



Peninsulas Emergency Medical Services Council, Inc.
Performance Improvement Committee
Regular Session

AGENDA

Monday, 11 April, 2016 at 1000)

PEMS – Dunston Room

*Teleconference at <https://global.gotomeeting.com/join/549829429>

Audio: (872) 240-3412 Access Code: 549-829-429

1. Call to Order
2. Introductions
3. Approval of Minutes:
 - a. 10-05-15 PIC Meeting
 - b. 01-11-16 PIC Meeting
4. Membership Changes
 - a. None
5. Staff Report
 - a. STEMI
 - b. Stroke
 - i. 2015 Stroke Report
 - c. Trauma Triage
 - i. 1Q15 Trauma Triage Report
 1. Revisions/Clarifications
 - d. Other
 - i. Hospital Diversion Meeting
 - ii. Destination Report
6. Old Business
 - a. EVENT Reporting
 - b. Inappropriate Diversion Article
 - c. Coordinated Meeting Schedule
7. New Business
 - a. OEMS Staff Updates
 - b. RSI QA/QI
8. Good of the Order
 - a. Next Meeting 11 July, 2016 1000 – 1200
 - b. Important Dates:
 - i. HOEPS Conference, 12-13 April, 2016 (Chesapeake)
 - ii. 25th Annual Hampton Roads Trauma Symposium, 15 April, 2016 (Williamsburg)
 - iii. EMS Functions in ICS, 20-21 April, 2016, (James City County)
 - iv. EVHC Mass Casualty & Patient Surge Seminar, 6 May, 2016 (Suffolk)

In accordance with the Americans with Disabilities Act (ADA), the Peninsulas Emergency Medical Services (PEMS) Council, Inc is committed to ensuring that individuals with disabilities are not denied an opportunity to participate in and benefit from any service, program, or activity offered by the PEMS Council. Persons with disabilities who anticipate needing special accommodations or have questions about physical access may call (804) 693-6234 in advance of the program



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- v. Riverside Stroke Symposium, 6 May, 2016
 - vi. 2016 Public Health Preparedness Academy, 17-18 May, 2016
(Portsmouth)
 - vii. 4th Annual PEMS Rural EMS Education Expo, 20-22 May, 2016 (Saluda)
 - viii. 3rd Annual EMS Day at Busch Gardens/2016 Regional EMS Awards
Ceremony, 28 May, 2016 (Williamsburg)
- c. Verify Attendance

9. Adjournment

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PEMS PIC Meeting Minutes

A Subcommittee of the Medical Advisors Committee

Meeting Date: 04-11-16

Meeting Location: PEMS

Chaired By: A. Burford

Begin Time: 10:00 a.m.

End Time:

Minutes Submitted By: P. Hoyle

Draft Approved Date:

Members Present:	Members Absent:	Staff:	Others:
Beam, Shanon	Andrews, Jerry	Hoyle, Paul	Balog, Anthony (GVFRS)
Messina, Lorie (TC)	Baker, Greg		Gaskins, Eric (NNFD)
Miller, Lou Ann	Berry, Wayne		
Mitchell, Travis	Brann, Jimmy		
	Browne, Jeff		
	Burford, Amy		
	Burnette, Jane		
	Campbell, Sue		
	Carter, Ken		
	Frigge, Caren		
	Hall, Skip		
	Harper, Kimberly		
	Hogge, Lauren		
	Jowers, Karen		
	Kauffman, Janice		
	Laing, Jim		
	McGregor, Terrence		
	Stojanov, Joe		
	Wilson, Debbi		

