



**Peninsulas Emergency Medical Services Council, Inc.**

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**PEMS Performance Improvement Committee Meeting Minutes**

A PEMS Council Standing Committee

**Meeting Date: 12-8-22**

**Meeting Location:**

**Microsoft Teams**

**Chaired By: Melissa Doak**

**Begin Time: 15:04**

**End Time: 15:53**

**Minutes Submitted By: D. Thomas**

**Draft: Approved Date: 3-9-23**

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

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order at 15:04 by M. Doak		
Introductions	Introductions made as above.		
Approval of Minutes	Motion by C. Beck to approve the minutes. 2 <sup>nd</sup> by S. Williams. Motion approved.		
Membership	No changes to the membership		
Staff Report	D. Thomas reports: * 2nd quarter deliverables for FY23 due to OEMS by 12/30/22. PEMS staff working on reports now. * PEMS Board of Directors meeting scheduled for 12/14/23 at 6:30 p.m. There is an in-person and a virtual option. Anyone who wants to attend in-person should contact the office and notify Kevin Brophy for meal planning.		

Item	Discussion	Action Required	By Whom/When
	<p>*D. Thomas reports that the PEMS region had a number of Governor’s Award winners and provides a listing of all awards. She congratulates G. Samuels on this committee who won the Excellence in EMS Award.</p> <p>*D. Thomas and M. Player among several other regional dept. representatives participated in the National Fire Academy-Quality Management for EMS from 10/23/22 – 10/28/22 at the Tidewater EMS Council, Inc. in Chesapeake VA.</p>		
Old Business	<p>D. Thomas reminds committee that the PI Plan was due to be reviewed and approved last quarter, but we didn’t get enough online voting to do it, so we posted it as in review. Since everyone had all of the documents, she asks for revisions or vote to approve. Motion by C. Beck to approve the PI Plan. Second by C. Herman. Motion carries. PI Plan is approved for 2023.</p>		
New Business	<p>D. Thomas provides EMS Data Reports on STEMI Stroke &amp; Trauma performance for 3<sup>rd</sup> Quarter of Calendar Year 2022 (1<sup>st</sup> Quarter for Fiscal Year 2023). Attached to these minutes.</p> <p>D. Thomas proposes some changes to committee structure and responsibilities for FY 2023. The Performance Improvement Committee schedule of review looks at STEMI, Stroke &amp; Trauma during specific quarters of the year, leaving the final quarter open for review of any performance measures they deem pertinent. Since we have individual committees for STEMI, Stroke &amp; Trauma, the proposal is to incorporate the quality management or PI element within each of those committees-leaving the Performance Improvement Committee open to set a schedule for various other elements each quarter. These could range from operational measures to patient care. Medical Incident Reports come to either D. Thomas (anything related to protocols or patient care), investigating them and reporting to the PI Committee. T. Veach gets the Medical Incident Reports relating to drug box issues, investigates and reports to the Pharmacy or PICO committees. The only thing that would change in that regard would be that D. Thomas would report any issues with STEMI, Stroke or Trauma to those committees and anything else to the PI Committee. She asks for thoughts from the membership about these changes.</p> <p>Everyone feels it makes sense to structure PI reviews within the applicable committees rather than reporting again to the PI committee, especially since nearly everyone on the PI Committee sits on one or more of the other committees as well-making much of the information redundant. This also creates great opportunities to expand our quality management of other important initiatives by the PI Committee.</p> <p>G. Samuels and M. Doak want to see if this change to the committees needs to be voted on by the PEMS Board of Directors. D. Thomas states that she is presenting this to the BOD for their information at the meeting on 12/14/22. She did not know if it would need to be voted on by the committee or not, and will check with M. Player about that. Having no other questions, that concluded any new business.</p>		
Good of the Order	<p>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. S. Williams asks for a list for hospitals as well with regard to agency points of contact. D. Thomas states that T. Veach has been working to develop such a list. G. Samuels and M. Doak state that this information should be up to date and available by searching the OEMS agency information. D. Thomas will look into this as that should make it much easier.</p> <p><b>Next meeting: Thursday, March 9, 2023</b>  <b>Important Dates:</b> Central Virginia EMS Expo March 4th-5th and March 11th-12<sup>th</sup>. Fliers went up on</p>	POC Lists for hospitals and for agencies	D. Thomas ASAP

Item	Discussion	Action Required	By Whom/When
	Facebook today, and will go out to PEMS for posting shortly. G. Samuels states they do need instructors, and encourages anyone who might be interested in presenting a class to contact him with your proposal and he will forward it to the committee for approval. He states he would like to see some presence from the Peninsulas region at the Expo.		
Adjournment	There being no MIRs for discussion this quarter, C. Beck makes the motion to adjourn the meeting with multiple seconds. Having no further discussion meeting adjourned at 13:53 hours.		

