

- Wake County EMS System
Peer Review Meeting
05/10/2018

Mike Bachman	Randall Heath	Demetric Potts
Dave Bowen	Dale Hill	Elenor Rawls
Doug Calhoun	Chantal Howard	Russell Stanley
Jared Clawson	James Jollis	Jennifer Sollami
Steve Cohen	Vince Kauth	Garland Tant
Christopher Colangelo	Brittany Komansky	Jackie Thompson
Angela Dean	Seth Komansky	Brandon Utley
Curtis Fuko	Becky Long	Yvonne Wheeless
Don Garner	Jon Olson	Jeff Williams
Tim Garner	Kevin Phillips	Joseph Zalkin
Jeff Hammerstein	Andrew Pickens	

Meeting called to order by Jeff Williams at 1840

Approval of minutes

Motion to approve minutes: Don Garner

Second: Chris Colangelo

Welcome

Dr. Williams goes over contents of packet. Please update any known changes for each institution to peer review membership. Within the packet is peer review subcommittee update which will be discussed later.

Announcements

Jeffrey Hammerstein- Happy Nurses Week, thanks for all you do!

EMS week is quickly approaching – There are several events happening.

- Family Day on Sunday May 20th at Lake Wheeler Park.
- Code Save Tuesday May 22nd at Reynolds Coliseum, guest speaker will be South Carolina State men's basketball coach and cardiac arrest survivor, player Ty Solomon. There were 120 survivors last year! Please join us!

Operations Report – Presented by Seth Komansky

Recent addition of the EMS shift commander. They will be used for efficient and effective day to day operation of the EMS system. Their duties will be primarily administrative rather than field response. They will be overseeing the District Chiefs and their call sign will be Chief 200. Introduction of Greg Guillaume, Curtis Fuko, Wesley Marshall and Kevin Phillips.

Working with CapRAC on an MCI standardized communication process to push the information to the hospitals in these events. Trying to get this in the

state protocols for standardization across the state. Need a single channel for everyone to talk on. Everbridge technology. Mass Care Hotel channel and monitor primary hospital channel. See flow chart for details.

CapRAC – There is discussion about the mechanism for talking to all the hospitals, flow chart and designation, and MCI declaration criteria. MCI HOTEL CHANNEL, see the presentation for further

Fourth of July fireworks are back at the fairgrounds this year. Artspolure is a large event in downtown Raleigh in a couple of weeks. There are several large concerts in the summer months, Ironman competition, MS1 drill (Hazmat drill) with Fuquay FD and Rex hospital, and on August 14 at the ESEC, there will be a table top exercise for a chemical incident including Norfolk Southern. We want hospitals to attend this exercise – please hold that date in your calendars.

Response Data – Presented by Jon Olson

Looking into trends and predictable factors that are surrounding the ESTAT's. Hospital diversion status trends are not changing. Good communication is happening with GroupMe app between facilities to keep everyone informed and has made a great impact upon EMS operations.

Andrew Pickens: We had a situation a few weeks ago that EPIC and phones were down. Should we be going on black diversion for this? We did go on yellow and were able to get the paper process working in an hour.

Jon Olson: You will have to look at the circumstances in your facility and if it's significantly impacting your operations, yes. We will send a DC to your ED to see what is going on and how can we assist you.

Brittany Komansky: Wake Med has invested in mobile CT rental so the times of going on yellow diversion at free standing ED's should be limited now.

Budget – Presented by Chris Colangelo

- 2 peak load ambulances
 - Wendell falls station for Eastern Wake
 - Location TBD
- Continuation of relocation incentive for out of state new hires
- EMT to Paramedic school for employees – Don will discuss later
- Looking at operational software for traffic patterns simulation to look at possible impacts on the system.
- Looking into replacements for 10+ year old specialty vehicles (EVAC 1 and Truck 1).
- Small amount for some computer replacements and for some software to update forms and tracking.
- ESEC sim space 3 was configured to have a moveable wall, will be getting this for active shooter simulations.

