



OLD DOMINION EMERGENCY MEDICAL SERVICES ALLIANCE INC.

1421 Johnston-Willis Drive
Richmond, VA 23235-4730
804-560-3300 • FAX: 804-560-0909
www.odemsa.vaems.org

Performance Improvement Committee

Trauma PI Meeting

Medical PI Meeting

August 11, 2017, 09:00am to 11:00am

Chair: Kelley Rumsey, VCU

Chair: Allen Yee, Chesterfield Fire

Members and Guests Present: Tom Ludin, Al Thompson, Robin Pearce, Heather Davis, Kelley Rumsey, Tracey Lee, Wilford Mills, Brad Taylor

Conference Line: Kelly Schaff, Mike Watkins, John Dugan, Jessica Goodman, Beth Broering, Karen Giles

ODEMSA Staff: Adam Alford, Megan Young

Minutes Scribed by: Megan Young

Materials provided: Previous meeting Minutes, Reference Binder

Topic/Subject	Discussion	Recommendations, Action/Follow-up; Responsible Person
Meeting Called to Order	Kelley Rumsey called the meeting to order at 09:10am. Introductions were made, and it was determined there was a quorum. The July meeting minutes were reviewed and approved.	Motion by: Heather Davis Seconded by: Tracey Lee Vote: May and June minutes and August agenda unanimously approved
Reports: Henrico Division of Fire	Kelley Schaff – Henrico just had a recruit school class graduate ten providers and has started a new school with 23 people attending. The county has developed a heroin task force that involves multi agencies across the county. There is a website posted called bouncebackhc.com it includes education information, treatment plans, and resources.	



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<p>Planning District 15</p>	<p>Mike Watkins – Hanover has a recruit school graduating and the end of September to help staff a new 24-hour station. They have switched over to imagetrend for their patient care and fire reporting software. Hanover is working on the opioid crisis by looking at the data from that system. They are also continuing to work on their high school programs with three EMT classes and one fire academy.</p>	
<p>Amelia Emergency Squad</p>	<p>Karen Giles – No report.</p>	
<p>Planning District 19</p>	<p>Jessica Goodman – They are working on the increasing opioid abuse calls. They have had a couple patients in the area with excited delirium. There is an EMT class going on in Prince George County.</p>	
<p>Planning District 14</p>	<p>John Dugan – He stated just the metrics for STEMI is the newest thing they have.</p>	
<p>Richmond Ambulance</p>	<p>Tom Ludin – He stated Wednesday he attended the Henrico Opioid Task Force team which was good. Volume isn't that bad in the city and they are getting ready to look at mechanical compression units.</p>	
<p>VCU Health System</p>	<p>Beth Broering – The burn center received their official notification from the American Burn Association that they have been re-verified as a level I PED burn center. They are recruiting for trauma registrar. VCU is in the process of planning a trauma symposium for March on 2018.</p>	
<p>HCA Richmond</p>	<p>Heather Davis – They just completed their American College of Surgeons level II verification visit on Monday and Tuesday with no deficiencies. They are up to be re-designated by the state by the end of the year. Chippenham has a large renovation project scheduled in the December or January timeframe and it should not affect any EMS related traffic. August 22, 2017 is a CEU dinner/class planned on a few different topics.</p> <p>Robin Pearce – Henrico Doctors Forest has been a trauma center for a year. There have been improvements in the pre-hospital trauma data. When the data first started being collected a year ago EMS providers were doing a full set of vitals with a GCS on 55% of patients that were trauma alerted and now it is 98%. Documentation of fluid volume that was administered was at 50% and now it is 90%. She stated that she has</p>	



