



**Performance Improvement Committee  
August 11, 2016  
REMS Council, Classroom "A"**

**Members Present**

March Crnarich, Chair  
Jake Marshall  
Christina Skinner

**Staff Support**

Margot Moser, Office Manager  
Wayne Perry, Executive Director

**Excused**

**Guest**

**Call to Order**

The meeting was called to order by committee chair, Mark Crnarich, at 5:00 PM.

**Approval of Minutes**

Minutes from the May 12, 2016 meeting approved as presented.

**New Business**

1. Review of Incident Review Request: matter was forwarded to the agency; determined to be a single incident. Handled administratively by the agency.
2. Review of non-compliant agencies: the list was previously distributed with the meeting documents. Margot noted that she received information stating that the Fauquier County Department of Fire, Rescue, and Emergency Management was becoming a Designated Emergency Response Agency, which may explain several of the non-compliant agencies, but she has been unable to verify. Another issue may be the implementation of NEMSIS v3; several agencies reported having problems with ImageTrend Elite.
3. REMS VPHIB access: Mark shared reports he was able to pull from VPHIB now that REMS is allowed to have three persons to access the database, and he has been given access. The Council will be able to track whatever is recorded, but the question is the quality of the data – encourage providers to fill in optional data.
4. Advanced Skills Tracking Form: there is potential for the Performance Improvement Committee to track these advanced procedures using VPHIB. The form will be phased out once all agencies have transitioned to V3. Updating the form is unnecessary at this point as it will soon be obsolete. Compliance levels are also low, and reporting may be more accurate if the committee pulls directly from the state's database. Council staff will also pull data from Access to see what the paper skills reporting rate actually is at this time vs. what is in VPHIB. The committee will make a comparison between the sheet and the procedures listed in VPHIB to determine what is actually trackable to confirm that the form may be eliminated.
5. Discussion regarding REMS contract requirements for Performance Improvement Committee. January 1 is the anticipated date for the finalization of the new contract so no official word regarding requirements for PI is available at this time.

6. FY 2017 Indicator Schedule: Mark would like to implement year-long studies which evolve over the four quarters. The third and fourth quarter data could be married with hospital database data to truly study patient outcomes.
  - a. Topics to cover: data quality (system – agency transition to and ability to use ImageTrend Elite); airway and advanced skills (trauma), and medication (medical). Quarter one topics:
    - i. System:
      1. Agency survey regarding transition to VPHIB
      2. Continuation of survey, monitoring of data quality by committee
      3. Data quality review
      4. Data quality review
    - ii. Medical:
      1. Continuation of opioid medication survey
      2. General medication/procedure study
      3. General medication/procedure study
      4. General medication/procedure study
  - b. Mark would like to put together materials and perform some agency outreach regarding the studies being done by the committee and what areas need improvement in reporting and would assist in the collection of accurate data about the region. He would also like to provide the specific data fields the providers should be filling in to assist with the study (to help insure that optional fields are being completed)

#### **Old Business**

1. Review of quarterly reports (previously distributed). The Incident Disposition data was pulled from VPHIB V2 and V3, then combined by staff so please allow for a margin of error. Data quality was poor this quarter, which may be due to agency difficulty with ImageTrend Elite.
2. Quality Management Model revisions – tabled for the next meeting.

#### **Adjournment**

The meeting adjourned at 6:15 PM.

#### **Next Meeting**

The next meeting will be held on November 17, 2016, at the Regional Training and Simulation Center.



**Performance Improvement Committee  
November 17, 2016—5:00 PM  
REMS Council Administrative Conference Room**

**Members Present**

Mark Crnarich, Chair  
Jake Marshall

**Staff Support**

Margot Moser, Office Manager  
Wayne Perry, Executive Director

**Excused**

**Guest**

**Call to Order**

Meeting called to order by Mark Crnarich, Chairperson, at 5:00 PM

**Approval of Minutes**

Due to lack of attendance, approval of the August minutes will be tabled until the next meeting.

**New Business**

**Old Business**

1. Review of agenda to be addressed at next meeting.

**Adjournment**

The meeting adjourned at 7:30 PM.

**Next Meeting**

Next meeting will be held on February 9, 2017.



**Trauma Performance Improvement Committee  
February 9, 2017 – 5 PM  
REMS Council Administrative Conference Room**

**Members Present**

Mark Crnarich, Chair  
Jake Marshall  
Christina Skinner

**Staff Support**

Margot Moser, Office Manager  
Wayne Perry, Executive Director

**Excused**

**Guest**

**Call to Order**

Meeting called to order by Mark Crnarich, Chairperson, at 5:10 PM

**Approval of Minutes**

August 11, 2016 minutes approved as presented.