# EMS Data – Stroke Committee

For Period:

April 1, 2022 – June 30, 2022



# RACE Element in ESO Report

The screenshot displays the ESO Insights interface. The main content area shows a 'Patient Care Report' for a patient on 04/07/2022. A callout bubble points to the 'Flowchart' section, which contains the RACE (Rapid Arterial Occlusion Evaluation) element. The report includes a table for 'Specialty Patient - Rapid Arterial Occlusion Evaluation' and a 'Specialty Patient - Outbreak Screening' section.

**Flowchart (RACE Element):**

BACK	BACK	No Abnormalities
Pelvis/GU/GI	Pelvis/GU/GI	Pelvis/GU/GI: No Abnormalities
Extremities	Left Arm	Whole Arm and Hand: No Abnormalities
	Right Arm	Whole Arm and Hand: Motor Function Abnormal/Weakness
	Left Leg	Left Leg and Foot: No Abnormalities
	Right Leg	Leg - Lower: Sensation - Absent
Neurological	Neurological	Leg - Whole Leg: Motor Function Abnormal/Weakness
		Arm Drift - Right • Strength Asymmetric • Weakness - Facial Droop - Right

**Specialty Patient - Rapid Arterial Occlusion Evaluation**

Time Performed	04/07/2022 15:58:41	Stroke Symptoms Resolved	
Total Score	6	Onset of signs and symptoms time	04/06/2022 20:00:00
Facial Palsy	Mild	Last Known Well	04/06/2022 18:00:00
Arm Motor Function	Severe	Head & Gaze Deviation	Absent
Leg Motor Function	Severe	Aphasia	Moderate
		Agnosia	

**Specialty Patient - Outbreak Screening**

Outbreak Screened	COVID-19
Onset of Signs/Symptoms	
Symptoms Reported	None
Has the patient traveled outside the community in the past 30 days?	No
Travel Start Date	
Travel End Date	
Travel Locations	
Has the patient traveled outside the United States in the past 30 days?	No
Travel Start Date	
Travel End Date	
Travel Locations	
Has the patient had household or close contact w/ someone with above symptoms and travel history?	No
Has the patient had household or close contact w/ someone with confirmed diagnosis of illness being screened?	No
Comments	

**Incident Details**

Location Type	Home/Residence	Disposition	Transported Lights/Siren	PSAP Call	
Location		Transport Mode Descriptors	Dispatch Notified	15:45:07	







# Stroke Alert Element in ESO

The screenshot displays the ESO Insights Patient Care Report interface. The report is titled "Patient Care Report" and includes options to "Export PDF" and "Send to printer". A green "OK" button is visible in the top right corner of the report area.

The report contains several sections:

- Pregnancy:**

Pregnancy	NO
Initial Patient Acuity	Lower Acuity (Green)
Final Patient Acuity	Lower Acuity (Green)
Patient Activity	
- Medications/Allergies/History/Immunizations:**

Medications	None Reported
Allergies	No known allergies
History	Stroke/CVA
Immunizations	
Last Oral Intake	
- Vital Signs:**

Time	AVPU	Side	POS	BP	Pulse	RR	SPO2	ETCO2	CO	BG	Temp	Pain	GCS(E+V+M)/Qualifiers	RTS	PTS
14:12	Alert	L	Sit	199/90 A	74 R	18 R	96 Rm			102			15=4+5+6 /NFP	12	
14:27	Alert	L	Sit	150/69 A	77 R	17 R	99 Rm					0	12=3+4+5 /NFP	11	
- ECG:**

