CQI Leadership Team Meeting
March 15, 2018
4210 Riverwalk Parkway, #300, Riverside, CA 92505

Attendance:

Lisa Madrid, REMSA
Tim Buckley, Cal Fire
Misty Plumley, REMSA
Dan Sitar, Inland Valley
Lia Genn, Cal Fire
Jeff Copeland, AMR
Holly Anderson, Cal Fire
Steven Wells, CFD
Dr. Vaezazizi, REMSA
Shanna Kissel, REMSA
Evelyn Pham, REMSA

Jennifer Antonucci, Murrieta Fire
Henry Olsen, REMSA
Kristen Clements, Riverside City Fire
Jacob Wagoner, Lynch EMS
Sabrina Yamashiro, Riverside Community
Richard Blumel, AMR
Dan Bates, REMSA
Kay Schulz, Riverside University Health Systems
James Tawney, CFD
Justin Vondriska, Cathedral City Fire
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<th>Agenda Item</th>
<th>Discussion</th>
<th>Action</th>
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<tr>
<td>1. Introduction</td>
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<td>2. Discuss Previous Meeting Minutes</td>
<td>There were no objections to the December 14, 2017 meeting minutes.</td>
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<td>3. Action Items</td>
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<td>3.1 CORE Measures</td>
<td>Lisa explained, the State originally said CORE Measures would be given by end of February for the 2017 year, but still has not released it yet. There are 15 whole new measures in 3.4, if you were not on that, data is not required to be reported. The due date has been pushed back to May 31st, but Lisa anticipates and even later date due to the late release. We are going to write them in report writer and test them and create filters first; then will validate them before we send them to the state. Once we receive them, Lisa will notify everyone so they can start working on the reports. Received feedback from needle decompression data from PLNs. Everything that was captured in the field was put in the hospital, and everything not, will be pushed back to Lisa. By next meeting we will have enough good data to produce graphs and to review noticeable patterns.</td>
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<td>3.2 Intubation</td>
<td>A couple of spreadsheets have been developed, but it has not been decided on which would be the best to document the data. It will be worked out at the PCR.</td>
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workgroup. Overall, the spreadsheet will look at how many we have, if attempts were successful, and how we can document it better.
Suggestion from Holly, would be to match the TXA form; have an intubation form that will be put into the PCR itself, so the responder can fill out themselves. A simple small pretext box from the medic perspective and to create a user friendly way to document. Fire currently uses attachments for the waveforms, but if that fails, we need another form to document.

3.3 Primary Impressions
No graph available yet. Doing well overall, most people are under 8%.

3.4 CARES
Henry announced CARES is live and auto populating PCRs to CARES website. Providers will now rarely see kickbacks along with data going over to the hospitals a lot quicker.

Dr. V explained CARES data is driven by transfer providers, they are the ones that trigger the data, but they capture the first responder data, so you are not the trigger for the event, but are a part of the data. The trigger is the transport of the patient. The 1st responder, will not have access directly to CARES, but they will have indirect access to CARES, and we can help them sort it out.

Henry will start running reports on the data soon and get 2017 audited, anticipating to have an outcome data by April 1, 2018; so numbers can be presented to city council etc.
Lisa presented an excel spreadsheet of what data is being collected for the Ketamine trial study; additional fields may be added as needed. Working on collecting similar data as other counties so data can be compared across the board.

Lisa announced that everyone should still be collecting data for TXA until it enters full scope of practice.

Anticipating an announcement by June 1st for the study.

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<th>3.5 ePCR workgroup</th>
<th>ePCR workgroup will meet after the CQILT meeting to discuss more on CORE measures.</th>
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### 4. Case Reviews

Kay Schulz, RUHS presented a prehospital case review on an OB/GYN call with a 36-week pregnant woman with a prolapsed cord; concerns of the cord cutting off oxygen from the baby. Discussion was had on an appropriate treatment for patient.

Leadership proposal was education and to take a look at updating protocols more than once a year.

CQILT will come up with recommendations on specific protocol changes and present to PMAC.

Next CQILT meeting in June will focus on policy review as an agenda item; before protocol review begin in July within REMSA.

### 5. System Issues

#### 4.1 CARES Data

Paying attention to cardiac arrest data.

#### 4.2 Intubation

Monitoring and creating standardized reporting.

#### 4.3 Field transport initiated for base hospital contact.

The leadership discussed as a group to identify why there is a trend for first responders to still transport patients to base hospitals even when their initial impression of the patient is not futile.
The response was due to policies regarding capnography, if there is a reading above 15, resuscitation and transport to base hospital is needed, even if their judgment call is the person is already dead. There are also liability reasons as to why making base contact is safer than calling time of death.

Dr. V explained if policy requires no base contact and meets certain parameters, trained medics should be able to make the judgement to call time of death.

**6. Protocol/Policy Update**

Misty provided updates on PUC protocol training and most agencies are almost done and are all moving along well.

**7. Roundtable**

Misty announced the Disaster Preparedness Summit in on April 4, 2018 at Riverside Convention Center. It will provide 7 hours of EMS CE credit to those in attendance.

Henry announced there is a shortage of morphine and fentanyl.

Kay announced the ED Conference is on May 18, 2018.

Sabrina stressed the importance of inputting the last known well correctly and to only administer Narcan when respiratory is under 8.

Jennifer announced the CFED Conference is from May 22nd to May 24th in Indian Wells.

Kay will resend the invites to ensure everyone receives it.
Dr. Vaezazizi suggested CQLIT to stay focused on the basics.

Next Meeting is June 21, 2018.