

Peninsulas Emergency Medical Services Council, Inc.

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PEMS Performance Improvement Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: 9-8-22 Meeting Location: Microsoft Teams Chaired By: Melissa Doak

Begin Time: 15:05 End Time: 16:00 Minutes Submitted By: D. Thomas Draft: X Approved Date:

| Members Present: | Members Absent: | Staff: | Others: |
|-------------------|-----------------|----------------|----------------------------|
| Balog, Tony | Baylous, Denise | Ashe, Amy | Bond, Jordan (New Member) |
| Doak, Melissa | Beck, Craig | Thomas, Debbie | Watkins, Sara (New Member) |
| Erwin, Eleanor | Coy, Damien | Veach, Travis | |
| Quinerly, Nikosha | Herman, Cassie | | |
| Samuels, Gary | Jenkins, Kacey | | |
| Shahan, Phil | Jensen, Matt | | |
| Stevens, Ashlee | McClain, Scott | | |
| Williams, Shannon | Parker, Sarah | | |
| Wyatt, Emily | Prata, Anthony | | |
| | Thimons, Erica | | |

| Item | Discussion | Action Required | By Whom/When |
|---------------------|--|-----------------|--------------|
| Call to Order | Meeting called to order at 15:05 by M. Doak | | |
| Introductions | Introductions made as above, to note addition of two new members that will be presented during Membership. | | |
| Approval of Minutes | Draft minutes corrected to add S. Craig as the facilitator vs. D. Thomas, and Melissa Doak as person chairing the meeting. Motion by G. Samuels to accept amended minutes. Second by S. Williams. Minutes approved. | | |
| Membership | ADD: Jordan Bond – Newport News Fire Dept. Sara Watkins – Riverside Regional Medical Center Motion to accept the new members by E. Erwin. Second by A. Stevens. Motion approved w/o objections. | | |
| Staff Report | D. Thomas reports: * 1st quarter deliverables for FY23 due to OEMS by 9/30/22. PEMS staff working on reports now. * PEMS Board of Directors meeting scheduled for 9/21/22 at 6:30 p.m. by MS Teams. Anyone who wants to attend should contact the office for a meeting link. | | |

| Item | Discussion | Action Required | By Whom/When |
|-------------------|--|------------------|----------------------------|
| | *PEMS welcomes our new Education Coordinator to the staff - Joann King. Also announces that Dr. Amir Louka's contract as Regional Medical Director has been renewed. *PEMS was offered a total of 9 slots in the NFA class on developing QA/QI programs in October. The class is in Chesapeake. D. Thomas and M. Player will attend from PEMS and M. Doak has been instrumental in filling the remaining 7 slots from departments within the region. M. Doak states she had filled 3 slots for Peninsula and 2 each for the Mid-Peninsula and Northern Neck. | | |
| Old Business | No old business. | | |
| New Business | D. Thomas presents PI Data for review & discussion surrounding STEMI. Opportunities for improvement in EMS time to 12-Lead. Presentation is attached to these minutes. D. Thomas presented same information to the Medical Advisory Committee this morning – asked OMDs to get with their agencies to request similar information and reports on a regular basis so that they will be apprised of trends and opportunities. S. Watkins states she is interested in data as it relates to EMS recognition and reporting of Sepsis alerts. D. Thomas mentions that Sentara Careplex is also interested in this information. E. Ewin opens a discussion surrounding the administration of fluids in the field. One area of note is that we should make providers aware that they need to document and report the amount of fluids delivered in a potential sepsis patient because it counts toward the hospital's fluid totals. N. Quinerly confirms that their data abstractors can pull the information and use toward their bundle compliance, but only if the provider actually documents that in their report. E. Erwin states they need to document start time, end time and volume or it won't count toward the CMS bundle compliance. S. Watkins states she reviewed the Adult Sepsis protocol that S. Craig sent to her and noticed that our fluid administration calls for 20 ml/kg boluses. She thinks we may need to look at that. Because the gold standard is 30 ml/kg for Sepsis. E. Erwin states that would need to go to the MAC, but she doesn't think the OMDs would want to increase the amounts due to transport times. M. Doak asks D. Thomas to pull sepsis information to see what was done so we can see where we are – also find out if they called a Sepsis alert. E. Erwin worries people will try to get the entire bolus in over the 15-20 min transport times. J. Bond states most providers know to be careful about fluid administration. Consensus is we just need to know what we are doing and how it is going before we move forward. | Pull Sepsis Data | D. Thomas by next meeting. |
| Good of the Order | M. Doak asks if there are any other hospital or agency concerns; any education or outreach to report. None forthcoming. M. Doak states she has asked D. Thomas to develop a list of hospital points of contact for the agencies so they know who to get in touch with in order to get patient outcome information on calls. Next meeting: December 3, 2022 at 3:00 p.m. Virginia EMS Symposium is November 9-12, 2022 and registration closes on Friday, October 7 th . M. Doak states only \$100 registration fee this year and that many classes have already sold out. Encourages everyone to sign up. | POC List | D. Thomas next meeting. |
| Adjournment | Meeting adjourned into Secure Session to discuss the following MIR reports: 2022-0002 2022-0003 2022-0004 After much discussion, all matters considered to be handled and are now resolved. Motion to adjourn the meeting by T. Balog with seconds by S. Williams & J. Bond. Having no further discussion meeting adjourned at 16:00 hours | | |

