



BREMS CQI Committee Meeting Minutes
Wednesday, March 28th, 2018 – 9AM
Centra Simulation Center

Members Present:

MK Allen	BREMS
Jenn Kersey	BREMS
Sean Regan	BREMS
Dr. Marilyn McLeod	BREMS Regional OMD
Dr. Kayla Long	Centra One/Ground Transport OMD
Dr. Tom Forsberg	Centra Health Trauma Director
Kelly Brown	Centra Trauma Services
Allison Schmitt	Centra Trauma Services
Julie Martin	Centra LGH ED Manager
Janet Blankenship	Bedford County Fire & Rescue
Lisa Aiken	CVCC
Michelle Turner	Campbell County Public Safety
Sam Bryant	Amherst County
Matt Millner	LFD
Susan Walton	DRT/Appomattox County
Tom Walton	DRT/Appomattox County

The meeting began at 9:00 AM in Conference Room 202.

Trauma Review

- Kelly introduced Allison Schmitt as one of the newest Centra LGH Trauma Nurse Specialists. She then presented on Level I response times. She stated that the entire staff, along with Dr. Plock, are pleased with EMS cooperation and partnership with improving these times. Kelly stated that her team would like to provide EMS with food/snacks in the EMS Room for May 2018, Trauma Month. She asked for ideas and feedback from the group. Kelly also discussed that in partnership with BREMS, we will continue work on developing an EMS Trauma Recognition Program/Process. She again asked for ideas from the group.
- Matt Millner asked for an improved EMS Room. BREMS Staff explained that this proposal has been submitted to Centra already and that research has been done with other hospitals in the state, to include EMS liaison positions. Dr. Forsberg advised that with the new plans for the LGH ED (5 year goal) that an improved EMS room should be included in those plans and that he would push for that to be completed.



- Kelly asked for feedback from the group in regards to what we can do better or do less of. There was much discussion on patient feedback from the providers. Matt Millner and Susan Walton discussed what UVA does with their EMS liaison. Kelly stated that she has spoken to Centra's legal department in regards to this and has asked EMS to come up with a list of ideas on what types of feedback they would like to receive. The goal is that we can come up with some kind of standardized template for the region. BREMS staff advised that we would work with EMS and Kelly on this project.

COI Quarterly Information

- Sam Bryant present findings from the iGel Airway trial that they have been doing for the region in Amherst County. He stated that the airway has shown to be 100% effective. They have had zero failed attempts in 8 patients where it has been placed. They are utilizing it on cardiac arrests as a first line airway for the trial. It was reiterated to the group that, for long-term regional use, the iGel airway would be a back-up airway device in the event of failed intubation.
- Dr. Forsberg asked what studies have been done to show effectiveness of the airway. BREMS Staff advised that yes, there are studies, however we didn't have them present today. But we would be glad to forward to him if he would like.
- Sam stated that they would like to continue the trial for a longer period of time to be able to obtain more data.
- Jenn advised the group that as soon as the national medication shortages are cured, that we will be adding ketamine and metoprolol to the drug box. Susan Walton asked about fentanyl. MK advised that we are going to have to meet with Holly Trent – Centra Legal consultant in regards to this due to the diversion that happened in the region before. Apparently they are not comfortable at this time adding it back to the box. Discussion will continue on this.
- Dr. McLeod discussed other alternatives to address the opioid crisis.
- Matt Millner asked about nebulized TXA. We will work on a “nasal atomized TXA” protocol but not nebulized at this time.
- Jenn reviewed with the group an update from the March 2017 medication data where Dextrose 10%, Ketorolac and Levophed were reviewed. Ketorolac will be reduced to 10mg max dose. Continue with Dextrose 10% and Levophed as is.

COI Quarterly Topics

Current Review – Spinal Immobilization

- Jenn presented data on spinal immobilization in the adult, pediatric and geriatric population. The findings were that only 58% of our geriatric patients are receiving cervical immobilization. This was in part due to refusal of care/refusal of c-collar, c-spine clearance, and lack of documentation.
- Jenn stated that at one point she was under the impression that if any part of the care required to be rendered by an EMS provider was refused by the patient, that the patient should sign the refusal portion of the PPCR.



- Documentation reviews were provided as well as feedback from Doug Layton at the VA OEMS. He indicates that it is up to local protocol and OMD direction as to the guidelines behind refusal of care. However it is safe practice to thoroughly document why the patient refused and that the patient was informed of the consequences of refusing care.
- Dr. McLeod stated that she does not want providers obtaining a signature for all refusals of care components but does want providers documenting well, accurately and appropriately. And she asked all of her agency representatives to relay to their providers to place c-collars appropriately.
- It was determined to make one change to the protocol where it states “Age >65 and signs of injury”, that the “signs of injury” be removed. Jenn also showed the group where there are places where the protocol and the procedure don’t necessarily align. She stated she would make those corrections.
- Sean presented studies from other countries about lateral positioning for spinal immobilization. Dr. McLeod stated that she would entertain those ideas with more research and feedback going forward.
- Lisa Aiken discussed the current curriculum guidelines for GCS in regards to spinal immobilization.

Committee Discussion

- Dr. McLeod asked that for next quarter we review opioid use in our region, to include all medications utilized for pain.
- Susan Walton asked for a review of Sodium Bicarb administration in cardiac arrests.

With there being no further business, the meeting was adjourned at 11 AM.

Submitted by,

Jenn Kersey
BREMS EMS Field Coordinator