**Old Business**

1. Charter revisions: Formal approval of revisions to the committee charter; committee approved charter with one revision: extending the charter to cover FY2018.

**New Business**

1. Discussion: revisions to the Council's state contract were reviewed; the Trauma Performance Improvement committee will be disbanding, with the Performance Improvement committee absorbing its responsibilities. The Trauma Performance Improvement Plan and the Performance Improvement Plan will be combined into one document; Margot will start work on this, to be reviewed at the May meeting.
2. Discussion: Review of Advanced Skills Tracking report Mark designed in Report Writer. The committee will recommend to Guidelines and Training that the Council eliminate the Advanced Skills Tracking form, with the understanding that this report may be used to track advanced procedures.
3. Discussion: Review of other project plans created by Mark to guide the committee projects in the upcoming year. All documents are available on the committee DropBox. Each project plan defines the criteria to be used for each study and establishes data quality measures.
  - a. Stroke Performance Assessment Project: Tina Skinner noted that because Mary Washington is a designated stroke center, some of this data is already tracked at the hospital and it is possible that some of that data may be shared with the committee. There are some issues with provider compliance in completing the MRN field which may make tracking more difficult. This may be something the committee wants to promote in provider documentation education.

**Adjournment**

The meeting adjourned at 6:15 PM.

**Next Meeting**

Next meeting will be held on May 11, 2017.



**Trauma Performance Improvement Committee  
May 11, 2017 – 5 PM  
REMS Council Administrative Conference Room**

**Members Present**

Mark Crnarich, Chair  
Greg Fleck  
Steve Mitchell  
Christina Skinner

**Staff Support**

Margot Moser, Office Manager  
Wayne Perry, Executive Director

**Excused**

Jake Marshall

**Guest**

**Call to Order**

Meeting called to order by Mark Crnarich, Chairperson, at 5:14 PM

**Approval of Minutes**

February 9, 2017 minutes approved as presented.

**Staff Updates**

1. Office of EMS: Patient Care Documentation – new ePCR requires a report for each incident, even when there is no patient contact. Steve Mitchell noted that there are some issues with the policy, as some of the requirements that have been set out are not currently possible in ImageTrend.
2. NAEMT ePCR Usability Survey: overall, providers rated system usability at 4.5/7, and the usability rating was closely related to fluency with social media and general computer use. Recommendations from the study included offering interactive training for providers and having one staff member serve as the resident expert on the system (maintaining a relationship with the vendor, serving as an expert for those with questions, and providing training for new providers).
  - a. Greg Fleck noted that there are several experts in the state whose job is to deal with ImageTrend exclusively, including in Roanoke and in Chesterfield.

**Old Business**

1. Quality Management Model: Updates to the QM model are needed, based on changes to the data collection process as well as a need to address Performance Improvement compliance issues that arose in the last round of state agency inspections. Committee members have a link to the Google Doc and are asked to submit feedback by July 13. Mark also suggested restructuring the outline of the document to emphasize agency responsibilities that are separate from regional PI, and include supporting regional projects in appendices.

**New Business**

1. Discussion: Consolidation of Trauma System committee back into Performance Improvement. The Trauma System committee is no longer a required standing committee, but the Trauma Triage Plan is still a contract deliverable. The committee determined that the best course of action is to create a subcommittee to handle the contract deliverables required of the committee. The Trauma System committee will have its last meeting in

June, and the possibility of Performance Improvement Committee membership will be mentioned to members at that time.

2. Data Review: The committee reviewed data pulled from VPHIB. It was noted that the “total calls” number is inaccurate due to the failure of some agencies to document cancelled calls. The committee discussed the correlation between primary provider impression and drug administration. The variety of impressions selected for the administration of Narcan is wide; the committee discussed the possibility of including a narrowed, standard ICD10 and RXCUI codes for the formulary in the Quality Management model.
  - a. Steve Mitchell noted that Stafford County is currently working on narrowing down the ICD10 codes into a list for provider use and is willing to share the final result with the committee.
  - b. Mark noted that the Council can also make VPHIB reports accessible for other agencies.
  - c. Greg Fleck is going to look into whether or not the Council can create CQI modules that are shareable.

**Adjournment**

The meeting adjourned at 6:10 PM.

**Next Meeting**

Next meeting will be held on August 10, 2017 at 5 PM.