STEMI Committee Report

EMS Data for 2nd Quarter of CY 2022

April 1 – June 30, 2022

Patient Contact to First 12-Lead EKG

PEMS Target per Protocol
Within 5 minutes

National Benchmark

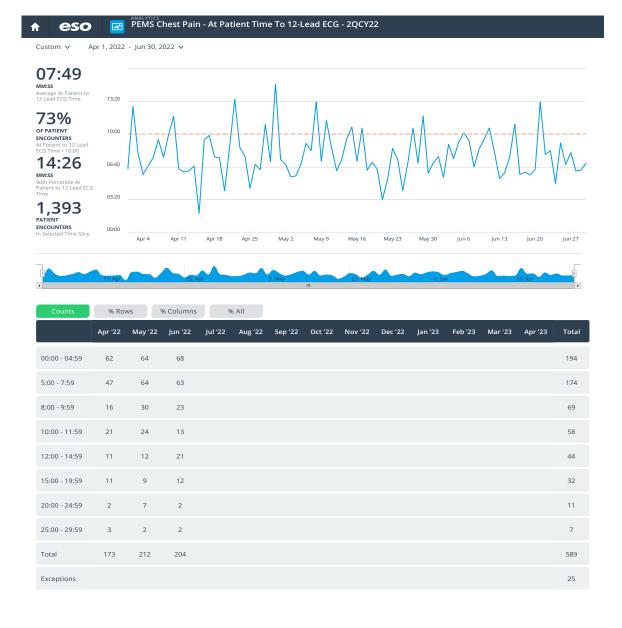
Within 10 minutes

32.94 % meet PEMS Target

67.06% Fall Out Rate

73.00% meet National Benchmark

27.00% Fall Out Rate



Observations from Reviews

- 17.32 % Between 10 15 minutes to 12-Lead
- 5.43 % Between 15 20 minutes to 12-Lead
- 1.87% Between 20–25 minutes to 12-Lead
- 1.19% Over 25 minutes to 12-Lead

8.49 percent of our calls exceeded 15 minutes

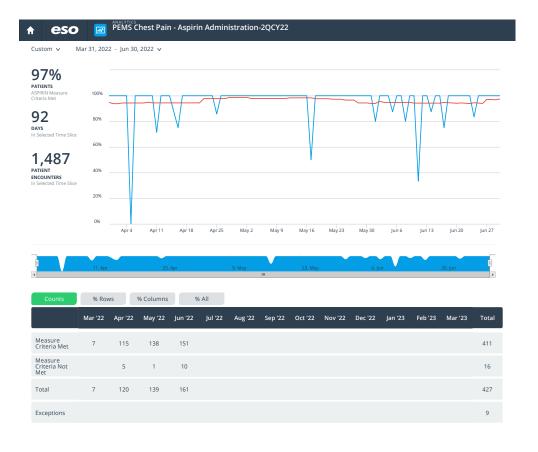
Reviewed EVERY call over 15 mins.

Reviewed EVERY Primary Impression of STEMI in the 10-15 min group

Aspirin Administration in Suspected Cardiac Event/STEMI

97% of Patients MET Aspirin Criteria

3% Fall Out Rate



Average On-Scene Times

PEMS Average Scene Time 20:37 mins.

Those calls in the 90th percentile averaged 31:30 mins.

