

Wake County EMS System
Peer Review Agenda
8/23/2018

Mike Bachman
Brittany Baker
Andrey Belayev
Brendan Berry
Dylan Boat
Kim Boyer
James Bruce
Glenn Burket
Brandon Burnsed
Doug Calhoun
Rocco Conca
Betty Davis
Danika Davis
Angela Dean
Richard Dunbar
Shae Earles
Isreal Edwards
Kimberly Elks
Michael Ference
Don Garner
Tim Garner
Joshua Gill

Jeffrey Hammerstein
Jake Hardison
Eric Hisey
Jazmin Hooper
Irfan Husain
James Jollis
Vincent Kauth
Maureen Kelly
Alan Kennedy
Brittany Komansky
Seth Komansky
Elizabeth Larson
Michael Lyons
Craig Mangum
Josh McKinney
Michael McPartland
Lauren Moravick
Kathy Nadasreski
Jon Olson
Doug Pluta
Demetric Potts
Eleanor Rawls

Jared Ray
Jacob Rodman
John Sammons
Jonnie Simmons
Benita Smith
Miranda Smith
Jennifer Sollami
Kippy Speicher
Russell Stanley
Garland Tant
Shabbir Tariq
Carey Unger
Chris Walton
Hunter Warren
Yvonne Wheeless
Wayne Wicks
Jeff Williams
Stephanie Williams
Savannah Wrenn
Joseph Zalkin

Meeting called to order by Dr. Jose Cabanas at 1835.

Approval of minutes

Motion by Joseph Zalkin

Second by Don Garner

Welcome

Welcome to the EMS providers attending as part of their training academy.

Announcements

Chief Hammerstein – First responder appreciation breakfast commemorating 9/11 will be on

September 11th this year at the PNC arena. This is put on by the Raleigh Chamber of Commerce. All are welcome. It will be on the ice, so dress warm.

Operations Report – Seth Komansky and Jon Olson

The second phase of moving to a 12 hour only shift system was implemented July 1. We moved to 24 consecutive hour max work limit. Previously the max consecutive shift was 36 hours. The goal is to allow the provider to rest.

September 15th – There are several events in Raleigh. We expect 200,000 people in the downtown area throughout the day. Dortehea Dix will be a new venue for us.

- Football at NCSU - sold out, televised, evening home game

- Football at St. Augustine's College
- Music Festival in Apex
- Bug Fest downtown
- SparkCon on Fayetteville Street
- Raleigh Home Show at the Convention Center
- 3 small road races in Raleigh as well as one in Wake Forest.
- Dreamville – used to be Tomorrow Land. Originally asked for 2 days and tent city/camp area. This was denied. They were granted one day permit. Liquor is allowed. No parking near event.

We have already called surrounding counties to contribute, as well as CapRAC.

We are opening an EOC / Area Command as well as a command post at each event. Single IAP for the entire day. If hospitals want to contribute to the IAP, let us know.

Some things happening between now and our next meeting:

- Football is starting September 1st
- NHL Ice Hockey coming soon
- State Fair is 50 days away
- Several concerts left this season
- City of Oaks Marathon on November 4th

Recent training:

- Bad van MVC in Rolesville area – 12 traumas and 2 fatalities. This was a difficult scene and we did a debrief/after action review.
- Participated in a tabletop exercise with other agencies and FBI. How law enforcement preserves evidence after First responders come through to treat and remove patients.
- Tabletop exercise with Norfolk Southern Railways. Good cross agencies exercise.
- CCTA – Complex Coordinated Terrorist Attack – This is grant project across three counties (regional community plan).

Call Data Report – Presented by Jon Olson

EMS Responses data reviewed through month of July.

ESTAT – held steady last few months – total time for each month varies, but steady around the 30-minute mark for average duration.

Hospital Diversion stats

Clinical Report – Mike Bachman

STEMI – Time elements slide
 STEMI – Treatment bundle slide
 STEMI – Over triage slide
 STEMI – ASA administration slide
 STEMI – Patient contact to 12-lead time – just below 6 minutes
 STROKE – Treatment bundle slide
 STROKE – Code Stroke slide
 STROKE – Intervention detail slide

Can be difficult to get the data tracking these patients as they move through the hospital(s)

- STROKE – Did they get TPA?
- STROKE – Outcomes
- STROKE – Symptom improvement post TPA
- STROKE – Where the patients went by hospital
- Trauma – Penetrating trauma scene times – still staying low
- Trauma – Tourniquet use
- Cardiac Arrest – Treatment, discontinuation or transport
- Cardiac – Initial rhythm
- CPAP – Went to a new device to decrease application time – have not had good results with that device
 - Still looking at it. Has not decreased the time even though the device is more portable. Belief is crews are trying other interventions before going to CPAP.
- Seizure Patients Treated by Versed
- Narcan by first responders
- Missed Opportunities report for Psych/OD
- Reason OMA is contacted
- APP Alternate Destination slide
- Reasons for ED transport for mental health patients
- Transitional Care (CCWJC) slide
- QM quarterly report

Clinical Report – Presented by Jeff Williams

Fall sports season – In our county, we had a meeting of partners regarding how we will handle equipment removal. The answer: case by case basis. More advanced facilities/agencies have the staff/resources to remove equipment. Other groups may not, so equipment will most likely remain on the patient. Hospitals should have deflation needles and other tools available. Video/materials have already been sent to the hospitals

Trauma System – Wake Med Cary is pursuing level 3 designation. At a designated point in time they will begin accepting patients and then collect data for a year. The data is then reviewed, and the designation follows if deemed appropriate. We have had multiple meetings to discuss. Wake Med Cary will begin receiving patients in early October. That would change the trauma destination plan and the trauma protocol destination criteria. This takes our usual trauma criteria and splits the list into high with physiological signs and low with no physiologic signs but mechanism.

