



**Trauma Performance Improvement Committee**  
**August 10, 2017—5 PM**  
**REMS Council – Classroom A**

**Members Present**

Mark Crnarich, Chair  
Susan Dietrich  
Christina Skinner

**Staff Support**

Margot Moser, Office Manager

**Excused**

**Guest**

**Call to Order**

Meeting called to order by Mark Crnarich, Chairperson, at 5:15 PM

**Approval of Minutes**

May 11, 2017 meeting minutes approved as presented.

**New Business**

1. Introduction: The Trauma System Committee was dissolved and its members were given the opportunity to join the Performance Improvement Committee in order to maintain involvement in the maintenance of the Trauma Triage Plan. Susan Dietrich has chosen to join Performance Improvement.
2. Data Review: The committee is working towards establishing a standing list of reports to review that may be generated automatically by VPHIB and then used for cursory or more depth reviews. The reports reviewed this meeting were for the past six months.
  - a. Pharmacy Report: Mark would like to begin forwarding this on to the Pharmacy Committee – this is a list of drugs administered and the quantities and methods of administration. Mark hopes to be able to establish a list of recommended RX CUI codes for provider use based on the REMS formulary because there are multiple codes for the same medications. Detailed information regarding regional drug use may be found in the reports.
  - b. Provider Primary Impression: The committee reviewed information regarding provider primary impressions and the possibility of the committee developing a “short list” for providers to use. Steve Mitchell, with Stafford County, previously mentioned that their agency is working on such a list. More in depth information available in the reports.
  - c. Medical Record Number: Mark ran a report indicating all the ePCRs on which the Medical Record Number was recorded. The numbers were rather low. This data will be used to help to support the case that capturing the MRN is an easy and important step to take. Using the MRN enables seamless exchange of data.
  - d. Narcan Usage: a more detailed report regarding Narcan usage in the region. The Pharmacy Committee recently discussed increasing the amount of Narcan in the med box. Details available in the report.

### **Old Business**

1. Performance Improvement Plan: Discussion, combination of the PIP and TPIP. Several sections were updated to reflect the new data analysis process. Please see revised documents. Mark made a motion to approve the document with the agreed upon revisions; motion seconded by Christina Skinner. Motion carried.

### **Adjournment**

The meeting adjourned at 6:25 PM.

### **Next Meeting**

Next meeting will be held on November 16, 2017, at 5 PM.



**Performance Improvement Committee  
November 16, 2017—5 PM  
REMS Council – Classroom A**

**Members Present**

Mark Crnarich, Chair  
Susan Dietrich (via teleconference)  
David Farmer  
Greg Fleck (via teleconference)  
Steve Mitchell  
Christina Rauch

**Staff Support**

Wayne Perry, Executive Director  
Margot Moser, Office Manager

**Excused**

**Guest**

**Call to Order**

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

**Approval of Minutes**

August 10, 2017 meeting minutes approved as presented.

**New Business**

1. Data Review: Data reviewed was for the last six months.
  - a. Pharmacy Report: A list of drugs administered and the quantities and methods of administration. Mark hopes to be able to establish a list of recommended RX CUI codes for provider use based on the REMS formulary because there are multiple codes for the same medications. There has been discussion at the state level regarding which codes to use; just because a code exists does not mean providers should use them. Ideally, dose and method of administration should be indicated separately from the drug code chosen. Detailed information regarding regional drug use may be found in the reports.
  - b. Provider Primary Impression: This report consists of a list of provider primary impressions and the frequency with which they were selected. Some of the codes available under primary impression are too specific and read like field diagnoses; it was noted in discussion that not all of these codes are meant for prehospital providers. Steve Mitchell said that Stafford County just finished reviewing 33,000 codes to come up with an appropriate data set for provider use. Steve will share this information with the committee.
  - c. Medical Record Number: Still very little recording of the MRN by providers. Wayne suggested to Mark that it may be a good idea to share information regarding Performance Improvement initiatives in the Council's newsletter; Mark stated that he would like to be able to issue a statement regarding why recording the MRN is beneficial.
  - d. Advanced Skills Tracking: This report summarizes advanced procedures done by providers in the last six months and is the replacement for the "pink forms" previously used by providers to report these procedures. There are some issues with the way that this data is recorded: there is an option to choose a failed procedure, and then there is an option to choose the procedure and indicate whether it was successful or failed. The data also varies based on how a provider records it. Details regarding these procedures in the region may be found in the report.
  - e. Narcan Usage: a more detailed report regarding Narcan usage in the region. Details available in the report.

