



**BREMS CQI Committee Meeting Minutes  
Thursday, September 22nd, 2016 – 9AM  
CVCC EMS Room 2505**

**Members Present:**

Jenn Kersey	BREMS
Sean Regan	BREMS
Sam Bryant	Amherst County
Jason Ferguson	CVCC
June Leffke	Boonsboro Rescue/Centra One
Janet Blankenship	Bedford County Fire & Rescue

The meeting began at 9:00 am in CVCC EMS Room 2505.

**Review of PI & TPI Plans:**

Jenn displayed the plans via overhead for everyone present to view. She indicated that there were some clerical/grammatical changes made throughout the document.

- On page 3 of the TPI document, under Primary Objectives, the “Manpower and Training Committee” will be changed to the CQI Committee in conjunction with the OMD Committee and the BREMS Council Training Coordinator.
- On page 3 of the same document, under membership, the following names were changed for jurisdictions: Gary Roakes to Sam Bryant for Amherst Co, Heather Childress for LFD, Altavista – Mark Moss was added, Chris Parker was added to Air Medical, and Kelly Brown was added to Hospital Representative. There was discussion on “Commercial Transport Agency”. It was recommended that we add a representative from DRT and Centra Transport. These agency leaders will be contacted to provide representation if they would like to participate in the CQI process.
- On page 4 of the same document, under Regional EMS System Analysis, “Establish Regional Clinical Benchmarks” was discussed. At our next meeting in December, we will determine those benchmarks.

- On page 8, the BREMS Regional EMS & Trauma (Or Medical) Quality Improvement Form was recommended for upgrades and changes. Jason recommended that Chris Parker develop a new form with the same content. It was asked that “Patient name and DOB” be stricken from the form. An age line can be placed to obtain that demographic. Also, it was recommended to add the Centra MR#.
- The applicable changes will be made for the Medical PI Plan as well.
- The committee was advised that when the new languages comes down from the state OEMS, that these plans will change to one combined document. And when that change is made, the committee will be provided a new plan document.
- June requested that the QI Form be included in the CQI meetings and that a filter process be re-implemented for this process.
- All committee members agreed unanimously to keep the plans as is, with previously mentioned corrections and updates to the forms added.

Committee Discussion(s):

- Jenn indicated that the BREMS staff is developing the plans for a sub-group to the CQI committee. This group will consist of seasoned providers (both BLS and ALS) who are active and currently running consistent calls, a 2<sup>nd</sup> year member of the Paramedic Program at CVCC, and RNs from Centra who are willing to participate. Dr. McLeod and the OMDs have supported this idea in the past and we will be developing this group soon. The group will not vote or have bearing on the CQI committee in any way other than a talk group to discuss patient care practices, what they are seeing in the field to the hospital, and how protocols and changes effect them on a daily basis. Their comments and suggestions will be brought forward to the CQI and OMD Committees for further discussion. All members present support this idea. The committee will be advised when the group has been chosen and finalized.
- Jason requested that we attempt to look at medical complaints where 12-lead EKGs should be performed, as well as time differential in regards to on-scene times to EKG. Jenn advised that she would inquire to formulating data for this inquiry. As well as contacting Cindi Cole with the Cardiovascular Group to see how we can obtain this data on their end as well. Jason also asked about an inquiry to see how patients are being moved from the residence or scene, to the unit. To ensure that critical patients aren't ambulating to the unit.
- Janet & June introduced a method for their QI process that they have implemented in Bedford Co. An example protocol, Critical Indicator Definitions, a Critical Identifier Worksheet, and a Quarterly Report Worksheet were handed out. The committee stated that this was excellent. Jenn will be forwarding this on to area leaders with recommendations from the CQI committee for its use.

### Trauma Review

- Jenn advised the committee that Centra has a new Trauma Services Coordinator, RN Kelly Brown. Kelly comes with a wealth of knowledge and years of experience. MK and Jenn met with her on 9/21 at the BREMS office and were pleased with her ideas and plans for this position. She, Jenn and Sean will be working together going forward on education nights and events. She will be attending the December meeting.
- The consensus of the committee was to ask Kelly to provide data and statistics regarding Spinal Immobilization. This topic was the choice of the 2016 4<sup>th</sup> quarter CQI meeting and December will be the 6-month mark. We would like to see if there has been an improvement in falls being properly immobilized.
- Jason also recommended that we review our Spinal Immobilization protocol with her and see if not using back boards is working.
- Sam & Janet also made mention that certain Air Medical teams require back boarding, such as Carillion. We will investigate as to sending out a notice for this.

### CQI Quarterly Topics

Review from last quarter –

- Sam states that his refusal rate is improving.
- Both categories from last quarter, Falls > 65 y/o (Spinal Immobilization) and refusal rate improvement will be reviewed in December.

CPR –

- Jenn presented data on percentages in relation to First Monitored Rhythms obtained, ROSC (both adult and pediatric) and Arrest Classifications. A detailed report of pediatric ROSC was given.
- June requested to see data on not just average “on scene” times but scene times where the patients were resuscitated and transported. Jenn will produce and have for follow up data presentations.
- Jenn pulled data for all V-fib and V-tach cardiac arrests. The least on-scene time for these types was 35 minutes. So we as a region are already close to the 40-minute mark that the OMD Committee implemented. June requested that the parameters for the new directive in the protocol for working V-fib/V-tach cardiac arrests 40 minutes be further developed. She feels that the current statement is too vague and not specific.
- Jenn asked all leaders to ensure that the providers are not using “not applicable” unless absolutely necessary. The numbers are not accurate when there are as many “not applicable” or “not completed” entries as we are seeing in the data. Janet advised that she would take this back to her providers. She also asked that Jenn follow up with the state to check on data match up. She states that the two systems are not correlating correctly.

She also asked for definitions for information codes to be obtained. Jenn advised she would check with Bryan at the OEMS.

- Jason advised that BREMS should inquire with area leaders to produce run reports that are showing inaccurate data to see where the issue is and present to the CQI Committee. We will implement this process going forward.
- Sam expressed concerns with HIPAA and that his county has a specific guidelines as to this. He advised that he would check with the county attorney and would inquire as to having the CQI committee members added to this guideline.
- Jenn presented data for Advanced Airway (ETT vs KING) as well for the committee. The numbers for adult intubations are excellent. However, we are 50% on pediatric/infant intubations. With that information, the committee agreed for Jenn & Sean to develop a Pediatric Advanced Airway class. And it was recommended that this class be yearly and mandatory. BREMS will contact the OMD Committee and request their approval for making this mandatory. The committee was asked for suggestions on who might be an authority to teach such a class. Suggestions made were: Dr. Tom Delaney, NICU Nursing Staff, Anesthesiologist Group from Children's Hospital in DC, Respiratory Therapy Specialists such as Jimmy Bogle and Sean Regan. Jason advised that it would be best to do separate classes for Neo and Pediatric. June stated that Centra One is having a ground/air resuscitation academy on 11/10/16 and she will check to see if that could be an option for some providers to come to. BREMS will work with leaders and coordinators to continue plans for this.
- It was decided by the committee to review Neuro – Stroke/CVA for this current quarter. Details needed will be: Primary Impression, scene time, Code Strokes being called in the field, was an accurate GCS obtained, was a BGL obtained and did the ED activate the Code Stroke promptly. Jenn stated she would work on this and inquire if Jodi King, RN Centra Stroke Council will assist.

Meeting was adjourned at 11:10 AM

Submitted by,

Jenn Kersey  
BREMS EMS Field Coordinator