

Peer Review Clinical Data

3rd QUARTER 2024

Aaron Wenzel
Chief Clinical Quality Officer

Division of Medical Affairs

November 21st, 2024

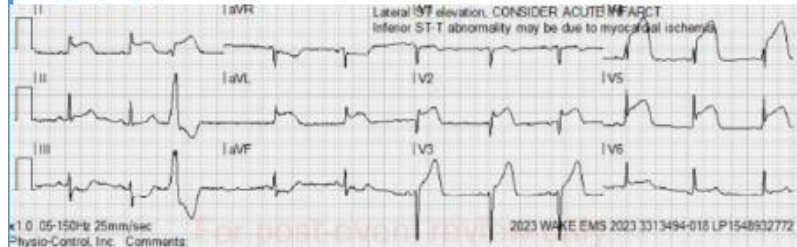


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STEMI Outcome Report

Pre-PCI

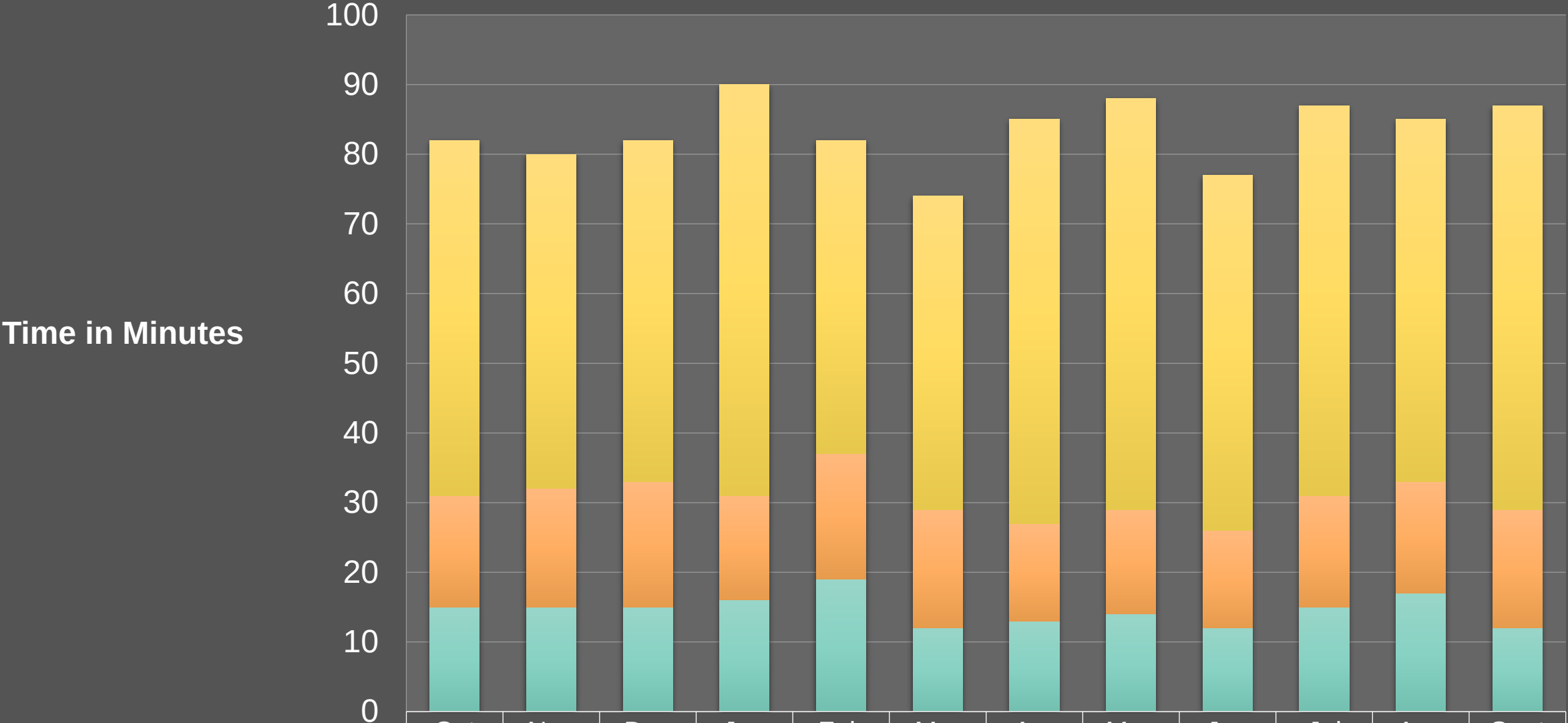


Post-PCI



CP	0	0	27	55	LAD	HOME
Chief Complaint	Time in ED	Cath Lab Ready	Door to Device	First Medical Contact to Device	VESSEL	DISPO

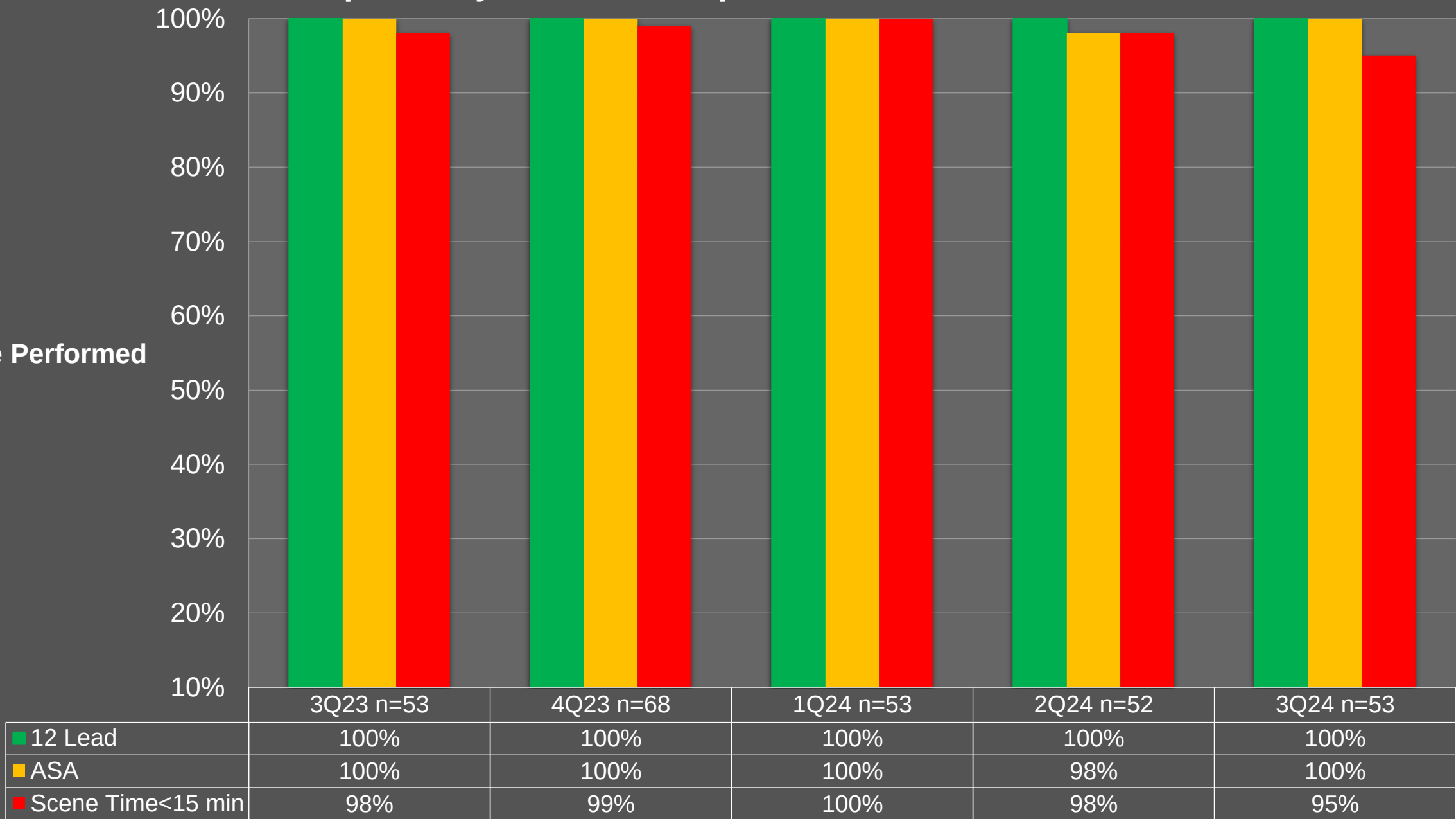
Mean Time for Patients with Confirmed STEMI; Combined for All Hospitals



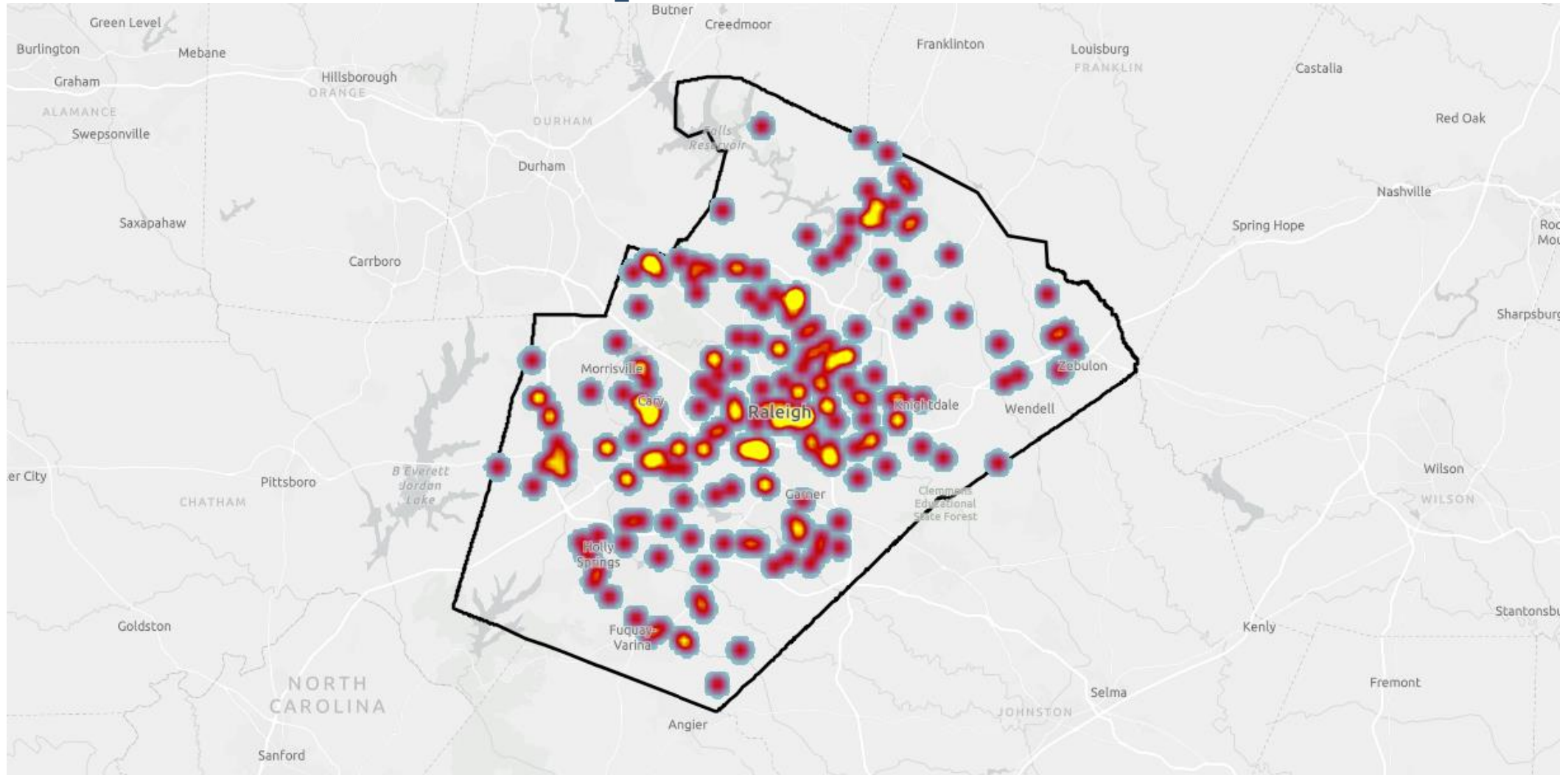
■ Hospital Arrival to Intervention	51	48	49	59	45	45	58	59	51	56	52	58
■ Scene Departure to Hospital Arrival	16	17	18	15	18	17	14	15	14	16	16	17
■ 1st Patient Contact to Scene Departure	15	15	15	16	19	12	13	14	12	15	17	12

