

Privileged and Confidential Peer Review Information

Minutes of the QI/SCTP Meeting 07/25/07 @08:00 hrs (A-Shift)

@408 E. Marion St., Shelby, NC

Members present:

A-Shift	B-Shift	C-Shift
Beaver, Gary Haskins, Andy	Trammel, David	Simonetti, Heidi Ramsey, Allen Ramsey, Susan Silver, Donna

Members Absent (A-Shift Day):

A-Shift	B-Shift	C-Shift
Newport, Shelia Hamrick, Chris Wacaster, Alan	Fincher, Jimmy Newton, Cris Childers, Ken Parker, Missy	Decker, Allison

Guests Present:

Wybiral, Joe

Meeting Called to Order:

Chairman Ken Childers was absent, therefore Co-Chair Allan Ramsey called the meeting to order. Roll was taken.

Review of Minutes from the previous meeting:

The minutes from the previous meeting were reviewed, and two minor changes made. One member's name was mis-spelled and another absent member was on vacation during the previous meeting.

Old Business:

The Whisper Flow CPAP generators have arrived. Protocols were reviewed. See new business.

DOA Protocols are in place. It was noted that the Medical Examiner form should be used on all DOAs.

Mark 1 Nerve Agent Antidote training will be held one more time at Sta. 1, 07/27/07 beginning at 6pm. The training will be conducted by EMT-P R. Mullinax. All new hires are now receiving the training on their first day of orientation.

It should be noted that the first day of orientation for new hires now lasts 8 hours. In addition to Mark I Kit training, new hires review PCR documentation and ambulance operations.

Larry Burnett of Pulmonetics Systems was supposed to visit the QI committee during this meeting and review the LTV 1200. Apparently he did not schedule the date as he agreed to on May 14th. An attempt has been made to reschedule his visit for the next QI meeting.

Employment candidates normally receive interview guidelines with an interview packet. In the past candidates have been allowed to make notes during the oral boards portion of the interview. This may include vs, medications, patient history, etc., that are pertinent to the scenario. However, some candidates have begun to write down a list of patient assessment memonics, guidelines, etc. This practice will not be allowed. The interview guidelines now include a statement(s) that only vs, medications, patient history. etc., may be jotted down during the oral boards and practical exams.

New Business:

A CPAP protocol was reviewed. A couple of changes were recommended. The protocol will be further reviewed prior to implementation of training.

Yearly TB testing of employees will begin as soon as the PPD is available and the SCTPs are re-trained in the procedure.

A lift test check off sheet for employment candidates was reviewed, however, this item is under review by HRD for final say on its implementation.

It was questioned why ambulances are dispatched emergency traffic to some calls, but Law Enforcement Agencies are not. One department has the policy not to run '10-18' to most calls. "Signal 33" is still in effect but is unused. One ambulance call was discussed where a 'patient' was handcuffed, but the officer refused to ride in the ambulance. A cuffed patient is in law enforcement custody, and EMS employees are not lawfully deputized. Further, restraint standards used by law enforcement places the patient in an undesirable position for patient treatment. Immediate uncuffing of the patient would be necessary should the patient become unstable.

It was pointed out that the current pulse ox monitor clips do not stay in place. Whether this is caused by poor engineering, or equipment wear was not decided. It was asked that a more secure pulse ox probe be investigated. There is a tape enforced pulse ox probe

available for the LP 12, however, it's cable attachment is different from that of our current LP 12s.

A geriatrics class will be held at Cleveland Community College Emergency Training Center, room # 3 on Oct. 25th, and 26th. This class will last eight hours one day and be repeated the next day. It is part of the CCEMS continuing education program. October's inservice will not be held on the usual first, second, and third Thursdays. The instructor will be Stacey Tanner Montelongo, EMT-P, Training Officer for Iredell County EMS. All employees are invited to attend.

Next Meeting Date:

The next QI/SCTP meeting will be held August 29th, 08:00 hrs, at 408 E. Marion St. There being no further business the committee went into executive session and reviewed PCRs.

PCR Review:

Twenty-four PCRs were reviewed. PCRs of note:

Case # 072507-03: 25 y/o female GSW. Three bullet wounds to thighs and one wound found between spine and right shoulder. 10 minutes on scene. Airway was patent. Patient was placed in full spinal, and IV initiated.

Case # 072507-04: 35 y/o male stabbed in left upper arm. Patient refused transport AMA. Refusal was properly documented.

Case # 072507-05: 41 y/o male stabbed the night previous to ambulance call. PCR states he was stabbed in chest and left arm, but does not list anatomical location of wounds. Pt's vs were stable and he initially refused transport, but because of difficulty breathing ambulance crew contacted medical control. Patient agreed to transport.

Case # 072507-08: 67 y/o male GSW to head, possible entrance left temple and exit right temple. Patient was unresponsive. GSC 3. Carotid and radial pulse present. Resp. rate was 22. Transport initiated- 8 minutes on scene. Airway suctioning at scene and enroute. IV administered. BVM assist. Patient was intubated enroute, but ambulance arrived at CRMC before EtCO2 monitor could be applied.

Case # 072507-09: 15 y/o male with 1 ½ inch long upper left chest stab wound. Seven minutes on scene. Patient was stable, bilateral breath sounds were equal and present. Occlusive dressing was applied, O2 administered high flow, IV initiated. CRMC was called twice via radio and there was no answer. CRMC was contacted via cell phone.

Case # 072507-14: 58 y/o male cardiac arrest. V-Fib was initial rhythm. Defibrillation caused pulseless tachycardia rhythm. Unable to intubate patient or OPA because patient's teeth were clinched. NPA was placed. Capnography applied.

Lidocaine was administered and palpable pulses were then noted. 12 Lead EKG showed an implanted pacemaker. Pt had become combative when arriving at CRMC. This call will be submitted to SAVES process.

Case # 072507-18: 53 y/o female complaining of “Aches all over.” Inadequate documentation. Unable, by reading PCR, to determine if complete assessment was performed. PCR states “labored breathing” in activity section but states “normal” in respiratory box. Addendum states blood glucose was normal but there is no reading listed. PMH of CABG, Hyperlipidemia, Hypertension, and NIDDM. Pt. not transported. Refusal was signed.

Case # 072507-24: 83 y/o female respiratory arrest at Wal Mart. CCEMS arrived to find an LMA placed by an off duty EMS responder. This responder was unaffiliated with any Cleveland Co. service. This responder did not give name when questioned, only mentioned that RSI should be used to intubate patient. Respiratory rate was 4/min, w/ strong radial pulse at 120. BGL 196 mg/dl. Pt. was moved to ambulance. LMA was removed and intubation attempted, unsuccessful because of gag reflex. Vent. rate spontaneously increased to 10/min. Oxygen administration and assisted ventilation increased O2 sat to 100%. IV initiated. Pt was transported to CRMC emergency traffic. This call will be submitted to the “SAVES” process.