

Performance Improvement Committees

September 24, 2008

Conference Call Dial-in: 1-866-851-9754

Guest Code: 428049

Agenda

General PI Committee: 10:30

WVEMS Roanoke Office

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WVEMS Roanoke Office

1. Approval of minutes from last quarter
2. Current PI Projects – General PI
 - a. Chest pain patients
 - i. Reported data
 - b. Intubation Success Rate
 - i. Status of data submission
 - c. Next project – Medical scene times for cardiac arrest patients
 - i. Date for data submission
3. Current PI Project – System-wide
 - a. Appropriate use of air-medical transport
 - b. Online medical direction orders
4. MIR Referrals
5. Other business
6. Date for next committee meeting

General Performance Improvement Committee
September 24, 2008
10:30 AM

MINUTES

Attendance

Charles Lane, MD	Regional Medical Director, Program Chair, Franklin County
Kris Shrader	Committee Co-Chair, Fire-based provider, Martinsville City
Jane Lindsey	Volunteer Pre-hospital Provider, Nurse, Salem City
Jason Ferguson	Botetourt County
Jason Gifford	Career EMS Provider, Radford City
Jim Cady	Craig County
Mike Jefferson	Danville City
Shawn Hite	Pulaski County
Steve Allen	Patrick County
Susan Smith	Air Medical Agency Alternate and Roanoke City
Bobby Baker	Hospital Preparedness Liaison, NSPA
Debbie Akers	Staff – PI Coordinator
Gene Dalton	Guest

Excused Absences

Jack Edwards	Henry County
Patrick Earnest	Trauma Coordinator, NRVMC, Floyd County
Paul Davenport	Air Medical Agency
Rob Logan	Staff - Administration

To order: 10:30 AM

Chair Dr. Charles Lanes welcomed all present and those on conference call. Minutes from last quarter approved as distributed.

Projects: Current General PI project focused on medication administration to chest pain patients. Reported findings was distributed (see attached bar graphs). Discussion concerning these findings. Dr. Lane stated that 69% of the patients had received Aspirin but these statistical numbers can not take into account the prehospital use prior to EMS arrival. Only 52% of our cardiac related chest pain patients received Nitroglycerin and this should improve. Discussion concerning the fact that Morphine has fallen out of favor with some of the cardiologists or whether it is not being utilized due to the need to crack a 2nd drug box. Dr. Lane feels that as we move forward with the addition of 12-lead acquisition throughout our region improvement in treatment will follow.

Jim Cady with Craig County brought up the cell coverage issue and that some of our agencies, including his area often are without cell coverage to obtain online medical direction orders for patients. Dr. Lane stated we could look at a protocol change.

Conclusion of the committee was that there is adequate treatment of our chest pain patients but it can be improved and we need to resolve any reasons for delay in that treatment.

Second General PI project discussed was the successful intubation rate. Debbie reported that only 6 agencies had reported their data. Of the data submitted it was discovered that 44 intubation attempts had been made with 27 successful for a 61% success rate. Dr. Lane discussed the implementation of the King airway and noted that if you were using the Combitube you should be using the Combitube SA which leads to a higher success rate. He also reminded all present that Enhanced Intubation is no longer an approved skill in the WVEMS council region. It was agreed that we would request data from the agencies to get a better reflection of intubation attempts to success rates.

Next General PI Project was introduced. We will be looking at medical scene times for cardiac arrest patients. The data collection period will be from October – December, 2008 with a January 15, 2009 submission date for the data. A letter will be sent to all agencies and representatives asking that they collect this information during this quarter.

Discussion in the committee concerning calling codes in the field. Jason Ferguson noted that there is resistance from several ED physicians to allow termination of resuscitation efforts in the field. Jim Cady noted that in many instances CPR has been initiated by lay persons in the field and it is a PR issue for the experienced providers to then terminate those efforts. Committee had a long discussion concerning the need to educate the public to why field efforts would be terminated. Also, there was a discussion concerning how to educate the EMS providers to become better at dealing with the families of arrest patients.

