

Regional General Improvement and Trauma Triage Program Committee
September 14, 2017

Agenda

General Improvement and Trauma Triage Program Committee: 10:00
Carilion Clinic Patient Transport

1. Welcome and Introduction
2. Medical Incident Referrals
 - None to report but several potentially coming
3. Review Level One Trauma Center Data on ending Prehospital GCS to beginning Trauma Center GCS-Presented by Andi Wright for Dan Freeman
 - a. How does the committee want to proceed? Look at Level II, III facilities?
4. Select Date Range for End Tidal Study-What results are we wanting to see? Do we want to just look at a specific call type?
5. Review and adopt the Draft Performance Improvement Plan

Regional General Improvement and Trauma Triage Program Committee

September 14, 2017

Attendance

Jennifer Mark
Kristopher Shrader
Emory Altizer
Andi Wright
Scott Davis
Don Altice
Chris Christensen
Cathy Cockrell

Meeting called to order at 10:02 by Chris Christensen – welcomed those present and others that have called in via conference call.

Andi Wright presented on Dan Freeman's behalf about EMS vs Hospital GCS for Carilion Roanoke Memorial Hospital – See Attached Presentation Slides

- 36 % of patients transported to RMH on a Gold or Trauma Alert had no EMS GCS
- 22 % of Gold and Trauma Alerts had a differing GCS from EMS to Hospital and 82 patients had a different GCS of 3 points or more difference
- The committee found that GCS could be a beneficial topic of training for prehospital providers

Andi and Emory discussed about conversations at the State Trauma PI meetings that Forest Calland discussed how no trauma centers West of NRVMC.

- Raising Awareness of patient transport facilities and their capabilities
- Educate non-trauma centers to at least be a "level 4" even though Virginia does not recognize level 4 to make sure that the facility has the services of a level 4

Emory Altizer presented on Lewis Gale Montgomery pre hospital to ED GCS – See Attached slides.

- Statewide GCS recorded was 84% and first quarter 2017 was up to 90%
- GCS was fairly accurate of patients transported here, most variations were found on verbal response

Trauma Centers follow up with OMD's on major GCS issues.

A Medical Incident Review was reported by Cathy that came from [REDACTED] in regards to a provider from [REDACTED] starting a Fentanyl Drip during transport. [REDACTED] follows WVEMS Protocols and Fentanyl drip is not stated in protocols. Cathy contacted [REDACTED] and that OMD had consulted with provider on this issue – OMD recommended that the provider take courses on narcotic administration. The OMD for [REDACTED] is based out of [REDACTED], the OMD advised the Fentanyl drip was not an incorrect dosing just an incorrect procedure based on protocol. The committee made the recommendation to let [REDACTED] and the OMD for [REDACTED] handle this since it was a training issue and the agency had already started the process of handling it. The committee made the recommendation to continue to monitor narcotic usage.

Chris presented the draft General and Trauma Performance Improvement Plan that was created. Only a few minor grammatical errors were recommended. The committee approves plan to be affirmed by the WVEMS BOD.

Regional General Improvement and Trauma Triage Program Committee September 14, 2017

Chris reported that he had started pulling data for the next topic which is End Tidal usage with chief complaint. Looked at data from 01/01/17-09/08/17 and only 219 times were documented under intervention.

-The committee wanted to see if End Tidal data could be pulled from vital signs or only from procedure.

-July 1, 2016-June 30, 2017 will be data range for this topic

-Also as a sub field to see if we can pull age and intubated vs non intubated patients

General EMS Topic – End Tidal usage with chief complaint—observational study to see what chief complaints providers are using device on and where we need to educate providers to use it more

The committee originally chose this topic for the EMS System Topic but after more discussion the committee feels that this topic would be better evaluated by the regional communication committee:
EMS System Topic – Communication Barriers across localities

- MCI Communications
- How to communicate between hospitals
- Schedule testing in each planning district of interoperability communication
- Form a list of Agencies and which band and frequency they use for emergencies
- Backup plans for radio outages
- Communicate with air medical to find out where they are having issues with communications across region.

This topic will be forwarded to the communication committee to be explored region wide. The committee will choose a new EMS System topic at next meeting.