EMS STEMI Evidence Based Medicine Measures
Patients Transported by EMS with Suspected or Confirmed STEMI

Percentage Performed



STEMI Heat Map CY 2024



STEMI Overtriage - 2Q2024

STEMIs activated
by EMS: 54

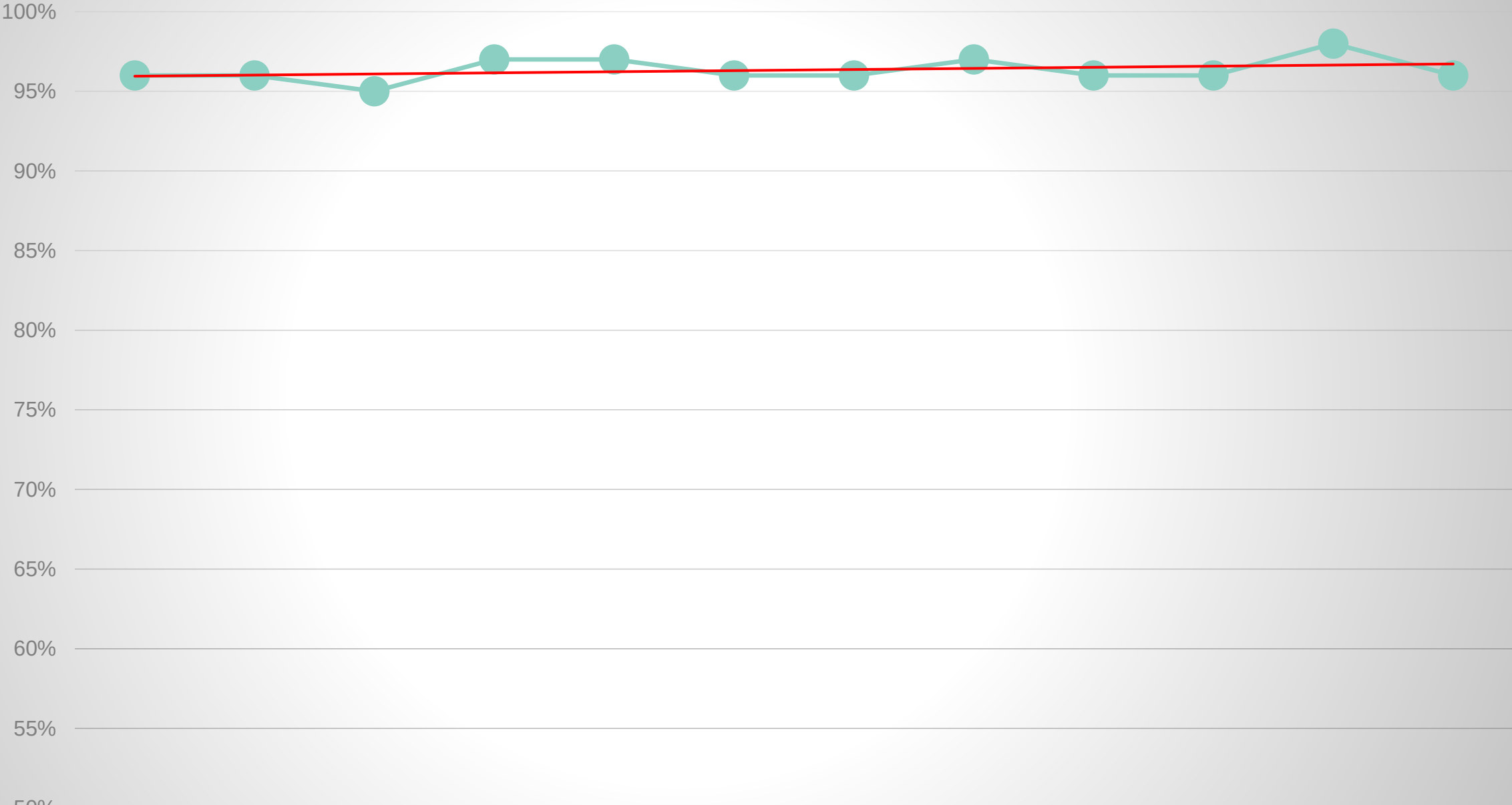
Total STEMI Activations cancelled as reported by hospitals: n= 26

- ED Activations sent for consult only by EMS: n= 6
- EMS did not activate or send for consult: n= 5

STEMIs activated by EMS that were cancelled by Hospital n= 15

Category	Reason Cancelled	Final Disposition = Triage Correctly	Final Disposition = Over Triage
ED EKG Does Not Meet STEMI Criteria	5	5	0
ST Elevation Resolved	1	1	0
Expired	2	2	0
STEMI Imposter (LVH, J Point Elev., Etc)	3	2	1
Other	4	3	1
			4 % Overtriage Rate

Wake EMS
Chest Pain Patient Age>35 Who Had ASA Administered



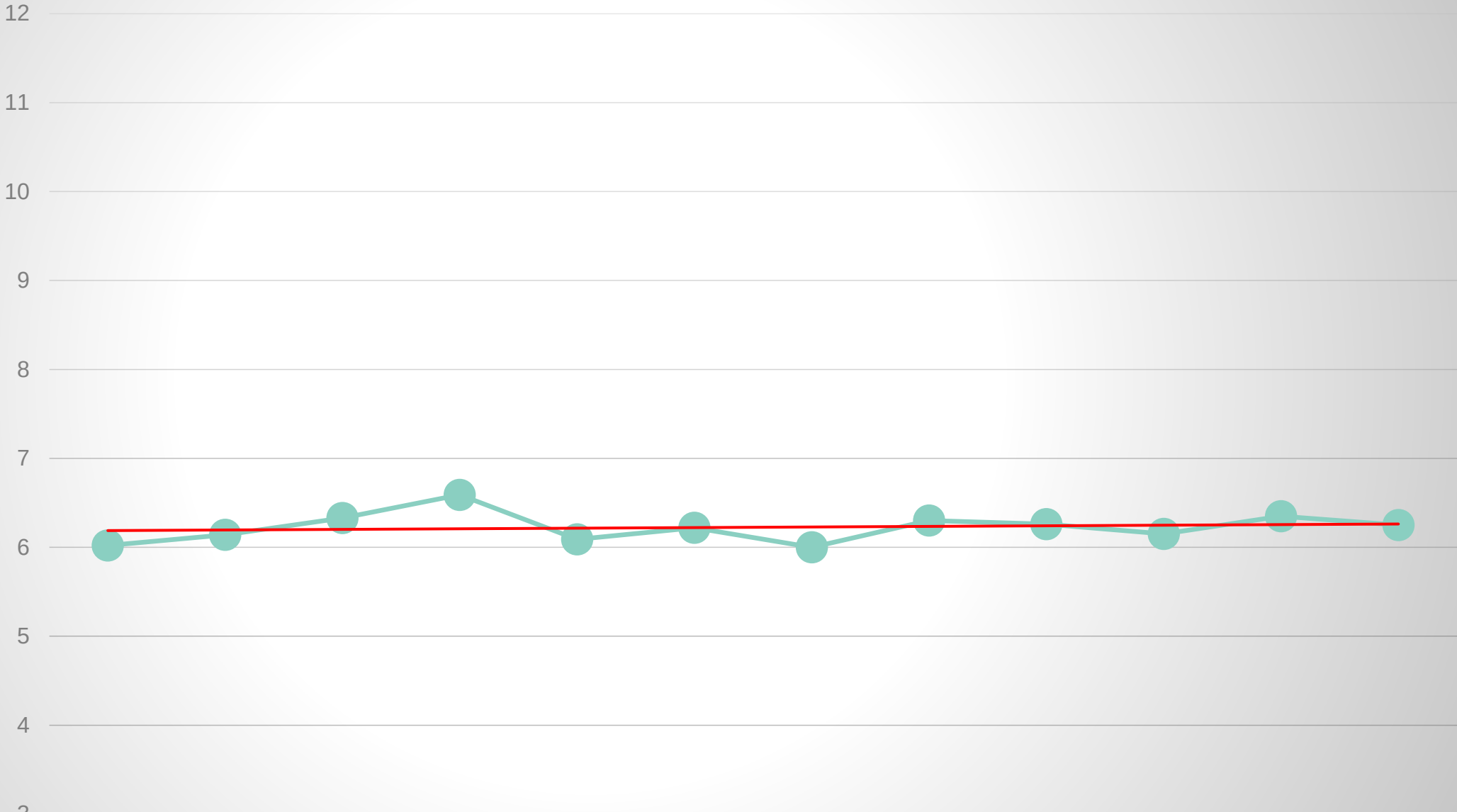
ASA Administered

Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
96%	96%	95%	97%	97%	96%	96%	97%	96%	96%	98%	96%

Wake EMS

Chest Pain Patient Contact to 12lead Time in Minutes

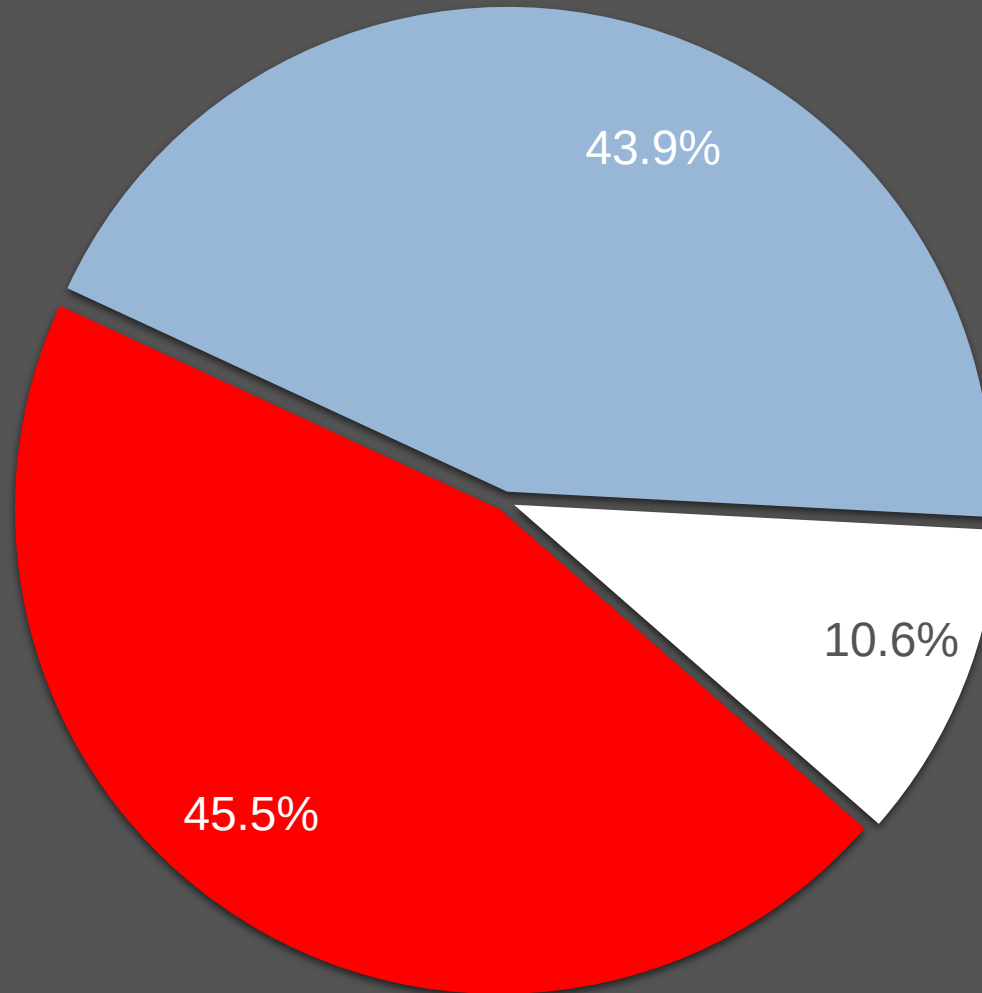
Time to 12 Lead



	Oct 23	Nov 23	Dec 23	Jan 24	Feb 24	Mar 24	Apr 24	May 24	Jun 24	Jul 24	Aug 24	Sept 24
Time to 12 Lead (min)	6.02	6.14	6.33	6.59	6.09	6.22	6	6.3	6.26	6.15	6.35	6.25

Destination for Wake EMS Patients with Suspected or Confirmed STEMI

■ WakeMed Cary ■ WakeMed Raleigh ■ UNC Rex Healthcare



Stroke Outcome Report

SUMMARY

- y.o female presented to ED. Per EMS, pt was found unresponsive in [REDACTED]
- EMS noted a dysconjugate gaze, right sided weakness and facial droop
- LKW 13:15 per daughter
- Initial NIHSS = 28 (LOC, gaze, weakness, language, dysarthria)
- CTA head/neck revealed a basilar tip, proximal left PCA and bilat SCA acute occlusions

BEFORE

vs.