System-wide PI Project: The appropriate use of air-medical transport; Susan Smith stated that they have looked at their data for air medical transports during the period of January – June, 2008. They looked at 24 hour triage and regular bed admissions. Of those falling into this category 75% were scene responses. They then looked at the EMS agencies and identified the top 10 agencies falling into this category. Susan stated the criteria used during this evaluation were WVEMS protocol, AMPA and NAEMSP. Carilion Lifeguard is continuing to address this issue. Susan will provide further data as it is warranted.

Discussion concerning how we should address the use of air medical transport for stroke and chest pain patients as this demand increases.

Next System-wide PI project will look at what protocol changes may be required based on online medical direction requests. The agencies will be asked to identify for what reasons online medical control is being utilized to see if protocol changes could be implemented (for example, BLS requests for Albuterol).

MIR Referrals: Debbie stated there had been 6 medical incidents reported for review. 3 have been resolved from the OMD's and the other three are pending final disposition from the agency/OMD.

Other Business:

Committee discussed how to obtain more input. There will be an online survey conducted. We are going to request copies of the PI plans from the agencies so we have a feel for how PI is being performed in our council region. The committee understands that this is a voluntary submission and cannot be enforced; however they feel that we need an understanding of what agencies are evaluating in their own PI process.

The committee feels we need to establish a feedback loop to agencies for air medical transfer. Susan Smith stated that some progress has been made on allowing that process to take place and she will keep us informed.

No further business. Next meeting set for December 17th at 10:30 a.m.

Adjourned at 12:10 PM.

Agenda
Trauma PI Committee: 12:30
WVEMS Roanoke Office

1. Approval of minutes from last quarter
2. Current PI Projects – Trauma PI
 - a. On scene time for trauma calls
 - b. Glasgow coma scores of <8 and the patient not intubated
3. MIR Referrals
4. Other business
5. Date for next committee meeting

Trauma PI Committee
June 23, 2008
1:00 PM

MINUTES

Attendance

Charles Lane, MD	Regional Medical Director
Kris Shrader	Co-Chair, Fire-based provider, Martinsville City
Jane Lindsay, FNP	Volunteer Pre-hospital provider; Nurse, Salem City
Krista Henderson	QA Coordinator, Carilion Roanoke Memorial Hospital
Shawn Hite	Pulaski County
Susan Smith	LifeGuard 10/11 Alternate
Bobby Baker	Hospital Preparedness Liaison, NSPA
Debbie Akers	Staff – PI Coordinator
Gene Dalton	Guest

Excused Absences

D. J. Douglas, RN	Trauma Coordinator, Montgomery County
Patrick Earnest	Trauma Coordinator, New River Valley Medical Center
Paul Davenport	LifeGuard 10/11
Rob Logan	Staff – Administration

To order: 1:00 PM.

Chair Dr. Charles Lane welcomed all present and those by conference call. Minutes from last quarter approved as distributed.

Current PI Project: On scene time for trauma calls. Data was reviewed by the committee (see the attached bar graphs). There was clarification offered for the numbers that were ruled-out. Debbie and Bobby stated that reviewing the material they ruled out any on-scene time greater than 180 minutes as bad data submission. Clarified that this was raw data from the state PPDR submission where traumatic event had been circled as the field diagnosis. Discussion by the committee concerning the on-scene time of >10 minutes by both ALS and BLS providers. Conclusion report will be written.

Second PI Project: Glasgow coma scores of <8 and the patient not intubated. Debbie stated that no data had been submitted from Montgomery Regional Hospital and Carilion New River Valley Medical Center. Debbie will request data from the state for the number of patients transported with a GCS of less than 8 from July 1, 2007 – December 31, 2007.

New PI Project Identified: IO Placements by field providers. Debbie and Bobby Baker have begun work on data for the period of July 1, 2007 through March 31, 2008. That data will be brought back to the committee for evaluation. Krista Henderson did submit information from Carilion RMH (see attached report).

MIR Referrals: Debbie stated one trauma related MIR had been resolved with no new trauma related issues being submitted during the past quarter.

No further business. Next meeting will be December 17, 2008 at 12:30. Meeting adjourned at 1:25 PM.

