



**CQI Leadership Team Meeting and HEMS + PUC Train the Trainer
July 28, 2022**

Attendance:

Lisa Madrid, REMSA
Stan Hall, DRMC
Dan Sitar, SWHC
Leslie Duke, REMSA
Shawn Fellabaum, JFK
Lisa Mackie, RUHS
Shanna Kissel, REMSA
Nick Ritchey, REMSA
Vanessa Hayflich, Air Methods
Ryan Besneatte, Mission Ambulance
Suzee Kolodzik, AMR
Moses Martinez, REMSA
Eric Ackerman, MF&R
Garland Carpenter, AMR
Anthony Espique, Air Methods
William Hinton, Air Methods
Joshua Janssen, Cal Fire
Justin Vanderhulst, Pechanga Fire
Christy Slattery, AMR
Steven Wells, Corona Fire
Dr. Reza Vaezazizi, REMSA

Dustin Rascon, REMSA
Holly Anderson, Cal Fire
Christopher Lowder, Cal Fire
Noelle Toering, Riv City Fire
Carla Bolowich, Cal Fire
Stephanie Zimmerman, Cal Fire
Joe Silk, Cal Fire
Lori Maddox, RUHS
Roger Salmo, Soboba Fire
Sudha Mahesh, REMSA
Joshua Janssen, Cal Fire
Jared Szaroleta, Mercy Air
Dr. Andrew Pachon, RUHS
Christian Linneman, Cal Fire
Catherine Farrokhi, REMSA
Ryan Holtkamp, AMR
Jennifer Antonucci, Murrieta Fire
James Lee, REMSA
Steve Gregory, Pechanga Fire
Henry Olson, REMSA
Brian Harrison, REACH

Bryan Hanley, REMSA
Lisa Higuchi, AMR
Christopher Linke, AMR
Chief Scott Philippbar, Cal Fire
Thomas Wofford, EMC
Richard Blumel, AMR
Ronald Taggart, AMR
Robert Fontaine, MV College
Magdalena Robles, MVC
Evelyn Pham, REMSA
Ken Cardin, Morongo Fire
Richard Valenti, Cathedral CFire
Christopher Boykin,
Thomas Crain, Air Methods
Allen Francis, CDCR
Jeremy Keenan, Cat City Fire
Joseph Contreras, Cavalry
Lauren Lee, Cal Fire
Dr. Steve Patterson, RCH
Austin Toole, AMR

Agenda Item	Discussion	Action
1. Introduction	Attendance taken based on participant list on Microsoft TEAMS.	
2. Discuss Previous Meeting Minutes	There were no objections to the April 21 st , 2022 CQILT meeting minutes.	Minutes approved.
3. Action Items		
4. HEMS	<p>HEMS dashboard</p> <ul style="list-style-type: none"> • updated and current through June 2022 • Review of the dashboard looked at IFT documentation, providers names collected, and map updates with RSO <p>Drug and Equipment List</p> <ul style="list-style-type: none"> • Received both lists and REMSA will review and finalize it. <p>Blood Uses</p> <ul style="list-style-type: none"> • Air methods reported on their blood uses <p>Data</p> <ul style="list-style-type: none"> • Review of data to figure out mapping and identification issues • Review of medication and procedures used <p>Unified SCOPE Update</p> <ul style="list-style-type: none"> • HEMS agreement is almost finalized • REMSA will bring the proposal to County Council for review and approval • Will go over HEMS policy and dispatch piece with calfire and ECC, everyone will get together to draft the HEMS policy so that it can be presented at the next CQILT 	Discussion.
5. CQI review/discussion	<p>Policy 3308 – ALS to BLS downgrade</p> <ul style="list-style-type: none"> • Still seeing inappropriate downgrades, and missing complete paramedic assessment • Need to continue working on this, and will review the data when available • REMSA reminded the providers that proper documentation of patient care and assessment is a regulation requirement <p>CQI Module, ReportWriter Class</p>	Discussion.