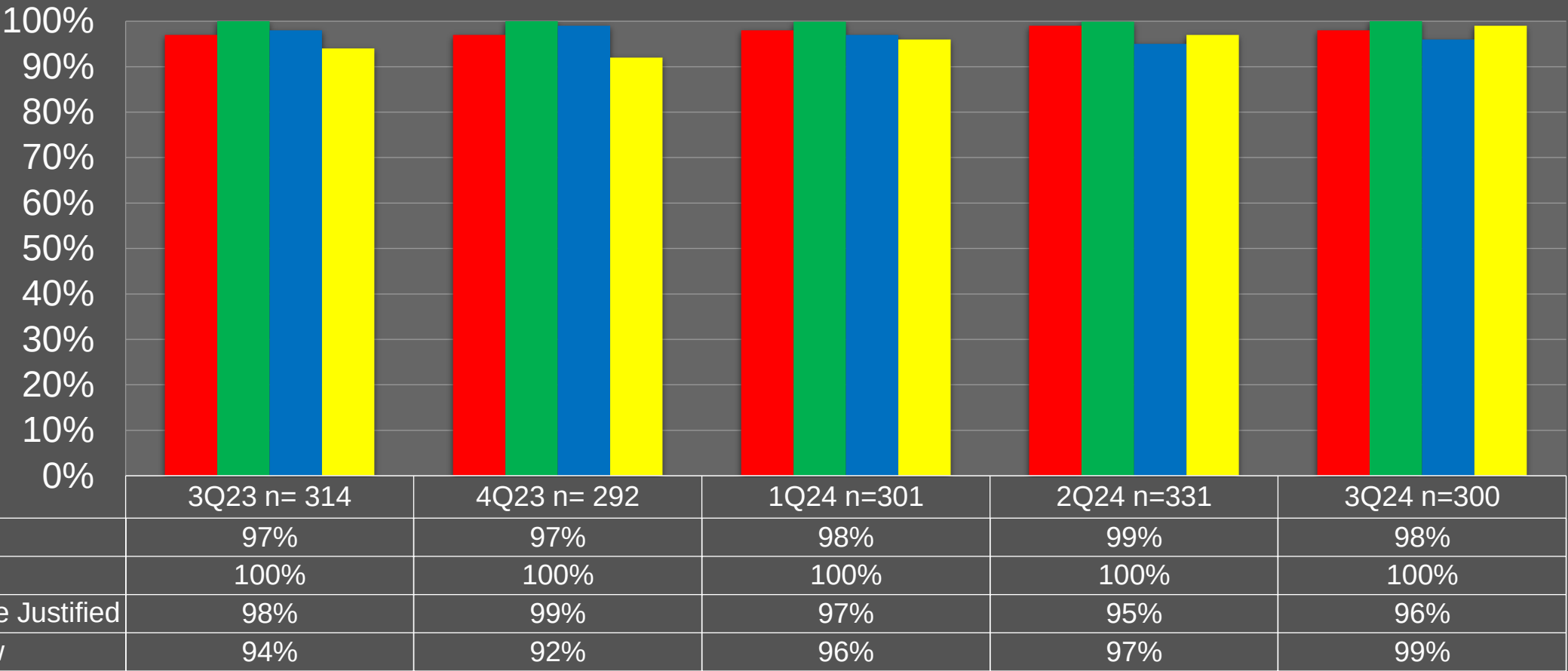
AFTER



Arrival Time	16:38
CODE STROKE *55	16:42
LKW MD Notes	13:15
GROIN	17:47
FIRST PASS	17:56
FINAL TICI	3
CODE STROKE CALCULATIONS	
LKW to Arrival	3:23
IA CALCULATIONS	
DOOR TO GROIN	Goal < 90 min 1:09
GROIN TO TICI 2B	Goal < 60min 0:10
EMS INCIDENT NUMBER	
[REDACTED]	
PROCEDURAL OUTCOMES	
▪ Occlusion of distal basilar artery. Initial TICI = 0	
▪ Successful thrombectomy with final TICI = 2C	
CLINICAL OUTCOMES	
▪ As of [REDACTED] = pt remains intubated at this time	

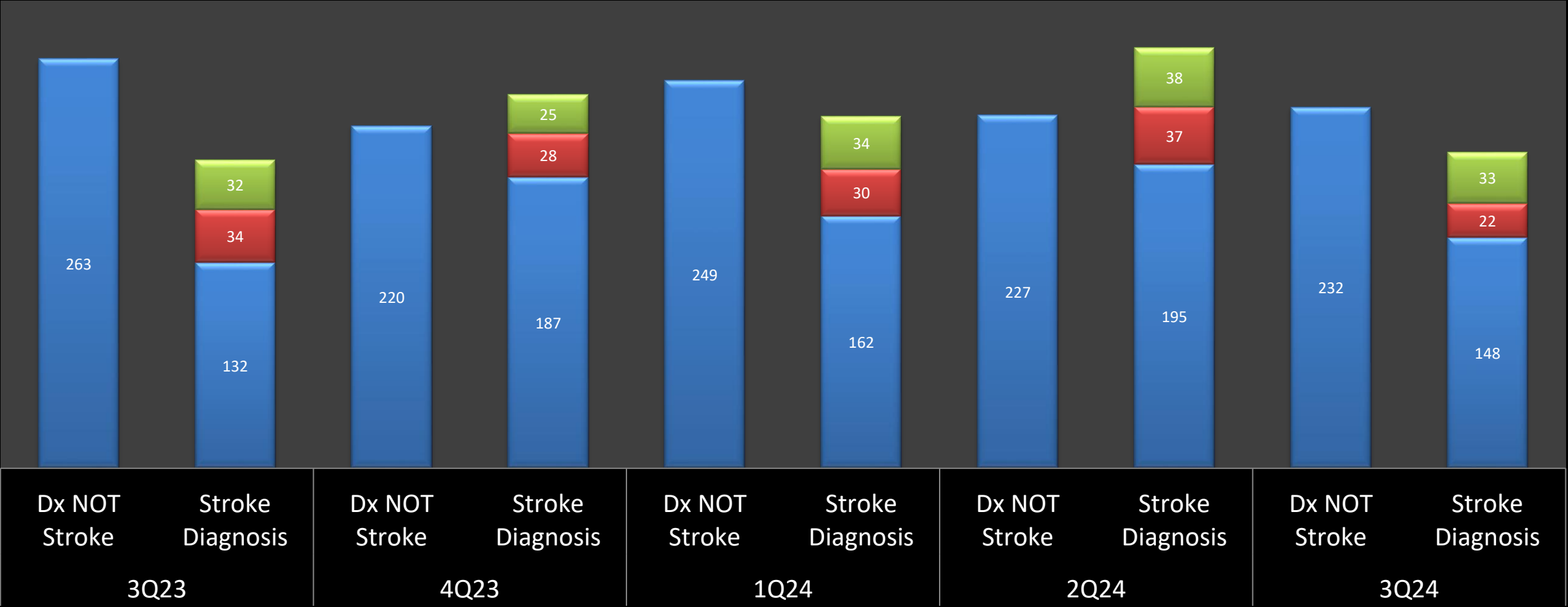
EMS Stroke Evidence Based Medicine Measures
Patients Transported by EMS with Suspected or Confirmed Stroke

Percentage
Performed

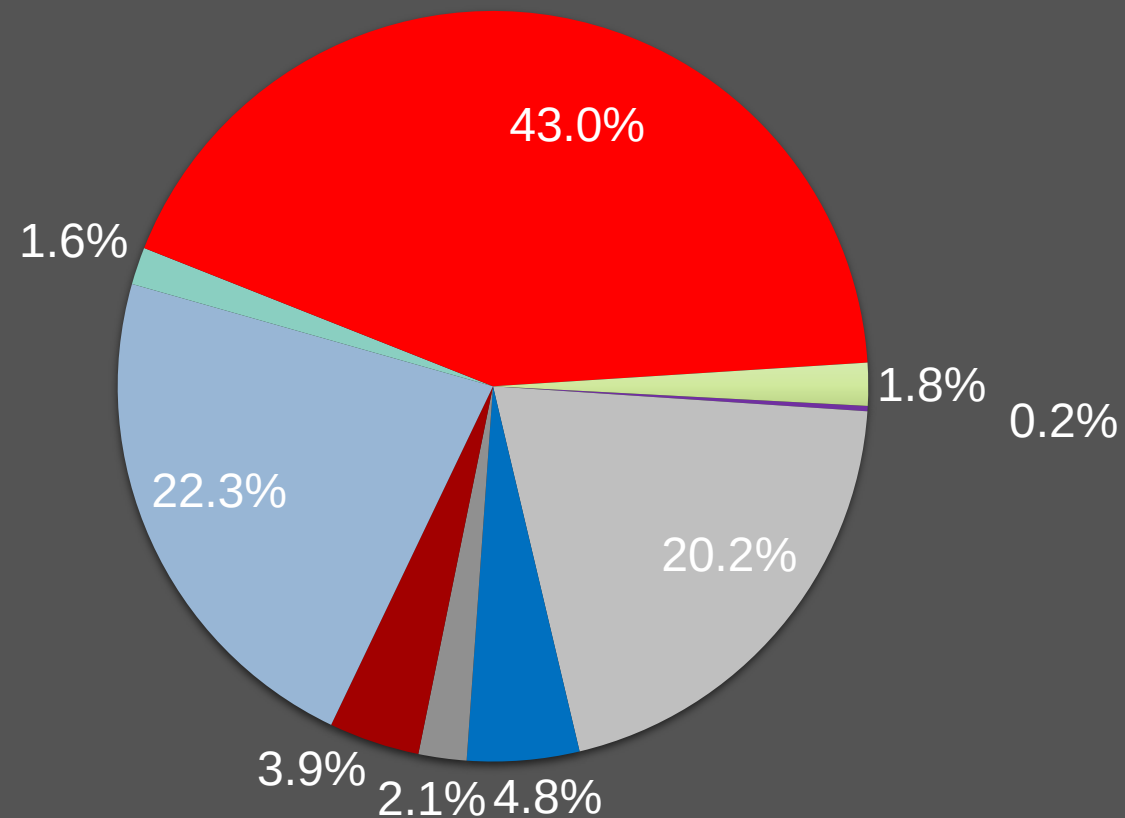
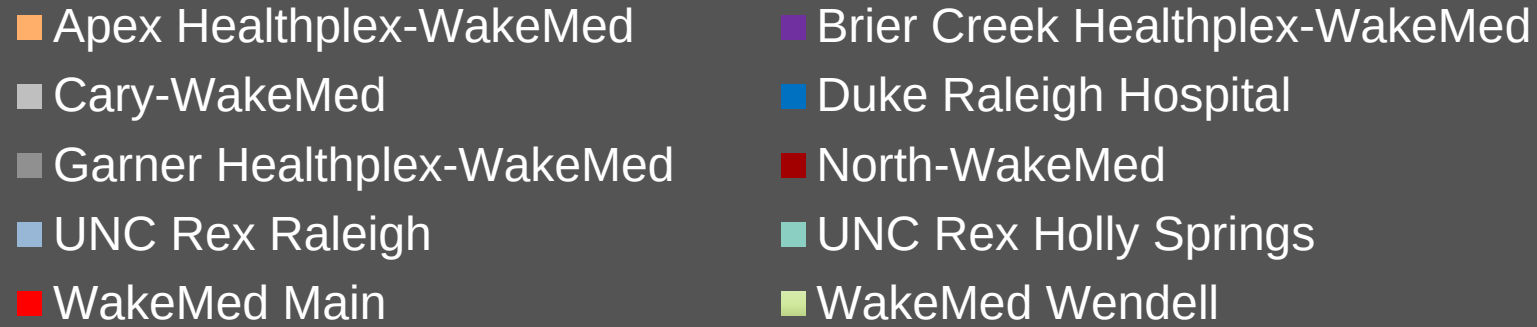


