

**Kitsap County EMS and Trauma Care Council
Board of Directors Meeting Minutes**

January 26, 2011
The Readiness Center
Bremerton, WA

Barbara Lovato	KCEMS	Joe Repar	CKFR
Steve Engle	NKFR	Joe Schweiger	KCEMS
Les Scholfield	Elec Off	Kim Doyle	Olympic Amb
Mike Wernet	SKFR	Rhonda Roberts	KCEMS
Lori Bisping	KCEMS	Vince Hlavaty	BFD
Mick McKinley	BFD	Martin Bennett	KCEMS
Al Duke	BFD	Hank Teran	BIFD

Meeting called to order by Chair Kim Doyle at 9:02 am

Mike made a motion to approve the December EMS Council Meeting Minutes as written; motion seconded by Steve. Minutes were approved as written.

I. Old Business

A. By-Laws

Chief Teran made the motion to approve the By-Laws as amended, motion seconded by Mike. By-Laws approved as amended.

B. B&O Tax Update

There will be a decision by the judge within 90 days.

C. Protocol Update

The protocols are in the final stages . There will be a meeting in February to continue the work.

II. New Business

A. Building & Classroom Update

Room 147 will become a shared classroom with WA Youth Academy. The WA Youth Academy will take over KCEMS' copier room. The rooms that will be for use at the Readiness Center will be room 142a, 244, and the shared class 147. The rest of the classrooms will belong to the WA Youth Academy.

B. Year End Budget Information

The year end [expense](#) and [class income](#) spreadsheets were presented.

C. QI Plan

The [Draft QI Plan](#) framework was presented. This is the portion that will be submitted to the State. The strategic plan will come from this framework. This offers a flexibility for what studies to conduct. This plan also covers items that will be required with the release of the new WACs. Lori is requesting everyone to review and make any suggestions of changes. It will cost \$200 to submit to the State. Every time there is a need to amend the plan it will cost \$65. This is why the plan is written as a framework. It allows the Council to do studies and QI reviews without having to amend the plan every time.

Lori will email out the revised MPD handbook and a copy of the new WACs.

The Region has requested to have a copy of the QI Plan for them to make some small changes and use if for the Regional QI Plan.

III. Staff & Regional Review

A. Staff Reports

1. Program Manger

The Cardiac and Stroke (CARES) registry is working. There is no cost to be a part of the registry. This registry will cover all cardiac including motor vehicle crashes. Barb asked if the agencies would like the KCEMS office to input this information or if they will do it individually? It will take approximately 10 minutes per chart to input the information.

There is a new proposed law in Oregon that allows EMTs to refuse to transport a patient if they do not feel the patient is in need of the transport. Barb will continue to watch how this law effects service in Oregon.

The focus on QI will continue to be cardiac, stroke, and STEMI. There are difficulties getting statistical data with the different programs at each of the agencies. Barb requested what statistical data the agencies would like from this office.

2. Training Coordinator

The ACLS class will be March 18. Joe is scheduling a PALS class for spring. The next time the EPC is offered he would like to have it with EMTs and Paramedics.

The last EMT class has over 90% pass rate of the National Registry. Joe continues to watch for the release of the new WACs. When those WACs become effective the only way to have an EMT course is to have a State certified EMT program.

Over the summer Joe will be reviewing ideas for the Paramedic OTEP program.

B. Regional

There is no funding change from the State this year.

There continues to be an investigation at the Regional office with the IRS, State, and local law enforcement.

C. Committees

EMS Operations Meeting- The focus has been on reviewing policies. They are devoting the next meeting to the reviewing the QI Plan.

All committees are requested to submit a yearly report to Barb by the week of February 11.

IV. Good of the Order

1. Vince Hlavaty is resigning from his position on the EMS Council. The open position will be announced at the next Base Station Meeting seeking volunteers.

