the last date Fredericksburg was notified about them being non-compliant. Pam stated it was August 7th.
            1. Tyler stated that he would make contact with the QI/QA liaison in Fredericksburg.
        v. Pam stated that some agencies change who is in charge of the QI/QA information and they do not notify REMS. Therefore, the information is not being received by the council.
            1. Pam stated that as of last week, she attempted to contact agencies again and three of them have not made any contact back.
        vi. Pam asked how the agencies are able to look at the final reports and Wayne stated that they are on the REMS website for all EMS agencies to view.

vii. Ulysses recommended that REMS email providers the link to this information.
viii. Pam stated that she would like to target the training divisions with the reports so that they know what to focus on with training their providers.

3. The QI sub-committee had no meetings during this reporting Quarter
4. The compliance ratio is 78% with 22% non-compliant.
5. OMD Reports have been emailed to all the OMD's.

New Business

1. Review Indicators for 1st Quarter FY 2012/3rd Quarter CY 2012
    a. How many patients required the use of a tourniquet/
        i. Data compiled will look at the protocol.
2. Review indicators for the 2nd Quarter FY 2012/4th Quarter CY 2012
    a. Number used to rule out and the outcome of the patient.
        i. Tina suggests that there be a follow up on the patient, this can be done by MWH
    b. It is important to have all hospitals participate in this data
    c. Add into the indicators
        i. One for agencies and one for hospitals
    d. Please email all supporting date to Pam
3. No modification currently for the 3rd or 4th Quarter FY data.
4. Discuss issues posed by the Trauma Committee.
    a. Melissa from MWHC had some issues that were discusses by the Trauma Committee that needed to be discussed at the QI committee meeting.
        i. Dr. Croverton and Dr. Roberts are the chairs
        ii. The committee has discussed the indicators and they feel that they are not informed of the data.
        iii. A relationship has been requested between the two committees.
        iv. The next Trauma Committee meeting is scheduled for September 12th, 2012.
        v. They believe that a liaison will help the relationship between the two committees.
        vi. Dr. Hasen has talked to Tim about the two committees working together.
        vii. Wayne agreed that the two committees need to work together.
        viii. Marc recommended that a discussion board on the REMS website might help to discuss issues.

ix. Melissa suggested that staging all committees appropriately so that issues can be discussed and not delayed as it currently is with the set up of meetings.
x. Wayne stated he will look into how the meetings are set up currently.

b. Melissa also brought up the discussion of mortality in Trauma Centers.
   i. Currently at MWH they have a higher population of DOA patients than the other hospitals in the state of Virginia.
      1. They would like to look specifically at trauma patients and see if we can have an indicator to look at possible failure of the DOA protocol and failure of the training of that protocol.
   ii. Pam suggested there be a separation of organ donation, as some patients are transported for that reason.
   iii. There was a discussion if there was a separation of deaths within in the hospital between DOAs and deaths in the hospital, Pam stated that she didn't think so.

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

Meeting closed at 2000 hrs.

Rappahannock EMS Council
Quality Improvement Committee Minutes
Trauma Committee Meeting
Wednesday, November 14, 2012 @ 8:30 p.m.
REMS Council, Classroom A

MEMBERS PRESENT	OTHERS PRESENT	EXCUSED	UNEXCUSED
Mark Crnarch-KG County	Wayne Perry, REMS	Greg Fleck	Ryan Fines
Melissa Hall, MWH TS	Pamela Bertone, REMS	Tina Skinner	Tim Kimble
Tyler Williamson, FVRS		Dr. Nael Hasan	Kate Lim
Keith Besley-Spotsylvania Co.		Leigh-Erin Jett	
Steve Mitchell, PHI Air Medical		Waverly Alley	
Lori Knowles, Stafford Co.		Ulysses Taormina	
		Warren Jenkins	

Agenda

Meeting brought to order at 1941 hours. In the committee chair's absence, Mark Crnarch will be chairing 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 Trauma QI Indicator for Q2 FY2013/Q3 CY2012. Data sheet and Indicator Charts sent to all committee members.
   Discussion of indicator regarding tourniquet use for this quarter, noting that there were 0 uses of tourniquets this quarter. It was discussed that many procedures are difficult to track unless the entire body of the report, including the narrative, is reviewed since most forms/programs do not include check boxes for interventions.