Code Strokes by EMS taken to Wake County Hospitals

No TNK Given TNK Given ICH



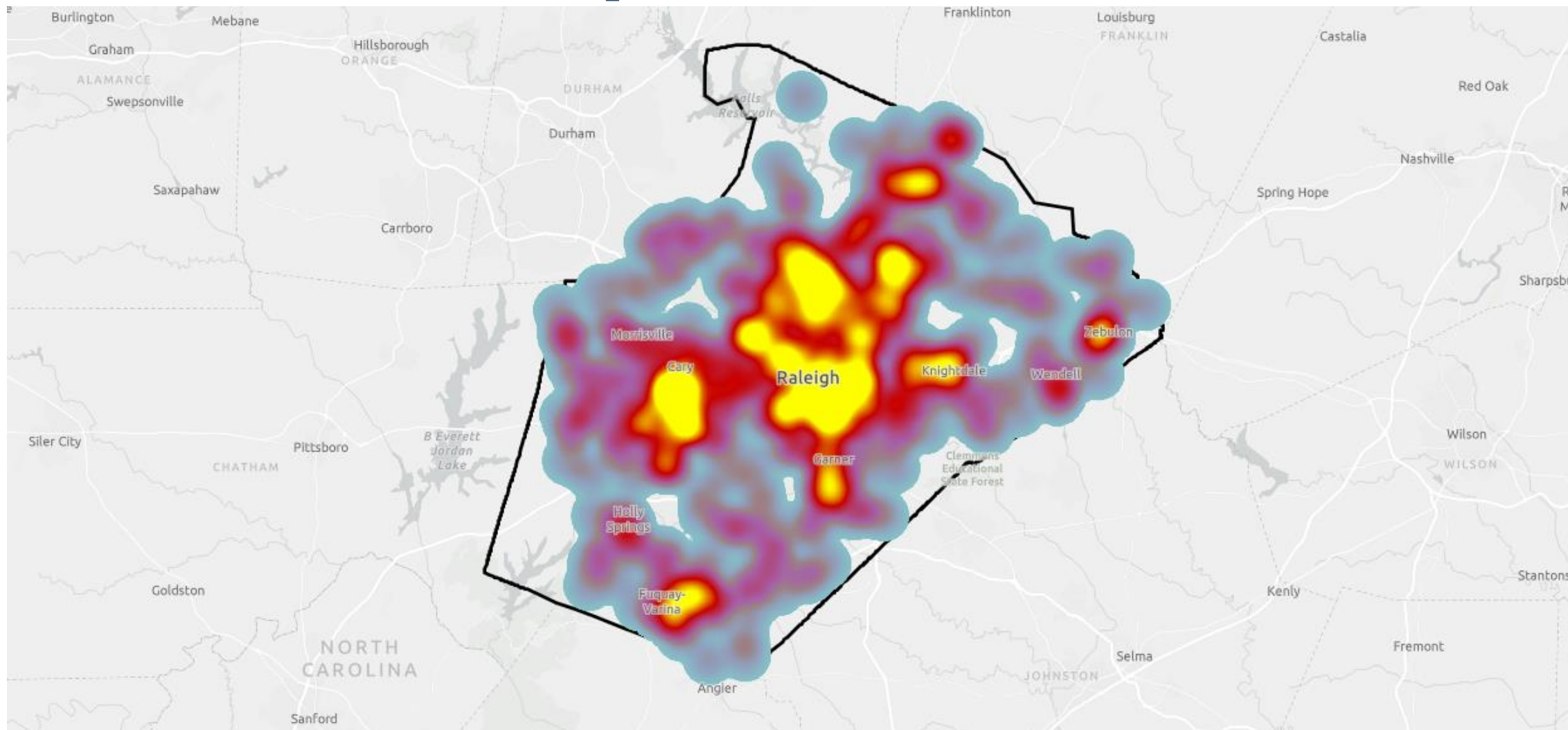
Destination for Wake EMS Patients with Suspected or Confirmed Stroke



Interventional Stroke Report

Date	Initial Hospital	Intervention Type	Intervention Performed	TICI
01-Jul-24	WakeMed Cary	IA	Thrombectomy	2b
12-Jul-24	WakeMed Raleigh Campus	TNK-IA	Thrombectomy	3
27-Jul-24	WakeMed Raleigh Campus	IA	Thrombectomy	3
01-Aug-24	WakeMed Raleigh Campus	IA	None	N/A
03-Aug-24	Duke Raleigh Hospital	IA	Thrombectomy	3
10-Aug-24	WakeMed Raleigh Campus	TNK-IA	Thrombectomy	2b
11-Aug-24	WakeMed Cary	IA	Thrombectomy	2b
14-Aug-24	WakeMed Cary	TNK-IA	Thrombectomy	3
15-Aug-24	WakeMed Cary	IA	Thrombectomy	2a
16-Aug-24	WakeMed Raleigh Campus	TNK-IA	Thrombectomy	3
19-Aug-24	WakeMed Raleigh Campus	IA	Thrombectomy	2a
20-Aug-24	UNC Rex Healthcare	TNK/IA	Thrombectomy	3
21-Aug-24	WakeMed Raleigh Campus	IA	Thrombectomy	3
24-Aug-24	WakeMed Raleigh Campus	IA	Thrombectomy	3
26-Aug-24	WakeMed Cary	IA	Thrombectomy	0
28-Aug-24	UNC Rex Holly Springs	None / Improved after transfer	None	N/A
01-Sep-24	WakeMed Cary	IA	Thrombectomy	3
10-Sep-24	UNC Rex Healthcare	IA	Thrombectomy	2C
12-Sep-24	WakeMed Cary	IA	Thrombectomy	3
25-Sep-24	WakeMed Cary	TNK-IA	Thrombectomy	3

Stroke Heat Map CY2024

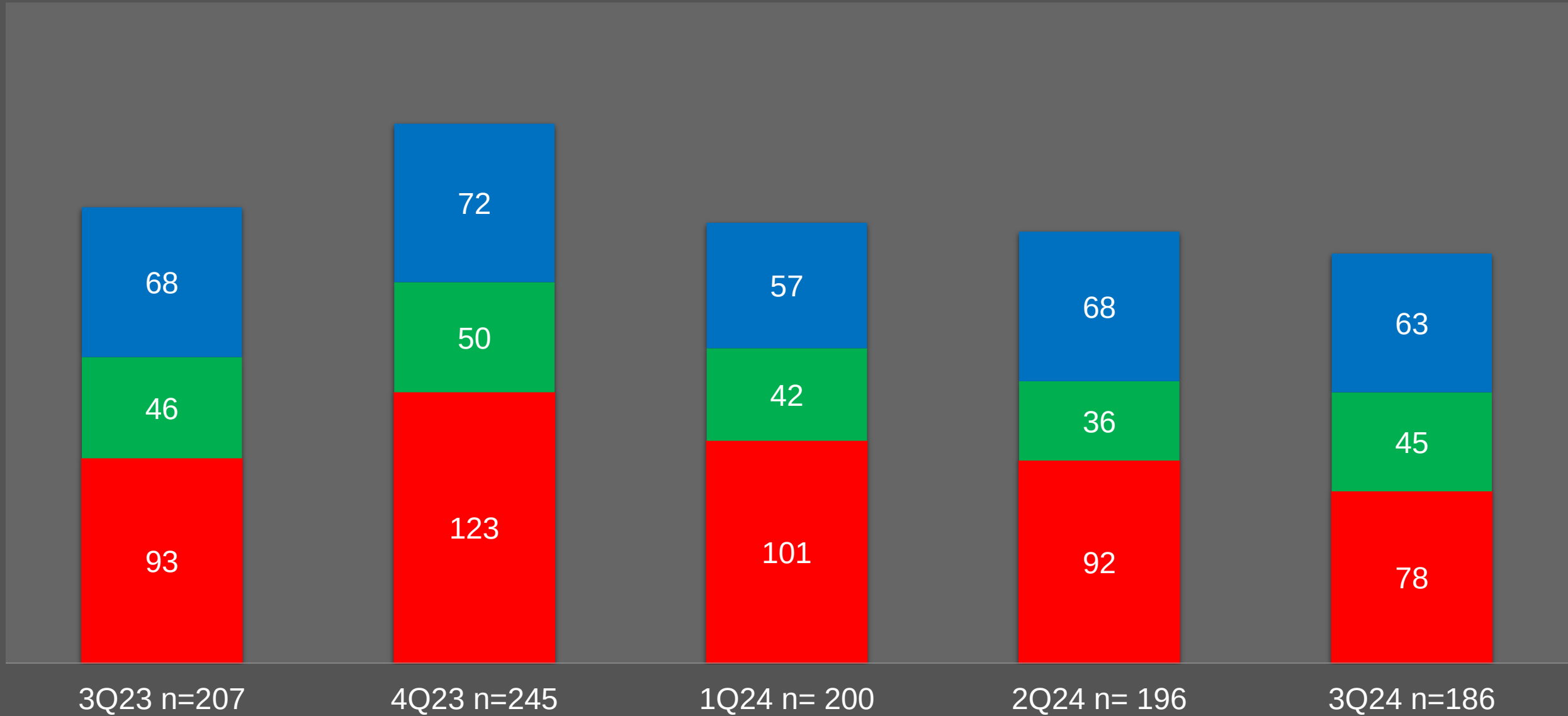


Cardiac Arrest



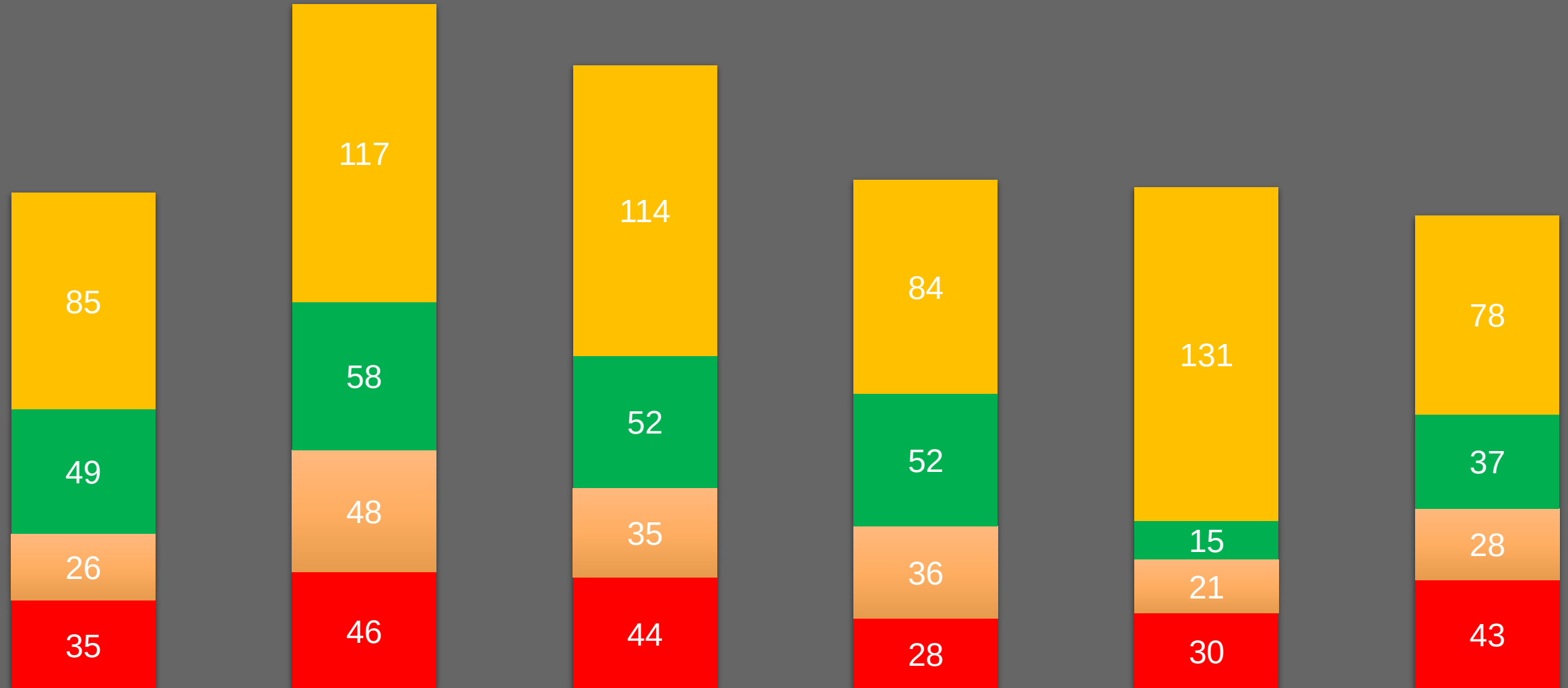
Cardiac Arrest: Disposition for Attempted Resuscitations

- Resuscitation Ceased in the Field
- Transport to Hospital with no ROSC
- Transport to Hospital with ROSC



