

**PC EMS COUNCIL
CQI COMMITTEE MINUTES
March 27, 2019 – 11:00**

Attendance:

Membership Attendance Roster on File.

Call to Order

Meeting was called to order at 11:06 am. Introductions were made around the room. Minutes of previous meeting were provided, voted on and accepted as written.

Unfinished Business:

A. Standing Cardiac Updates (Stroke Update will be in January)

○ **Franciscan HS**

Eric John Benson presented the Update from CHI Franciscan. He said they still have the new version 3 data to extract. There is not much change and they only have preliminary data. Getting to the facility quickly is the key.

○ **MultiCare HS**

Julie Langer's representative said they joined the Mission: Lifeline in 2016. Their biggest message to us was "Thank you for excellent field activation and accuracy with the new process. Door to balloon times in 2017 were 57-60 minutes; in 2018 were 43-51 minutes; in 2019 100% of the cases were less than 90 minutes. Then she shared a brief case study.

New Business:

None

Presentation:

A. McNeil Island-Mark McFarlane

Mark introduced himself, saying his agency is a DSHS sex offender facility with 200 people living there. The prison that used to be on the island is now closed. They are trying to move this facility off the island as well, because many of the residents are older and there is an increase in illness and medical issues. It is also difficult to access outside medical help.

The case is about a traumatic injury. It was a bully/bully relationship, where one man pushed another who fell and smashed his head on the floor. Ceramic tile laid over concrete offered no give, resulting in a serious head trauma. The alleged perpetrator did not report it, but it was seen on camera in the control center and reported there.

The time from reporting the incident and dispatch to arrival of EMS was over 20 minutes. They called for Airlift, but because they are considered inmates, there are policy limitations. It would require a guard which exceeded capacity on the helicopter. Eventually he was taken by ferry to rendezvous with West Pierce F&R, which is standard procedure. By the time he was put into the care of WPFR, it had

been 40 minutes and even longer for them to get him to the hospital. He died the next day at Madigan.

LESSONS LEARNED:

- Identify what / if any medication the patient is taking as part of the early assessment.
- Good communication between agencies and facilities is a must.
- Don't assume a chronic patient is fabricating or feigning their condition.

B. AMR (Standby case) – Agreed to present next time with Buckley Fire as the alternate

Unscheduled Business:

Mike Newhouse said that TFD has an issue: a claim for damages that is not covered by CQI. TFD would like verification that this information is protected.

Announcements:

Dr. Waffle said that on May 21 at 10:00am the NTSB is going to release a report of the Amtrak incident and final findings.

Trauma season is ramping up and you're encouraged to launch frequently and early if you're going to need air transport. You can also get info on landing zones.

Adjournment:

Meeting Adjourned @ 11:59.