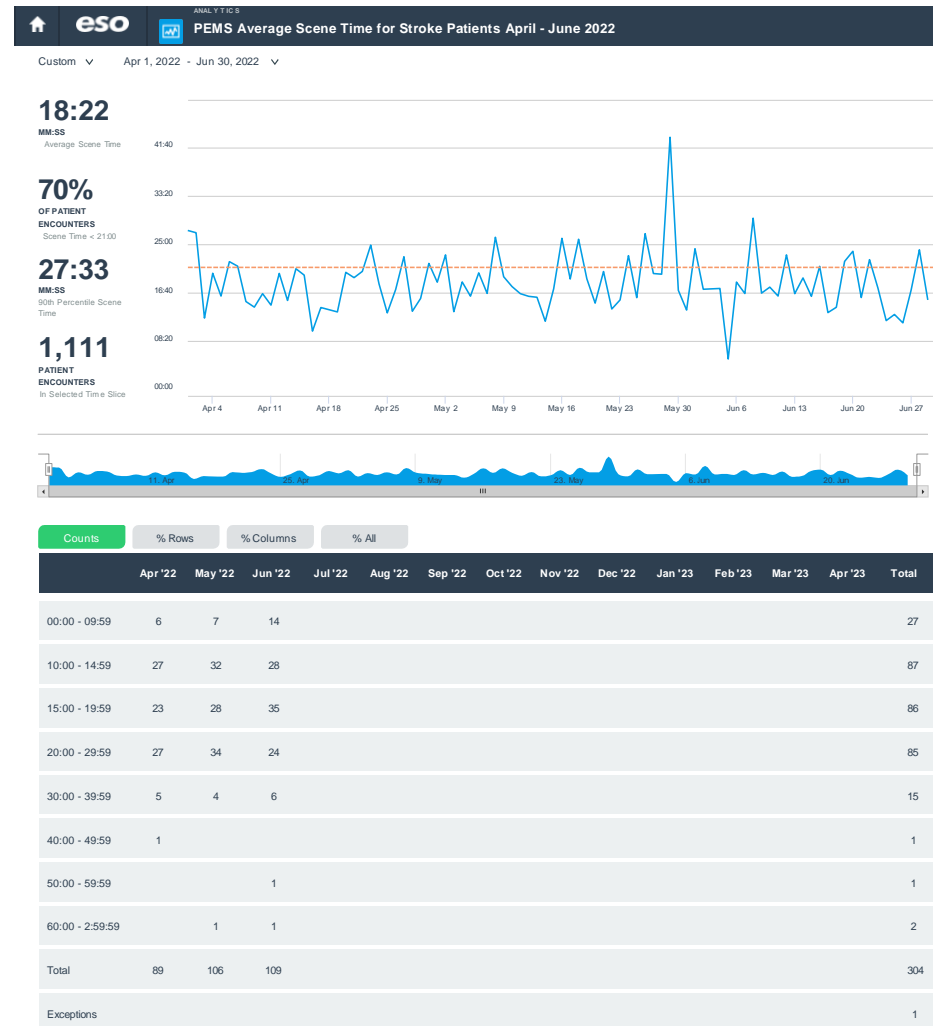
Time	Type	Rhythm	Notes
14:12	4-Lead	Sinus Rhythm	
14:27	4-Lead	Sinus Rhythm	
- Flow Chart:**

Time	Treatment	Notes	Provider
14:00	BLS Assessment	Successful; Complication: None; Medical Control: Protocol (Standing Order);	QUATRO, DEVIN
14:00	ALS Assessment	Successful; Complication: None; Medical Control: Protocol (Standing Order);	QUATRO, DEVIN
14:16	3-Lead ECG	Successful; Complication: None; Medical Control: Protocol (Standing Order);	ZIELINSKI, JOSEPH
14:17	12-Lead ECG	Successful; Complication: None; Medical Control: Protocol (Standing Order);	QUATRO, DEVIN
14:19	IV Therapy	Successful; Complication: None; Medical Control: Protocol (Standing Order);	QUATRO, DEVIN
14:30	Stroke Alert	Patient Response: Unchanged; Complication: None; Medical Control: Protocol (Standing Order);	QUATRO, DEVIN
- Assessments:**

Category	Comments	Subcategory	Status	Details
Mental Status		Mental Status	✓	Confused • Oriented - Person • Oriented - Place • Oriented - Time
			✗	Oriented - Event
Skin		Skin		No Abnormalities

A callout bubble points to the "Stroke Alert" entry in the Flow Chart section, containing the text: "ESO STROKE ALERT in FLOWCHART under Treatment".

