RSI Quality Review

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Joe Holley
State EMS Medical Director
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 separately
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