Cardiac Arrest Initial Rhythm

■ Aystole ■ PEA ■ VF/VT ■ Unknown Unshockable



2Q23 n=195

3Q23 n=269

4Q23 n=245

1Q24 n=200

2Q24 n=196

3Q24 n=186

CARES Dispatcher Assisted-CPR Report

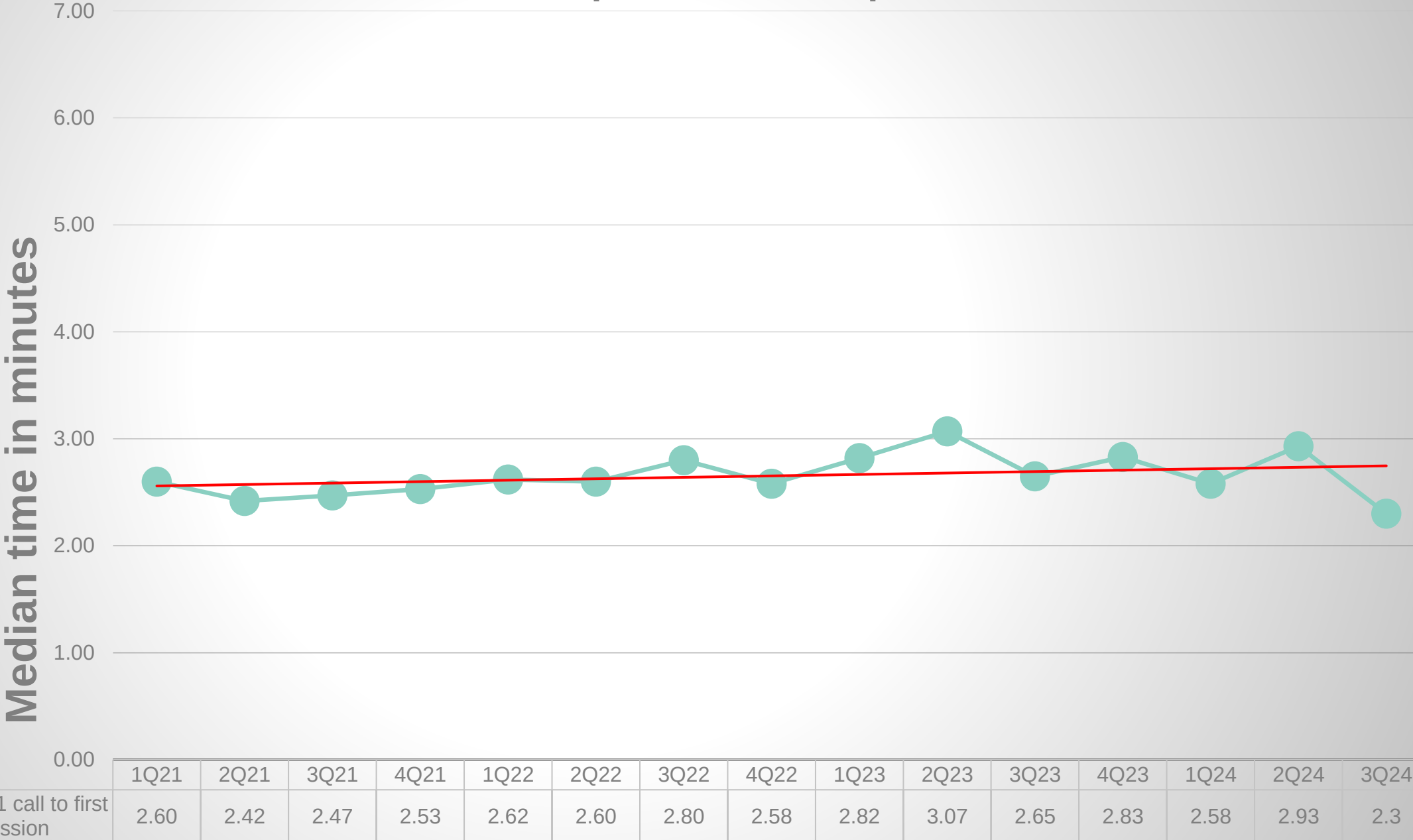
End of the Event: Dead in Field, Pronounced Dead in ED, Ongoing Resuscitation in ED | Resuscitation Attempted by 911 Responder: Yes | Presumed Cardiac Etiology, Respiratory/Asphyxia, Drowning/Submersion, Electrocution, Other, Drug Overdose, Exsanguination/Hemorrhage | Date of Arrest: From 07/01/2024 Through 09/30/2024

Characteristic	Wake County EMS System
Bystander CPR (Module-based)	N=108
Bystander CPR with dispatcher assistance	47 (43.5%)
Bystander CPR without dispatcher assistance	22 (20.4%)
Dispatcher CPR Instructions	
Dispatcher recognized need for CPR	81 (96.4%)
CPR instructions started	74 (98.7%)
CPR instructions refused	5 (10.9%)
Compressions started	48 (71.6%)
Time Intervals	
Call receipt to CPR recognition	84
Mean	01:22
Median	00:47
Call receipt to CPR instruction	80
Mean	01:52
Median	01:20
Call receipt to first compression	50
Mean	02:56
Median	02:18

Barriers to CPR	N=46
Hang up phone	2 (4.3%)
Language barrier	1 (2.2%)
Difficult patient access	8 (17.4%)
Caller left phone	5 (10.9%)
Overly distraught	6 (13.0%)
Caller refused	5 (10.9%)
Couldn't move patient	15 (32.6%)
Caller not with patient	5 (10.9%)
Patient's status changed	6 (13.0%)
Other	6 (13.0%)
Not Applicable	0 (0.0%)

