

Privileged and Confidential Peer Review Information

Minutes of the QI/SCTP Meeting 11/29/06 @08:00 hrs (C-Shift)

408 E. Marion St., Shelby, NC

Members Present:

Ken Childers	Heidi Simonetti	Allen Ramsey
Andy Haskins	Ally Decker	Cris Newton
Donna Silver	Alan Wacaster	Gary Beaver
Jayson Lankford	Louis Jenkins	

Guests Present:

Jackie McCurry

Review of Minutes from the previous meeting:

The minutes from the previous Oct. meeting were reviewed and approved without changes.

Old Business:

Crawley Memorial has not contacted CCEMS for ventilator training. Ms. Decker has volunteered to find someone that can hold an inservice for Crawley's specific ventilator.

A policy will be written for Crawley Ventilator patient transports. For now, any paramedic may maintain a patient on Crawley's ventilator. If problems develop the paramedic should dc the vent and use a BVM to ventilate the patient. The Impact Vent or the patient's vent should be used by an SCTP for the return transport.

Instead of using the CCT ambulance at Sta. One, the SCTPs may be going to a "CCT Bag" system. CCT equipment will be stored at Sta. One. When receiving a critical care transport the SCTP will go by Sta. One and acquire the CCT Bag, and proceed on with the transport. It is asked that a secured place be provided for the equipment and the drug bag.

It was noted that the Impact ventilator's battery was insufficiently charged for a transport. However, this may have been due to the previous plug in problem that has been resolved. There is no problem with leaving the ventilator plugged in to maintain the battery's charge as the battery is a "lead acid" type and will not build up a memory.

The 'Blue Tooth' uploads are working, but we are waiting on the cards for the Tuff Books.

It was noted that the red phone at the ED should be used for high priority patient call-ins. Often that line is busy when personnel are trying to contact the ED. Low priority call-ins should be done by radio.

The pulse ox monitor available on the LP 12s has periodically failed to provide a read out, possibly due to a shortage in the cable or its connections. Personnel are asked not to leave the cord plugged in when not in use. The cord and probe should be stored in the case.

New Business:

It was stated that personnel may be using the Criteria for Death Protocol on PEA and penetrating injuries. This is a direct violation of that protocol. The protocol states:

“...efforts may be withheld/discontinued as long as one or more of the following is met:

Rigor mortis, Livor mortis, Decapitation, Hemicorporectomy, Decomposition, Incineration, Major blunt trauma patient who is asystolic, apneic and pulseless on initial exam (excludes arrest due to penetrating trauma, near drowning or hypothermia), Pulseless and non-breathing patient with personal physician on scene giving verbal DNR order).”

See protocol A.1 for further information.

The committee requests that auto BP cuffs be installed on all LP-12s.

A forcible entry protocol was reviewed. The committee has asked that the reviewed protocol be cloned as a CCEMS procedure. This will be reviewed at the next meeting.

In conjunction with this protocol it was mentioned that Shelby FD has various lock boxes that contain door keys to apartments in the city. It may be possible, in some situations, to use these keys. SFD will be contacted for more information.

Another 25 mg of Cardizem is being added to each drug bag to set up a drip.

King Mountain Hsp. will soon be going to the STEMI program. Nothing will change on the EMS's end. Personnel will continue to follow our STEMI protocols as they now stand, only transports will be made to KMH, and subsequent transports, pending the ED's decision, will be made to CMC.

Cleveland Com. Col. is organizing an Adult IO class for CCEMS. Dates to be announced. A Critical Care class is still targeted for 2007. More information to follow.

An Inservice schedule for 2007 will be sent out to the organization by e-mail. It will be available on the Fast Access/Training page as an attached report, and announced monthly on the emsCharts.com home page.

For personnel who have not had the BCLS update class that was offered in Oct., FTOs Alan Wacaster and Donna Silver will be holding two additional classes Dec. 11th and 13th, starting 07:30 hrs. All personnel, who have not had the update, are required to attend this class prior to attending the Jan. ACLS update. (See next paragraph.)

The final draft of the Cardiac Protocols with the new AHA recommendations was reviewed with very few changes. Jan.2007 is the targeted date for implementation of the protocols after all paramedics have attended an in-house ACLS/Protocol update. **This is a mandatory update for CCEMS paramedics.** Dates will be Jan. 15, 16, 17, 18, 19, 29, 30, 31, and Feb. 1 starting at 07:30 at 408 E. Marion St. Be prepared to spend one of the dates above for the entire day. One hour lunch break.

Stats were passed out and reviewed. IV start successful rate was at 70%, and intubation rate was 72% (8 successful out of 11 attempts) for a 27 day period. A hand count and PCR review was not done on intubations for that period.

There will not be a QI/SCTP meeting in Dec. The next meeting is scheduled for Jan. 31st at 08:00 hrs., but an alternate date may have to be selected because of the ACLS update.

Executive Session:

The committee went into executive session and reviewed PCRs. The following PCRs were reviewed with significant comments:

Case # 112906-8: 55 y/o male post dental surgery. Self administered “morphine pills” and stopped speaking to his wife and “was just snoring.” Pt stopped snoring 15 minutes prior to arrival of ambulance. Pt was found by crew apneic and pulseless. Call was well documented and protocol was followed. **Comments:** After IV initiated narcan could have been given since patient was unresponsive/unconscious after taking morphine.

Case # 112906-13: 75 year old female found lying on ground. Pt had fell and struck back of her head and was unable to speak. Pt was in bradycardia HR 30/min w. weak carotid pulse. Pt tolerated ETT. IV was established and atropine administered. Pacing was administered without capture, and pt. subsequently went into cardiac arrest. **Comments:** Pacing was not initiated immediately, five minutes from diagnosis to atropine, and seven minutes to pacing.

Case # 112906-14: 51 y/o male in cardiac arrest. Protocol followed. Pt had a pulse on release to CRMC ED. **Comments:** Save? (Will be forwarded to Saves Committee.)

Case # 112906-15: 37 y/o male with GSW to chest and Left lower leg. **Comments:** Mis-spelled words, patient became pulseless but rhythm was not identified. Pt had an ETT tube placed and no meds were given.

Case # 112906-20: 29 y/o male GSW to second toe of left foot. **Comments:** Vague narrative, no re-assessment of vitals. Patient care 33 minutes.

Case # 112906-23: 41 y/o male with GSW to right anterior thorax, left shoulder, and left LUQ of abdomen. Vent. assist via BVM and chest compression initiated. PEA rhythm. Pt was placed in spinal. Patient was intubated on third attempt, IV established, medications administered. **Comments:** Time on scene 34 minutes? IV administered 33 minutes into call (?)

Case # 112906-25: 63 y/o female with recent hx of PE, CHF, and pneumonia. **Comments:** Chest findings, clear bilateral but narrative states audible rales and rhonchi to all lobes.