



Peninsulas Emergency Medical Services Council, Inc.

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PEMS ST-Elevation Myocardial Infarction Committee Meeting Minutes

A PEMS Council Standing Committee

Meeting Date: 11-17-2022

Meeting Location:

Microsoft Teams

Chaired By: Shannon Williams

Begin Time: 13:03

End Time: 13:51

Minutes Submitted By: D. Thomas

Draft: Approved Date: 2-9-23

Members Present:	Members Absent:	Staff:	Others:
Carneal, Sue Ann (TC)	Baker, Tara	Pincus, Stephen (TC)	
Davenport, John (TC) – Vice Chair	Baylous, Denise	Thomas, Debbie (TC)	
Houde, Paul (TC)	Beck, Craig		
Phillips, Robert	Bonniville, Fran		
Samuels, Gary (TC)	Brown, Heather		
Smith, Matthew	Catlett, MD, Shelby		
Williams, Shannon (TC)- Chair	Dail, Teresa		
Wyatt, Emily (TC)	Dhindsa, MD, Harinder		
	Doak, Melissa		
	Gossage, O'Brien (<i>To be Removed</i>)		
	Gossip, Michelle		
	Jenkins, Kacy		
	Jensen, Matt		
	Kontos, MD, Michael		
	Makula, Kristy		
	Martin, Shannon		
	McClain, Scott		
	McQuistian, Amanda		
	Morris, Teresa		
	Neiman, Greg		
	Packett, Lauren		
	Prata, Anthony		
	Puckett, Megan		

Members Present:	Members Absent:	Staff:	Others:
	Rawas, MD, Bashir (<i>To be Removed</i>)		
	Saunders, Heath		
	Termeer, MD, Jennifer		

Item	Discussion	Action Required	By Whom/When
Call to Order	Meeting called to order by S. Williams at 13:03		
Introductions	Introductions made and attendance recorded as above.		
Minutes	Motion to approve minutes from the August 11, 2022 meeting made by G. Samuels, second by S. Carneal. Motion approved.		
Membership Changes	The following changes to membership were proposed: REMOVE: O'Brien Gossage - RRMCC REMOVE: Bashir Rawas, MD – Bon Secours		
Staff Report	D. Thomas reports on the PEMS Office closure dates for November. PEMS <u>was</u> closed on: Tuesday, November 8 th – Election Day Friday, November 11 th – Veteran's Day PEMS <u>will</u> be closed on: Wed, November 23 rd from 12:30 p.m. – 4:30 p.m. Thanksgiving Thurs, November 24 th - Thanksgiving Friday November 25 th – Thanksgiving D. Thomas shares results of the Virginia Governor's EMS Awards. PEMS nominees made an outstanding showing with five winners! Congratulations to: Excellence in EMS to Gary Samuels , representing Bon Secours Rappahannock General and Mary Immaculate Hospitals on this and most other committees here at PEMS. Nurse with Outstanding Contribution to EMS to Lou Ann Miller, RN representing Riverside Regional Medical Center. Lou Ann chaired our Trauma and Performance Improvement committees for years before she retired. Outstanding EMS Prehospital Provider to Tyler Reid from York County Fire & Life Safety. Outstanding Contribution to EMS for Children to the PEMS Pediatric Care Committee . Outstanding EMS Agency to Nightingale Regional Air Ambulance .		
Old Business	No unresolved business.		
New Business	J. Davenport informs committee that AEMTs can now give Epi 1:10,000 in cardiac arrest as part of their new Red Dot skills. They can also give nebulized Epinephrine for croup. G. Samuels states this was approved on 8/5/22 and as soon as a provider's OMD has signed off on the knowledge/skills for this, the provider may start administering the meds. EMS Data Report: D. Thomas presents report of regional performance as it pertains to acquisition of 12-Lead EKG, ASA administration and Average On-Scene times for the 3rd quarter of the 2022 <i>Calendar</i> year as compared to last quarter. The report is included as an addendum to these minutes and on STEMI Teams site.	Present same data to EOC and MAC at their next mtg	D. Thomas before next meeting.

