



---

**CQI Leadership Team Meeting**

**June 21, 2018**

**4210 Riverwalk Parkway, #300, Riverside, CA 92505**

Attendance:

Lisa Madrid, REMSA

Tim Buckley, Cal Fire

Misty Plumley, REMSA

Dan Sitar, Inland Valley

Sabrina Yamashiro, RCH

Jeff Seirup, AMR

Holly Anderson, Cal Fire

J.D. Tawney, CFD

Dr. Vaezazizi, REMSA

Shanna Kissel, REMSA

Evelyn Pham, REMSA

Susan Veldey, EMC

Henry Olsen, REMSA

Kristen Clements, Riverside City Fire

Emily Craig, RVC Fire

W. Giannini, Calimesa

Richard Blumel, AMR

Lia Genn, Cal Fire

Kay Schulz, Riverside University Health Systems

James Tawney, CFD

Justin Vondriska, Cathedral City Fire

Kristie Borba, DRMC

---

Mailing Address: 4210 Riverwalk Parkway • Suite 300 • Riverside, CA 92505

Phone: (951) 358-5029 • Fax: (951) 358-5160 • TDD: (951) 358-5124 • [www.rivcoems.org](http://www.rivcoems.org)

Agenda Item	Discussion	Action
<b>1. Introduction</b>		
<b>2. Discuss Previous Meeting Minutes</b>		There were no objections to the March 15, 2018 meeting minutes.
<b>3. Action Items</b>		
Action Items	Moved to #6 addressing policy review.	
Ketamine Update	Ketamine trail is going well so far with no apparent issues. To date, there have been 138 ketamine administrations. Most were successful, about 5 of those had protocol violations due to no documentation for post administration pain scale. Providers reported an average drop of 8 points on the pain scale based on a 10-0 scale.	
CARES Report	Providers received their own individual reports for CARES. Overall data from Riverside County and Nationally was presented and reviewed. Henry apologized for miscommunication that the CARES data would automatically upload. He will administer the upload monthly on the first of every month to AMR first, and then Fire and will forward to the hospitals by the 10 <sup>th</sup> of the month.	
CORE Measures	Lisa announced the state released the CORE Measures mid-April and the deadline to finalize is June 30 <sup>th</sup> .	



	After the CORE Measures are completed, Lisa will share them at the next CQILT meeting to discuss, compare and validate.	
<b>4. Case Reviews</b>	<p>Sabrina, RCH, presented a trauma case review from a car collision involving two patients. For the first patient, there was miscommunication between the first responders and the hospital.</p> <p>The leadership discussed the difference between stable, secure and managed airway. It was clarified that managed airway should prompt first responders to transport patient directly to a trauma hospital, instead of calling hospitals for instructions on where to transport. Current protocols do not request first responders to ask for permission of where to transport. The term stable airway was not a favorable definition for airway management.</p> <p>Second patient also displayed miscommunication amongst first responder and hospital, along with long IFT times.</p>	<p>Leadership proposal was education.</p> <p>Leadership proposal was education and suggestions for more airway management classes. Shanna will send out another notice regarding IFT trauma continuation of care guidelines.</p>
<b>5. System Issues</b>	Tabled to next meeting.	
<b>6. Protocol/Policy Update</b>		
TXA	TXA trial study ended and the state voted to put TXA into local scope of practice in all of California. Inclusion criteria states to use TXA in all trauma patients with signs and symptoms of hemorrhagic shock.	Protocol changes for TXA will take effect July 1, 2018 and will go into policy for shock due to trauma.



	One change that is different from the trail is the criteria before said estimated blood loss of 500 and heart rate greater than 120, estimation volume was taken away, and it now says significant blood loss with heart rate greater than 120. However, this is not for OB patients. The goal is for every ALS provider to be well trained in administering TXA and have the supply readily available.	
Cardiac Arrest	Policy change for any cardiac arrest patient that is transported, first responders can transport to a STEMI center without having to make base hospital contact.	Protocol changes for cardiac arrest patients will take effect fall 2018.
STEMI	Policy change for STEMI patients, first responders can transport patients to STEMI center without having to make base hospital contact.	Protocol changes for STEMI patients will take effect fall 2018.
Stroke	Stroke will hold off on any policy changes at this time regarding base hospital contact, as there is still stroke diversion. Base hospital contact will still be mandatory for stroke patients.	
BRUE	ALTE, apparent life-threatening event, was renamed to BRUE, brief resolved unexplained event, occurring in an infant younger than 1 year. Discussion was had to remove mandatory base contact, unless they are going to be AMA.	
Childbirth	Discussion on childbirth protocol when it comes to labor and delivery processes, in the subsection that describes what verbiage to use for	Recommendation for more training and education. Proposed childbirth training for all paramedics and EMT to go through the same skill training.



	<p>protocols dealing with stabilization management. The leadership agreed on a simple statement that allows first responders to position patient as clinically indicated depending on the extent of the breach, and to provide neonate airway. Misty will clean up the language and will provide a draft to Kay and RUHS team before the PMAC meeting.</p> <p>Discussion extended on how to administer glucose to neonate, if there are measurement calculations as to how and how much to administer.</p>	
MLAPSS and LAMS	Adding LAMS score and MLAPSS stroke screen to policy protocols. Goal is for all providers to gain familiarity with the calculation of LAMS.	Protocol for converting to MLAPSS and LAMS will take effect fall 2018.
Dose EPI	Moving in tandem with ICEAMA to push dose Epinephrine as a standard order for shock and post-partum hemorrhage.	Protocol for dose epinephrine will take effect Spring 2019.
<b>7. Roundtable</b>	<p>Sabrina announced RCH is hosting a half day Specialty Care Clinical Conference on August 7<sup>th</sup> at RCH with free CE.</p> <p>Kristie announced DRMC ED residents are working on education and ride outs with topics to teach and 1 hour CE credits.</p> <p>Cal Fire announced CE day on July 24<sup>th</sup> at Ben Clark with 2 hours BLS airway training with Air methods, discussion on medication errors, BRN CEs etc.</p> <p>Cal Fire also announced they are hiring and expect to have a few new staff members.</p>	

	<p>Cathedral City Fire inquired about an MCI feedback, regarding transport of pediatric patients. In discussion, conclusion came to transporting to pediatric center as preferred first, and to also stay in county if possible.</p>	
--	--	--

	<p>Riverside City Fire also announced they would also have residents next month.</p>	
--	--	--

