Regional QI Committee

Thursday, July 7, 2010
9:00 a.m. – 10:30 a.m.
St. Luke’s Health Education Center

Attendance:

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<tr>
<th>Name</th>
<th>Agency</th>
<th>County</th>
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<tbody>
<tr>
<td>Dr. Slack</td>
<td>Skagit Valley Hospital/ Committee Chair</td>
<td>Skagit</td>
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<tr>
<td>Tyler Dalton</td>
<td>Skagit Valley Hospital/Vice-Chair</td>
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<tr>
<td>Kelly Allen</td>
<td>Providence Regional Medical Center Everett</td>
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<td>Shawnneri Guzman</td>
<td>Providence Regional Medical Center Everett</td>
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<td>Marie Meyers</td>
<td>Whidbey General Hospital</td>
<td>Island</td>
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<td>Adora Macklin</td>
<td>Cascade Valley Hospital</td>
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<td>Liz Martonick</td>
<td>Cascade Valley Hospital</td>
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<td>Bill Findley</td>
<td>Providence Regional Medical Center Everett</td>
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<td>Linda Segar</td>
<td>Island Hospital</td>
<td>Skagit</td>
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<td>Lois Blough</td>
<td>Peace Health St. Joseph Hospital</td>
<td>Whatcom</td>
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<td>Kristi Whiton</td>
<td>Swedish Edmonds</td>
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<td>Salena Anderson</td>
<td>United General Hospital</td>
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<td>Mik Preysz</td>
<td>Orcas Island Fire</td>
<td>San Juan</td>
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GUESTS
Zeyno Shorter DOH Trauma Epidemiologist

COUNCIL STAFF
Claus Joens Executive Director
Martina Nicolas Program Coordinator

CALL TO ORDER & INTRODUCTIONS
Dr. Slack called the meeting to order at 9:15 a.m.

APPROVAL OF MEETING MINUTES
- Corrections to include Robin Donaldson to be added to the minutes
- Change Chair to be Don Slack not Tyler
Motioned by Kelly Allen
Second by Linda Segar
Approved by unanimous vote

GERIATRIC TRAUMA PRESENTATION-ZEYNO SHORTER
This presentation gives us the base line for what we are working on now which is INR reversal and geriatric care. The major issue with senior patients is senior falls. The first slide covers Trauma Registry data compared to the Senior CHARs data set, which is the hospital discharge data for the entire state.

The question is if we can prospectively identify people that need to be moved from their independent living situation into assisted living areas would they do better in this environment and would it cost less. Kelly commented on this in regards to her own grandmother, it is an issue of pulling away her autonomy and until something happened and they were ultimately moved into an assisted living facility.
Ultimately it is creating a culture of safety awareness that is not part of their culture. Injury prevention efforts or education are not well received by the older generation do to denial and/or stubbornness.

The transportation patterns are similar to the Pediatric population. Most individuals come to the ER through EMS transport. Linda stated that this information might be squed because it only shows the trauma registry information but she has a lot of patients that come to her ER that have to be helped out of their car because they are unable to get out.

The base line GCS is hard to determine with Elderly patients because their score can vary depending on different current problems. There is no way to identify those or know those before determining their GCS baseline and whether it is in fact at their normal score or below it. Kelly stated that it would be nice to use a different kind of scale. Some common diagnoses for falls are fractures, orthopedic injuries or TBI or a combination of those. Isolated TBI’s are the most serious injuries which require INR reversal for Senior Patients. Tyler also expressed that one of the things that is not captured is the hip fractures.

Other points of discussion included:
- Trauma Team Activation
- DNR-Transferring to Level 1 with DNR
- Existing Co-morbidity
- Ground Level Falls

More detailed information from the presentation can be requested from the North Region Office.

CASE PRESENTATION-KELLY ALLEN

**Sex:** Female  
**Age:** 73  
**Description:**  
- Fell the evening before  
- Large scalp laceration  
- Initially it was a trauma standby  
- Initial blood pressure was 90.  
- Arrival at the hospital was 87/90 so they went to full trauma team activation.  
- Baseline GCS was not done  
- Initial report was that she was on Coumadin but in fact she wasn’t  
- Hypotensive  

**Result:**  
- Full trauma work up, subdural hematoma  
- Remained in Critical Care for 4 days  
- Discharged to a skilled nursing facility

**Sex:** Male  
**Age:** 79  
**Description:**  
- Slipped on carpeted step and fell backwards down the stairs.  
- When he fell he had a 5 minute LOC  
- Talking but confused on EMS arrival  
- Started Vomiting and was intubated and transported
Results:
- Physical exam was unremarkable.
- Given a complete body CT
- Skull fracture
- Bilateral pulmonary emboli and saddle emboli
- Respiratory Failure
- Full Code patient died 22 hours after admit.

BLOOD THINNER BRACELET/ PERScription CARDS
Linda brought up the topic of bracelets and whether or not we should push the usage of blood thinner bracelets more in the Region. It was suggested that maybe we could do a push Region wide to teach elderly patients the benefits of using medical alert tags. I was suggested that this may be where Injury Prevention steps in but it was also stated that it should be done in all areas of care. The Committee talked about taking the medical alert forms to the physicians and clinics monthly to see if there was a change in individuals that continued to use them. Linda stated that you can get those medical alert brochures for free and you can start passing them out as part of their discharge.

Suggested two pronged approach for giving bracelet information out:
1. At the point when they receive the Prescription (from their Physician)
2. At the pharmacy when they pick up the prescription (from their pharmacist)

It is possible to input information in the Collector for patients admitted with bracelets. It could be used to track the usage and find out if the usage goes up if we decided we are going to do some type of push for bracelet usage in the Region.

Dr. Slack suggested we do a three month observation period to see if these medical alert bracelets are showing up to have a baseline. Then do another 3 to 6 months of observation after the information is distributed to see if we are seeing these bracelets more.

Prescription cards are also very important. The group talked about usage in their counties and whether or not they are seeing these now in their hospitals. The group consensus I no they are not seeing these types of identification cards and bracelets. Finding out if the pharmacy is willing help with filling out these cards may be a helpful step in getting the list of medications.

Dr. Slack suggested that some look at public references for whether these ID bracelets get used or whether they are useful. Linda stated that she would be willing to contact Med-Alert to see if they have any information on usage.

FUTURE QI DISCUSSIONS
The committee decided next meeting we will discuss fatalities throughout the Region and members will bring interesting cases to share with the group.

REGIONAL RETREAT
Martina reported we are still working on the final adjustments made from the Regional Retreat. These should be finalized in August.

NEXT MEETING DATE
07/7/11
October 6, 2011
9:00am to 10:30am
United General Hospital

GOOD OF THE ORDER
Having no further business, the meeting was adjourned at 10:30 a.m.

Respectfully submitted by Martina Nicolas