CQI Leadership Team Meeting
March 21, 2019
4210 Riverwalk Parkway, #300, Riverside, CA 92505

Attendance:

Lisa Madrid, REMSA
Tim Buckley, Cal Fire
Misty Plumley, REMSA
Stanley Hall, DRMC
Jeff Seirup, AMR
Holly Anderson, Cal Fire
Tasha Anderson, EMC
Melissa Schmidt, Hemet Fire
Evelin Millsap, JFK

Jennifer Antonucci, Murrieta Fire
Henry Olsen, REMSA
Evelyn Pham, REMSA
Sabrina Yamashiro, RCH
Kay Schulz, RUHS
Veronica Hernandez, EMC
Dan Sitar, IVMC
Lia Genn, Cal Fire
Sabrina Yamashiro, RCH
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<th>Agenda Item</th>
<th>Discussion</th>
<th>Action</th>
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<td><strong>1. Introduction</strong></td>
<td>The committee introduced themselves.</td>
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<td><strong>2. Discuss Previous Meeting Minutes</strong></td>
<td>There were no objections to the December 20, 2018 meeting minutes.</td>
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<td><strong>3. Action Items</strong></td>
<td>CORE Measures update, the manual from the State still has not been released yet. Lisa will keep the committee up to date once it does. Overall, the plan is to build the reports and run them, then report to the State. Hospitals do not use CORE Measures as they use CARES for their data.</td>
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<td>CQI Projects</td>
<td>New CQI policy includes a rewrite that incorporates the data unit. Cardiac arrest piece will move forward with the ever-changing ART, AHA, and RA. Report writer now includes a cardiac arrest folder with a report for providers to fill out. There is an emphasis on the airway management piece that we are working towards to improve documentation of airway management. We currently do not see complications documented often, as most providers mainly only note failed airway/failed attempt. The current cardiac arrest report from ImageTrend that the data team analyzed had no outcome data and showed inconsistency for documentation. More detailed collection of data is needed to provide future education on airway management. A few items that would help is for providers to note auto pulse, medications given, ROSC, arrest rhythms, time intervals etc. At the next meeting, we look forward to providing an inclusion definition of</td>
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Lisa requested feedback from the committee regarding data collection for CPR, time on chest piece and why there was time off chest. She presented a sample google form for collection with three main questions that include: total number of cardiac arrest patients bi-weekly, total amount of time spent performing compression and total amount of time off chest per patient. Lisa clarified the time interval to collect would start from the time pads are placed to end of arrest. The committee responded that they already have similar data collected through Zoll that shows compression fraction and code stats with longest pause. Lisa will continue working on modifying the google form for the best way to collect the data needed and will present it to the committee when ready. For transparency, she would like a rough draft CQI module to facilitate peer review on cardiac arrest.

4. Case Review

Desert Regional Medical Center presented on a case that involved two EMS agencies, Riverside and San Bernardino, to respond to a case that requested for a special service of field amputation. Currently Riverside County EMS does not have this service available and the committee discussed if there would be a possibility for Riverside to implement a type of service like this similar to San Bernardino. The committee discussed if it was worthwhile to invest in this type of program depending on the how often we see these types of cases. Ultimately the committee suggested to best venue for this type of topic would be to bring it to TAC to discuss further; as TAC members consist of both counties’ physicians and EMS personnel.

5. System Issues

None at the time.

Information only.
6. Protocol/Policy Update

Misty previewed Fall 2019 policy changes, which are mostly administrative. Policies will align with stroke and STEMI policies. She noted two providers, Cal Fire and Corona fire, will be moving away from AHA and on to ART. Policy changes in certification, re-verification policies, reinstatement, challenge and re-certification will go to PMAC in April. Other updates include hypoglycemic patients, carrying the North American Rescue needle, which she is inclined to go towards following the manufacture instructions, defibrillation performance standard and associated skill sheet, and verbiage for epinephrine dosage.

Cal Fire noted that they do not carry battery suction units all the time and would like to switch to manual suction unit for their seasonal fire engines. Misty would also like to develop a pain management protocol and see if we can engage Benadryl or IV Tylenol in a clinical trial study; and work towards this to train in the Fall and forecast for 2020. She will also include discussion of this at the next PMAC meeting in April.

RUHS brought up an issue they had with neuro patients receiving ketamine. For penetrating trauma arrests, they took a draft protocol to TAC in works with ICEMA to update and re-draft verbiage. They were asked how many were harvested for organs, as the numbers provided were inconsistent with reports. They seem to be less frequent than the reports. For educational purposes, if it is a traumatic arrest, providers should transport to the closest trauma center.

Misty also wanted to review more submerge and management incidents, which includes drownings. They are currently classified as cardiac cases, but the committee believes it would be more beneficial to
patients if they were classified as respiratory/resuscitation cases. Cal Fire proposed, in draft form, a new protocol titled: drowning resuscitation. Discussion occurred as to update a current protocol or include training to address best practices in managing submersion incidents. It was mentioned that Emily Craig had done some research and gotten input from physician leadership in this area. Lia Genn will submit her research and talking points for consideration by PMAC and submit a request to list this item on the agenda for the next PMAC meeting in April.

| 7. Roundtable | Cal Fire announced they are putting together an MCI drill in the desert on October 20th, 2019, held at the Westfield Mall.  
Tasha Anderson introduced Veronica Hernandez as the new PLN for Eisenhower Health.  
**Next CQILT meeting is on June 20, 2019,** from 10:00 a.m. - Noon. |