



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

PO Box 1297, 6876 Main Street

Gloucester, VA 23061

Office (804) 693-6234 - Fax (804) 693-6277

**PEMS Performance Improvement Committee Meeting Minutes**

A PEMS Council Standing Committee

**Meeting Date: 12-7-23**

**Meeting Location:**

**PEMS & Microsoft Teams**

**Chaired By: D. Thomas**

**Begin Time: 1:02 p.m.**

**End Time: p.m. 1:42 p.m.**

**Minutes Submitted By: D. Thomas**

**Draft: Approved X Date: 3-7-24**

<b>Members Present:</b>	<b>Members Absent:</b>	<b>Staff:</b>	<b>Others:</b>
Beck, Craig (TC)	Baylous, Denise	Ashe, Amy (TC)	
Doak, Melissa (Chair) (TC)	Bond, Jordan	Brophy, Kevin (TC)	
Herman, Cassie (Vice Chair) (TC)	Jenkins, Kasey		
Manthey, Robin (TC)	Jensen, Matt		
McClain, Scott (TC)	Parker, Sarah		
Samuels, Gary (TC)	Prata, Jr., Anthony		
Stevens, Ashlee (TC)	Shahan, Phil		
	Sink, Betsy		
	Thimons, Erica		
	Wyatt, Emily		
	Quinerly, Nikosha		
	Watkins, Sara		

<b>Item</b>	<b>Discussion</b>	<b>Action Required</b>	<b>By Whom/When</b>
Call to Order	Meeting called to order by M. Doak at 1:02 p.m.		
Introductions	Introductions made and attendance recorded as above.		
Minutes	Minutes from 9-14-23 reviewed by committee. Motion to approve by C. Beck. Second by C. Herman. Minutes approved unanimously.		

Item	Discussion	Action Required	By Whom/When
Membership	No known membership changes.		
Staff Report	<p>2QFY24 Quarterly reports are due into the Virginia Office of EMS the first week of January, so PEMS staff are working to compile their deliverable reports for approval by the PEMS BOD and submission to the Office of EMS.</p> <p>D. Thomas attended the statewide Regional PI Coordinators meeting in November. The group worked together on developing trauma report similar to the one recently released by the state.</p> <p>A.Ashe showed report D. Thomas ran based on committee decision in September, to pull Cardiac Arrest w/ROSC data for the quarter July-September 2023. Report attached as addendum.</p> <p>From July 1 – September 30, 2023 there were 142 Cardiac Arrest patients.  <b>ROSC achieved prior to arrival at hospital in 31% of all Cardiac Arrest Patients.</b>  <b>Only 4 patients (3%) still had ROSC upon arrival in ER.</b></p> <ul style="list-style-type: none"> <li>• The most common presenting rhythm in patients who did <b>not</b> achieve ROSC was Asystole (56/98).</li> <li>• The most common presenting rhythm in patients who <b>achieved</b> ROSC was “Other” (16/34)</li> <li>• VT/VF was next most common for ROSC were VF/VT and Asystole which tied at (9/34)</li> </ul> <p>Requires further investigation into the actual reports for more helpful information.</p>		
Old Business	Committee discussed ideas for upcoming PI Projects. Suggested <b>Sepsis</b> data for the next meeting in March 2024. Members acknowledge the data might be difficult to aggregate – may need assistance from hospitals. C. Beck states Pediatric drug administration was another idea brought up by G. Samuels.		
New Business	The committee reviewed and approved the PEMS Regional PI Plan effective this date. Motion to approve by G. Samuels. Second by C. Beck. A. Ashe states she will have D. Thomas share the updated PI Plan via Teams and email.		
Good of the Order	<p><b>Hospital/Agency Roundtable:</b></p> <p><b>Riverside Regional Medical Center:</b> C. Herman reminds everyone that the Hampton Roads Trauma Symposium is scheduled for April 19<sup>th</sup> 2024. She also states she will have year-end trauma data from RRMC to share at the next meeting.</p> <p><b>Riverside Doctors’ Hospital:</b> C. Beck discusses a recent diversion from RDH to RRMC in a traumatic cardiac arrest that will also be brought forward in the secure session of our meeting. Per C. Beck, Investigation of the MIR found that 1) Diversion did not follow PEMS guidance 2) Doctor was new to RDH/PEMS and 3) Nursing staff knew the diversion was wrong but didn’t feel empowered to speak out about it. C. Beck states matter is being addressed individually and collectively with additional training/information to prevent it happening again.</p> <p>No other agency or facility reports for the Roundtable. Discussed current status of OEMS financial investigation and funding. Per A.Ashe no real changes from previously. Certain contracts are being discontinued, like Handtevy and 2024 EMS Symposium as well as the online CE contract. Other contracts rumored to be considered...but nothing official.</p>		

Item	Discussion	Action Required	By Whom/When
Good of the Order (con't)	<p><b>Moved to Secure Session for MIR reviews:</b> M. Doak reminds everyone that they must be on a secure connection without others in the room. Anyone who is not a member of the committee, or who cannot be secure, must excuse themselves.</p> <p>A.Ashe presents slide show of all MIRs received by PEMS for the period Sept. 15 – Dec. 1, 2023. Those MIRs still under investigation are in italics; all others are closed.</p> <ul style="list-style-type: none"> <li>• <i>MIR 2023-30 <b>Diversion:</b> Elderly trauma patient w/injuries from airbag/seatbelt deployment</i></li> <li>• MIR 2023-31 <b>Complaint:</b> Received from hospital re: EMS care &amp; radio report re: critically ill patient upon arrival to ER</li> <li>• MIR 2023-32 <b>Complaint:</b> Complaint from patient relative re: same matter as 2023-31.</li> <li>• MIR 2023-33 <b>Diversion:</b> <i>Low speed (2-3 mph) MVC involving motorized wheelchair &amp; pt. w/minimal complaints/injury.</i></li> <li>• MIR 2023-34 <b>Diversion:</b> Ground level fall; misunderstanding blood thinners vs blood pressure med.</li> <li>• MIR 2023-35 <b>Diversion:</b> <i>Unresponsive pt. w/prolonged down time, no evidence of trauma or response to Narcan.</i></li> <li>• MIR 2023-36 <b>Diversion:</b> <i>LVAD patient bit tongue on a cough drop. Diverted due to no ENT on staff.</i></li> <li>• <i>MIR 2023-37 <b>Medication Box:</b> Rocuronium vial empty in box.</i></li> <li>• <i>MIR 2023-38 <b>Medication Box:</b> Solu-Medrol incident; problem w/plunger allowing mixture of the drug.</i></li> <li>• MIR 2023-39 <b>Diversion:</b> Traumatic Cardiac Arrest w/unstable airway. Committee discussed issues identified ideas to mitigate. Ideas surrounding empowering nursing staff to speak up, and on providing an overview of PEMS protocols policies and procedures in ER orientation/training to insure new provides are up to speed.</li> </ul>		
Next Meeting Date	Our next meeting will be: <b>Thursday, March 7th, 2024 at 1:00 p.m.</b>		
Adjournment	Motion to adjourn by G. Samuels. Second by C. Beck. Meeting adjourned at 1:42 p.m.		