No pregnant or pediatric patients go to Wake Med Cary.

Direction to crews – Look for level 1 criteria first. If you do not find Level 1 criteria, then go to level 3 criteria and transport to Wake Med Cary can be an option.

Questions – Committee Member – Being conservative with older and blood thinner patients; how will that work?

Jeff Williams - Good question. Right now, those patients are based on provider judgement and will continue to be transported based on the provider decision. This is covered in the education that we have already done with providers.

Request to approve the changes to the trauma triage and destination plan to include Wake Med Cary.

Motion by Dr Mangum (WEPPA Representative)

Second by Angela Dean

Unanimous approved.

Stroke Changes put into a timeline

Stroke Committee met in March and are made a recommendation to change the timeline to allow for 22 hours as well as LVO screening. At the Peer Review meeting on May 10th we announced we would use VAN screening. We were going to call the stroke committee to discuss again, and then decided it was too difficult with everyone's vacation schedule. Discussion through e-mail. We proceeded based on that discussion. Training has happened.

Two main changes

1. Stroke procedure (ASP8) – If patient is positive for regular stroke screen, perform a VAN evaluation.
2. Stroke Triage destination plan change
 - a. 0-4 hours
 - i. VAN negative – can go to any current stroke centers
 - ii. VAN positive to an interventional center- August 1st rollout coincided with hospitals starting interventional treatment.

Discussion among Peer Review Members

Request to approve the stroke destination plan

Motion by Dr Garner

Second by Brendan Berry

Unanimous approval

NCOEMS – Ketamine Pilot Project – Some EMS systems use it for RSI, but if you do not use it for RSI, the system does not have it to be used for pain. Ketamine has some advantages over Versed and the like for some of these situations. The medical board is not 100% that everything is true, but they believe enough to have a pilot project to use Ketamine for pain. Dr Williams went over the requirements of the pilot project/program.

Hospitals have to endorse or support the local EMS System using Ketamine. Some of the hospitals have gotten requests from other county agencies to see if they will endorse their pilot participation. This comes from the fact that not all hospitals use Ketamine in their ERs. NAEMSP has taken on the task to develop some standard education for EMS systems to use. The trickier piece is adherence to a data-exchange process and sharing data through the completion of a form for every patient that is administered Ketamine.

We in Wake county, are looking at doing this, but not until after the first of the year due to some other initiatives that are taking up training time. We believe this is important, but we need to get through some other items first.

Dr Williams then reviewed the state protocols that have to be used for this pilot project. (i.e. Agitation protocol, Pain protocol)

Handtevy – This is a new initiative, and this is what is taking up our training cycle. This is a patient safety initiative. Handtevy is a medication safety process developed by a

pediatrician from Florida. Our current system is a volume-based dosing guide. The idea is to reduce/eliminate math at the time of emergency. The problem is, it has to be updated regularly due to the medication shortage and changes in concentrations. This system uses an app to assist the clinician. The novel thing about this system is it uses age and ideal weight rather than actual weight. This is because the majority of meds are water soluble rather than fat soluble. We will be using a length-based tape for situations when you do not know the patient's age, but that is believed to be rare. Dr Williams then demonstrated the APP.

Roll out is scheduled for this Fall after training.

Mobile Crisis Pilot Project – Mike Bachman

We understand that we are running out of resources and there is an opportunity to utilize Mobile Crisis more than we currently are able based on the structure. We have worked directly with Alliance and Therapeutic Alternatives (The current mobile crisis provider). The county has identified some additional funding to pay for this project. We did some temporal analysis to determine the time of day that is best for this project. We hope to have this up and running this Fall. Coverage will be from time to time.

APP-Peer Support for Narcan Follow-up

We have been a part of several opioid targeted initiatives. What we have found is that the timing is not right when the Narcan rescue happens. It also takes a special type of person to connect with these patients. Human Services/Public Health received some grant money and we have linked a Peer Support Specialist with Medic 96 to go out and follow-up with patients who received Narcan the prior day. Mike provided the numbers.

Professional Development – Don Garner

Educational update – On target to be at last year or slightly above.

Largest two components – New hire academy and other educational offerings (initial FTO, initial APP, venue team, JCC EMT to Paramedic program, etc.)

Total simulations by year already over 1000 and we have not gotten into simulations with our current academy. We will probably will be at 2000 by year end. We would have never thought that when we started in 2010. We are also using the simulance in addition to the sim facility here in the ESEC.

We look at and evaluate all of our education through post course surveys regardless of what type of course. 80% good or excellent. Consistent over the years.

Total Academy students slide

FTEP Program stats slide

System entry throughput slide

Annual recredential slide – EMD no longer comes through Wake Co EMS due to state rule change

Points of interest

- EMT to paramedic program – all had graduated and passed state exam. This week, all passed oral boards.
- Started the project over again – 4 from Wake EMS and 1 From Eastern Wake
- FTO promotional process

- Staffing changes – Welcome Jake Hardison and we lost Jared Clawson – decided to go back to the field

Research Update – Presented by Jeff Williams

Big submission at NAEMSP in January – Submitted two papers this year. One with fellows – Opioid Fatalities – Did the fatality contact EMS within the preceding months and was an opportunity missed?

Second submission was a reanalysis of the Falls project. Wanted to look at the data again to evaluate long-term outcomes (second fall, death, etc) in the following months up to a year. Hoping they get accepted for NAEMSP. We will let you know.

Any other business??? –

Motion to adjourn by Shae Earles at 1950