

## **Confidential Peer Review Information**

**Minutes CCEMS QI/SCTP Committee Meeting, 02/22/06 @ 08:00 hrs @408 E. Marion St.**

### **Members Present:**

Alan Wacaster	Shelia Newport	David Trammel
Jimmy Fincher	Louis Jenkins	

Jeff Cash

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### **Meeting was called to order:**

Chairman Haskins was absent. L. Jenkins called the meeting to order.

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### **Minutes Approval:**

Minutes from the last QI meeting were distributed, read, and approved.

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### **Old Business:**

Power of Attorney has been addressed by Bob Yelton the county attorney. Yelton states that there "...are two types of Powers of Attorney. There is the General Power of Attorney which gives the attorney in fact the authority to do most things for the principal [the patient]. However, a General Power of Attorney DOES not give the attorney in fact the authority to make healthcare decisions. ....in order for the attorney in fact to make healthcare decisions, the principal must have executed a Healthcare Power of Attorney. ...if the principal is competent, the principal can make decisions for himself."

The ventilator facility transport protocol/policy is still tabled.

No progress has been made with the replacement of the current Glucometers in use. There is a problem getting the number of glucometers needed to replace all of devices on each truck. Capt. J. Cash, who is now handling supplies, will look into acquiring the number needed.

Capt. J. Cash will also help with the placement of the meconium aspirators in the Broselow Bags, and stock Solu-medrol on the units. Training has been given for the aspirators, but will have to be done for Solu-medrol. Solu-medrol (Methylprednisolone) is a two-part steroid preparation and necessary for Model System status. It will be a Medical Control Orderable drug only and has been written into the Anaphylaxis and Asthma protocols. While written as an IV/IM injection, it should primarily be administered as an IV push for faster desired effect. The mixed solution will be in 2 mls, and if administered IM it would require a large muscle.

The STEMI initiative was discussed. Of the seven designated “Code STEMIs” in the last 4 weeks, six did not have the CCEMS Code STEMI form attached to the electronic pcr. This form is important and should be filled out by the care providing paramedic and scanned to the electronic document. This form will be the most reliable source for gathering patient symptoms, signs, treatment, and subsequent CCEMS quality evaluation of the initiative.

The committee felt that times and time spent for response, at scene, enroute to the ED, and at the ED, is of great importance for the success of the program. Other equally important evaluation points would include number of IVs initiated, administration of aspirin, blood draws, and proper 12 Lead rhythm and ST elevation identification. Without the Code STEMI forms data gathering will be impeded.

Mr. Wacaster presented statistics for review. He will supply the statistics in an electronic attachable format in the future, and it will be attached to the Committee Minutes for distribution. Mr. Wacaster noted that, according to the stats gathered, that Nalmefene (a narcotic antagonist) had been administered one time, and Prochlorperazine (an anti-emetic) had been administered once. Neither of the medications are carried on CCEMS ambulances.

Mr. Wacaster stated that all procedural attempts (IVs, ETTs, etc.) need to be documented whether successful or unsuccessful. At point is a patient’s traumatized oropharynx, and the PCR shows only one attempt for intubation. The question then would be “Where did the trauma come from?” All crew members are responsible for the contents of the PCR. When the second crew member signs the blue form he is confirming that the PCR’s contents are correct.

The QI meeting and the SCTP meeting was combined in the Jan. ’06 meeting. It will now be considered a joint meeting as much of the material covered in the QI meeting also applies to the SCTPs.

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**New Business:**

There will not be a “Pediatric Fever Protocol.” Dr. K. O’Dell, CCEMS Medical Director, has stated that our short transport times do not indicate a need for one, and as we cannot get an accurate weight or a true core temp in the field, the dosage of antipyretics would be difficult to calculate. Most commercial antipyretics are calculated by age, however, proper medical dosage would be calculated by weight. Antipyretics are slow to treat a febrile condition and may mask other signs and symptoms relevant to diagnosis. PEPP, and most paramedic manuals state that a body temperature less than 105 F is not harmful to a child. Removal of clothing and environmental cooling is the safest and least invasive cooling method to use.

Brent Curry will be instructing a 12 Lead class at 408 E. Marion St. on May the 3<sup>rd</sup> and the 11<sup>th</sup>, starting at 08:30 hrs each day. This will be required for all CCEMS paramedics and is of major importance for the STEMI initiative. Make up will be by video, however,

it will not be a make up via ala-carte. Make up schedule will be announced and a deadline will be mandated.

There are 57 CCEMS employees whose BTLS has or will expire by the end of Oct. '06. Due to errors and omissions in trauma management, it was suggested by the FTOs that CCEMS hold more than the usual one day recertification class. Employees will be required to attend an in house BTLS class starting in April, or complete another reputable (CCC, Gaston Col. etc.) BTLS certification class by Oct. 31<sup>st</sup>, '06.

Attendance of practicals will be limited to ten people. Employees with expired or expiring BTLS cards should call or e-mail their preferred attendance dates to the training officer.

Dates for BTLS are as follows:

April 10<sup>th</sup>, 11<sup>th</sup> .....Class lecture  
 April 12<sup>th</sup>, 13<sup>th</sup>, 14<sup>th</sup> .....Review, written, and practicals  
 May 15<sup>th</sup>, 16<sup>th</sup> .....Class lecture  
 May 17<sup>th</sup>, 18<sup>th</sup>, 19<sup>th</sup> .....Review, written, and practicals  
 May 22<sup>nd</sup>, 23<sup>rd</sup> .....Class lecture  
 May 24<sup>th</sup>, 25<sup>th</sup>, 26<sup>th</sup> .....Review, written, and practicals  
 June 5<sup>th</sup>, 6<sup>th</sup>, 7<sup>th</sup> .....Make-up

As stated, if an employee's BTLS expires by Oct. 31<sup>st</sup> he will need to renew his certification no later than that date.

PPDs/TB skin testing was discussed. Administration and reading of PPDs is now part or the NC paramedic scope of practice. The committee decided to support an in-house PPD program. FTOs, and SCTPs will be trained to administer PPD and read the injection site. Plans are yet to be finalized, however, it will involve manikin training and practicals.

A short review of the Plum xL IV pump is in order for all CCEMS EMT-Is and Paramedics. Again, the SCTPs and the FTOs will be required to conduct this training, and each session should take no more that 10 minutes. A check off sheet is being drawn up. Most likely the Plum review will be done at the same time as the Solu-medrol training. All EMT-Is and Paramedics will complete the Plum pump review.

CPAP was discussed. The committee agreed to explore the topic, but had several questions on its efficacy when compared to our short transport times. There are many models and makes commercially available, but reliable medical models could cost approximately \$1000.00 per device.

As a reminder, security cards will soon be required for access to the LEC. All employees should procure a card. Paperwork is available at the LEC EMS office.

SCTP attendance of meetings was discussed. A database attendance report will be given to the Shift Capts. at their next meeting.

On 06/30/04 SCTP personnel agreed on the following:

- a. SCTP personnel will be allowed to miss 20% of the meetings,
- b. Shift supervisors are asked to get "coverage" for the SCTP person if they are working that day. If coverage cannot be gotten the person would be excused. (SCTPs must request the coverage.)
- c. Other excused absences will include vacation and planned trips.

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**PCR Review:**

PCRs were not reviewed. All but two committee members present were on duty and were called away just prior to PCR review. There were two calls to be considered as possible saves, however, they will have to be reviewed at the next QI meeting.

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**Next Meeting Date:**

The next QI/SCTP Committee meeting will be held Mar. 29<sup>th</sup>, 08:00 hrs, at 408 E. Marion Street.