V. Events

1. February 22-25 will be an exercise at Naval Hospital. The scenario will have an active shooter in the barracks. After neutralizing the shooter it will turn in to a mass causality event. Terry will ask for agency to volunteer again for this exercise.
2. Kids Day will be June 4.

Adjourn 10:23 am

Next Council Meeting will be on Wednesday, February 23, 2011 at the Readiness Center

2010 Income from Classes

2010 Income from Classes	
Classes	Income
12-Lead	\$325.00
ACLS	\$7,600.00
ACLS for EMTs	\$2,850.00
IV-Tech Class	\$1,200.00
PALS Class	\$1,800.00
ATT	\$675.00
BLS Skills Day	\$385.00
EMS Evaluators	\$375.00
EMT Class	\$27,341.27
T-Shirt Sales	\$493.48
EPC	\$1,800.00
Intensive Airway	\$600.00
Total	\$45,444.75

Quality Improvement Plan Draft



QUALITY IMPROVEMENT

To support the continuing development of high quality Pre-hospital, Emergency Medical and Trauma Care Services in Kitsap County

2011

Draft January 2011

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Kitsap County EMS and Trauma Care Council

Quality Improvement Program

Introduction

The most important achievements of a successful quality improvement plan are improved health of EMS patients, improved quality of EMS services, and efficient utilization of resources. Quality improvement achieves success by promoting an environment of excellence. From recruitment to retirement, healthcare providers are most effective when they are encouraged to promote excellence and embrace personal accountability. This attitude can only be fostered in a supportive collaborative network where errors are viewed as opportunities for improvement. It also relies upon strong leadership to provide reliable and efficient equipment, eliminate performance barriers and swiftly address system under performance.

The Kitsap County EMS Quality Improvement Plan utilizes the National Highway Traffic Safety Administration's template as published in the "Leadership Guide to Quality Improvement for Emergency Medical Services Systems." This plan allows Kitsap County EMS & TCC to ensure our community continues to receive excellent emergency care in a rapidly changing health care environment, while constantly monitoring improvements, efficiencies, and promoting a cohesive community health system.

Quality Improvement Authority and Protection

The Medical Program Director (MPD) is responsible for the regulatory oversight of all Emergency Medical Services in Kitsap County. A portion of that oversight is accomplished through the Quality Improvement Program (WAC 246-976-920).

Kitsap County EMS and Trauma Care Council

Coordinating EMS system activities, including quality improvement efforts, is the responsibility of the Kitsap County EMS and Trauma Care Council (KCEMS&TCC) in conjunction with the Medical Program Director (MPD).

WAC 246-50-010(3)(a), (4)(c), (n)(ii) WAC 246-50-020
(KCEMS &TCC by laws: Attachment 1)

History

The Kitsap County EMS and Trauma Care Council was incorporated May 27, 1977 and the Constitution approved August 28, 1991. The KCEMS&TCC was established in an advisory capacity to individual agencies and local officials in those matters relating to Emergency Medical Services (EMS), and when requested, determine and set-forth general policy and establish guidelines. Also, KCEMSC provides technical guidance and/or assistance in the development of the medical aspects of EMS.

Leadership Responsibilities related to QI:

- Develop and implement the local QI plan in accordance with DOH Guidelines, RCW, and WAC.
- Facilitate the formation of and support the activities of the Quality Improvement Committee.
- In collaboration with the Medical Program Director, provider agencies, and the QI committee, identify and develop indicators for performance and outcome measurement.
- Oversee the development of any indicated performance improvement processes.
- Collaborate with the Northwest Region EMS and Trauma Care Council and WA State Department of Health (EMS) to develop future indicators.
- Facilitate the development of EMS education and training programs for provider agencies in accordance with the implementation of the QI process.
- Monitor and report progress of QI process to Northwest Region EMS and TCC.
- Facilitate collaboration efforts to develop a cohesive, high quality community health network

Goals and Objectives

The goals of the Kitsap County EMS and TCC Quality Improvement Plan are based upon the **Plan, Do, Check, Act Cycle** to manage quality improvement.