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<p>CHS – Southside Hospital</p> <p>VCU Children’s Hospital</p> <p>ODEMSA</p>	<p>two documented cases where c-collars were not applied and both patients had fractures with one being unstable. She stated she believes we need to emphasize applying the c-collar or document why they did not. A trauma educator position is open.</p> <p>Tracey Lee – TCAR classes continue with over 70 participants. They passed their provisional and are back on track as a designate level III with the state. They also finished the first phase with their active shooter drill which was multi-jurisdictional the second phase is scheduled for August 3rd. TNCC course can be provided pre-hospital.</p> <p>Kelley Rumsey – They have a CE dinner coming up on August 29th, the topic is concussion and it will be hosted at the children’s pavilion. The Children’s Hospital is also hosting the Child Sex Trafficking Summit. There is a very low cost registration for EMS at ten dollars and EMS CE will be available.</p> <p>Megan Young – The new 2017 protocols have been approved and are in the formatting stage, they are hoping for a release date soon. ODEMSA has taken over distributing the training funds from the state and per OEMS is in the process of setting up an online bidding system. Adam Alford is leaving his position and Megan is taking over as Training Director so ODEMSA will be hiring for a new Program Coordinator.</p>	
<p>Old Business:</p> <p>By-Law Amendment</p> <p>Nominations</p>	<p>The by-law amendment was changed to reflect the physician representatives on the PI committee would both be OMDs to an agency and both have a vote. This sat for thirty days.</p> <p>Nominations off the floor for the position of Chair and Vice-Chair were made with Mike Watkins being nominated for the position of Chair and Kelley Rumsey for Vice-Chair. There was no additional nominations or dissent, both nominations were approved.</p>	<p>Motion by: Tom Ludin Seconded by: Heather Davis Vote: unanimously approved by-law amendment</p> <p>Motion by: Will Mills Seconded by: Heather Davis Vote: Chair and Vice-Chair nominations unanimously approved</p>



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<p>Joint PI Plan</p>	<p>The new Regional PI Plan was presented with the following corrections from the May meeting: clarifying definitions made on pages 3-4 and a generic MIR request and significant reporting incident form was made on pages 18-19. Grammatical errors were noted and will be fixed. The plan was approved by a motion off the floor with no dissent.</p>	<p>Motion by: Heather Davis Seconded by: Mike Watkins Vote: Chair and Vice-Chair nominations unanimously approved</p>
<p>New Business: Metrics</p>	<p>John Dugan presented the metrics for the 2018 awards on the 2017 data. The first three measures are the same that have been reporting on. Five agencies in the Richmond region have received recognition this year: Chesterfield, Henrico, RAA, Hanover, Goochland and Powhatan. The three measures are: non-traumatic chest pain patients greater than 35 years old who received a 12-lead, STEMI patients with first medical contact to device less than 90 minutes, and STEMI patients transported to a STEMI hospital with door to needle time less than 30 minutes. There are two new achievement measures which are getting the 12 lead within 10 minutes and notifying the hospital if it is positive for a STEMI in 10 minutes of the EKG. The optional plus metric is based on out of hospital cardiac arrest and it is any out of hospital cardiac arrest that has sustained ROSC who got a 12-lead. There are several reporting measures that our optional. One is tracking aspirin administration, the next one is tracking rural patients who went to a receiving center within 120 minutes. The last one is a percentage of 12 leads performed on ACS patients. The exclusions are all the same this year with one exception, if EMS gets on scene and does a 12 lead within 10 minutes and they notify the hospital within 10 minutes but the transport time is greater than 45 minutes and the door to balloon time is still 30 minutes or less then they will exclude that patient. Kelley asked since those metrics are already being measured why shouldn't the PI committee adopt those as the three metrics we as a region monitor. Will Mills stated that we should adopt the three required measures. Kelley Rumsey asked if a motion could be made to adopt those metrics as part of the upcoming years report. It was brought up that the only data they would be able to be measured is prehospital, so the three-metrics measured would be: 12 lead on chest pain patients 35 year and older, if the 12 lead was done in less than 10 minutes and any out of hospital cardiac arrest that has sustained</p>	<p>Motion by: Heather Davis Seconded by: Tracey Lee Vote: the three required mission lifeline metrics unanimously approved as ODEMSA measured pre-hospital metrics</p>



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	ROSC who got a 12-lead. It was requested that the data be broken down by planning districts.	
	There was no further business from the floor.	
Next Meeting	November 3, 2017 at 01:00pm	
Adjourn	The meeting was adjourned at 10:00am.	