# PEMS Average Scene Times April – June 2022



# PEMS Data - STEMI

Reporting via EOS Analytics

July 1 – September 30, 2022

3QCY22 (2QFY22)

# EMS Arrival to 12-Lead

*Data as Compared to Q2CY22*



**Average Time to 12-Lead**  
Decreased by 16 seconds ↓

**Percentage of 12-Leads within 10 mins**  
increased by 3% ↑

**Percentage of 12-Leads within 5 mins**  
Increased by 2% ↑

**90<sup>th</sup> Percentile Time**  
Improved by 21 secs ↓

# Average Total Scene Times



*As Compared to Q2CY22*

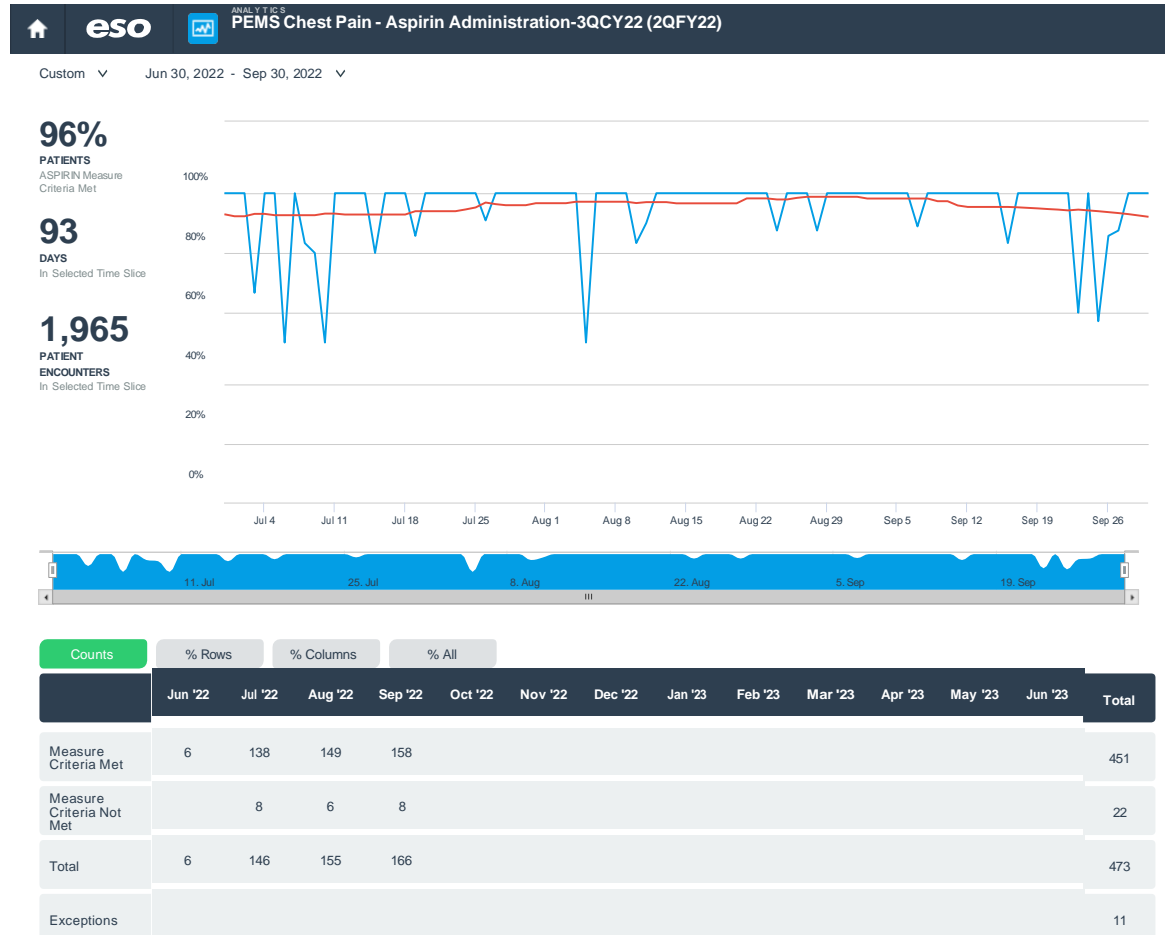
Average Scene Time  
**20:46** - Increased by 9 secs  
 % Scene Times <20 mins  
**53%** meet this benchmark