DA-CPR

911 Call Receipt to First Compression





Miscellaneous Clinical Reports

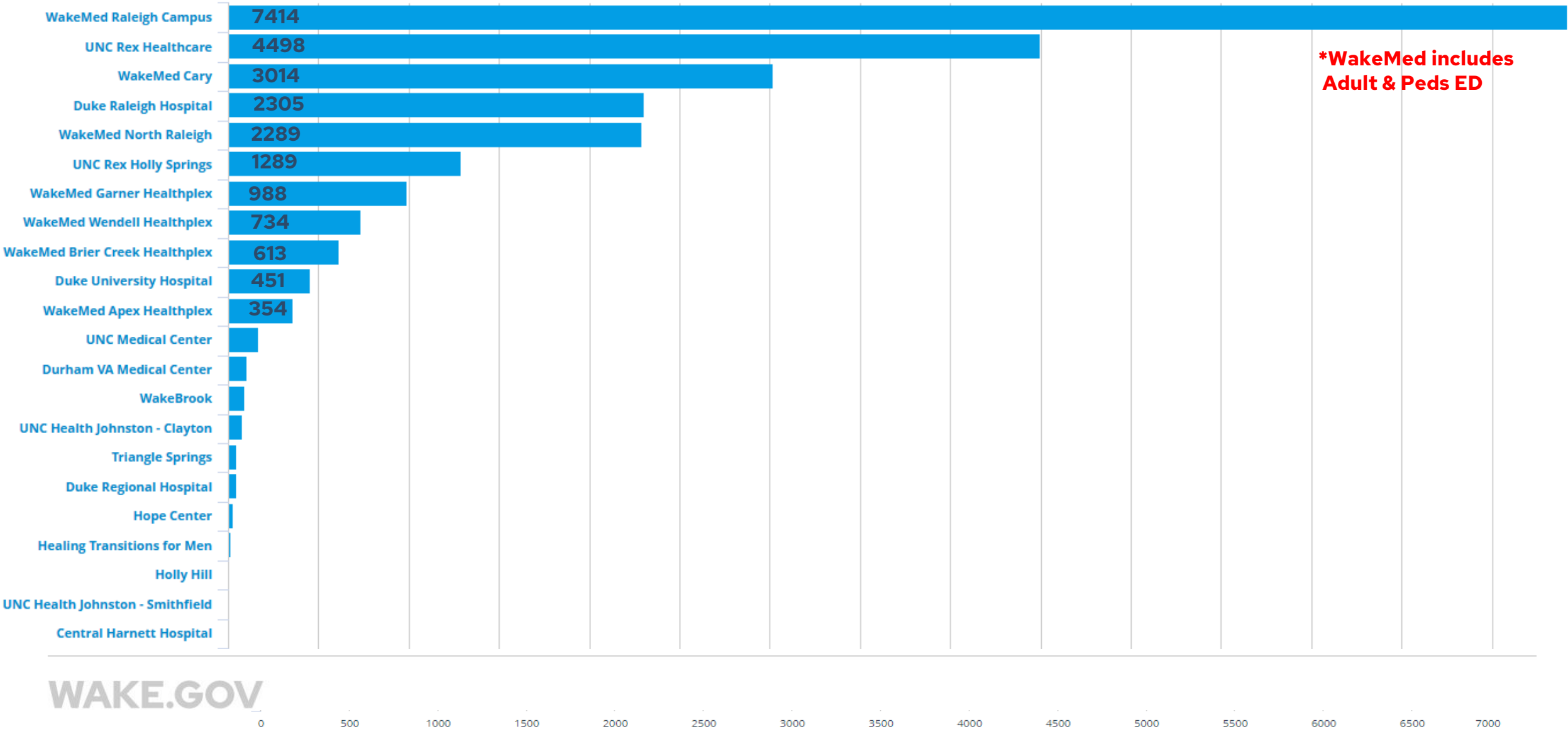
Transports By Facility

24,552
RECORDS
In Selected Time Slice

+ 1063
From 2Q24

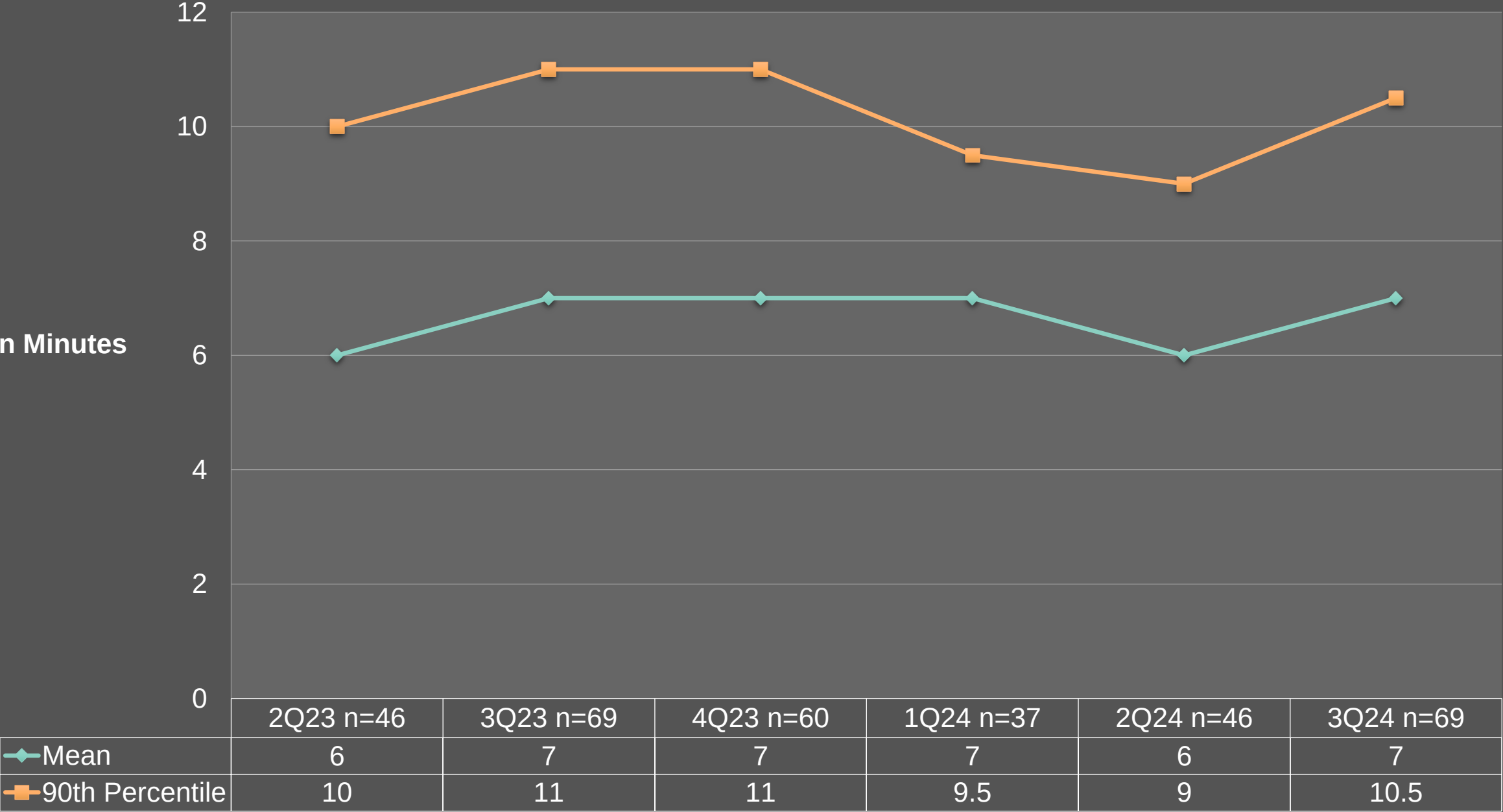
Jul 1, 2024 - Sep 30, 2024

***WakeMed includes
Adult & Peds ED**

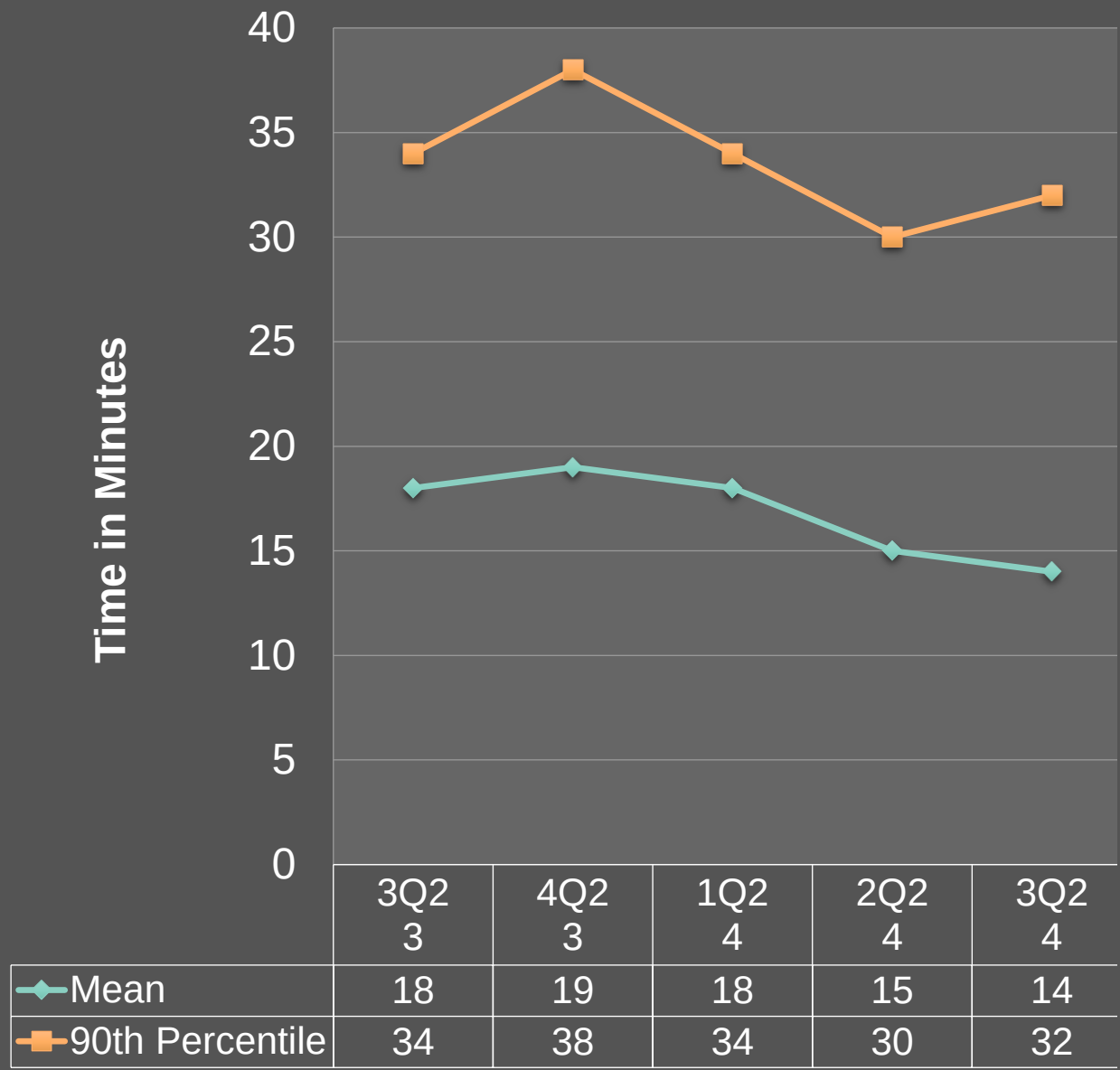


Wake EMS System Penetrating Trauma Scene Times

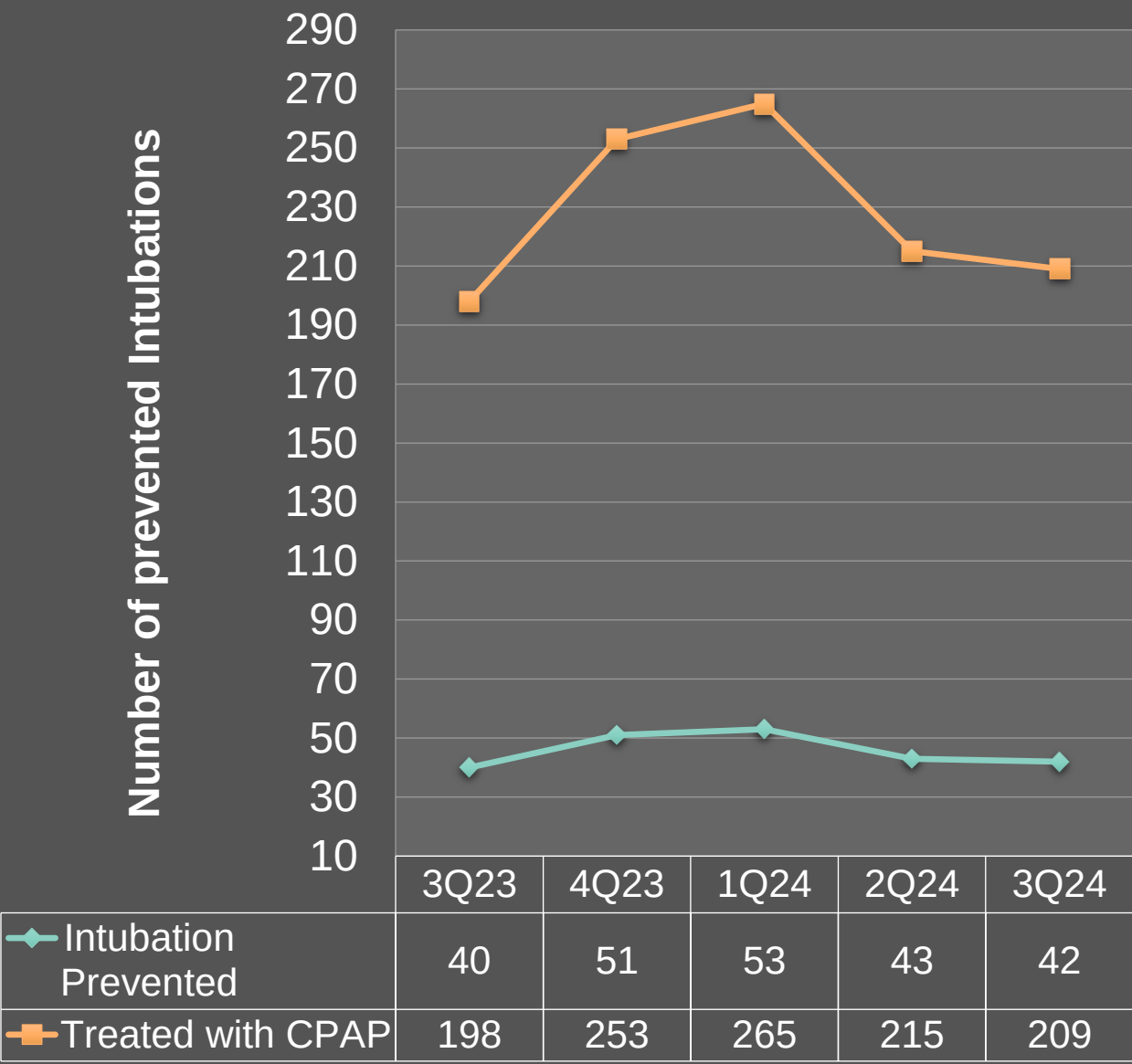
Time in Minutes



Wake EMS System
CPAP Application Time



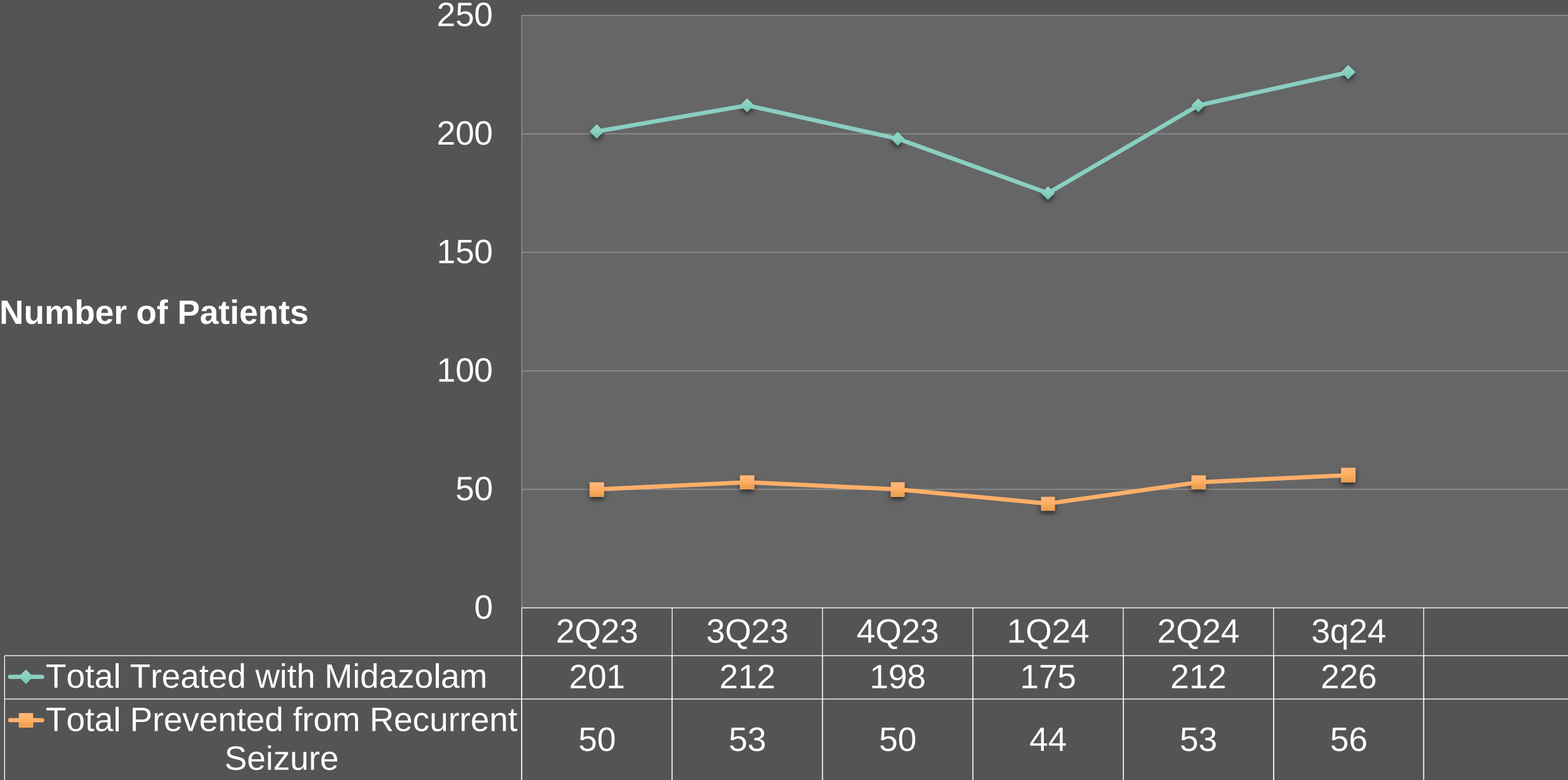
Wake EMS System
Intubation Prevented with CPAP



