CQI Leadership Team Meeting and HEMS
October 27, 2021

Attendance:

Lisa Madrid, REMSA
Stan Hall, DRMC
Dan Sitar, SWHC
Leslie Duke, REMSA
Shawn Fellabaum, JFK
Lisa Mackie, RUHS
Stephen Kernop, RUHS
Moses Martinez, REMSA
Vanessa Hayflich, Air Methods
Ryan Holtkamp, AMR
Corey Gorospe, City of Palm Springs

Catherine Farrokhi, REMSA
Holly Anderson, Cal Fire
Sean Hakam, REMSA
Noelle Toering, Riv City Fire
Suzee Kolodzik, AMR
Sabrina Yamashiro, RCH
Lisa Higuchi, AMR
Lori Maddox, RUHS
Shane Race, Air Methods
Sudha Mahesh, REMSA

Seth Dukes, MD, AMR
Lisa Higuchi, AMR
Christopher Linke, AMR
Chief Scott Philippbar, Cal Fire
Thomas Wofford, EMC
Evelin Millsap, JFK
Ronald Taggart, AMR
Desiree Estrada, Air Methods
Stephanie Dvorak, Cal Fire
Evelyn Pham, REMSA
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<tr>
<th>Agenda Item</th>
<th>Discussion</th>
<th>Action</th>
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<tr>
<td>1. Introduction</td>
<td>The committee introduced themselves. Attendance was taken during introductions.</td>
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<td>2. Discuss Previous Meeting Minutes</td>
<td>There were no objections to the July 15, 2021 CQILT meeting minutes.</td>
<td>Minutes approved.</td>
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<td>3. Action Items</td>
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<td>4. HEMS</td>
<td>REMSA is currently working on a new HEMS policy.</td>
<td>Discussion</td>
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<td>Mercy Air and REACH have reached an agreement in condensing their drug and equipment list. Once REMSA finalizes review of the list, it will be included in the HEMS policy.</td>
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<td>The committee discussed gaps in data and how to improve on those gaps along with aligning data collection to ensure that all reports will be identical for feeding into ImageTrend and NEMSIS 3.5.</td>
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<td>HEMS SCOPE data was presented. Total HEMS count, reasons for utilization, received by hospitals, procedures performed, and medication administrations were reviewed.</td>
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<td>5. CQI Plan Review</td>
<td>All providers have turned in their CQI Plans that were due on June 30, 2021. Moving forward, CQI Plans will be submitted annually. Perspective updates are due December 31st, 2021, even if no changes are made, a plan dated for the upcoming year needs to be submitted, and the section in your plan labeled Annual Review is due by January 31st, 2022. REMSA is working with the State to update the modal guideline piece to make it more useful for everyone.</td>
<td>Discussion</td>
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<td>+EMS Project grant has ended on September 30th, 2021. ImageTrend will keep the SAFR Model on through the beginning of January. In the meantime, the State is looking in pursuing another grant. If the State grant does not come through, we have the option of finding our own funding for the project.</td>
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<td>REMSA is looking at purchasing a new learning management platform that will be available county-wide. It will be used for education and PUC. REMSA anticipates that the platform purchased will be able to integrate</td>
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with the LMS system and be available to providers to create their own profiles and track and manage their CEs.

CORE Measures report was condensed down to six measures. The goal is to get the reports to pull straight out of CEMSIS. For accurate reporting of the data, REMSA emphasized the importance of documentation done properly. The six measure includes:

- Transport of trauma patients to trauma center
- Treatment administered for hypoglycemia
- Prehospital screening for suspected stroke patients
- Respiratory assessment for pediatric patients
- 911 request for services that included a lights and/or sirens response
- 911 requests for services that included a lights and/or sirens transport

The group requested if trigger words could be added as a search function for food or fluid given in relation to treatment for hypoglycemia.

REMSA will run the data again after the ePCR workgroup change of clarifying the labels to see if it has improved the reporting values.

### 6. System Issues

Traumatic Cardiac Arrest report was reviewed for 2020-2021. Methodology is based on when etiology is a trauma or drowning/submersion.

The data was mostly consistent with previous quarters, with a slight change in median age. Injury mechanism, transport to a trauma center vs. non-trauma center, base hospital contact, and time intervals were reviewed.

The group asked if drownings/submersions could be separated in a separate data element from the rest of the traumatic injuries. REMSA is working on a custom development with ImageTrend to collect data in an extra field for drownings/submersions but has no current status update on this yet).

Medical Cardiac Arrest report was reviewed for April 2020 – June 2021. Data remains consistent with previous quarters.

Time intervals were also similar to traumatic cardiac arrest times.

Cardiac Arrest SCOPE Dashboard was presented and is available to view on RivcoEMS.org.
Agencies asked if the data could be broken down by agency. REMSA answered yes, and if any agency would like to see their own breakdown, please contact REMSA.

### 7. Protocol/Policy Update for Spring 2022

#### Protocol/Policy Update for Spring 2022

- **#3309** – Intranasal naloxone use by public safety personnel (PSPs)
  - Used to be read by law enforcement, but now will read PSPs, according to Title22
- **#4104** – Skills List
  - Intranasal naloxone will be included in the skills list
- **#4601** – Overdose/adverse reaction
  - Add naloxone use for EMTs, with LOSOP approval only
  - Epi-pen/auto injector will be added as an optional scope as well
- **#3308** – ALS to BLS downgrade
  - Changed some of the verbiage to read REMSA approved emergency medical dispatch (EMD) response determinant calls, to make it less specific
- **#3310** – Leave behind Naloxone
  - For agencies who want to use this program, it is free from the State
- **#5802** - Community Assessment and Transport Team (CATT) Pilot Program
  - Behavioral Health will be providing clinical therapists for 5150s, launching in the Hemet/San Jacinto area. Instead of being transported to the hospital, patient will be assessed and transferred to the appropriate treatment center or referred to crisis resources
- **#6301d** – (DRAFT) Specialty Care Center Designation
  - Looking to implement on April 1, 2022, a guideline for specialty care centers seeking designation

**i-Gel skill sheet**

Education is currently being worked on to include i-gel in the skill sheet. Training will most likely be available mid-November, with an anticipated requirement/implementation date of April 1, 2022. I-gel will remain as a backup airway.
REMSA inquired with the group about adding in OG tubes. CQILT came to a consensus to add this and will be brought to PMAC for final voting.

Ryan Holtkamp, AMR, presented their proposal for adding EPI drips as a first line drug, and as an alternative to push dose EPI. Data collected from RHeaRT from April 2020 – today was presented to support the proposal. This will only be for adult patients. A draft policy format and sample guideline was also presented. The intent of this proposal is for everyone in the County to participate in EPI drips or none will. CQILT moved this proposal forward to PMAC for final voting.

Policy 7102 Reporting form for unusual occurrences will be updated to an online electronic submission form, replacing the PDF form of collection. A preview link will be sent out to the group for review before final changes are made to go live on January 1, 2022.

| 8. Roundtable | Next CQILT and HEMS meeting is on January 20th, 2022, from 9:00 a.m. to noon. Location TBD. |