Plan to implement a policy or strategy to improve quality.

Do by putting the plan into action.

Check by utilizing data analysis and feedback to evaluate success or failure.

Act to stabilize the improvement or to determine the cause of shortcomings.

Strategic Quality Planning will be will be developed by the Medical Program Director, EMS Program Manager, and the Quality Improvement Coordinator in cooperation with the KCEMS&TCC Planning Committee, Council, and Northwest Region Quality Improvement objectives annually.

The plan will contain three components:

1. Long and short- term objectives for structural, performance, and outcome quality standards.
2. Identify ways to achieve the objectives.
3. Identify the way in which the effectiveness of the system improvement is to be measured.

Section 1

Quality Improvement Committee System

The Kitsap County Medical Program Director utilizes a multi-disciplinary quality improvement committee system to provide clinical oversight and quality management of pre-hospital patient care in Kitsap County. The committee members may be assigned to focused committees to target specific areas of system improvement and are equal partners in larger multi-agency forums to monitor and address system performance.

QI committees will meet at a predetermined published date and time in accordance with public meeting regulations. The Education QI Committee will meet annually prior to the start of the academic year. ALS/BLS focused groups will not meet during months of scheduled Multi Agency QI Committee meetings.

Requirements

RCW 70.168.090, and WAC 246-976-910

- The Quality Improvement Committee will exist under the direction of the Kitsap County Medical Program Director (MPD).
- Meetings may be facilitated by an MPD approved designee or facilitator.
- All participants will sign a confidentiality agreement to be retained in the KCEMS & TCC records
- All patient care records will be maintained in a confidential manner. All committee discussions and actions will remain confidential, except for information designated to be released for educational purposes. All identifying information will be removed prior to release.
- A current roster of committee members shall be maintained and submitted to WA State DOH-QI.
- All quality improvement decisions, initiatives, and activities will be approved by the MPD.

Information & Analysis: Accurate, factual information analysis is an essential prerequisite to effective quality management. The following guidelines will facilitate this process:

- QI reviews should include all aspects of patient care to include prevention, dispatch, pre-hospital, hospital, inter-facility transport, specialized receiving facility, through rehabilitation.
- The data will be collected through pre-scheduled Patient Care Report (PCR) submission to Kitsap County EMS & TCC Quality Improvement Coordinator by Kitsap County EMS & TCC provider agencies. The Patient Care Reports will be both pre-hospital and inter-facility patient care reports.
- Supplemental data may also be obtained from community, hospital, public health, regional, state or national sources.
- The KCEMS Quality Improvement Coordinator will prepare patient care data and information for the Quality Improvement Committees. Patient confidentiality guidelines will be followed at all times.

Committee Structure

The Kitsap County EMS Quality Improvement System membership includes voting and non-voting members and is consistent with WAC 246-976-910(3) and (4). Members of the QI Committees are held harmless when they function in accordance with RCW 18.71.215.

Committee Requirements:

(RCW 70.168.090, and WAC 246-976-910)

The Kitsap County EMS and TCC QI Committee will consist of:

- MPD: Chair
- Elected vice chair or MPD approved designated facilitator and/or
- KC EMS QI Coordinator
- Harrison Medical Center Representative
- Stakeholder Agency Representatives
- Focused Sub Committee Members

Focused QI Sub Committees and Membership

All QI Sub Committees will consist of:

- MPD: Chair
- Elected vice chair or MPD approved designated facilitator and/or
- KC EMS QI Coordinator

And the following :

ALS QI Committee

BLS QI Committee

Agency appointed ALS and BLS providers serve on the Agency appointed ALS and BLS providers serve on the appropriate focused ALS or BLS QI Committees.