	<ul style="list-style-type: none"> Virtual class will be held on August 11th, 2022 from 1-4pm <p>Medical Cardiac Arrest Report and Traumatic Cardiac Arrest Report</p> <ul style="list-style-type: none"> Reports were reviewed Almost all the metrics align with the previous four quarters and stay mainly consistent Will start to compare this data with the CARES data and by provider as a whole 	
6. System Issues	<p>Medication Errors</p> <ul style="list-style-type: none"> Still having errors reported Providers are working on minimizing those with more education <p>MCI/MPI Discussion</p> <ul style="list-style-type: none"> Concerns with MPI, noticing base contact isn't being made for every patient, not communicated well Per Title 22, critical trauma patients, base hospitals need to know all of the patients on scene, regardless if they are being transported to them directly Critical Trauma is a base hospital decision destination Opportunity for improvement, suggestion for PLNS and providers to start a workgroup to work together in looking at the policy to ensure the MPI piece is clear and provide education if needed. Bring suggestion to the next CQILT meeting <p>STEMI Documentation</p> <ul style="list-style-type: none"> Found documentation of aspirin still being low, regardless of previous education that was provided. It is being documented in the narrative still, instead of in the correct field to pull the measures correctly STEMI Committee decided that a more focused agency level metric sent directly to the providers to educate on their own based on their scores and feedback would improve performance Each agency will receive their own report quarterly 	Information only.
7. Protocol/Policy Update for Spring 2022	<p>Protocol/Policy Update</p> <ul style="list-style-type: none"> 3308 Updates Atropine <ul style="list-style-type: none"> Included in ALS drug index Updated language, 1 mg(10mL) IV/IO 	Information only.

- May repeat every 3-5 minutes to a max of 3 MG (30 mL)
- Ketamine par level for the drug and equipment list
 - Updated language, 500 mg/ 10 mL, par 1

Epi Drip

- PowerPoint presentation was reviewed
- Summary suggests removing ETCO2 greater than 20
- CQILT consensus agreed to remove ETCO2 threshold for administration. However, final approval must go through the appropriate venue to discuss and vote first. It will be administratively tabled until January 2023.

Policy Review and Cycle Changes

- Cycle changes were approved by Fire Chiefs at their last meeting
- In an effort to streamline and make the protocol update cycle more efficient and organized for education, effective 2023, the policy review and cycle changes will move to a once a year update
- January CQILT will start off the cycle with giving agencies the opportunity to bring forth any changes they feel would benefit the system, then move to a voting process at PMAC in February and education and implementation to follow

SCV revisions

- Putting together a workgroup to work on the SCV revisions for a draft that will hopefully be done and presented at the October CQILT
- Anyone who is interested in participating, please email” Bhanley@rivco.org

PUC Train to Trainer

Module #2: 2022 Fall Policies/Protocol Update

- Training video played

Module #3: CQI Program Update

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	<p>Module #4: New Skills and Protocol: iGel and OG tube</p> <ul style="list-style-type: none"> • Hands on presentation to show and train providers on how the use the supraglottic airway • Training video was also presented • Attendees voiced their opinions and suggestions regarding the training video <ul style="list-style-type: none"> ○ Bryan Hanley noted the request and will make the appropriate adjustments to the training video and policy • REMSA reminded the providers that iGel remains as a backup airway device and ET tube is still the gold standard • Skills validation forms are required to be completed for each medic following the training <p>Module #5: Gold Nuggets from the Field</p> <p>All training videos are still in draft form, and after the meeting, Bryan will take back the comments and concerns and edit the videos before sending out the final by next week. A formal notice will be sent to all the providers when the final PUC videos are available for download.</p>	
<p>8. Roundtable</p>	<p>Roundtable:</p> <ul style="list-style-type: none"> • Policy 4401 for suspected ACS, STEMI triage and destination criteria <ul style="list-style-type: none"> ○ If STEMI is suspected and meeting any triage criteria, it needs notification to the closest STEMI Center • Data collection for iGel will be sent out to providers • State STEMI and Stroke Summit CEs can be accessed through AHA by logging into their heart.org account • 12-lead capture requiring ALS has been straining our system, as agencies are short staffed, continued discussion on this relating to policy 3308 <p>Next CQILT and HEMS meeting is on October 20th 2022, from 9:00 a.m. to noon. Location TBD.</p>	