

Privileged and Confidential Peer Review Information

QI Committee Meeting

01/26/05 @0800 hrs, 408 E. Marion St.

Members Present:

Donna Silver	Shelia Newport	Kim Parsley
Alley Decker	Darin Blanton	Allen Ramsey
Kenneth Childers	Andy Haskins	Jayson Lankford
Warren Julian	Jimmy Fincher	Louis Jenkins

Old Business:

ETI ACR system will be replaced with an Access based ACR program from Cat. Co. EMS. This program was taken from Cleve. Co.'s ACR program and enhanced to be an NCCEP compliant database. More information to follow as it develops.

The EVOC Driving Class is being held at the Co. Fair Grounds. Twelve employees have completed the class. The class consists of approximately 3 hours classroom time, and eight hours of hands on driving experience. Courses that drivers must negotiate are: serpentine, high speed lane change, evasive braking maneuver, and backing. All fulltime employees will complete the class, to be followed by part time employees, and then volunteers. This class is mandatory. Other driving classes will not be accepted.

The Specialty Care protocol has been approved by the state OEMS medical director.

ST Elevation MI (STEMI) project is on hold for the time being.

Cardizem Drip concentrations and drip rates were reviewed. Cardizem is an orderable medication whether administered by IV push or by drip. CRMC supplies Cardizem for IV drip in a 100 mg/50cc 2 part mixture. The concentration was felt to be too much to monitor during ambulance transport, and the committee asked that a different concentration be used. It was decided that Cardizem should have a concentration of 0.25 mg per cc, or 25 mg prefilled syringe injected into 100 cc D5W. The formulary is attached. A second IV line must be started.

As a result, the SVT protocol was reviewed and appropriate changes were made. A second preloaded syringe of Cardizem will now be on the units. This will allow a second dose of Cardizem to be administered slow IV if it is ordered. Previously only one pre load was carried on the units.

The discussion on Cardizem was time consuming. The SVT and the Field Drug Formulary will have to be re-re-written. Cardizem is an **Orderable Medication** only. Further, CRMC patients released for intra-facility transport who have Cardizem drips will have a higher concentration of the medication hanging (2mg-cc mix). Caution is recommended.

The SVT protocol will have a couple other changes as well.

New Business:

The Behavioral Protocol, with the addition of Halodol, and the Asthma/COPD, and Allergic Reaction Protocols have had Solu-Medrol added to them.

Halodol dosage is to be administered 2 mg slow IV. It is a medical control **Orderable** medication.

Solu-Medrol dosage is 125-250 mg IV or IM dosage, and 1-2 mg IV/IM for pediatrics. It is a medical control **Orderable** medication.

“Clearing the C-Spine in the Field” protocol was reviewed. The protocol was felt to be valid however, it must be followed to the letter. SCTPs were assigned to review the protocol with all EMS personnel.

FTOs will begin skills training in Feb. Dates for on shift skills will be : Feb. 6, 7, 11, 12, 13, 16, 26, 27, and Mar. 4. A couple of dates may have to be adjusted.

ACRs were to be reviewed after the SCTP meeting, however, the chairman ran short of time and was due for another appointment. ACRs were not reviewed in executive session.

Next meeting will be Feb. 23rd at 8 am, 408 E. Marion St.