PCEMS COUNCIL – GO TO MEETING
CQI COMMITTEE MINUTES
September 30, 2020 – 11:00 AM

Attendance:

Membership Attendance Roster on File

Call to Order

Meeting was called to order by Ryan McGrady at 11:02 AM. Attendance to the Go-To-Meeting was verified and all agreed to the Statement of Compliance. Minutes from July 28, 2020 were voted on and accepted as written.

Unfinished Business:

A. Standing Updates: Stroke Update: (Cardiac Update will be in November)

- **Stroke Updates:** Anna Moore gave the update for both MHS & CHI.
  - **A couple of announcements:**
    - The Puget Sound Digital Heart & Stroke Walk is coming up on Saturday, October 10, 2020. Anyone can attend and is encouraged to sign up to participate.
    - MHS – participation in the MHS Stroke Committee has been great! Thank you to Jeff and Ryan for attending!
    - MHS DNV-GL Stroke Survey is happening today, so they are not in attendance.
    - CHI/MHS in collaboration will be having a Stroke Support Group via Zoom. There will be two events: October 15, 2020 at 1700 and October 22, 2020 at 1300. If you know anyone that is a stroke survivor or their families, they are encouraged to attend. Contact Carmen Lewis at CHI for more information.
    - The CHI DNV-GL Stroke Survey will be on October 5th.
    - There is a new Stroke Coordinator starting next month for SAH and SCH
  - **Reporting for Both Multicare HS and CHI Franciscan HS (January through August).**

    For on scene times < 15 minutes: There are some opportunities to improve at our St. Anthony's and St. Claire sites. However, sometimes the challenge around this measure is whether there is an ESO report available to abstract.

    For pre-notification with triage findings: There is room for improvement at GSH which is at 57.8%.

    For documentation of Last Known Well (LKW): The percentages are from what we see from EMS. Norma mentioned that the LKW documentation is still a struggle even with the video stroke awareness training that we have been trying to get across. Tiffany James said that she believes this is not an accurate reflection, that there is some disconnect in the documentation and abstraction. Their abstractors do not have access to ESO so they are dependent on what gets scanned into medical records for all the triage findings. If documentation of LKW is approximately 15 minutes ago, that is not

accepted. It must have a date/time stamp. Dave Lundgren said that if access to ESO is a problem, then that can be remedied. They will touch bases after the meeting.

For documentation of LAMS scores, she does know that the medic crews are relaying the scores to the nurses, so she needs to figure out where the disconnect is. Whether it is documentation from the nurses, scanning records, or writing documentation methods. There is room and opportunity for improvement in this. She does know that they are performing LAMS.

Evaluation of Blood Glucose level has some room for improvement as well. Again, it may be a documentation issue.

Tiffany James presented the case studies:

Tacoma FD Kudos and Success: 3 Code Neuros brought to SJMC the week of August 24th. All were discharged with little to no deficits.

Tacoma FD -Son was talking to his father on the phone. Father suddenly started having difficulty speaking so the son called 911. Initially, the report stated that the PT was negative for BEFAST because there was no slurred speech although he had difficulty in forming sentences. It is important to recognize that the speech part of FAST is that it could mean slurring, it could mean aphasia, or the patient could be mute. There are varying presentations of speech difficulty. It was great that this crew member realized that although the patient didn't have slurred speech, but that aphasia was an indicator of positive FAST. Kudos for getting patient history. He had a history of AFib but was not on blood thinners and high risk for stroke. His symptoms were coming and going. These are warning signs so keep having sense of urgency when this happens. Time = Brain. Pre-notification to the hospital was done Code Neuro was called when PT indicated numbness in his hands. Dexi 90, BP 158/97, and LKW documented, on scene time 14 minutes 53 seconds. At the ED, the CT of his brain showed partial occlusion that was too distant for intervention. TPA was offered and accepted. Patient was discharged home with zero deficits and is now taking Xarelto for the AFib.

WPFR Kudos – patient with a history of smoking, drug and alcohol abuse. The family drove him to the station stating that he was having a stroke. PT was very symptomatic. Documentation was well done: Fast positive, LAMS score of 5, LKW documented, Pre-notification to GSH and they were told to divert to SJMC. Dexi 95, BP 215/152, on scene in 3 minutes. At ED, CT scan showed Acute right MCA thrombo-embolism. NIHSS was 24 when admitted. TPA was administered in under 30 minutes and an embolectomy was performed. PT went home with NIHSS of 5: slight facial palsy, arm drift/ataxia, dysarthria. We need to provide more community education in calling 911. We don't want community members driving patients to the stations. Also, we need to remember that we have mental health and substance abuse in our communities.

A question was asked if anti-hypertensives administered in the field. Dr. Friedrick answered that we do not carry them nor administer them in the field. We have sublingual nitrates which would not be the ideal agent. This could be a possible discussion with research for the future. Dr. Waffle mentioned that the issue with administering in the field is that the scene time would be much longer. We have to balance all these factors and transport times. Norma asked if Tiffany was volunteering to make sure with all the hospital systems that it would be an acceptable protocol and if you want to write a protocol with medication sheet, we would entertain that with the protocol committee. Tiffany said she will look into it.

Dr. Friedrick asked is as we are all different agencies, is it possible to have the agencies get their data out there because if one agency is 92% and another agency is 20% then we know where to direct our education.

New Business:

A. **Cases to Automatically Report to MPD – Dr. Waffle**
   Dr. Waffle believes it is a good idea to automatically review and report to this committee procedures that are controversial or high risk. On the list is pericardiocentesis, blood transfusions and cricothyrotomy in the field, so we can have a discussion around these procedures for review and compilation of the information. It doesn't happen very often, and they are somewhat controversial in nature. A any agency that performed these procedures report to the MPD for review and he will report to the CQI committee. Norma mentioned that the MPD will provide a memo to be distributed to all agencies and hospitals regarding this policy.

Presentation:

A. **NW Ambulance – Jordan Stopsen**
   Jordan Stopsen discussed a case where the call originally came out as a behavioral/psych episode with PD and a medic unit on scene. There was no violence or need for staging reported by dispatch. The patient was a well-known individual with psych disturbances in the past who was calm and cooperative while PD was on scene. The crew did not restrain the patient per the PD advice. Soon after transport was initiated, the patient became sexually and physically abusive toward the providers in the ambulance. Both the providers were able to get away from the patient and out of the ambulance. The patient was locked in the ambulance until PD came and arrested the patient. Three Lessons learned:
   1) Team and scene safety.
   2) Protect yourself and your partner.
   3) Take your mental health into account after an event like this and come back when you are physically and mentally ready.

Unscheduled Business:

None.

Announcements:

A. Case presentation due in November – Madigan Ambulance
B. Next CQI Committee Meeting will be on November 25, 2020.

Adjournment: Meeting Adjourned @ 11:50 AM.

Scribe: Donna Vitale, PC EMS Office