

RSI Quality Review

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Project Overview

- Reviewed all EMS runs utilizing RSI for a six month period (July-Dec, 2010)
- Assessed frequency of use, medical reason, appropriate technique, drug use
- Compared Aeromedical and ground services seperately

The Numbers

- Aeromedical uses
 - 94 cases reviewed
 - 64 trauma
 - 30 medical
 - King LT used 3 times due to inability to secure airway
 - Pt <18 months old- 2
 - No BZP used 4 times- all appropriate
 - 2 overdose/comatose
 - 1 gsw head
 - 1 cva/unresponsive

The Numbers

- Ground Service Usage
 - 75 runs reviewed
 - 30 trauma
 - 45 medical
 - No King usage
 - 1 patient with no BZPs- GSW head/comatose

Rates of Use

- Aeromedical
 - Frequency of use ranged from 2%-6% of total runs
- Ground EMS
 - Frequency of use ranged from 0.3% to 2%
 - Numbers for many services were very small, and therefore frequency of use may be inaccurate

Issues

- All uses seemed appropriate
 - The few cases where sedation was not given had documentation supporting the action. All patients were deeply comatose.
 - King Airway use is infrequent, but appeared to be a reasonable substitute
 - No trends were noted
 - Frequency of use of RSI does not vary greatly across the state

What's the Plan?

- QI oversight of RSI will remain the responsibility of the EMS Service
- Discontinue the forwarding of RSI runs to the state. The review is complete. I may perform a spot sample review sporadically in the future.
- Clarification of QI oversight responsibilities and “recertification” of providers has been done and is posted on the State Website.
- Recommendation of CIC is that providers who have not successfully performed the procedure be re-evaluated every six months for competency