Item	Discussion	Action Required	By Whom/When
	<ul style="list-style-type: none"> • EMS to 12-Lead: Noted modest improvement in quality measures over last quarter: <ul style="list-style-type: none"> ○ Time to 12-Lead decreased by 16 seconds. ○ Percentage of Calls w/12-Lead within 10 minutes increased by 3% ○ Percentage of Calls w/12-Lead within 5 minutes increased by 2% ○ 90th Percentile Time improved by 21 seconds • On-Scene Times: May be the next area with an opportunity for improvement. Without reviewing every outlier, it isn't clear what percentage might be due to 1) failure to document extenuating circumstances in such a way that the data is pullable. 2) Waiting on scene flights or extra personnel. D. Thomas will be looking at ways to filter the data further to see if she can get a better sense of the issues (if there are any). Essentially our scene times stayed flat: <ul style="list-style-type: none"> ○ Average Scene Times: Our average time is good at just over 20 minutes. ○ Meeting National Benchmark of 20 minutes: 53% of our calls meet the benchmark. This is where we may be able to improve with a focus on transport similar to our rapid transport decisions for Trauma. ○ 90th Percentile Time worsened by 35 seconds. • Aspirin Administration: 96% of calls meeting criteria for ASA administration received it. D. Thomas states she has not delved into the outliers to see if there were documented reasons for why ASA was not given. <p>D. Thomas also reports that she and M. Player as well as P. Houde and H. Saunders from this committee, all completed the National Fire Academy's week-long course on Quality Management in EMS. She states they learned a lot about the best ways to approach Quality Management within our EMS programs. Along those lines, and with M. Player's approval, she would like to launch new committee structures/responsibilities and initiatives and presents the idea to the committee for their thoughts.</p> <ul style="list-style-type: none"> • Would like to have the STEMI, Stroke and Trauma committees be responsible for identifying quality measures related to their programs and expand what is included under that area of expertise. STEMI committee would obviously be focused mainly on STEMI measures but could include other measures such as cardiac arrest data, CHF management, etc. Stroke would look at neuro emergencies in addition to the primary focus on Strokes. Trauma on any traumatic injuries/data they identify for QM. This would leave the Performance Improvement Committee full access to review any other performance quality measures for things like, Sepsis, Respiratory Emergencies, operational or documentation concerns. • D. Thomas will be presenting this idea to the other committees for their feedback as well and would like to start as soon as we can develop a plan and quality measures to implement in 2023. <p>Comments from the committee:</p> <p>G. Samuels agrees it should expand quality management by giving all committees more involvement in the QM process. States the PI Committee re-looking at STEMI, Stroke and Trauma data means they may not be able to look at other issues of importance in a timely manner.</p> <p>J. Davenport feels it is an excellent idea and long past due. Would provide a much clearer picture of regional EMS performance as a whole.</p> <p>S. Carneal agrees and states that cardiac arrest is one area RRMC is focusing on right now and the doctors are looking for ways to insure they are getting accurate and detailed EMS documentation from EMS in order to</p>	<p>Try to filter data for more clarity into scene times.</p> <p>Review outliers to see if there are any fixable issues.</p> <p>Review outliers to see if there are any fixable issues.</p>	<p>D. Thomas before next meeting.</p> <p>D. Thomas before next meeting.</p> <p>D. Thomas before next meeting.</p>

Item	Discussion	Action Required	By Whom/When
	<p>develop CAHP (Cardiac Arrest Hospital Prognosis) scores for these patients as a predictor of neurological outcome at hospital discharge. S. Williams states that she would like to know what the other committees think about the idea before taking action here on the STEMI committee.</p> <p>The matter will be tabled for further discussion as other committees are brought up to speed on what we would like to do.</p> <p><u>Hospital Agency/Round Table Reporting:</u></p> <p><u>RWR Hospital:</u> S. Williams states she doesn't have anything to report.</p> <p><u>MIH & RGH</u> – R. Phillips submitted MIH data to D. Thomas which will be posted on the committee's Teams site. MIH offers kudos to: Abingdon Vol. Fire & Rescue for a call on 8/12/22 with a D2B of 52 mins and an E2B of 82 mins. He reports that they have been having some challenges with regard to their STEMI program but are seeing improvements. G. Samuels states MIH had originally announced closure of their cath lab for a period starting tomorrow, but they were able to secure an interventionalist, so they will only be on STEMI diversion for a couple of hours tomorrow to do some equipment maintenance in the cath lab.</p> <p><u>RRMC:</u> S. Carneal submitted their STEMI numbers to D. Thomas, which will be posted on the committee's Teams site. She emphasizes they are experiencing some really good D2B times and gives kudos to several agencies for outstanding times: Abingdon Vol. Fire & Rescue with D2B of 51 mins and E2B of 81 mins on 7/10/22 Newport News EMS with D2B of 33 mins and E2B of 55 mins on 7/15/22 Newport News Shipbuilding EMS with a D2B of 40 mins and E2B of 66 mins on 7/26/22</p> <p>Nothing reported by other attendees.</p>	<p>Address with Stroke, Trauma & PI Committees</p> <p>Summarize hospital numbers & put in file on TEAMS.</p>	<p>D. Thomas before next meeting.</p> <p>D. Thomas before next meeting.</p>
Important Dates	None identified		
Next Meeting	The next meeting is scheduled for February 9 th 2022.		
Adjournment	Motion to adjourn: J. Davenport. Second: G. Samuels. Meeting adjourned at 13:51.		