

WCEMSTCC
Continuous Quality Improvement Committee

Meeting Minutes for February 25, 2016

The regular meeting of the Whatcom County CQI committee was called to order by Co-Chair Scott Farlow at 1635 hrs. on February 25, 2016 at St. Joseph Hospital in Conference Room 6.

Please see the attendance record for members present as well as those who were absent.

Approval of Minutes – December 17, 2015

One correction to the minutes was pointed out by Secretary, Dawn Cannizzaro. According to the bylaws, there is no need for the appointments to the different positions within the CQI committee to be voted on and approved by the General Council. The WCEMSTCC acts as governance to CQI with the bylaws stating “The CQI Committee is charged by the WCEMSTCC to perform CQI activities for the EMS system of Whatcom County”. No other direction is ordered.

With no other corrections noted, the minutes were approved.

Position Updates

- The trauma care coordinator position has not been filled since Terri Christie gave up her position moving to San Antonio, TX.
- The STEMI/Stroke coordinator position has not been filled.
- There is no further representative from E.D. with Kate now back to full duty.

Discussion Regarding Recent Triple EEE Report

Concern was shared of a case when a bystander started chest compressions on a drug overdose patient that had a heartbeat. All the questions posed per policy by Prospect indicated that chest compressions were appropriate with the bystander believing that there was no heartbeat. The question posed was – Should we be teaching bystanders to do this? Discussion followed as to the benefits vs risks.

Prospect was able to share the questions they ask and the steps that they follow. Sheila is also working with Dr. Wayne in several areas including having bystander checking for a pulse or not, better questions to the bystander to qualify/quantify level of consciousness, and working on a way to discern from the bystander if the patient is really having difficulty breathing or is really breathing OK. Too many calls are being dispatched as a Charlie Response when the patient is in no respiratory distress.

Outcome to Triple EEE Report: There is no damage to having the bystander perform chest compressions. The benefits outweigh any possible risks. Dr. Wayne will address any further issues with Prospect and Scott will respond to any inquiries in the districts.

Clinical Indicators

The topic was of accuracy in the use of glucometers in the county. A 10% variance is acceptable.

Discussion followed.

Outcome – Always look at your patient first for signs/symptoms. Each EMT to monitor their practice having each district continue their own policy/procedure for monitoring and practice. Over the next month or so, Janice will use the patient sample reading obtained out in the field and compare it to the blood sugar obtained in the E.D. There is an EMS on line glucometry module, summary, and test for EMT's to practice this skill.

CQI Meeting Schedule

There was discussion to have the meetings be held quarterly again vs. the current practice of bimonthly. Vote was taken and affirmed. Next meeting will be June 23rd at 1700 hrs. Location TBA.

WEMISIS

The program has 25 key performance indicators. This data will be very important and helpful to CQI. Janice shared that Melissa Balgal, a program director, is requesting daily input vs doing it in batches to assist in the Quality Assurance in house process. She presented the program to the Chiefs in December. County wide use has been encouraged. All the data would be in one spot – there would be no need to ask the districts to supply information.

Emergency, Zoll, and Firehouse (version 3) all download to WEMISIS. Lynden, District 1, District 5 and 14 are still version 2. There is a possible change coming with BFD. Any vendors introducing a program must be WEMISIS compliant by December, 2016.

Janice will be contacting remaining districts that are not up to speed.

Recommendations/Issues

Do not accept that the E.D. physician is too busy to your inquiry/concern on presenting a patient to the E.R. There is always a physician on duty that acts as “star doc” and can be the point of contact. Any concerns, let Scott know. He is talking to the manager, Margie, in this regard.

The question was brought forward as to how stroke codes are going. Hold ups are still being seen. Goal is still to get patient as quickly as possible through or even bypassing the E.D. if patient is meeting the criteria as directed on the stroke form. Still emphasizing the importance of having a patient contact person available for more information.

Point of Interest

Rob Wilson is involved in setting up test mode for Pulse Point.

Adjournment: Meeting was adjourned at 1805. Next quarterly meeting will be Thursday, June 23rd.

Minutes submitted by: Dawn Cannizzaro, CQI secretary