



Peninsulas Emergency Medical Services Council, Inc.

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PEMS STEMI Task Force Meeting Minutes

A Subcommittee of the Board of Directors

Meeting Date: 11-17-16

Meeting Location:

PEMS

Chaired By: D. Thomas

Begin Time: 1:09 pm

End Time: 2:30 p.m.

Minutes Submitted By: D. Thomas

Draft Approved Date:

Members Present:	Members Absent:	Staff:	Others:
L. Hogge	D. Baylous	Thomas, Debbie	John Dugan – Mission Lifeline
J. Laing	S. Beam		Tony Prata - YCFLS
L. Messina	A. Bryant		
S. Messina	J. Burnette		
T. Mitchell	S. Cole		
G. Samuels	V. Cordaro		
T. Smith (for M. Paxton)	S. Das		
E. Wyatt	S. Ferguson		
	C. Foster		
	K. Gordon		
	M. Harmon		
	J. Jones		
	J. Laverne		
	T. McGregor		
	W. Machen		
	T. Skinner		
	E. Walker		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order by D. Thomas in the absence of chair or co-chair at 1:09		
Introductions	Attendance as reported above.		
Minutes	Motion made by T. Mitchell and seconded by L. Messina to approve minutes from 8/25/16. Motion carries.		
Membership Changes	T. Smith attended in place of M. Paxton.		
Staff Report	PEMS report given by D. Thomas as follows: 1) D. Thomas assuming responsibility as PEMS facilitator for the Performance Improvement Committee- hope to create seamless reporting and quality assurance between PI and the three task forces (STEMI Stroke & Trauma). Data gathering still challenging but will be working with hospitals and OEMS. 2) PEMS staff working on development of a rescheduled EMS Education Expo which will be held March 11-12, 2016. Asks all attendees to take and distribute some of our Save the Date cards.		
Old Business	1) Joint Task Force initiative for education is currently on hold, as the new protocols will begin rolling out January 1, 2017. Will look at continuing efforts once the protocols are in place, after March, 2017. 2) In July, 2016 S. Ferguson with SCH presented information on the STEMI Accelerator program through the AHA and on how to facilitate getting regional AHA data as a report for PEMS to bring to our task force meetings. T. Mitchell invited <i>John Dugan-Director of Clinical Systems-American Heart Association/Mission Lifeline</i> to this meeting in order to provide additional information about what they can offer us in the way of data/regional reports: <ul style="list-style-type: none"> a. A regional report that will allow us to look at the PEMS STEMI system as a whole system of care and compare our performance with other regions in the Commonwealth. b. Cost = \$567.00 one-time fee for PEMS enter the registry c. Next evolution for Mission Lifeline will be something similar for Stroke data. d. EMS Recognition Program-Application period begins January 1 – March 31, 2017. Rules have been changed to allow recognition even for rural/volunteer agencies...must have at least 4 STEMI cases to review per calendar year. 3) Mr. Dugan states he will attend our next meeting in person to make a presentation in detail. All members present felt that entering the VHAC/Mission Lifeline registry in order to get the data we are seeking seems like a great idea. 4) With respect to J. Laing's suggestion in a previous meeting about encouraging providers to take advantage of the opportunity to observe in area cath labs, D. Thomas states she has not had an opportunity to develop a sign-up or CE program devoted to this, but will work on having something by our next meeting on 2/9/17.	Presentation at next meeting Create cath lab roster & CE program	John Dugan D. Thomas 2/9/17
New Business	D. Thomas reports on the data she received from hospital members: *(June-Sept) HCA received 2 potential STEMIs via Life Evac; one patient picked up from unknown EMS agency (zip code 23148) and transferred from Tappahannock and one scene flight from Northumberland County EMS. This STEMI was cancelled as patient was diagnosed with dissecting AAA. *(August) BSHI-MIH reports 3 STEMI patients all walk-ins...none via EMS. *(4 th Qtr) RRMC reports 4 STEMIs...2 walk-ins, 2 EMS. *(YTD) SWRMC reports 57 STEMIs. 39 via EMS (68%) 17 via POV (30%) 1-inpatient and 2 without info re: EMS vs POV. 3 of the EMS STEMIs did not provide a run sheet. Out of the 39 EMS patients 8 (appx 20%) had FMC to field ECG > 10 mins indicating an opportunity for improvement. ECGs in excess of 10 minutes were from the same agency. Will reach out to that agency	Contact EMS Agency re: time to field ECG.	D. Thomas 12/1/2016

Item	Discussion	Action Required	By Whom/When
Good of the Order	<p>T. Mitchell notes that the year on our “next meeting date” for this meeting’s final agenda is incorrect. D. Thomas will change it to 2017.</p> <p>Educational Opportunities & Important Dates</p> <p> a. PEMS Rural EMS Education Expo – Rappahannock Community College-Glenns Campus Saturday, March 11 and Sunday, March 12, 2017</p> <p>Attendance verified. Next meeting is scheduled for February 9, 2017 at 1:00 p.m.</p> <p>Meeting adjourned.</p>	Correct year on final agenda	D. Thomas 12/1/16

DRAFT