### **Old Business**

1. Meeting Schedule: The committee has historically met in the second month of the quarter to give agencies time to submit their reports for analysis and review. Because the committee is now able to pull data automatically as it is submitted, this no longer needs to be taken into consideration. The committee will now meet the first month of the quarter on the second Thursday. The 2018 schedule is as follows: 1/11, 4/12, 7/12, and 10/11. All meetings will be held at 5 PM at the Rappahannock EMS Council offices.

### **Adjournment**

The meeting adjourned at 6:40 PM.

### **Next Meeting**

Next meeting will be held on January 11, 2018 at 5 PM.



**Performance Improvement Committee  
January 11, 2018—5 PM  
REMS Council – Classroom A**

**Members Present**

Mark Crnarich, Chair  
David Farmer  
Greg Fleck (via teleconference)  
Christina Rauch

**Staff Support**

Wayne Perry, Executive Director  
Margot Moser, Office Manager

**Excused**

Susan Dietrich

**Guest**

**Call to Order**

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

**Approval of Minutes**

November 16, 2017 meeting minutes approved as presented.

**New Business**

1. Data Review:

- a. MRN Recording: Thus far, Stafford County is the only group consistently capturing Medical Record Numbers. Tina commented that Spotsylvania County providers have been entering it into the field, but when the report is pulled up in Hospital Hub, the MRN does not show. The field being used is called "External Report"; this may be an issue with providers filling in only one of the two required fields: "eOutcome.03" and "eOutcome.04" (report type and report number) must both be completed for it to come up. Details may be viewed in reports.
- b. Prehospital Stroke Assessment: Mark has developed several reports in VPHIB to be run quarterly. The first report is regarding patients where primary or secondary impression was either Stroke or TIA. Steve Mitchell has built a VAN stroke scale worksheet that allows providers to record more information than the default state interface does. He plans to share in the report library. The next report looks at last known well time for patients where Stroke or TIA are listed as primary or secondary impressions. Stafford County seems to be the only agency consistently recording this information. The third report is on destination choice for stroke/TIA patients. Details available in reports.
- c. Trauma Assessment: Mark has created a standing report using EMS Compass data measures and the use of the Pain Scale in trauma patients and assessing and reassessing pain. About one third of documented treated and transported trauma patients did not have a documented pain scale in their report. This is not currently a mandatory field, but it is a recommended national data measure. Many patients with a documented pain scale did not have a documented reassessment—this may be due to short transport times. Details available in reports.

2. EMS Compass Measures:

- a. EMS Compass, a NHTSA effort, has issued a set of recommended data measures. The committee reviewed the spreadsheet. This will be used as an outline for creating future projects. Reports reviewed during today's meetings were created using these suggested measures.

**Old Business**

1. Trauma Triage Plan Update: Mark asked the committee for assistance chairing the subcommittee responsible for the Trauma Triage Plan update. Tina offered to head this effort. Information is to be sent to the committee after the meeting.
2. Quality Management Plan Update: Mark asked for assistance with revising this document. Dave Garvin agreed to review the document and take charge of its revisions with committee feedback.

### **Adjournment**

The meeting adjourned at 6:19 PM.

### **Next Meeting**

Next meeting will be held on April 12, 2018 at 5:00 PM.



Performance Improvement Committee  
April 12, 2018 – 5 PM  
REMS Council – Classroom A

Members Present

Susan Dietrich

Staff Support

Margot Moser

Excused

Guest

No quorum and no chair present.

Next Meeting

Next meeting will be held on July 12, 2018 at 5:00 PM.