Criteria Based Dispatch (CBD) QI Committee

- Kitsap County Central Communications (CENCOM) dispatchers
- Naval Base Dispatchers
- CBD Instructors
- ALS Provider
- BLS Provider

KCEMS Education QI Committee

- Kitsap County EMS Education Coordinator
- Kitsap County EMS Program Manager
- KC affiliated Senior EMS Instructor
- KC EMS Evaluators

**Any of the above members may be replaced by an official designee from the represented QI Committee, facility, or agency.*

Guests: The MPD or QI committee members may invite guests to attend quality improvement meetings where their insight or expertise is essential to make appropriate determinations, to provide insight, or background information.

Individual Agency Review Committee:

EMS providing agencies are encouraged to perform internal reviews of the quality of EMS care rendered by their providers. Agencies will also monitor and insure field skill proficiency.

MPD approved agency QI members will abide by QI member registration, confidentiality, and responsibility requirements of QI Committee members.

Meeting minutes and findings will be immediately forwarded to Kitsap County EMS QI for system entry, and MPD review.
RCW 43.70.510

Internal Incident Review

RCW 43.70.510

An Internal Incident Review Meeting may be requested for complex or sensitive cases. The MPD or designee will facilitate the meeting. And will be held in accordance with patient confidentiality and exemption from discovery regulations. All attendees will sign a confidentiality agreement. Meeting minutes will be recorded. Written documentation of findings will be forwarded to the MPD for review and follow up. Information may be forwarded for further county, regional or state quality improvement.

Quality Improvement Committee Members Responsibilities:

- Utilize current curricula for certification levels, protocols, and incident report forms to evaluate patient care and system performance.
- Compare similarities and differences between agencies, region, state and national models.
- Focus on the process to improve
- Monitor dispatch, patient care and outcomes.
- Allow for some variation in care delivery within protocol .
- Evaluate trends, patterns, and system analysis with a specific focus of educational feedback, system improvement, and protocol evaluation.
- View errors as opportunities for improvement.
- Identify specific feed back pathways for loop closure.

- Identify educational points for distribution to educators, providers and stakeholder agencies.
- Identify areas of patient care concern with recommendations to the MPD for appropriate action via the Kitsap County EMS Quality Improvement Form (attached)
- Participate with local and regional EMS &TC councils and emergency communications centers to develop and revise Patient Care Procedures. These operational guidelines focus on appropriate dispatch, response, transport, and receiving facilities. WAC 246-976-920 (e)
- Provide communication on patterns and trends of Kitsap County EMS response and patient care to the Northwest Region EMS QI Committee for review and evaluation of regional system status.
- Provide requested data and information to local, regional, state, and national EMS data bases.

Section 2

Meeting Process

Voting

Occasional meeting proceeding may require a vote. Robert's rules of Order will be used. A simple majority of registered QI Committee members shall constitute a decision.

Minutes

Minutes will be recorded at all meetings and will be distributed for review and approval by the membership. All copies of the minutes will subsequently be destroyed, one copy will be archived in the QI file at KCEMS& TCC administrative office. Case specific information presented during meetings will be held in confidence among the committee members present. All references to identifying information will be omitted from meeting minutes. Educational points will be screened to ensure confidentiality and released to all providers and stakeholder agencies.

Confidentiality Policy

WAC 246-976-910 (5)(e)(f)(g)(h)
RCW 43.70.510 and chapters 18.71, 18.73, and 70.16.

All business, documentation, discussions and decisions of the Quality Improvement Committees are confidential. They are gathered with the intent to improve patient care through improved medical system performance.

All participants will sign a written confidentiality agreement (attached) prior to every meeting. Any participant who does not agree will not be included in the QI process.

The written confidentiality agreement shall be submitted to the DOH with the monthly MPD report in the months that QI activity has occurred.

No member will disclose information discussed to those outside the committee unless the information is released for the purpose of follow-up, education, or system improvement. In these situations, identifying information will be reduced to the minimum necessary.

All QI cases for review will be assigned an identification number. All committee handouts will be stamped confidential. Committee members will keep all information confidential and safeguard against accidental or unauthorized disclosure.

