



# California LEMSA QI Coordinators Committee

July 27, 2017 Meeting Minutes

## Meeting Attendance:

Steve Brooks, Chair, Monterey

Lisa Madrid, Chair-Elect, Riverside

John Poland, Secretary, S-SV

**Alameda:** Lee Siegel

**Contra Costa:**

**ICEMA:** Ron Holk

**Los Angeles:** Susan Mori

**Monterey:** Steve Brooks

**North Coast:** Louis Bruhnke

**Riverside:** Lisa Madrid

**San Diego:**

**San Luis Obispo:** Kathy Collins

**Santa Clara:**

**Solano:**

**Ventura:**

**Central California:**

**El Dorado:**

**Imperial:**

**Marin:**

**Mountain Valley:** Lance Doyle

**Northern California:**

**Sacramento:** Ben Merin, Dorothy Rodriguez

**San Francisco:** Crystal Wright

**San Mateo:** Linda Allington

**Santa Cruz:**

**Sonoma:**

**Yolo:**

**Coastal Valleys:**

**EMSA:**

**Kern:**

**Merced:**

**Napa:**

**Orange County:**

**San Benito:** Kris Mangano

**San Joaquin:**

**Santa Barbara:** Jennie Simon

**S-SV:** John Poland

**Tuolumne:**

Agenda Item	Discussion	Action	Comments
<b>1. Welcome, Introductions, Roll Call</b>	Meeting called to order at 1305 hours.		Roll call of attendees
<b>2. Minutes</b>	Review and approve May 2017 meeting minutes.	Approved by consensus	
<b>3. California Core Measures</b>	Continuation of discussion during the last meeting on the challenges with the California Core Measures in their current format. Most LEMSAs continue to have concerns about the reliability, effectiveness and usefulness of the current core measures. Data validity has improved somewhat with the	Steve Brooks will assemble a subcommittee to review further	



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	<p>implementation of NEMSIS Version 3, but there are still challenges. Imagetrend has created reports to run the core measures data.</p> <p>The committee discussed the validity related to the wide variance of core measures data reported by different LEMSAs. It is believed that some LEMSAs are running the data exactly as indicated on the data specification sheets while others may be running and submitting data on what they believe the core measure is actually requesting. Aspirin administration for cardiac patients was a specific example discussed. This current core measure does not account for aspirin administered prior to EMS arrival (self-administered, dispatch instructed, etc.), which is believed to be the goal of actually measuring this item (aspirin administration prior to hospital arrival).</p> <p>The committee agreed that it would be beneficial to put together a subcommittee that would start with evaluating one or two of the current core measures for QI process purposes. Evaluating both the specifics of the core measure and what is believed to be the purpose/goal of the core measure. Steve Brooks will send out an email to the committee requesting interested members to participate in this subcommittee. The subcommittee will then perform a focused evaluation of the core measure and provide specific recommendations to EMSAAC to then share with EMSA. The goal is to assist in developing and reporting reliable/useful EMS core measures data.</p>		
<p><b>4. Committee Guidelines</b></p>	<p>The committee guidelines were originally created in September 2014 and have not been reviewed/updated since that time. Vicki Sweet requested the committee members review the current guidelines and provide feedback to her following the last meeting. Those proposed changes were incorporated into the draft revision.</p>	<p>Steve Brooks will incorporate additional recommended revisions</p>	<p>Will be placed on the next meeting agenda for committee approval</p>



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	The committee agreed with the proposed changes. There was additional discussion regarding the 'Charges' section and the need to include some language regarding reporting out on the work of the committee. It was also agreed that there should be an additional section to address Liaison members (EMSAAC & EMSA representatives).		
<b>5. Committee Goals: 2017-2018</b>	The committee goals were established at the May meeting, and a final version was distributed to the committee. Susan Mori continues to have strong interest in developing and holding a Patient Safety Boot Camp in California and will be talking to Lee Varner from the PSO more about this. A funding source will need to be identified to make this possible. This falls under the second goal of "Foster Just Culture and promote a safe environment for EMS constituents in regards to CQI efforts".	Susan Mori to report back to the committee as appropriate	Information only
<b>6. CQI Best Practices Conference</b>	Craig Stroup is leading this project committee. Craig was unable to attend the meeting and none of the other committee members had additional updates on this project. Steve Brooks will follow up with Craig on this.	Steve Brooks to follow up with Craig Stroup	Information only
<b>7. APOT</b>	EMSA/EMSAAC have requested quarterly LEMSA APOT data from January 1, 2017 on, as discussed by Bruce Barton at the May meeting. Some LEMSAs are having issues with data validity, especially from imported Data. Will continue to work on this locally and with Mark Roberts to identify/correct issues. Overall, reporting is going good. No significant issues/challenges discussed by committee members related to this matter. Sacramento County has found the review of this data beneficial in providing weekly information to one of their outlier hospitals to assist them with identifying and correcting their extended APOT issues.		Information/discussion



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<p><b>8. QI Topics Roundtable</b></p>	<p>The following roundtable topics were discussed by the committee</p> <ul style="list-style-type: none"> <li>• Utilization of the humeral IO site and what type of IO devices were being utilized by EMS providers. Several LEMSAs are using the humeral site without significant issues (adult only, no pediatrics). Other sites are still preferred for cardiac arrest patients.</li> <li>• Development of a data dictionary. EMSAs choose to leave the majority of the data open to match NEMSIS which has created some issues with multiple different codes being used by different providers for the same procedures/meds/etc. Some LEMSAs have created their own local data dictionaries to ensure consistent imported data from multiple different ePCR systems.</li> <li>• Most LEMSAs have approved naloxone administration by law enforcement agencies, or are in the process of doing so. There was a recent grant available to California counties to purchase naloxone for this use. The naloxone being supplied as part of this grant is the new high dose/high concentration IN device (4 mg). There has not been a lot of use of this higher dose naloxone in the prehospital setting so it will be monitored.</li> </ul>		
<p><b>9. Next Meeting</b></p>	<p>September 28, 2017 – Conference Call. Still anticipate holding the December meeting in conjunction with the EMSAAC December meeting in San Francisco.</p>	<p>Steve Brooks will follow up with Dave Magnino to confirm room availability for the December meeting</p>	
<p><b>10. Adjournment and Roll Call</b></p>	<p>Meeting adjourned at 1430</p>		