New Business

1. Discussion ensued regarding the difficulty in teasing out many of these statistics, depending on the system an agency employs.
   a. Lorie Knowles: If the system does not isolate certain data, it requires the QI Agency Representative to read the report in its entirety which is a challenge for many agencies, particularly for criteria like use of tourniquets and pelvis stabilization.
   b. Mellissa Hall responded that to assist in this endeavor, MWH may be able to pull statistics on patients with pelvic fracture and cervical spine injury to denote if the fracture was supported in either case. She also noted that there is disagreement among trauma surgeons about the advisability of the use of pelvic support devices and methods and asked if the protocols indicated use based solely on finding the pelvis unstable or if hemodynamic presentation played into the decision. It was noted that pelvic instability was the only indicator needing to be met for application of pelvic support devices or methods.
2. Discussion also regarding current trauma indicator regarding appropriate use of the opt-out protocol for cervical immobilization. Melissa Hall noted that perhaps MWH could track cervical spine injuries, the patient outcome and whether EMS had made use of the protocol appropriately, or not.
3. Mark also reminded all members our deadline for more indicators would be approaching and that we should discuss ideas regarding future indicators in the next meeting in February.
4. Meeting was adjourned at 2045.

EMS COUNCIL INC.

Rappahannock EMS Council
Quality Improvement Committee Minutes
QI and Trauma
February 27, 2013

Members Present	Members Excused	Members Absent
Mark Crarnich, Chair, KG Vol.	Skinner, Tina, MWH	Taormina/Harvey, Quantico
Tyler Williamson, Fburg VRS	Besley, Keith, Spotsy Co.	Steve Mitchell, PHI Air Medical
Greg Fleck, via confr. call, Spotsy Co.	Hall, Melissa, MWH	Kate Lim, SRMC
Pamela Bertone, REMS Staff	Jenkins, W.	Leigh-Erin Jett, LifeCare
Wayne Perry, REMS Director	Alley, Waverly, Spotsy Co.	Lori Knowles, Stafford Co.
	Hasan, Nael Dr., RMD	Pamela Scholl, SRMC
		Ryan Fines, Chancellor VF&R
		Cindy Hearrell, Community Rep

Meeting convened at 1915 hours. Mark is officially the chair as Tim Kimble has left the region. Mark will attempt to try for increased organization and chair response.

Were drafts of minutes from November meeting sent out? Pam indicated she believed so.

Minutes approved.

Question arose regarding the requirement for a quorum and it was noted the charter was incomplete.

Upcoming indicators for next fiscal year must be drafted and up for discussion for submission prior to July 1, 2013. Mark's plan is to solicit the committee for suggestions to be discussed at the next meeting for validation for the next fiscal year.

Our indicators run out as of June, as well. Discussion ensued regarding improving the indicators in some manner. We need to have a better understanding of the indicators themselves, the rationale and purpose of the indicator and what to then do with the data collected.

Review of reports for this past quarter:

Trauma system: Spinal op out protocol-30 did not document the use of the protocol. Discussion ensued: was this a failure to execute the protocol completely by including its use in documentation or was this a failure of the QI rep to read and find the documentation of its use, or perhaps it was a combination of the two.
Mark noted that Dr. Roberts suggested looking at trauma prevention and might be an indicator worth considering.

Discussion ensued regarding the need to address the providers in some manner regarding the importance of using the protocol and citing its use in the narrative. Continue with QI report for providers' newsletter, generated by Bertone/REMS in an effort to educate.

New Business:

Mark will attempt to improve on communications and scheduling for upcoming events, meetings and requirements. We need to review and consider improvements and changes to the PI and Trauma improvement plan prior to the beginning of FY 2014.

Wayne noted that the regional PI plan is reviewed at the first quarter, ordinarily. Mark noted this would be in line to make changes and bring to the August BOD meeting. He noted that we will try to finalize changes at the July meeting in time for this deadline and will improve email lists and consider use of list serve for members, as well, to enhance communications.