Meeting Components

- A review of local, regional, and state data, trends, and system changes.
- Comparisons of regional, state, or national data and trends.
- System performance improvement projects review
- Focused case review(s) – Feedback analysis
- Action items assigned and documented on Kitsap County EMS and TCC Quality Improvement Form
- Next committee meeting goals and targets
-

The QI Coordinator will be responsible for compiling and publishing meeting minutes, forwarding action items, and document archival.

Goal Setting and Review

Annually, the QI Committee will review set goals and accomplishments of the previous year. Strategies for maintaining accomplished benchmarks will be established.

New goals and focus areas will also be identified and forwarded to the Kitsap County EMS Council, Northwest Regional QI Committee, and/ or designated sub committees for discussion, collaboration, and appropriate approvals.

Section 3

Feedback Communication System

Patients, providers, agencies, and facilities that interact with the Kitsap County EMS system will be receive information on the Kitsap County Continuous Quality Improvement Program and be encouraged to actively participate in the program.

To this end, an easily accessed communication pathway will be provided to facilitate feedback and program participation. This communication may be by secure email through the Kitsap County EMS website, CENCOM website, U.S. mail, inter agency delivery, or by phone communication directly to the Kitsap County QI Coordinator or MPD if necessary. The Kitsap County Quality Improvement should be used whenever possible. The Kitsap County EMS QI Coordinator will transfer reported information to a Quality Improvement Form if one is not provided. All feedback, both positive and negative, will be assigned a case number, reviewed, and addressed by the MPD.

Patient care feedback that is received by a provider, agency, or CENCOM website will be immediately forwarded to the Kitsap County EMS QI Coordinator or MPD.

The MPD may take immediate action or refer information to the appropriate QI committee(s) for case review, discussion, and action assignments. Feedback to providers and stakeholders will be provided following action item assignment and approval by the MPD. All information will be entered in to the database and archived for trending and data collection.

Section 4

Skills Maintenance Audits

EMS providers will maintain practical skill proficiency through CME and skill training sessions.

Field skill performance documentation audits and case reviews may be performed by the MPD, QI Committees, and/or an MPD approved delegate.

Skill proficiency of every EMS provider will be reviewed and assured at least once during a certification and prior to recertification according to DOH governance and Kitsap County EMS and TCC policy. (policyattached)

Section 5

Counseling and Remediation

Counseling or remediation plans regarding patient care, should they be necessary, will be coordinated with, and approved by the Medical Program Director and documented on the MPD Oral Counseling Record (DOH Form D8). Such plans will be in accordance with the guidelines of the Medical Program Directors Handbook and Kitsap County EMS & TCC Policy.

If QI measures prove to be ineffective for individual or system improvement, the matter will be brought to the attention of the Washington State Department of Health (DOH) Licensing and Certification Section Manager for further action.

In the event that a violation of the Uniform Disciplinary Act is revealed during the QI process, the matter will be promptly reported to the MPD evaluation. MPD action will be governed by the DOH Below Threshold Determination Guideline.

Section 6

Controlled Substances Review (WAC 246-976-920)

Controlled substances storage, utilization, training, logs, and the Kitsap County EMS & TCC DOH approved Controlled Substances Plan will be reviewed annually to maintain currency and to evaluate compliance with state and federal regulations and guidelines. The plan will be updated on an as needed basis.

Unusual incidence reports involving controlled substances will be reported to the MPD immediately. These incidences will also be evaluated for system improvement and educational opportunities.

(Controlled Substance Policy attached)

Section 7

EMS Training Program

WAC 246-976-920 (h)

(WAC 246-976-022 pending)

Initial EMS Training Courses

The Kitsap County EMS Education QI committee will provide retrospective review of the effectiveness of the initial and continuing education of EMS providers. Issues of an immediate nature will be addressed as soon as possible. Documentation outlining problems, actions, and conclusions will be maintained in the QI archives.

