CQI Leadership Team Meeting
January 12, 2017
4210 Riverwalk Parkway, #300, Riverside, CA 92505

Attendance:

Lisa Madrid, REMSA
Shanna Kissel, REMSA
Misty Plumeley, REMSA
Dan Sitar, Inland Valley
Matt Juline, Mercy Air
Mike Kennedy, Pachanga Fire
Holly Anderson, Riverside County Fire
Lia Genn, Riverside County Fire
Tim Buckley, Cal Fire
Richard Blumel, AMR Palm Springs
Kristen Clements, Riverside City Fire

Jeff Ross, Corona City Fire
Jeff Seirup, AMR
Jeff Copeland, AMR
Nick Ritchey, REMSA
Sabrina Yamashiro, Riverside Community
Kristy Borba, Desert Regional
Jeff Diel, REACH Air
Kay Schulz, Riverside University Medical
Ralph Serrano, AMR Hemet
Tasha Anderson, EMC
Daniel Martinez, Mission Ambulance
<table>
<thead>
<tr>
<th><strong>Agenda Item</strong></th>
<th><strong>Discussion</strong></th>
<th><strong>Action</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Introduction/Minutes</strong></td>
<td></td>
<td>There were no objections to October’s meeting minutes.</td>
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<td><strong>2. Action Items</strong></td>
<td></td>
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<tr>
<td>2.1 System Advisory</td>
<td>It was asked if there were any comments on the PVAD System Advisory that went out in November 2016.</td>
<td>There were no objections to this System Advisory.</td>
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<tr>
<td>2.2 5150 Policy</td>
<td>There was discussion about developing a 5150 policy with the PLNs at the last meeting. There has been a meeting at ETS.</td>
<td>This is still in process.</td>
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<tr>
<td>2.3 4406</td>
<td>Misty discussed the new changes to this policy and an additional suggestion was made.</td>
<td>Changed 5 minutes to 3-5 minutes and only repeat 4 times instead of 5.</td>
</tr>
<tr>
<td>2.4 4504</td>
<td>Misty discussed the new changes to this policy and an additional suggestion was made.</td>
<td>Changed “none” to “base hospital” for Zofran.</td>
</tr>
<tr>
<td>2.5 Amend Calc Chart</td>
<td>Misty discussed the new changes to this chart and an additional suggestion was made.</td>
<td>Chart will be color coded and not all one color.</td>
</tr>
<tr>
<td>2.6 4202</td>
<td>Misty discussed the new changes to this policy and an additional suggestion was made.</td>
<td>Changed to “capacity to understand the consequences of their decision.”</td>
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<tr>
<td>2.7 Imagetrend</td>
<td>It was suggested to change “normal” in Imagetrend to “unremarkable” at the last meeting.</td>
<td>This suggestion was sent out through email for comments and it was rejected. The change was not made.</td>
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<tr>
<td>2.8 Quick clot with TXA</td>
<td>It was asked if quick clot could be used with TXA.</td>
<td>Yes quick clot can be used with TXA.</td>
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### 3. Case Reviews

Sabrina presented a case on a trauma call. 

Altered 20 year old male. Driving and hit a center median. Lost a limb and a foot. Went into full arrest. Multiple fractures. Fortunately, he survived and this was presented as a good representation of what happens when someone drinks and drives. It was suggested that this case be used in presentations to show the layperson about the results of drinking and driving.

### 4. System Issues

#### 4.1 Early Notifications

Early notification on specialty care isn't being done. 

The hospitals should be notified by ground or air as soon as it is identified instead of right before they arrive at the hospital.

#### 4.2 APOD

It was asked how is APOD affecting everyone and do you have a CQI process for APOD? 

Lisa would like to follow up with any concerns so if anyone has then please let Lisa know about them. Misty mentioned staffing impacts at the hospital. Hospitals are getting full and they are not able to turn over patients because there isn’t the staff to treat them. This does not qualify as cause for diversion.

#### 4.3 Excited Delirium Policy

It was mentioned that this policy is being abused. We are treating respiratory patients and head injury or altered patients without base orders. 

We need to do more system wide training on the policy or review the wording to clarify the meaning and understanding of this policy.
5. Quarter 3 2016 Indicators

The 3rd quarter indicators were reviewed.

Pediatric respiratory 1 & 2 are difficult to collect. Once we collect 4th quarter we can query other options in Imagetrend and that will make this data element easier to collect. Once everyone is on Imagetrend REMSA would like to scrap the old indicators and use new ones. Lisa will work on this in the next quarter.

6. Protocol/Policy Update

Misty provided an update on PUC.

Misty has begun her train the trainer sessions. REMSA knows that the MCI policy is a controversial topic and it was discussed again during this training. We have very little participation from the non-base hospitals and would love to have more. Misty asked for everyone’s schedules for how PUC will be done.

7. Imagetrend Update

Misty provided an update on Imagetrend.

Misty ran train the trainer classes in Oct-Dec. Pachanga is up and running. Cal Fire’s implementation date is still evolving. AMR training is complete but they are not completely live yet. Palm Springs still needs training so they can go live. Next on the docket is Hemet Fire. Mission Ambulance is up and running. Sansio will have to be uninstalled from each agencies devices. Sansio will not be used as of April 30, 2017.

8. TXA Study Update

Shanna provided an updated on the TXA study.

The study has been extended 18 months. So far we have 121 appropriate administrations, 13 exclusions, and 19 missed. As a reminder the patients must be
trauma patients within 3 hours of injury that also meet one of the four black bulleted criteria points per policy.

9. Roundtable

| Traumatic injuries | Misty mentioned cardiac patient care. Some agencies would like to move away from American Heart Associated Training and toward Advanced Resuscitation Training. ITDs have been requested to be put into service. These topics will be suggested at 1/23 in PMAC. Phi Lam was introduced as the interim PLN at JFK. |