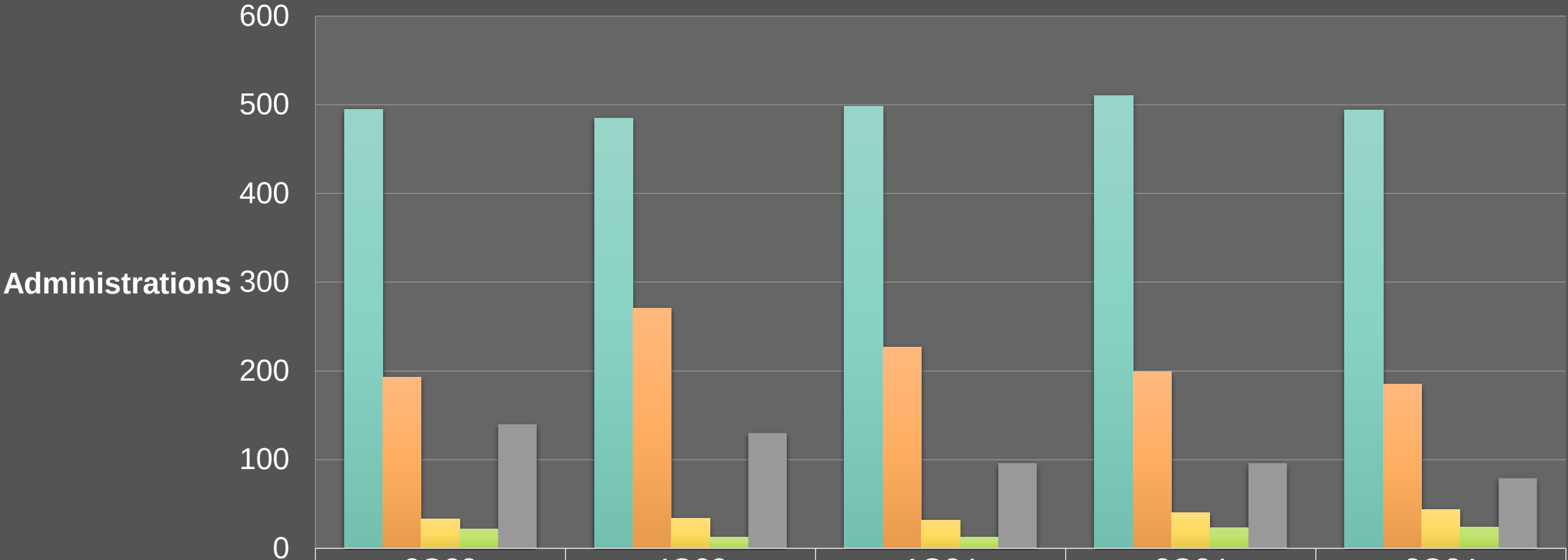
Wake EMS System

Seizure Patients Treated with Midazolam

Number of Patients



Medications Administered by First Responders – Derived from EMS Documentation



Aspirin	495	485	498	510	494
Albuterol	193	271	227	199	185
Oral Glucose	33	34	32	40	44
Epinephrine	22	13	13	23	24
Naloxone	140	130	96	96	79