Initial EMR, EMT, IV monitor endorsement, IV technician endorsement, or DOH approved special training or pilot courses will be reviewed utilizing instructor evaluations, end of course evaluations, course examination scores, and EMS instructor input.

Students will be asked to complete an evaluation on primary instructors and MPD delegated guest instructors. They will also be asked to complete an end of course comprehensive evaluation. All instructor and end of course evaluation results will be compiled in such a manner to assure student confidentiality. Feedback will be provided to course instructors for self-reflection and improvement. Courses will be conducted according to the WA state DOH approved National EMS training standards and instructional guidelines.

The MPD may deny instructor recertification or remove EMS instructor delegation at his/her discretion for curriculum non-compliance or failure to assure high quality EMS education.

Each initial EMR or EMT course certification exam scores will be monitored to maintain an 80% passing rate on the DOH approved certification exam.

Following the annual review, an annual report will be developed and submitted to the MPD, KCEMS&TCC, Northwest Region, and DOH. The report will include:

Initial Certification Evaluation

EMT and Paramedic candidates applying for initial certification in Kitsap county will adhere to the Kitsap County EMS & TCC Policy for certification. The Testing and Standards committee will work in tandem with the EMS Education QI committee to ensure current and valid examinations are maintained.

KCEMS & TCC By-laws article VII (10)

Initial EMT-P certification candidates will pass a basic knowledge exam administered by an MPD non-physician delegate prior to field internship. The candidate will be supplied with test results and test summary identifying areas for improvement immediately following the exam. The MPD will be supplied with a detailed test item analysis for use during the candidate interview. Test results will be forwarded to the sponsoring agency, with the candidates consent, to facilitate

target areas of education during field internship. Field internship training will also be reviewed. WAC 246-976-920 (h) (Policy attached)

Continuing CBD and EMS Education

Continuing Education and OTEP Programs will be evaluated at annually, prior to the start of the academic year.

Students may be surveyed for improvement suggestions and comprehensive program evaluation.

Continuing Education topics may also be requested by the MPD, Instructors, or QI Committees. Education topics of an immediate nature will be implemented as soon as possible. Topics of a non-immediate nature will be submitted to the EMS Education Coordinator for insertion in the appropriate educational segment. CBD updates and topics will be submitted to the CBD training coordinator for insertion in scheduled training events.

Only certified instructors will be utilized to teach EMS and CBD courses according to curriculum criteria and Washington State regulations. Guest instructors / subject matter experts may teach course segments, where course allowances exist. Written MPD authorization must be on file prior to the course.

Initial and Continuing Education CBD courses will be in accordance with the King County CBD contracted guidelines, and applicable state governances.

Special and Pilot Training

WAC 246-976-021 (5)

Courses developed to address specialized training will be approved by the MPD and DOH prior to implementation. Such courses will be evaluated by the students and instructors post course. Special training and pilot courses will be reviewed by the Educational QI Committee according to criteria set by the course objectives.

Section 8

Regional Emergency Response System Participation WAC 246-976-920 (f)

The Kitsap County Medical Program Director will evaluate or delegate the EMS Quality Improvement Coordinator and/or Quality Improvement Committees to evaluate patient care delivery in multiple casualty incidents, local and regional EMS disaster response drills and activations. After action reports and /or other available information will be utilized to evaluate system performance, to identify improvement goals, and educational opportunities.

The Kitsap County EMS Quality Improvement Coordinator or an MPD assigned alternate, will be an active liaison in prevention, education, dispatch, facility, and regional quality improvement initiatives to ensure an efficient and cohesive community health system.

Section 9

Records Archival

RCW 43.70.510

RCW 18.71

All documents utilized in the quality improvement process will only be used for QI purposes. Any unnecessary copies will be destroyed promptly at the end of use.

Meeting minutes, background information, and data generated by the quality improvement process will be cataloged and archived at the end of the calendar year.

QI archived documents will be retained in a locked area for 5 years. Documentation exceeding 5 years will be destroyed unless retained for specific quality improvement purposes.