- Money in for mechanical CPR devices, as part of the move toward ECMO.
- Stations

STEMI Performance Measures – Presented by Mike Bachman

- There have been six APP promotions with an addition of a rotating APP to assist OMA.
- 120 cardiac arrest saves last year, 30 more than last year. Utstein bystander survival 50% rate- GREAT!
- A lot of Narcan was administered.

Jeff Williams – There are a lot of stroke trials, two of which show good benefit to those who get thrombectomy out to 24hrs. In March, the stroke subcommittee met. There are two conclusions:

1. EMS should change the time to match the hospitals (0-22 hours). This went into effect for EMS on May 1, 2018.

Motion to endorse stroke protocol change: Dr. Tim Garner
Second by Dave Bowen
Unanimously approved

2. To utilize VAN score for stroke/suspected stroke patients. EMS will begin training providers in the next month.

Andrew Pickens: What is the time frame?

Jeff Williams: We are putting together a video to roll out to providers in June with a July 1st or 15th effective date.

Resuscitation Symposium from April – Presented by Jeff Williams and James Jollis

In our system, a witnessed cardiac arrest with bystander intervention, EMS found in shockable rhythm, has a 50% chance of survival, which is great but what can we do for the other half now? Symposium goes over a few extra chains added in the chain of survival to potentially save these patients. Make sure you can access the patient's EKG's via CodeStat, ESO, or reach out to EMS if you can't find them.

Jeff Williams presents a case for review.

James Jollis: Reference the VF/VT arrest, Open Occluded Artery Trial (O-trial) shows no benefit to opening the occlusion after 24 hours after arrest. The time to open artery up is within the first hour and within the first two to three hours to save the most myocardium. Who should be going to the Cath lab? Must ask these three questions: Does the patient have coronary disease? What is their neurologic prognosis? Were we penalized for taking the patient to the cath lab? Recommendations: All STEMI, all VF/VT shockable arrests, history suggests an acute infarct, should all go to cath lab.

Jeff Williams: We need to start a path of being more aggressive with our cardiac patients. First thing: Can we treat a VF arrest that is resuscitated as a STEMI? Not anything to decide on tonight but the symposium was a great first step to be more aggressive with these patients.

James Jollis asks if anyone has had any experience with this in their facilities.

Eleanor Rawls: We took a patient like this to the cath lab, he had a bad outcome, but we did the right thing by taking him. Have had discussions on whether to take them or not, with good and bad outcomes both ways.

Jeff Williams: Yes, I've seen this at Wake too.

Andrew Pickens: This is going to be something that every cardiologist must come on board with, as well as the cardiologist groups and hospitals, or there will be ones that won't take on the case and then you lose credibility.

Jeff Williams: Yes, we got to get a consensus for sure. More to come on this.

Professional Development Report – Presented by Don Garner

- EMS has changed the way they do continuing education this year, it is now quarterly with more hands-on skills and SIMs (half day lecture, half day hands on). Survey results have changed a little bit, more excellent than good responses, due to the change in the layout. (All day lecture vs. combination lecture/skills/sims)
- There was a cadaver lab this month that focused on IO and airway skills for our DC's, APP's and FTO's. This was a positive experience.
- EMS also started monthly video updates due the gap in face to face incurred with having quarterly CME to get latest news to our staff.
- EMS has partnered with JCC for our EMT to Paramedic program, 5 employees went through, they recently graduated, and all have passed their state exams!

Research Report – Presented by Jeff Williams

- Active threat paper submitted by Mike Bachman.
- Falls and Narcan papers officially in print.
- IRB recently submitted for evaluation of a pediatric medication administration tool.

Jackie Thompson asks about VAN scoring and a QI study for data exchange.

Jeff Williams: Absolutely, yes. We want to get feedback from the hospital on this.

New Business

None.

Meeting adjourned
Motion Chris Colangelo
2nd Russell Stanley

Adjourned at 2004