

Privileged and Confidential Peer Review Information

Minutes of the QI/SCTP Meeting 05/31/06 @0800 hrs, 408 E. Marion St.

(A-Shift)

Members Present:

Chris Newton	Darin Blanton	Andy Haskins
Donna Silver	Missy Parker	Alan Wacaster
Louis Jenkins		

Guest:

Dr. Kevin O'Dell

Meeting was called to order:

Chairman Ken Childers called the meeting to order and welcomed Dr. Kevin O'Dell, CCEMS Medical Director, to the meeting.

Minutes from the previous meeting reviewed:

Chairman Ken Childers read the minutes from the last meeting. There were no additions or corrections. Those minutes were approved.

Old Business:

The in-house PPD training is on hold until the beginning of the budget year.

The in-house ITLS class at the time of the meeting has one more Day #1, June 5th, and two more Day #2s, June 6th and 7th, before it is over. Eight employees have signed up for the last Day #2s. Twenty-seven people have completed the training. Individuals who do not recert via the in-house ITLS class will have to find a class through another method. Cleveland Community College will have an ITLS in August. It is recommended that those people contact David Clary at 704-484-6658 for information. Failure to maintain ITLS (BTLS) certification will result in administrative action.

BCLS instructor class updates have been held at CRMC Ed. Dept. through the month of May. All instructors must complete this class to teach BCLS. CCEMS will have one BCLS instructor update June 16th, 0800 hrs, at 408 E. Marion St., for its in-house BCLS instructors.

A multi-patient refusal form was discussed at the last meeting. Alan Ramsey revamped the current refusal form and the draft is attached as a Word Document.

At the last meeting the CCT LP-12 was said not to show a CO2 waveform. However, Mr. Darin Blanton said the channels on the display can be selected to show the waveform pattern.

It was also asked that the Physio-Control maintenance representative re-configure the LP-12s not to produce an ECG tracing three times a minute.

New Business:

Dr. O'Dell asked about the PCR review process. PCRs are reviewed by the FTOs and audited for errors or pertinent omissions. Some problems are discussed with the author of the PCR, and other more serious problems are forwarded to the Training Officer. The problem is then addressed with the author, and may be sent to the Medical Director for his review depending on the scope of the problem. Remediation may then follow, including actual training, or placing the author with a preceptor for monitoring. Some situations may require CCEMS administrative review and action.

Exception Reports submitted by CRMC are investigated by the Training Officer. Follow-up with the employee occurs. These incidents are returned to the Medical Director once it has been investigated. The Medical Director may make recommendations for remediation.

Remediation can include: one on one, class training (that can involve the entire organization or the individual), skills review, placement with a preceptor, Medical Director review and follow-up, and Administrative review, follow-up, and sometimes personnel action. Dr. O'Dell noted that most QI issues do not involve trends but isolated incidents committed by separate individuals.

Stretcher operations remediation was discussed. Unfortunately there is little text material available on the topic. Most EMT manuals contain approximately 1 ½ pages on the subject. It should be reasoned that when moving stretchers over rough terrain, slopes, or stairs that one person per corner is the norm. An employee's physical ability to properly lift a loaded stretcher was discussed, but there is no immediate remedy to address this situation. There will be more work in this area in the future.

Chairman Childers stated that the purpose of the QI Committee was quality patient care, and getting people involved. The committee may make recommendations to management, and areas for training, but could not be involved in the direct administration of the organization. Administrative staff members are invited to attend the QI meetings.

The draft "Transport of the Electively Intubated/Sedated/NMB Patient" protocol was reviewed. Dr. O'Dell will ask the ED staff to review the protocol.

STEMI- One problem call was discussed. Mr. Cris Newton experienced a delay in the hand off of a patient to the CMC cardiologist. Dr. O'Dell should be notified if there are problems when STEMI patients are taken to CMC.

Mr. Darin Blanton asked that cuffed 6.0 and 6.5 Endotracheal Tubes be stocked on the ambulances. Emergency Crics require a small tube than what is currently available.

The outside and patient compartment of CCT ambulance has been cleaned and waxed. Only the front driver's compartment needs to be cleaned. The vehicle is cleaned and fueled every Saturday. It was noted that the Cardio-Doppler's batteries were dead on May 27th. Mr. Blanton has taken the batteries out of the unit and placed them in its outside pouch.

An adhoc committee to re-write the CPR protocol was requested. However, no one volunteered for the project. This protocol will be re-written to the new AHA standards.

Inservice will be held June 1st, 8th, and 15th, at 7:30 am, at 408 E. Marion St. Topics to be covered will be Allergic Reactions, Hot and Cold Emergencies, and Overdose. Twelve Lead class make-up dates will be June 9th, 13th, 14th, 19th, 26th, and 27th, starting at 0800 hrs., at 408 E. Marion St.

Avian Flu was discussed. There have been 125 deaths world wide from the disease, and the largest know cluster occurred May 24th, '06. It involved a family of eight in Indonesia, however, there have been no reported cases in North America. There is no current documentation that supports human to human transmission. The CDC recommends that all health care providers receive the most recent seasonal human influenza vaccine to reduce the likelihood of a co-infection with human and avian flu strains. A co-infection of the two strains could cause genetic rearrangement to occur and lead to the emergence of a potential pandemic strain. Health care workers should always follow standard pathogen and airborne precautions.

PCR Review:

The Committee went into executive session. PCRs were reviewed and following comments were noted:

STEMI-“Wrong chief complain listed. Was listed as ‘Cardiac Arrest’. Code STEMI form was not attached.”

STEMI- “no STEMI form, poor documentation, no 12 Lead ECG attached.”

STEMI- “Not enough vitals obtained.”

STEMI- “No code STEMI form attached.”

STEMI- “No good hx of present illness, need to use spell check and punctuation, T&K written instead of TNK, and no STEMI form attached.”

Cardiac Arrest- “Discontinuation of efforts after initiating resuscitation and before meeting all criteria. (Medical Control was contacted for permission to discontinue efforts, however, may have been too soon.) Call to be reviewed by Medical Director.

Cardiac Arrest- “Possible Save.” Will be submitted for SAVES review.

GSW- “Needed better patient assessment.”

Multi-system Trauma- “Documented cc as multi-system trauma? Only complaint was back pain.”

Head Trauma- “Reassessed was spelled as ‘reassed’ x 2.”

Head Trauma- “Patient survey left out neck exam.”

Respiratory Distress-“Scene time was 32 minutes (WOM in Shelby). Rhythm was identified as SVT when it looks like A-Fib. Pt. received cardioversion 50j, then 70j, and subsequently received adenosine.” Call will be forwarded to Medical Director.

Thirty four other calls were reviewed without notable problems.

Next Meeting:

The next QI/SCTP meeting will be held June 28th, at 0800 hrs, at 408 E. Marion St.