Motion to adjourn meeting – 10:59

EMS vs Hospital GCS

CRMH Data

8-1-16 through 7-31-17

WVEMS PI Meeting

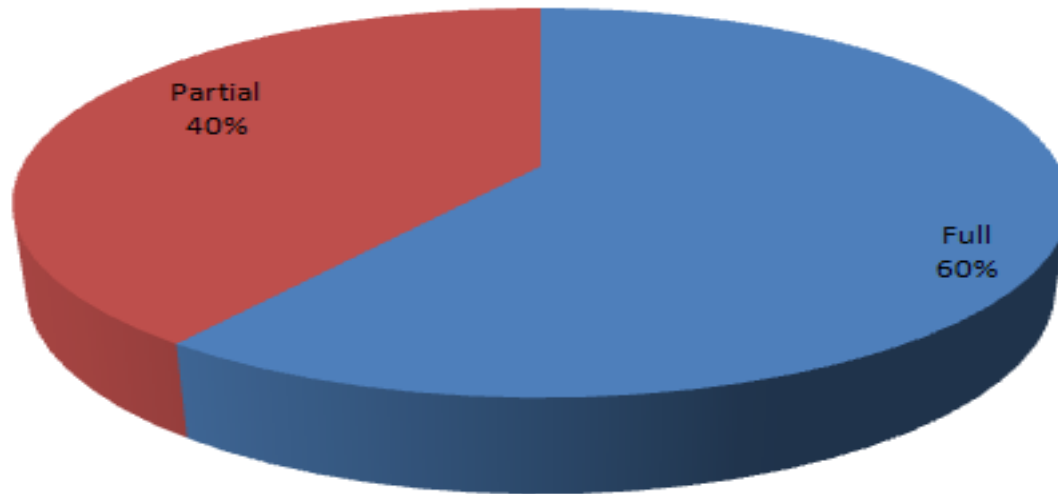
9/14/17



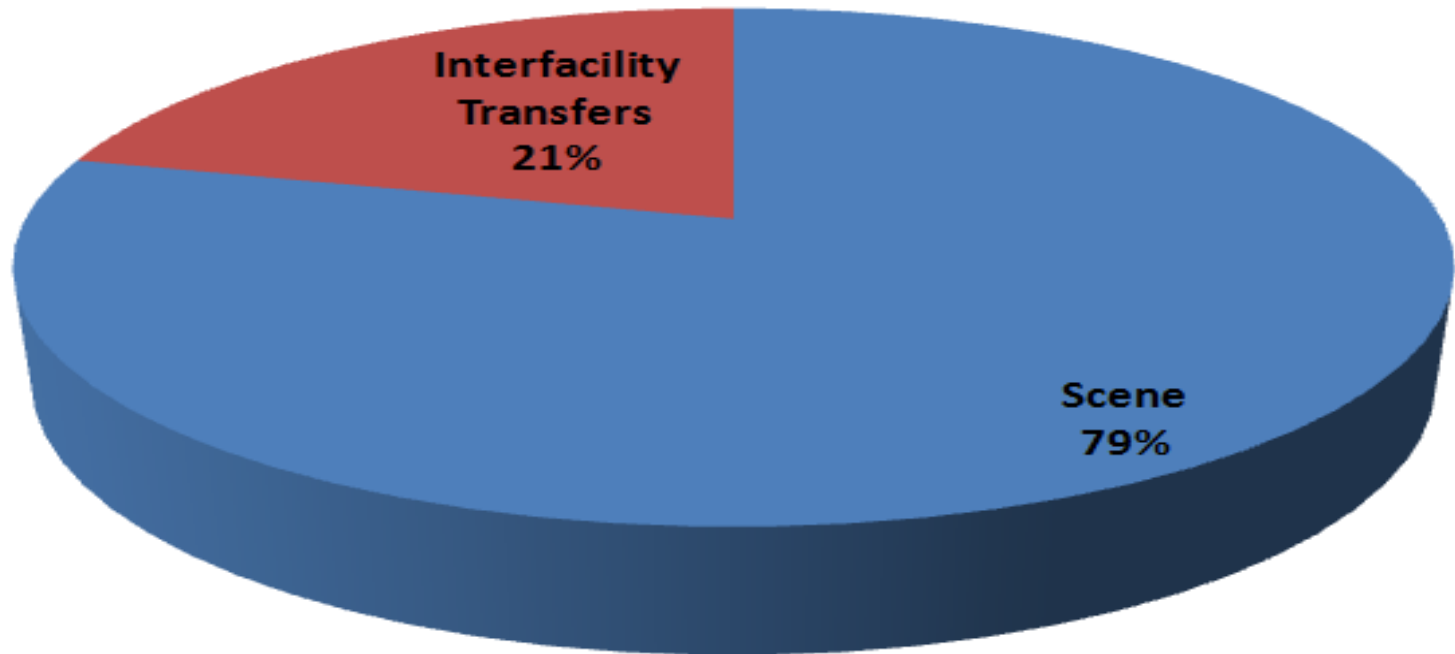
CARILIONCLINIC

Sample Size Trauma/Gold Alerts Only