90<sup>th</sup> Percentile Time  
 Increased by 35 seconds  
**32:05**



# Chest Pain-Aspirin Administration



*As compared to Q2CY22*



96% who met criteria received ASA.  
In Q2CY22  
97% received ASA

*Decrease of 1%*



Custom Jul 1, 2022 - Sep 30, 2022

17:43

MM:SS Average Scene Time

68%

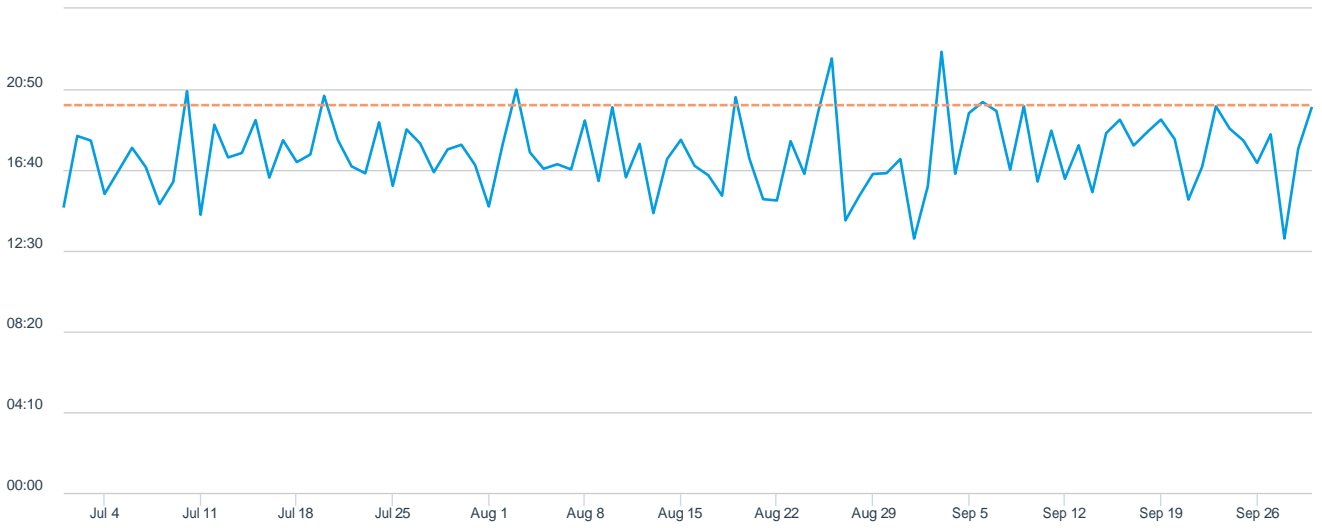
OF PATIENT ENCOUNTERS Scene Time < 20:00

28:42

MM:SS 90th Percentile Scene Time

6,779

PATIENT ENCOUNTERS In Selected Time Slice



- Counts
- % Rows
- % Columns
- % All

	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Total
00:00 - 09:59	140	148	146											434
10:00 - 14:59	220	227	202											649
15:00 - 19:59	196	185	201											582
20:00 - 29:59	187	201	188											576
30:00 - 39:59	50	37	52											139
40:00 - 49:59	5	7	10											22
50:00 - 59:59	6	2	7											15
60:00 - 2:59:59		6	2											8
Total	804	813	808											2,425
Exceptions														2

