

Wake County EMS System
Peer Review Agenda
3/7/2019

Mike Bachman
Brendan Barry
Dave Bowen
Steven Cohen
Angela Dean
Yvonne Demuth
Bob Denton
Shae Earles
Don Garner

Diamond Grimes
Gimenez
Dale Hill
Josh Hodge
Amy Ikerd
James Jollis
Vincent Kauth
Brittany Komansky
Seth Komansky
Vikki Lyman

Demetric Potts
Eleanor Rawls
Josh Robinson
John Sammons
Jennifer Sollami
Kippy Speicher
Russell Stanley
Ciera Sullivan
Garland Tant
Chris Walton

Meeting called to order by Dr. Jose Cabanas at 1840

Quorum verified with greater than 16 committee members present.

Welcome, Approval of Minutes

Approval of Minutes

Motion by Dr. James Jollis

Second by Dr. Bob Denton

Announcements

We've had new members added to this committee.

Introductions

Josh Robinson from RWECC – QA Supervisor

EMS System Growth – Presented by Dr. Jose Cabanas

Trend is going to continue to increase with a noted increase of 18% since 2014.

There is an expecting increase of up to 25% over the next 7 years.

Forecast of growth is discussed and data compiled by Robert Davis is presented.

Strategic Initiatives

Human capital

Operations Management

Technology – i.e. new CAD

Funding – Medicaid transformation and CMS Pilot

Patient Safety Initiatives

Handtevy has been implemented.

Mobile Crisis – Started March 5, 2019

Peer Support Rapid Responder Program – Naloxone recipients from Opioid ODs are connected with Peer Support to possibly assist with getting into rehab or in contact with further resources.

Dr. Jose Cabanas – Are any of you thinking about doing MAT programs in your hospitals? FL is currently doing this from hospital discharge. They have 69-70% successful outcome at 30, 60, and 90 days post ED visit. The solution to the problem is to get folks into treatment.

Mechanical CPR

Wake EMS plans to begin implementation in 3Q19. Working with both hospitals to treat these patients with ECMO. Full deployment by January 2020.

PulsePoint

CAD will be up and running around May 14, 2019 and Pulsepoint will go along with that implementation. PulsePoint will tell a lay person or off duty first responder that there is a cardiac arrest close by. It also Geo-locates all of the AEDs close by.

CMMI – EMS Reimbursement Changes

For the first time in history, EMS will be reimbursed at the same rate if you navigate a patient to alternate destinations or urgent care. In addition, EMS will also be reimbursed if treat-no-transport with telemedicine consult from CMMI provider.

Wake County is very interested in participating in this project.

Questions for implementation are reviewed.

Dr. James Jollis: Is the CAD linked to AED locations?

Dr. Jose Cabanas: Yes, if you see an AED, you can walk by it and take a picture, and it will geolocate it in the app.

Dr. Bob Denton: Include ER at the table when discussing ECMO.

Dr. Jose Cabanas: Absolutely, we will remind them to include the ED.

Dr. Bob Denton: Will ET3 Rollout?

Mike Bachman: Difference now is it isn't grant money. The qualified system will have all the infrastructure in place prior to being awarded the funds.

Dr. Bob Denton: Why doesn't Wake County build it themselves?

Dr. Jose Cabanas: It doesn't make sense, when there are ways to have help building the infrastructure.

Mike Bachman: This is only for Medicare. The hope is Medicaid and some of the private payers will come on board.

Dr. James Jollis: Biggest advantage?

Dr. Jose Cabanas: 1) Value of reimbursing EMS for activities that doesn't result in transport. 2) Members of the community that rely on their only access to healthcare is 911. 3) Busy in the ED, capacity, diversion, does everyone need the ED?

Operations Report – Presented by Seth Komansky

Clinical Report – Presented by Mike Bachman

James Jollis: Question about stroke percentages.

Mike Bachman: A little over 50% are called a code stroke. We are using modified LA stroke scale and VAN.

James Jollis: AEDs? Can we look at data going back when Pulsepoint is introduced?

Mike Bachman/Dr. Jose Cabanas: We track reported AED shocks delivered and bystander CPR. We will be able to tell the difference when Pulse point is introduced going all the way back to 2008.

Dr. Jose Cabanas: How can we better minimize the time to compressions over the phone? There are people from Denmark that are testing an artificial intelligence system called the CORTI System. Voice recognition software in the 911 center. Listens to the caller's voice and determines if the call is a cardiac arrest. It is used in some places in Europe and cuts down time to CPR by approx. 20-30 seconds.

Mike Bachman: Ancef for Open fracture treated 4 patients appropriately.

Update and vote on WakeMed Cary trauma center

Months ago, we split level one and level 3 trauma. Caveats are no children and no obstetrics. We would like to change that.

Motion to allow OB traumas, if they otherwise meet Level 3 criteria, to go Wake Med Cary Level 3 Trauma Center by Dave Bowen.

Second by Mike Bachman

Unanimously approved

Professional Development – Presented by Don Garner

Discuss details of Initial Paramedic Program

OEMS released proposed rules for EMS. Big debate about whether or not you need to have a degree to be a paramedic. The state wants to start that rule in 2023. Meeting of the "4 Families" on Monday to discuss further.

Research Report – Presented by Jeff Williams

Long term outcomes of falls project presented at NAEMSP in January.

Metrics and measurements for ET3 to come

Any other business?

Motion to adjourn Jeff Williams
Second by Mike Bachman

Meeting adjourned at 1950

Next meeting 5/16/2019

Remaining meetings
8/22/2019
11/21/2019