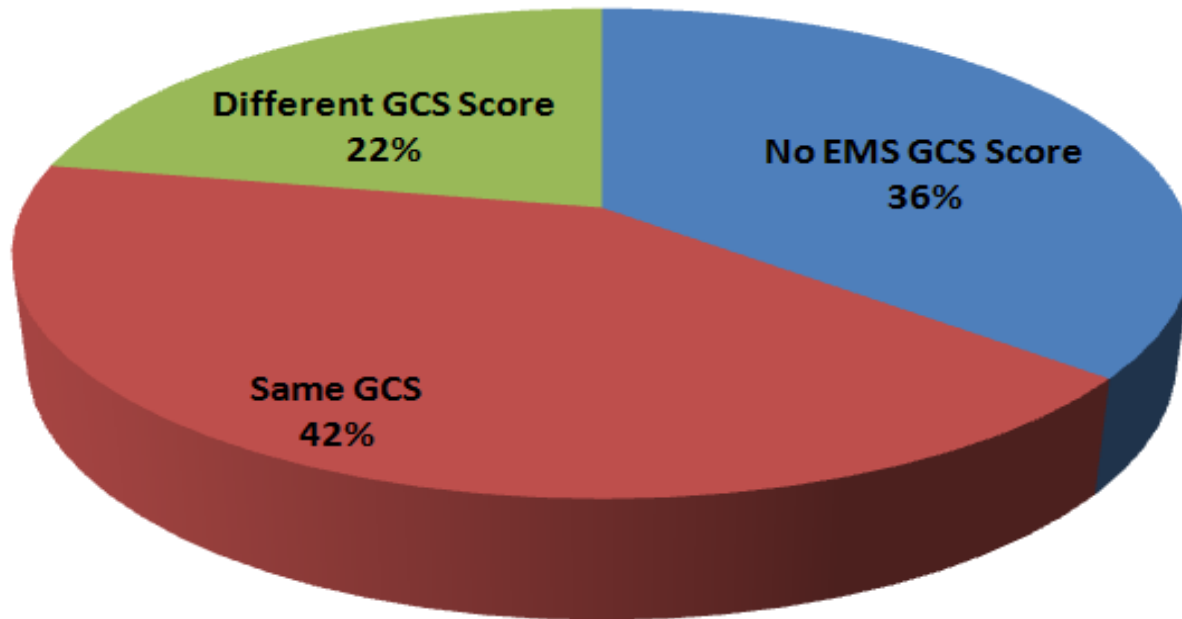
**Alert Breakdown
N= 1239**



Type of Transport



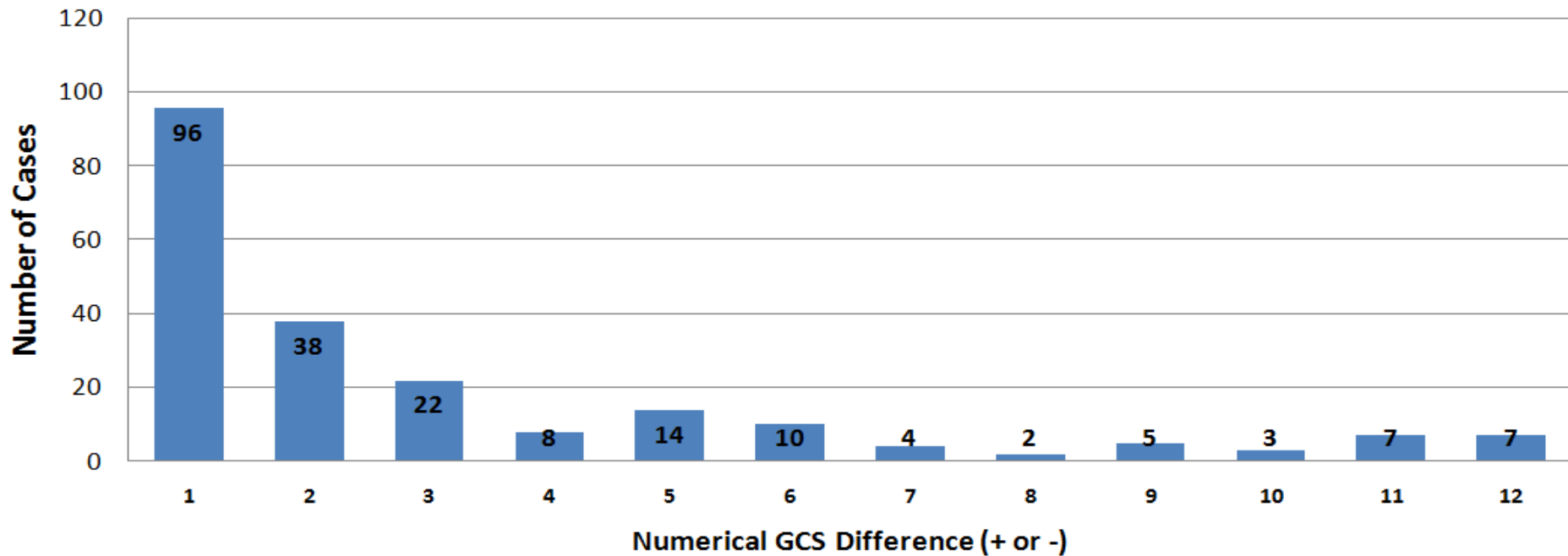
GCS Data Breakdown N=978 (from Scene)



- ❖ No EMS GCS Score = No documentation of GCS or No EMS record found.