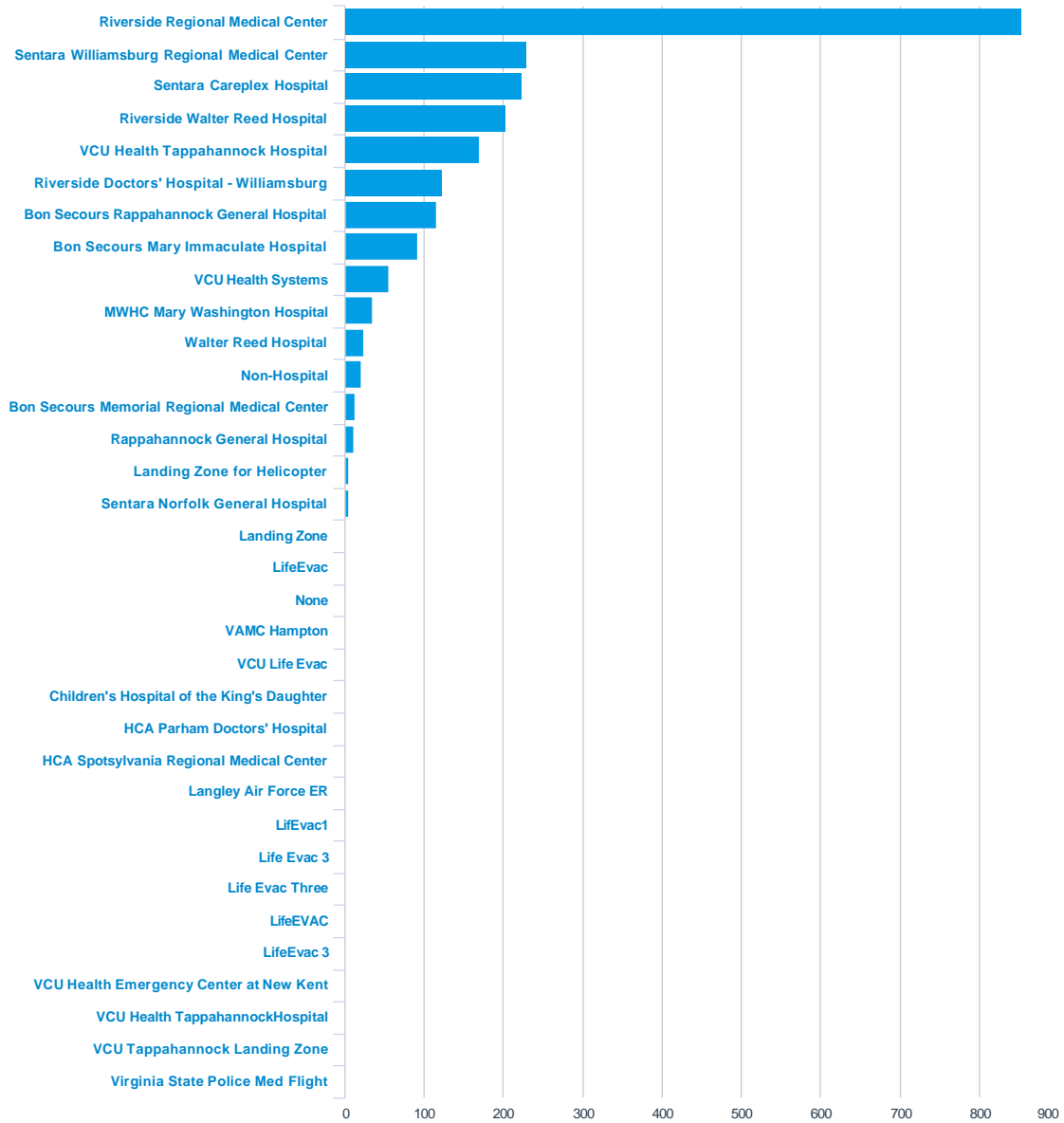
Custom Jul 1, 2022 - Sep 30, 2022

2,197

RECORDS  
In Selected Time Slice

92

DAYS  
In Selected Time Slice



Counts % Rows % Columns % All

	Jul '22	Aug '22	Sep '22	Oct '22	Nov '22	Dec '22	Jan '23	Feb '23	Mar '23	Apr '23	May '23	Jun '23	Jul '23	Total
Bon Secours Mary Immaculate Hospital	36	24	32											92
Bon Secours Memorial Regional Medical Center	2	8	2											12
Bon Secours Rappahannock General Hospital	38	36	41											115
Children's Hospital of the King's Daughter			1											1
HCA Parham Doctors Hospital	1													1
HCA Spotsylvania Regional Medical Center	1													1
Landing Zone	1		1											2



				Total
Landing Zone for Helicopter	1	2	1	4
Langley Air Force ER			1	1
LifEvac1	1			1
Life Evac 3		1		1
Life Evac Three		1		1
LifeEVAC		1		1
LifeEvac	1		1	2
LifeEvac 3		1		1
MWHC Mary Washington Hospital	13	10	12	35
Non-Hospital	8	8	5	21
None	1		1	2
Rappahannock General Hospital	3	5	3	11
Riverside Doctors' Hospital - Williamsburg	42	40	42	124
Riverside Regional Medical Center	276	290	288	854
Riverside Walter Reed Hospital	60	71	71	202
Sentara Careplex Hospital	79	64	80	223
Sentara Norfolk General Hospital	2		2	4
Sentara Williamsburg Regional Medical Center	69	85	76	230
VAMC Hampton	1		1	2
VCU Health Emergency Center at New Kent			1	1
VCU Health Systems	17	18	20	55
VCU Health Tappahannock Hospital	63	61	45	169
VCU Health Tappahannoc...	1			1
VCU Life Evac		2		2
VCU Tappahannock Landing Zone	1			1
Virginia State Police Med Flight		1		1
Walter Reed Hospital	8	10	5	23
Total	726	739	732	2,197

