

Wake County EMS
Peer Review Committee
Meeting Minutes
11/17/2022

Jose Cabanas
Vikki Lyman
Mallory DeLuca
Jeff Stallings
Andrew Godfrey
Aaron Wenzel
Russell Stanley
Jason Horton
Seth Komansky
Larry McMillan
Demetric Potts
Joseph Zalkin
Tim Garner
Pete Gitto
Annie Howington

Kimberly Boyer
Christopher Colangelo
Donald Garner
Doug Calhoun
Elizabeth Larson
Jeremy Schwartzman
Amy Short
Elizabeth Jordan
Nathaniel Miller
Rebecca Zammiello
Shannon Chesney
Bob Denton
Cody Dail
Elizabeth Larson

1. Welcome, Approval of Minutes by Jose Cabanas
 - a. Approval of Minutes – Motion made by Seth Komansky; Second by Russell Stanley;

Unanimous approval
2. Announcements
 - a. Deputy Director of Professional Development – Mallory DeLuca
 - b. Associate Medical Director and Deputy Director of Medical Affairs– Dr. Andrew Godfrey
 - c. Training Chief – Cherish Walsh
3. Clinical Report – Presented by Aaron Wenzel
 - Jose Cabanas highlights the fact that 12% are going to the ER, used to be around 5-6% a few years back. Other destinations are maxed for space and capacity.
 - a. OEMS protocols update

- i. Wake County Protocols approval required; **Peer Review vote next meeting**

1Q23 - Updates come annually and we will plan to vote every first quarter/

4. Operations Report – Presented by Seth Komansky

- a. Patient Surge, Diversion, ED wall times
 - Dr. Jose Cabanas brings up his biggest concern that it will get to a point where there are multiple units waiting and EMS will just need to leave. We need to figure out, as a system, how we are going to manage this. He asks for feedback and thoughts from hospital staff. Dr. Cabanas asks to rethink how we are doing things. Does diversion really do anything? We need creativity.
 - Hospital Representative: Is there a list of reasons someone is left on the wall greater than 60 minutes?
 - Dr. Cabanas asks Seth Komansky to look at why.
 - Seth Komansky says a lot of what they see is no beds available or no staff to take report. Holding patients on the stretcher on the back hallway, staging out the ambulance bays. 8-10 ambulances stacked in the bays. When one hospital goes on Diversion, the 2 other larger hospitals suffer and even the tertiary hospitals are holding. A lot of the challenges the hospitals are seeing is admission holds. EMS can't take the person off the stretcher and sit them in a chair, but we are running out of options. Figure out ways to get creative about triage, get more stretchers from National Stockpile. We must be comfortable with things going to the lobby that we normally wouldn't be comfortable.
 - Hospital Representative: Are we talking to hospital administration?
 - Dr. Cabanas would like to systematically create solutions. Generate a list of names.
 - Dr. Jeff Williams talks about a call with CapRAC – Janice Brown, Dale Hill, and Dr. Bissett will be coordinating a meeting and that should be the next step. Looking for common themes.

- Kim from Rex has all beds throughout the hospital. Approx 10 different PI projects. It is a boarding issue and Rex would be happy to be involved with that. Do we do hallways upstairs? They are looking to also get creative. Everyone should be working on hospital throughput and not just ED throughput.
- Joseph Zalkin brings up the joint statement from ACEP and NAEMSP.
- Dr. Cabanas discusses the letter that was sent to President Biden hoping to get national attention. He asks for the names of people that will be coming to the table.
- List of participants for subcommittee:
 - o Amy Short – Cary ED (from chat)

5. Professional Development Report

- a. Academy 38 graduation
- Dr. Cabanas gives a shoutout to the training team and wants to acknowledge the amount of work that goes on behind the scenes.

6. Research Report

- Dr. Jeff Williams discusses the internal research here
 - o LifeFlow – UNC was the workhorse on the study, completed analysis and found the device works – There are a couple of papers, one was presented at ACEP and we will present at NAEMSP in January.
 - o Double Sequential Defibrillation – Changing the vector and then double sequential defibrillation to break refractory ventricular fibrillation. Wake EMS has been doing this for several years with some success. One of our colleagues studied this and published a paper in the New England College of Emergency Medicine – study shows this strategy is effective.
- Dr Jose Cabanas says we have been doing this for about a decade.

7. Any other business?

- Representative from Rex: EMS personnel presentation at the conference was well received and they scored a 4.9 out of 5. They say thank you for the partnership and collaboration.
- Joseph Zalkin is the citizen representative and retired from Wake EMS after 35 years. The New England Journal of Medicine cites Dr. Cabanas' research. He is the upcoming President of NAEMSP.
- Dr Cabanas says thank you for all you are doing.

Motion to adjourn made by Russell Stanley and second by Joseph Zalkin at 1930.

2023 Meetings:

February 16, 2023

May 18, 2023

August 17, 2023

November 16, 2023