GCS Difference Occurrences

Occurrences
n = 216



Data Breakdown

- 22% (n=216) of all Gold/Trauma Alerts (from the Scene) had a differing GCS scores.
 - Of those:
 - 38% (n=82) had a differing GCS score of 3 points or more.
 - 36% (n=79) received a medication that could effect GCS during transport (Fentanyl, MSO4, RSI, Narcan etc.)
 - 14% (n=31) had no indication of any major intervention (CPR, intubation, BVM) or medication that would effect GCS.

Conclusion

- 3% (31/978) of all Alerted Scene transports had a 3 point difference (+/-) in GCS scoring with no intervention or medication to explain the difference.
- With so many factors that could potentially effect GCS, more indepth chart reviews would be needed to provide actual rates of accuracy and opportunities of GCS scoring by EMS.

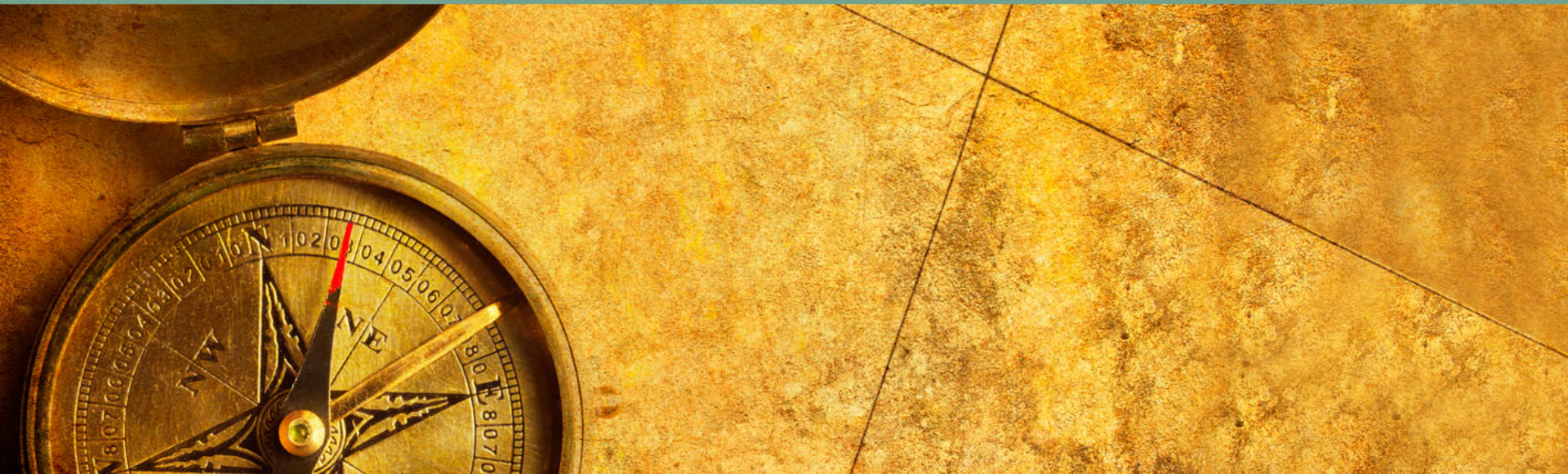




LewisGale

Regional Health System

HCA Virginia
An HCA affiliate



WVEMS
September 14, 2017

PERFORMANCE IMPROVEMENT
GCS STUDY

LewisGale Hospital Montgomery

- OEMS Statewide Summary from Q1 2017
- 2016- 84% of patients with a recorded GCS
- First quarter 2017 improved to 90%

LewisGale Hospital Montgomery

- 2016- 84% of LGHM patients with a recorded GCS
- 1Q 2017- 88% of LGHM patients with a recorded GCS

LewisGale Hospital Montgomery

- Percentage of GCS eye, motor, and verbal not recorded is virtually identical. If one value was recorded all were.
- Average GCS Jan 2016-March 2017 was 14

LewisGale Hospital Montgomery

- Last prehospital and first ED GCS varied little.
- Largest point difference, as expected, was in Verbal Response (-1).
- Completion and accuracy of prehospital GCS documentation is better than expected.