



July 9, 2018

Meeting Minutes for July 5, 2018

The regular meeting of the CQI Committee was called to order at 17:00 on 5 July 2018 in HEC Mtg Rm F, by Co-Chair Josh Morell.

Members

Agency/Position	First Name	Last Name	3/23/17	9/28/17	12/7/17	1/4/18	3/29/18	7/5/18
MPD; Co-Chair	Marv	Wayne	exc	exc	exc	✓	✓	exc
Supervising MD BFD	Emily	Junck				✓		
Co-Chair	Josh	Morell	exc	✓	✓	✓	✓	✓
QA Coordinator	Kris	Jorgensen	✓	✓	✓	✓	exc	✓
Secretary	Janice	Lapsansky	✓	✓	exc	✓	exc	✓
1	Mel	Blankers			✓			
5	Chris	Carleton						
7	Janice	Lapsansky	✓		✓	✓	exc	✓
7	Ben	Boyko	✓	exc	✓	✓	exc	✓
11	Duncan	McLane	exc		✓		✓	
11	Dan	Ohms		✓		✓		
14	Jerry	DeBruin	✓		✓	✓	✓	✓
16	Matt	Cook						
17	Dawn	Cannizzaro	✓	✓	exc	✓	✓	✓
18	Omar	Mejia			✓			
19	Ben	Thompson						
ALNW/11	John	Granger			✓	✓	✓	
BFD	Scott	Farlow	exc			✓	✓	
Dispatch	Sheila	Hanlon	✓		✓		✓	
Lynden	Gary	Baar				✓		
Mt Baker Ski	Erica	Littlewood	✓	✓	✓	✓	✓	✓
NWFRS	Kris	Jorgenson	✓		✓	✓	exc	✓
PH Trauma Mngr	Becky	Stermer			✓	✓	✓	
Trauma Registrar	Jennifer	Keim			✓	✓		
STEMI Coord	Lucy	Autumn						
Stroke Coord	Terry	Carter						
SWFA	Josh	Morell	exc	✓	✓	✓	✓	✓
SJH ED								
WCEMS Manager	Mike	Hilley					✓	✓
Guest (Seattle Fire)	Claire	Nordeen					✓	

A. Approval of Agenda

The agenda (in no particular order) was discussed and unanimously approved by the members present.

- Internal process for PCR/incident QA review within each agency
- Case review
- CQI input to ePCR development
- Disabled care when caregiver transported



B. Approval of Minutes.

The minutes of the CQI meeting held on 3/29/18 were approved by the members present.

C. Announcements

none

D. Case Review and related discussion

Cardiac arrest case from February discussed. Questions/notes regarding witnessed vs. unwitnessed (e.g. in CAREs reporting), and differentiating BLS & ALS defibs are challenging. Concerns regarding transferring patients to a gurney and/or “parking patients” in the ED where errors (e.g. lost IVs) and time issues (e.g. recurrent VF patients) could be avoided. Compression fraction decreases when the BLS AED is used for an extended period of time. Recommended to place the LP15 ASAP so that rhythm checks take less time, increasing compression fraction. Good reminder that agonal respirations during CPR can be a good sign. Suggest Doppler to be used to assess pulse (mark the femoral pulse with ink), and to measure BP during CPR. Recognized for placing ETCO2 monitor on BVM before intubation (above the POD; may be moved to iGel or ETT). Verbal ventilation coaching during CPR was valuable.

E. Discussion of Agenda Items

- CQI input to ImageTrend development discussed. ImageTrend timeline update provided by Mike Hilley, WCEMS Manager. Standardized (county-wide) required/recommended fields briefly discussed. The CQI Committee will serve as the steering committee for ImageTrend development, and receive the first available training.
- How can the hospital assist when caregivers of disabled persons are transported to ED and/or admitted, leaving disabled individual unattended. RN Team Lead and Med Control physician have not been prepared to help. Apparently, placement is problematic after 5pm. A Social Worker is on staff after hours, but receiving facilities are not amenable. Education with development of an EMS/ED protocol is desired. It may be possible to develop a protocol via the Community Paramedicine program. Mike Hilley will investigate and bring the ED management into the conversation.
- CQI/QA processes within agencies discussed. Improving report writing is a common goal. (ImageTrend is expected to assist in these efforts, encouraging consistency and completeness.) Discussions that take place during CQI meetings are brought back to agency training meetings by their CQI rep. Call volume has the largest influence on the scope of incident review for QA purposes. Formal QA processes plus random “spot checks” that involve PMs and Officers result in improvements in patient care. CodeStat data from cardiac arrest incidents are reviewed by PMs. This software is considered “worth the money”, and used for education only to encourage buy-in. One-on-one discussions with responders are consistently included.

G. Tentative Agenda Items for Next Meeting

- CQI input to ePCR development
- Discuss clinical indicators
- Discuss CQI initiatives for 2018
- Case Review
- Additional Agenda Items TBD

Adjournment:

Meeting was adjourned at 19:05 by Co-Chair, Josh Morell.

The next general meeting is scheduled for 1700-1900 on 5 October July 2018, Location TBD.

Minutes submitted by: Janice Lapsansky, CQI Secretary

DRAFT