



**WCEMSTCC**  
**Continuous Quality Improvement Committee**

June 27, 2019

The regular meeting of the CQI Committee was called to order at 19:00 on **27 June 2019** in the Chestnut Building conference room by Chief Duncan McLane, Interim Co-Chair.

Agency/Position	First Name	Last Name	3/29/18	7/5/18	10/4/18	1/17/19	3/26/19	6/27/19
MPD; Co-Chair	Marv	Wayne	✓	exc	✓	exc	exc	
Supervising MD BFD	Emily	Junck		✓	✓		✓	✓
Co-Chair	Josh	Morell	✓	✓	✓	✓	✓	vacated
QA Coordinator	Kris	Jorgensen	exc	✓	exc	exc	exc	✓
Secretary	Janice	Lapsansky	exc	✓	✓	✓	✓	exc
1	Mel	Blankers						✓
1	Joe	LaChaussee						✓
5	Chris	Carleton						
7	Janice	Lapsansky	exc	✓	✓	✓	✓	exc
7	Ben	Boyko	exc	✓	✓	✓	✓	✓
			✓		✓	✓	✓	✓
11	Duncan	McLane						Interim Co-Chair
11	John	Granger			exc	exc	✓	✓
14	Jerry	DeBruin	✓	✓	✓	✓	✓	✓
16	Matt	Cook						
17	Dawn	Cannizzaro	✓	✓	✓	✓	✓	exc
18	Omar	Mejia				✓		✓
19	Ben	Thompson						
ALNW/11			✓		✓	✓	✓	
BFD	Scott	Ryckman	✓		✓			✓
Dispatch	Sheila	Hanlon	✓		✓		✓	✓
Lynden	Mark	Billmire				✓	✓	✓
Mt Baker Ski	Erica	Littlewood	✓	✓	✓	✓	✓	✓
NWFRS	Kris	Jorgensen	exc	✓	exc	exc	exc	
PH Trauma Mngr	Becky	Stermer	✓		✓	✓		✓
Trauma Registrar	Jennifer	Keim			exc			
SWFA	Josh	Morell	✓	✓	✓	✓	✓	✓
WCEMS Manager	Mike	Hilley	✓	✓	exc	✓	✓	✓
Guest: Whatcom ME	Gary	Goldfogal					✓	

**A. Approval of Minutes**

Minutes from the 26 March 2019 CQI Committee meeting were approved by consensus.

## **B. Case Review**

Incident involving MVA with ejection was reviewed and discussion led by Chief Ben Boyko, including response times, scene time, transport time. No recommendations for improvement were made.

A second trauma case involving three trauma patients (one determined DOA), and downed power lines was also discussed. Criteria for Full vs. Modified Trauma Code activation discussed for each patient. It is helpful to include a description of vehicle damage and/or pictures of the crash. A question arose about what patient information is collected at What-Comm, and what determines when the call is transferred to Prospect. Sheila explained that when the What-Comm dispatcher is on the phone with the RP, they can push a button to immediately transfer the call and RP phone location to Prospect (Phase 1), at which time the call becomes a 3-way (or more) conference call. In this case, What-Comm entered the collision at [location] as a combined LE and Fire call, and announced the caller when the transfer is made. Once the call transfer is made, they may stay on the line in case they may be needed further. If they leave the call, they may hit the same button to rejoin the call. The call in this incident was transferred within the first 4 minutes of the original 911 call.

Time constraints and EMS actions related to PSE arrival/power shut off were discussed. It was noted that downed power lines were not described in the medic report, but that scene information is reported in NFIRS, so the ED may not be aware of scene considerations/risks. Dr. Junck suggested improvements to the sequence of interventions, specifically in favor of interventions (e.g. 9-1-1 epi) that improve BP first, or using an iGel over RSI (ETT intubation). Dr. Junck, as well as the medics on scene, requested that on incidents with a trauma-related fatality, seemingly less critical patients be assessed and packaged appropriately. Chief Boyko was asked to request the ME report from Dr. Goldfogal.

## **C. Review of Previous Action Items**

- ResQ Pump returned to Zoll; Zoll claims not to have received the pump. Zoll apologized, as well as explained that for an est. 10% of patients, the pump will not maintain suction due to anatomy (sex, obesity, etc.) or other factors. Of note, the patient in question was a young male of average weight and no deformities.
- Initial set of (3) Image Trend Reports (pdf) for CQI shared with group: Nitrous, Code Red BLS, and Stroke. Discussion of performance measures for focus during the year and how the CQI process would be implemented. It was agreed that BLS and ALS reports should be separate (e.g. nitrous, tx decisions), and that some data can be eliminated to make the report more readable. These three topics will continue to be monitored for CQI purposes.
- No progress on updating the county CQI Plan.

**D. New Discussion Items**

- Skagit EMS has reported that it is difficult to place an NG tube through the iGel. Asked if it can be preloaded, just to be flush with the leading edge of the iGel. Reminder that correct placement of the iGel should block the pharynx to prevent aspiration. Also noted that the luminal diameter of the tube will not evacuate much more than air.
- Report of trauma to airway secondary to ETT intubation in drowning victim. The video was shared with ME. Resolved.

**E. Agenda for Next Meeting**

- TBD

**F. Announcements**

- none

**Adjournment:**

Meeting was adjourned at 20:27 by Interim Co-Chair Duncan MacLane. The next regular meeting of CQI is October 10<sup>th</sup>, 5pm in the Conference room of the Chestnut building.

**Minutes submitted by:** Janice Lapsansky, Secretary