CQI Leadership Team Meeting
June 20, 2019
4210 Riverwalk Parkway, #300, Riverside, CA 92505

Attendance:

Lisa Madrid, REMSA
Tim Buckley, Cal Fire
Misty Plumley, REMSA
Sudha Mahesh, REMSA
Jeff Seirup, AMR
Holly Anderson, Cal Fire
Ryan Hollkamp, AMR
Melissa Schmidt, Hemet Fire
Evelin Millsap, JFK

Jennifer Antonucci, Murrieta Fire
Patrice Shepherd, REMSA
Evelyn Pham, REMSA
Sabrina Yamashiro, RCH
Kay Schulz, RUHS
Veronica Hernandez, EMC
Dan Sitar, IVMC
Shanna Kissel, REMSA
Andrew Silvas, PMT
<table>
<thead>
<tr>
<th>Agenda Item</th>
<th>Discussion</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Introduction</td>
<td>The committee introduced themselves.</td>
<td></td>
</tr>
<tr>
<td>2. Discuss Previous Meeting Minutes</td>
<td>There were no objections to the March 21, 2019 meeting minutes.</td>
<td></td>
</tr>
</tbody>
</table>
| 3. Action Items             | **CORE Measures**  
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. In the meantime, we will continue moving forward with our own data projects. | Information only            |
|                             | **CQI Projects**  
REMSA CQI policy, when it is done and sent to the State, the policy will be posted.  
Since April PUC, scene times for transported patients, excluding trauma and drownings, were reviewed and presented an average of approximately 22 minutes for scene time. We are currently missing the cardiac arrest resuscitation discontinued piece, since the time is not being documented consistently and validation rules were off for end of arrest time. Lisa emphasized to the providers to educate when CPR is terminated, time needs to be recorded. These do not include ROSC transported patients. The educational goal would be for improvement on scene time to 20 minutes or less. More time will also be spent on looking at all transported cardiac arrest that goes into CARES. RCH noted a discrepancy from their hospital ER number patients to the CARES list. The committee will continue observing this discrepancy, that could also be different due to how CARES look for non-trauma, cardiac, resuscitated patients. Overall the goal for all would be for better documentation.  
Lisa revisited the time off chest data collection piece discussed at the last CQILT meeting in March. Instead of using google forms to collect data, collecting data through an excel sheet seemed to be a more viable option, since patient volume varied amongst | Discussion. |
|                             | **Time off chest data collection for July 2019 will be due August 14th, 2019.**                                                                                                                               |                             |
agencies. An excel form to collect the data will be posted on the REMSA.US website under Programs-CQI for agencies to download and send back the data once completed monthly. After discussion, the group agreed on sending monthly data back of all transported patients with total time doing compressions and total time off chest during compressions, and compression type, if manual or mechanical. Agencies who have more than 30 patients per month may send in a random selection of 30 to input for data. The month of July data will be due by August 14th, 2019.

Highlights on push dose epi has been doing well; so far there have been about 80 recorded cases, mostly for cardiac patients. The group brought up a concern with sepsis and recapped to all providers that in the case of sepsis, to give fluid first before epi.

<table>
<thead>
<tr>
<th>4. Case Review</th>
<th>The leadership group discussed a case involving a LVAD patient that demonstrated continuation of care throughout all providers.</th>
</tr>
</thead>
<tbody>
<tr>
<td>5. System Issues</td>
<td>None at the time.</td>
</tr>
<tr>
<td>6. Protocol/Policy Update</td>
<td>Misty discussed briefly July PMAC which will preview upcoming Spring 2020 policy pieces, that by October, policy draft will be out and reviewed.</td>
</tr>
<tr>
<td></td>
<td>Kay Schulz, RUHS, would like to see an educational review of sepsis cases for push dose epi discussed at the next PMAC meeting.</td>
</tr>
<tr>
<td></td>
<td>AMR would like to see pediatric heart rates and criteria reference material.</td>
</tr>
<tr>
<td></td>
<td>Education on last known well time and accuracy for treatment purposes especially in stroke cases.</td>
</tr>
</tbody>
</table>
|               | Included in Fall PUC will be awareness of processes in sexual assault response. Specific teams will no longer be only fixed to a facility. A regional mobile unit approach will soon be
incorporated in certain parts of the County. For providers, this would mean, there could be more than one facility to transport to for response treatment.

Misty announced she will be meeting with educators for train to trainers next week in Murrieta and can also do another date to meet on Wednesday, June 26th, 2019.

Report writer/CQI Module classes will be available around September. Lisa will announce the dates once they are finalized.

Report writer will be refreshed and down during the week of June 28th – July 5th, 2019. Elite will be updated on June 26th, 2019 with minimal to no interruptions.

7. Roundtable
   Next CQILT meeting is on September 19, 2019, from 10:00 a.m. - Noon.