Review of upcoming trauma indicators: pelvis stabilization looked fairly self-evident.
The next trauma meeting is March 19, time undetermined, but usually 1500 hours.

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

Meeting adjourned at 1930 hours.

May 15, 2013 Trauma Committee

The meeting convened at 1915 hours.

The Chair, Mark began with an introduction and explanation of how he came to be the committee chair.

The review of draft minutes from previous meeting followed, with approval of same.

Mark suggested opening the floor for suggestions for upcoming indicators beginning with Trauma Indicators.

For Trauma:

Could we get a count of the number/types of trauma cases, i.e., MVC,

Melissa noted MVCs, Falls, and Motorcycles highest incidence of injury, respectively, with ages 17-45 being the primary age group affected by the above.

Mark asked if MVCs were different than Motorcycles on the state forms. Melissa explained that the pattern injury for Bikes and MVCs were distinct due to airbags in cars that help prevent certain types of injuries, etc., as compared with Bikes not offering the same protection. She noted all ATVs, etc., were considered part of the Bike (motor) category. She also noted that falls included all types of falls.

Melissa suggested penetrating injuries might be worth noting, as MW is seeing a rise from 5-6% to 13-14% of those, most as a result of violence.

Mark-the challenge is marrying indicators with agency methods of reporting to state without adding burden to the agencies while still allowing the possibility of noting trends.

Melissa asks that the trauma committee be permitted to assist with 2014 indicators . Mark would like to do so by our deadline for having new indicators and Melissa states the committee chair has not set up a date for the next trauma meeting.

Melissa asked that we ask agencies to sift through reports to identify those that meet indicator criteria, i.e., penetrations.

Mark didn't think this was possible but noted that accessing VPhib might allow that through the council (Pam to be in training in Richmond tomorrow, May 16)

Any other suggestions:

Melissa: Are patients going to the appropriate trauma centers via the trauma triage method to decide on the appropriate facility.

Wayne: The question and debate can be how to define closest "appropriate" facility, once we can appropriate define what is trauma.

Melissa asked if are we looking at scene time, or bleeding control, or IV access for these patients for penetrating injuries.

Pam suggested that perhaps our focus needs to be more finite, i.e., tracking incidents of fluid admin in penetrating injuries.

Mark asked if we can we track incidence of incidents as well as the EMS care of patients would be most important. Data assists with obtaining grants.

Melissa asked if the state can get demographic info or can we get that info from the state.

Wayne explained that the state can't provide us anything and we'll find out what we can provide after training tomorrow.

Mark suggested two categories-penetrating injuries and use of trauma triage scores.

Use of c-spine protocol.-is it being used properly. How do we find a uniform method of determining which protocol is being used.

Wayne noted that using "data" might be better than using the words "protocol".

Chief Taormino asked if we considered looking at peds?

Wayne noted that if we want to trend injuries we can get that info from trauma registry and hospitals.

Melissa noted that MW can provide info in that regard and asked if we can we look at airway management in GCS <8.

Wayne noted that some might count more than once if changing airways more than once occurs on a call.

It was agreed that the most advanced airway established would be what was noted in the end.

Melissa also suggested warming measures and prevention of hypothermia in trauma patients might be worth considering, as well.

Melissa asked if we can consider a QI reporting course for our region to help QI officers.

Wayne stated getting the OMDs involved would be the best option.

Mark noted that perhaps the fall would be a good time to consider offering it.

Mark suggested another consideration-number of patients with delayed access or delayed transport.

After further discussion, it was decided that the four to be submitted for first quarter:

Assessment of type of penetrating injury whether due to violence or industrial accident and whether treatment varied by methodology of penetration.

The 2nd indicator idea:

Application of trauma triage for transport to appropriate facility.

Melissa-might we defer this for now?

Mark-2nd: Noting airway management for trauma patients with GCS<8 with highest successful airway achieved noted.

3rd- In trauma patients with a trauma score of < 12, were warming measures initiated to prevent hypothermia?

4th-Were c-spine precautions or clearance used appropriately for MVC and falls?

Meeting adjourned at 2015