Item	Discussion	Action Required	By Whom/When
Call to Order	By L. Miller at 1000		

Item	Discussion	Action Required	By Whom/When
Introductions			
Approval of Minutes	10-05-15 PIC minutes were deferred for email vote as no one present was at that meeting. 01-11-16 PIC Minutes – Motion by T. Mitchell to approve minutes. Second by S. Beam. Motion passed unanimously.	Submit 10-05-15 PIC minutes for email vote.	P. Hoyle 04/30/16
Membership Changes	None		
Staff Reports	STEMI – No report Stroke Triage – No report Trauma Triage – No report		
Old Business			
New Business	RSI QA/QI – Discussion by members present concerning methods and responsible parties for performing QA/QI for RSI within region. P. Hoyle notes that the process can't be performed at the regional level in lieu of agency level, though the region can and should provide templates and data reviews. Committee requests that we request RSI QA data from agencies already performing RSI for period of January – June 2016. Acquire QA/QI templates from agencies to prepare regional templates if adopted as a regional program. Membership Participation – Discussion by members regarding poor attendance by several committee members. Data collection – Discussion by members regarding acquisition of data. It was noted that until OEMS completes hiring process, data support from that office is limited. Options for submission of data by agencies at PEMS request were also discussed. Chair requests that letter be prepared for MAC identifying difficulties in acquiring data through VPHIB for presentation at June meeting.	Request RSI QA data from agencies Prepare MAC letter re/ VPHIB	P. Hoyle 07/11/16 P. Hoyle 06/10/16
Good of the Order	Next meeting is 1000, 17 October, 2016 at PEMS. Important Dates: • Dinner with a Doc – 28 July 2016 - PEMS		
Adjourn	Motion to adjourn by T. Mitchell. Second by S. Beam. Motion approved unanimously. Meeting adjourned by Chair at 12:45 p.m.		
Closed Session	No MIRs ready for review.		

PEMS Stroke Task Force Data

In order to enhance the value of our meetings, please provide the following information as a quarterly report, and send data to me prior to each meeting. I will then compile and present this data as part of my staff report.

Hospitals:

- 1) Percentage of stroke patients whose first medical contact was EMS.
 - a. Did EMS check Blood Glucose levels?
- 2) Average time from first medical contact to door of a primary stroke center.
 - a. Notification of possible stroke occurred from the field providers?
 - b. PEMS Stroke Checklist was completed & shared upon arrival per protocol?
- 3) Percentage of stroke patients **not** identified as potential stroke by prehospital personnel.
- 4) Percentage of potential stroke patients arriving via helicopter.
- 5) Percentage of false positive stroke patients arriving via EMS/Helicopter.
- 6) Percentage of stroke patients transferred via EMS Transport Agency or HEMS to higher level of care.
 - a. Percentage of transfers who were walk-ins or in-hospital Strokes.
 - b. Percentage of transfers originally arriving via EMS.
 - c. Percentage of transfers by HEMS
 - d. Percentage of transfers by ground EMS Transport Agency.

Dispatch:

- 1) Number of possible stroke patients identified based on caller information.
- 2) Number of patients identified by EMS as a stroke patient.

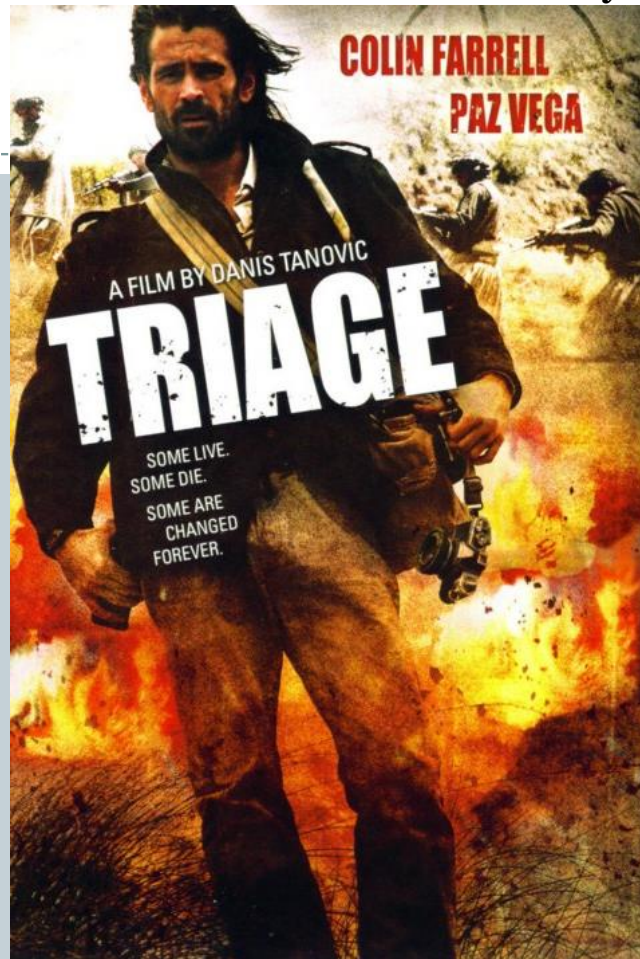
For EMS Agencies/HEMS/EMS Providers:

Number of patient encounters classified & treated as a potential stroke patient.

- 1) Number of patients identified & managed as potential stroke.
- 2) Number of Stroke Alerts called in to hospital from the field.
- 3) Number of patients for whom the PEMS Stroke Checklist was completed.
- 4) Number of stroke patients ground transported to a Primary or Comprehensive Stroke Center.
- 5) Number of stroke patients transferred to HEMS for transport to a stroke center.

PEMS 1Q15 Trauma Triage Study

January 2016



April 2016 Revision

PEMS 1Q15 Trauma Triage Study

January 2016

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April 2016 Revision

Criteria

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- Virginia Trauma Triage Criteria
- Primary or Secondary Impression of Trauma
- Cardiac Arrests Excluded
- “No Destination + No Transfer”
 - Secondary Review by Case Number
- “HEMS Transfers assumed to Level 1 & 2

Northern Neck

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Destination	CY14	1Q15
HEMS	10 (13)	4 (22)
Mary Washington	9 (12)	1 (6)
RGH	34 (45)	5 (28)
RRMC	1 (1)	
RTH	17 (23)	8 (44)
VCU	3 (4)	
Other	1 (1)	
Total	75	18

Level	CY14	1Q15
1 or 2	23 (31)	5 (28)
NTC	52 (69)	13 (72)

Calls meeting Trauma Triage Criteria (%)



Middle Peninsula

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Destination	CY14	1Q15
Hanover EC	1 (1)	
HEMS	16 (14)	2 (11)
Memorial RMC	2 (2)	
MIH	1 (1)	
RGH	2 (2)	
RRMC	6 (5)	1 (1)
RTH	7 (6)	3 (17)
RWRH	59 (53)	8 (44)
SNGH	1 (1)	1 (1)
SWRH	4 (4)	1 (1)
VCU	11 (10)	1 (1)
Unknown	2 (2)	1 (1)

Level	CY14	1Q15
1 or 2	34 (30)	5 (28)
NTC	76 (68)	12 (67)
Unknown	2 (2)	1 (6)

Calls meeting Trauma
Triage Criteria (%)



Virginia Peninsula

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Destination	CY14	1Q15
CHKD	9 (~)	1 (1)
HEMS	3 (~)	3 (2)
MCV	4 (1)	1 (1)
MIH	13 (2)	4 (2)
N/A TX	13 (2)	
Not Recorded		5 (3)
Not Reported	49 (7)	
Not Reported/TX	2 (~)	
RDH	38 (5)	11 (7)
RRH	15 (2)	
RRMC	345 (49)	86 (52)

Destination	CY14	1Q15
SCH	145 (20)	26 (16)
SNGH	5 (1)	1 (1)
SWRMC	65 (9)	28 (17)
VA Hospital	1 (~)	
VCU	10 (1)	

Level	CY14	1Q15
1 or 2	367 (52)	91 (55)
NTC	344 (48)	70 (42)
Not Recorded		5 (3)

Calls meeting Trauma Triage Criteria (%)

Regional

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Level	CY14	1Q15
1 or 2	424 (47)	101 (50)
NTC	472 (53)	95 (47)
Unk/NR	2 (~)	6 (3)

- 2015 numbers are consistent with 2013 & 2014 data.
- Appears to be improvement in data quality. TBD
- Undertriage continues to be a concern.



Comments

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- 17% Missing Vitals
- 5% HEMS
- 8% Secondary Impressions
- Data acquisition greatly improved!!