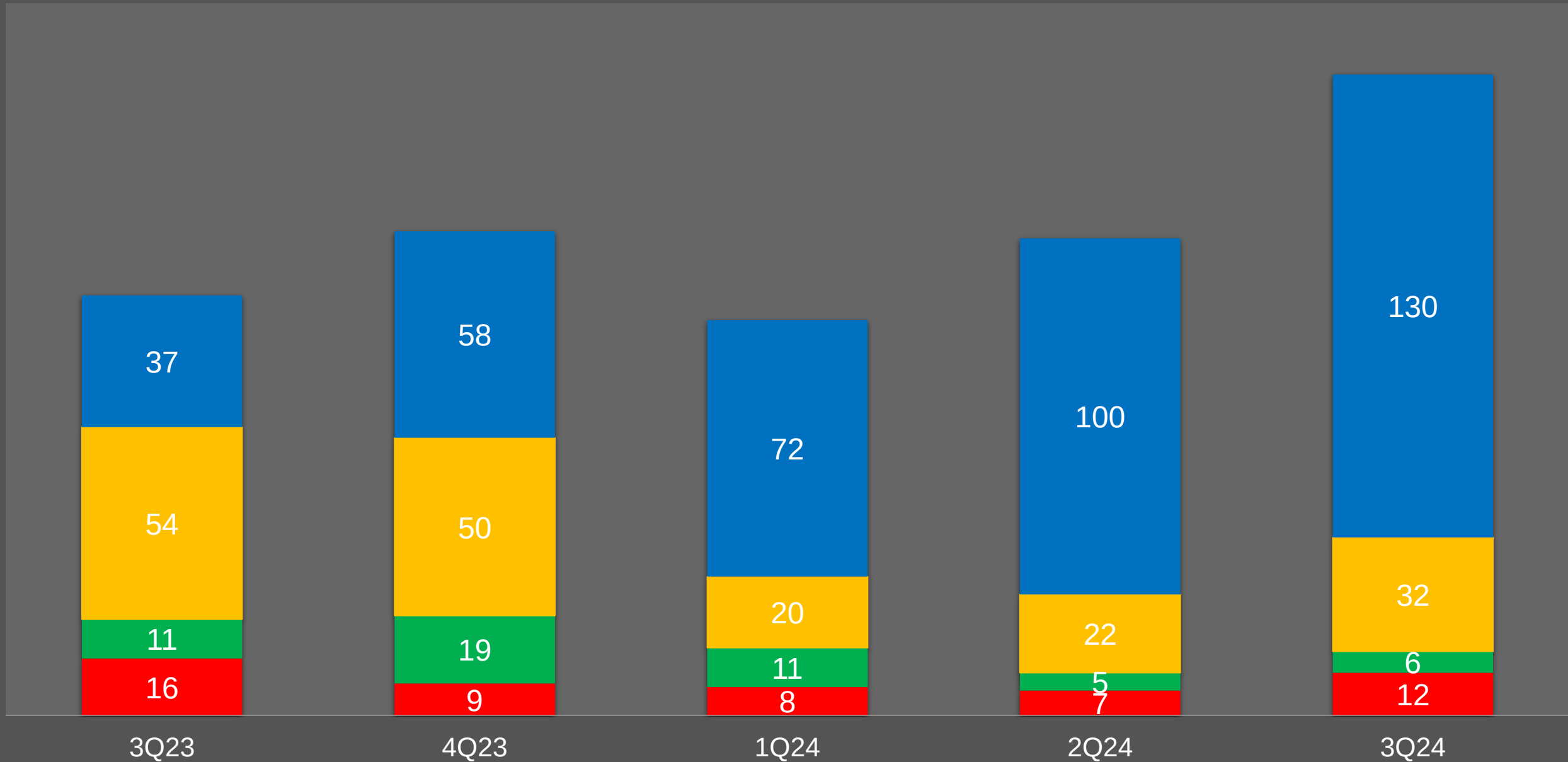
Reason for OMD Contact

Automatic Notification

Medical Control Order

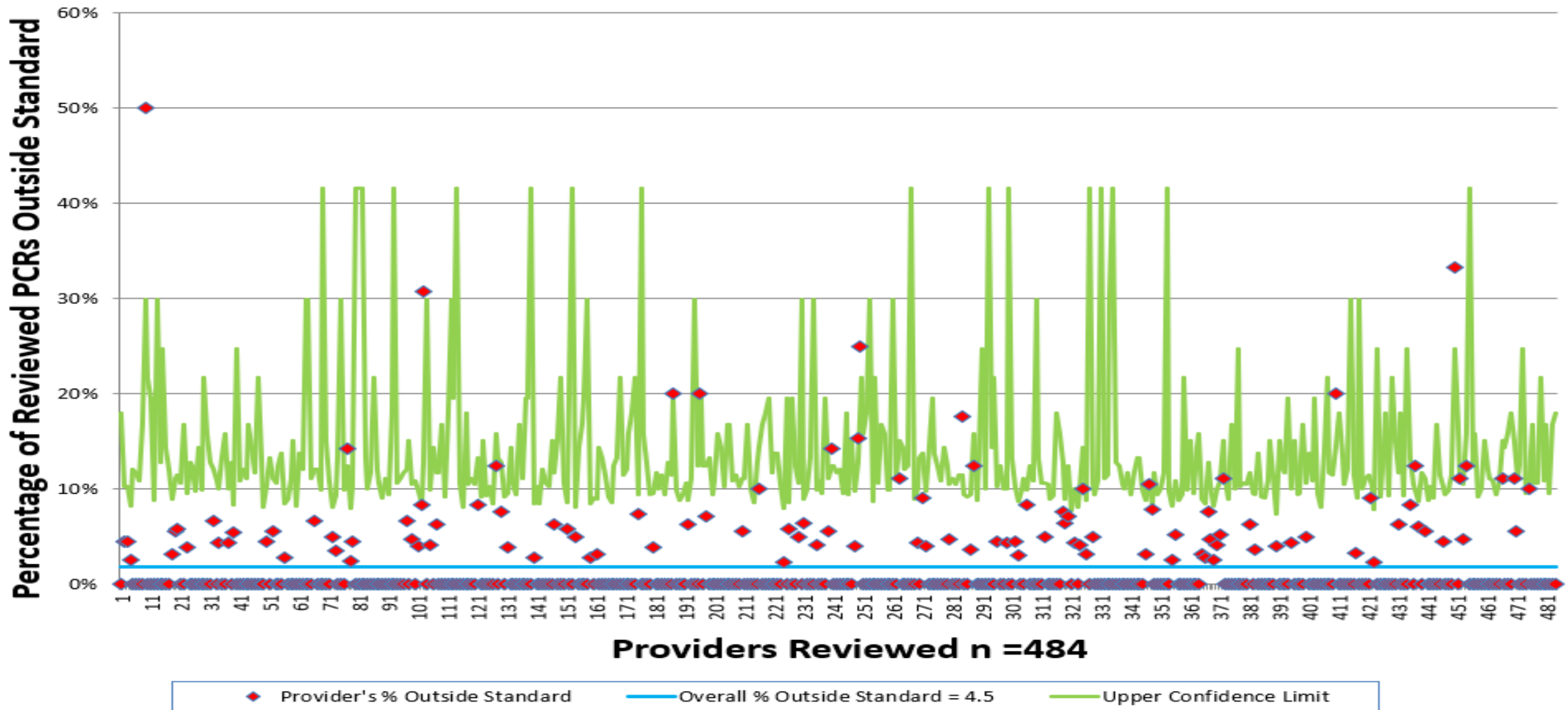
Unusual Event

General Consult



QA ePCR Chart Review

**Clinical Care Outside Standard
(based on EBM Bundles, n = 8079 PCRs)**



Mental Health / Substance Use Alternate Destination

Michael Lyons

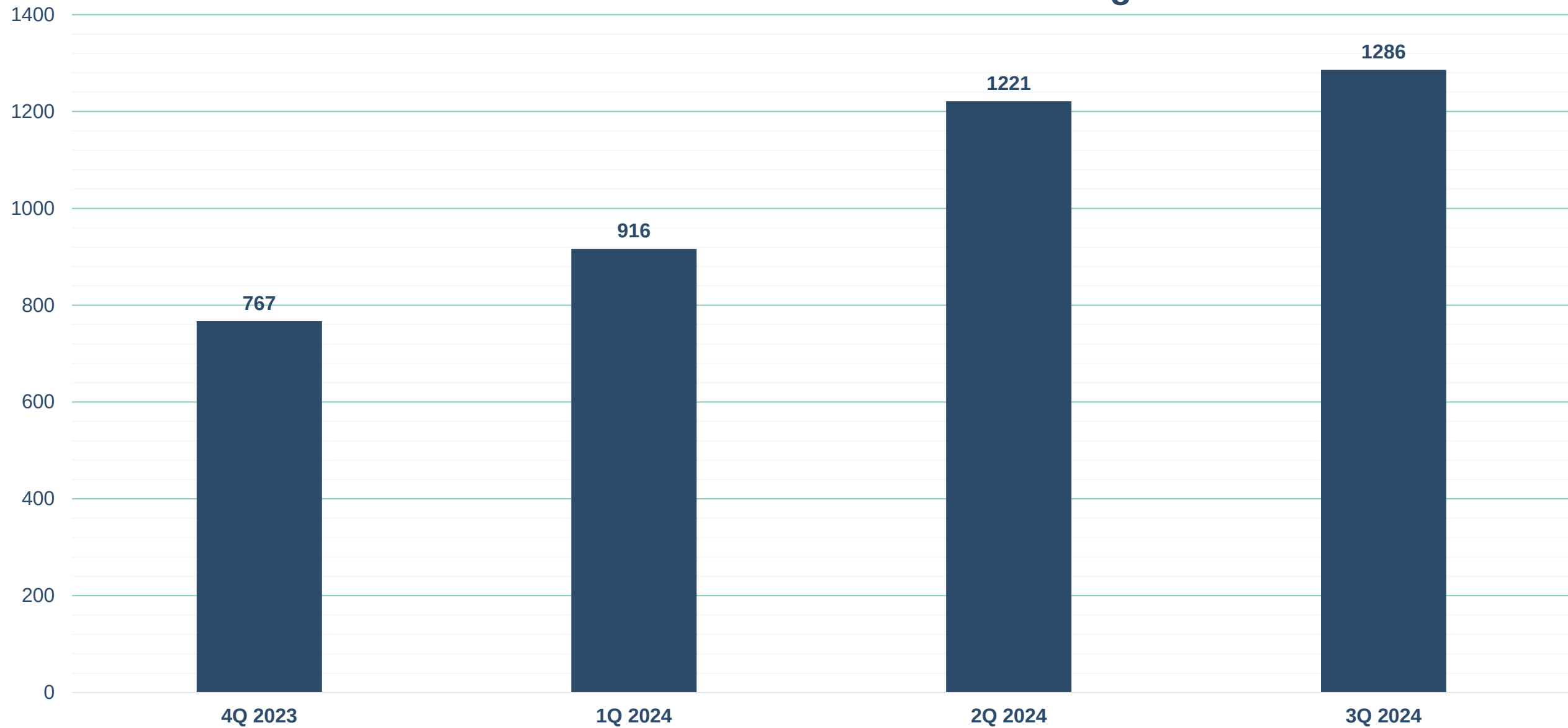
Commander – Mobile Integrated Health



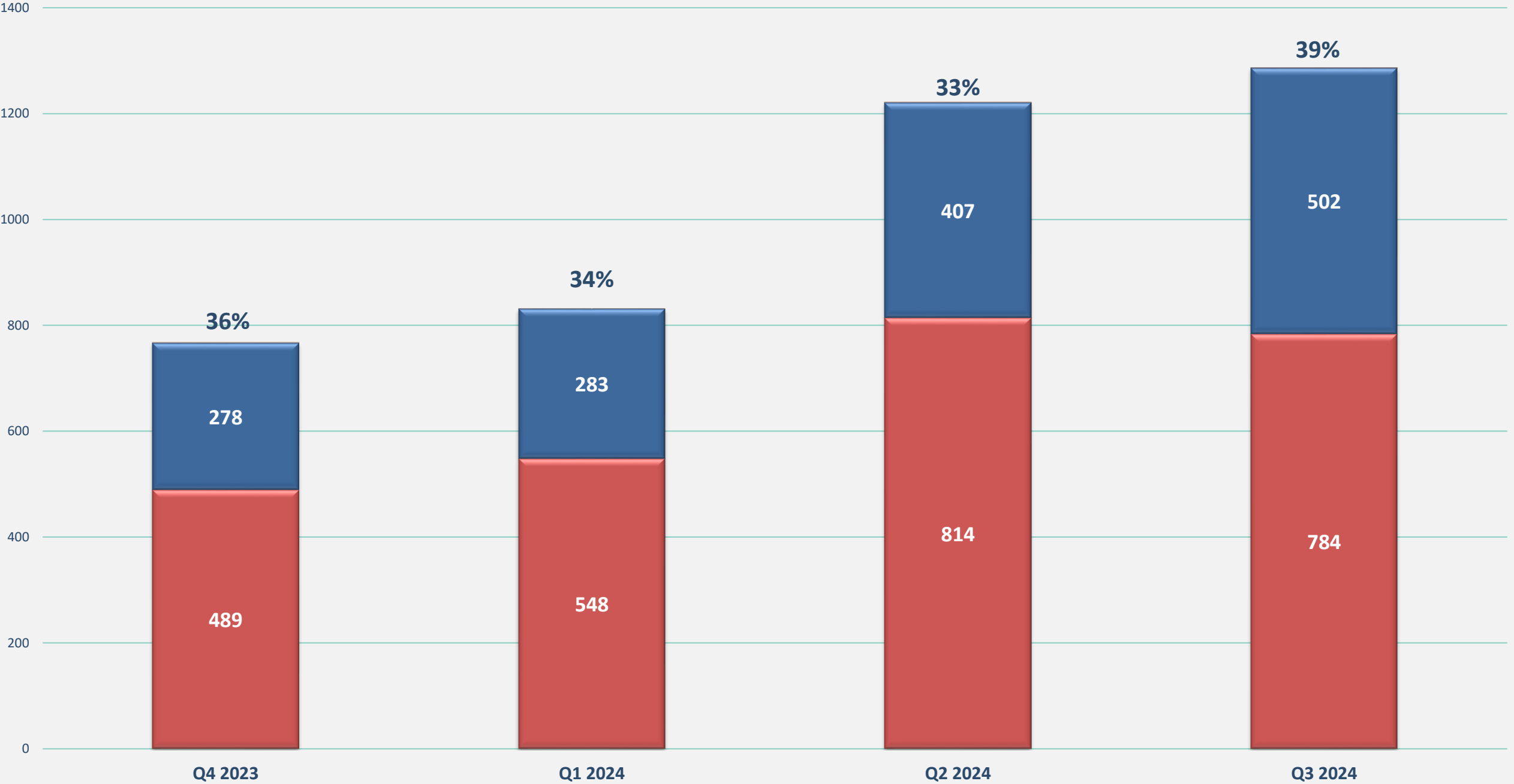
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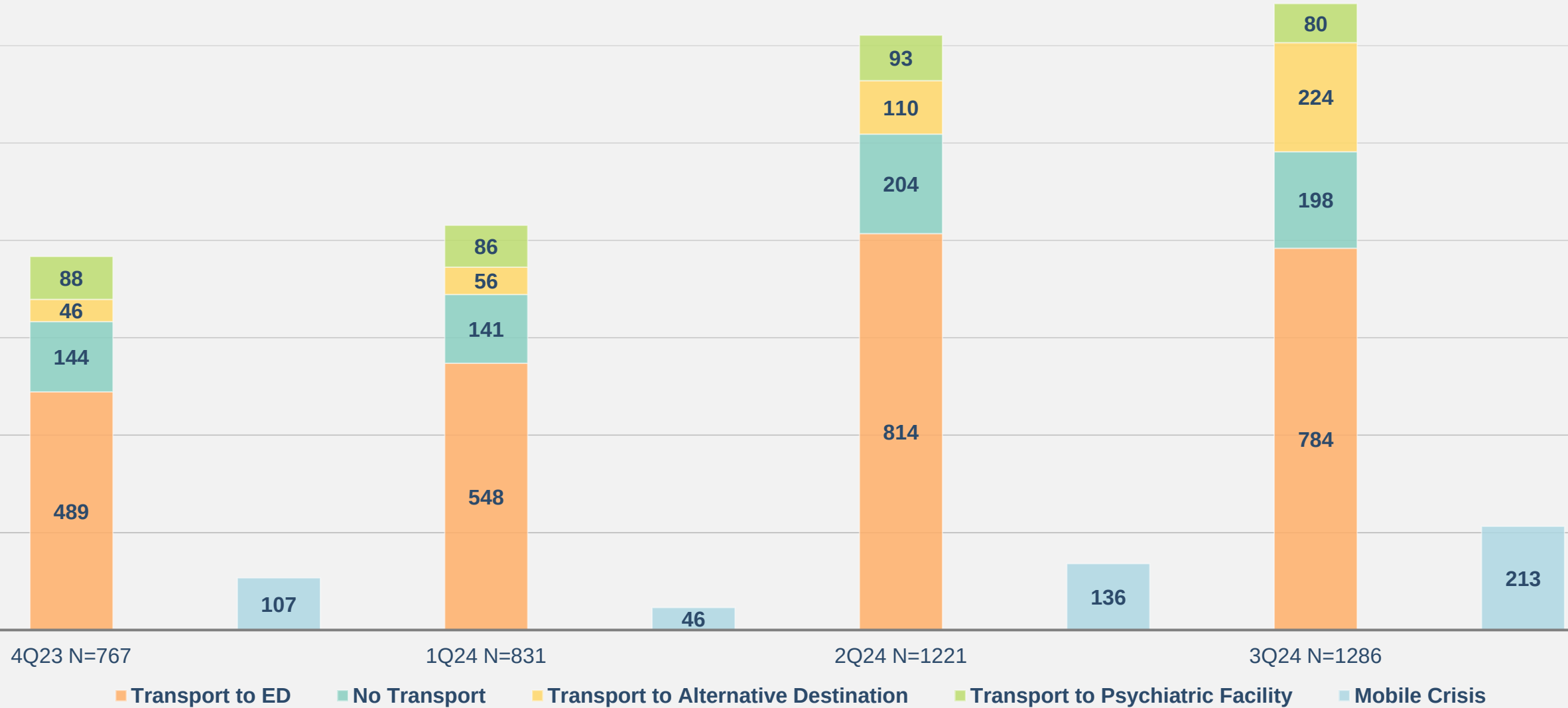
Mental Health/Substance Use Screenings



ED vs Non-ED Disposition

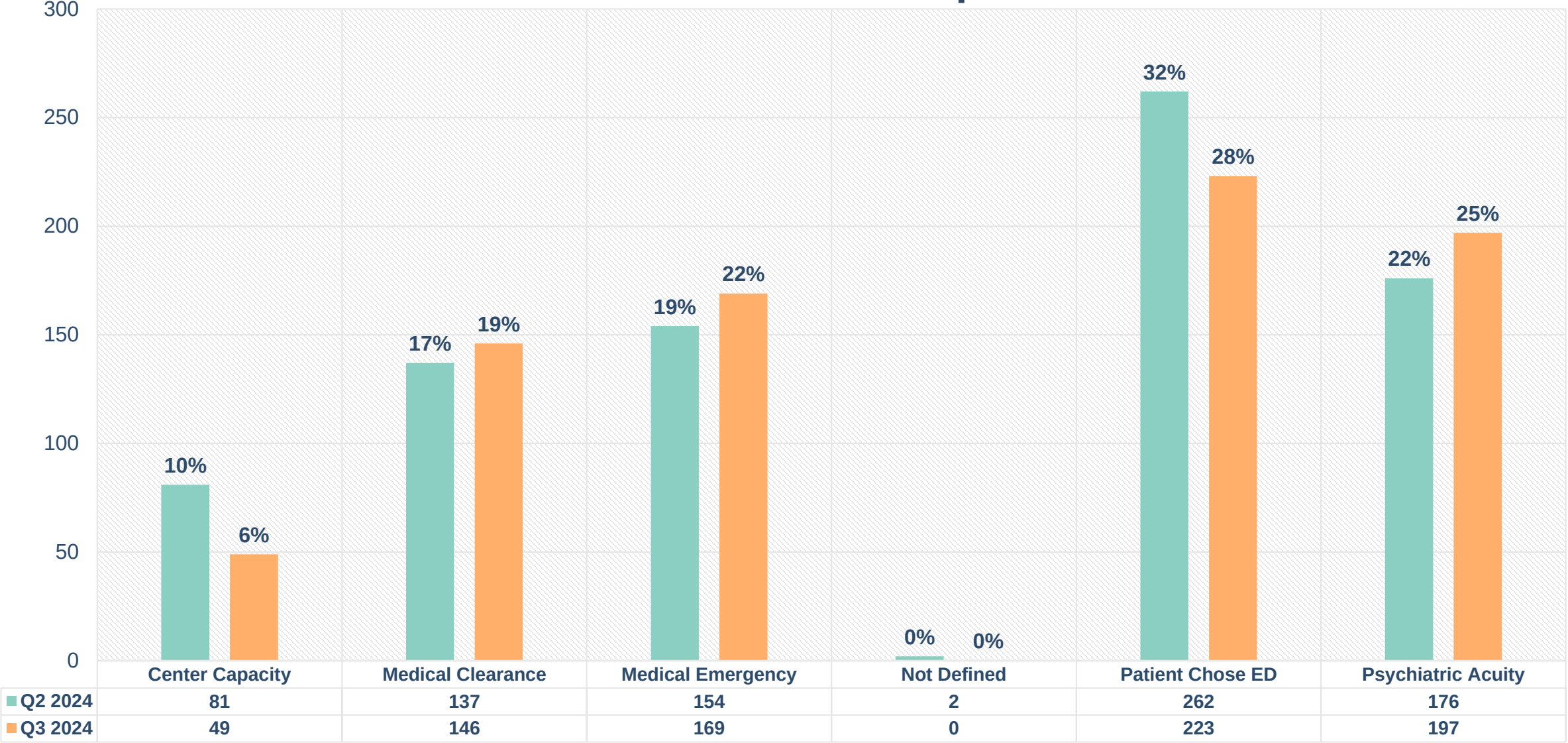


APP Alternate Destination Screening

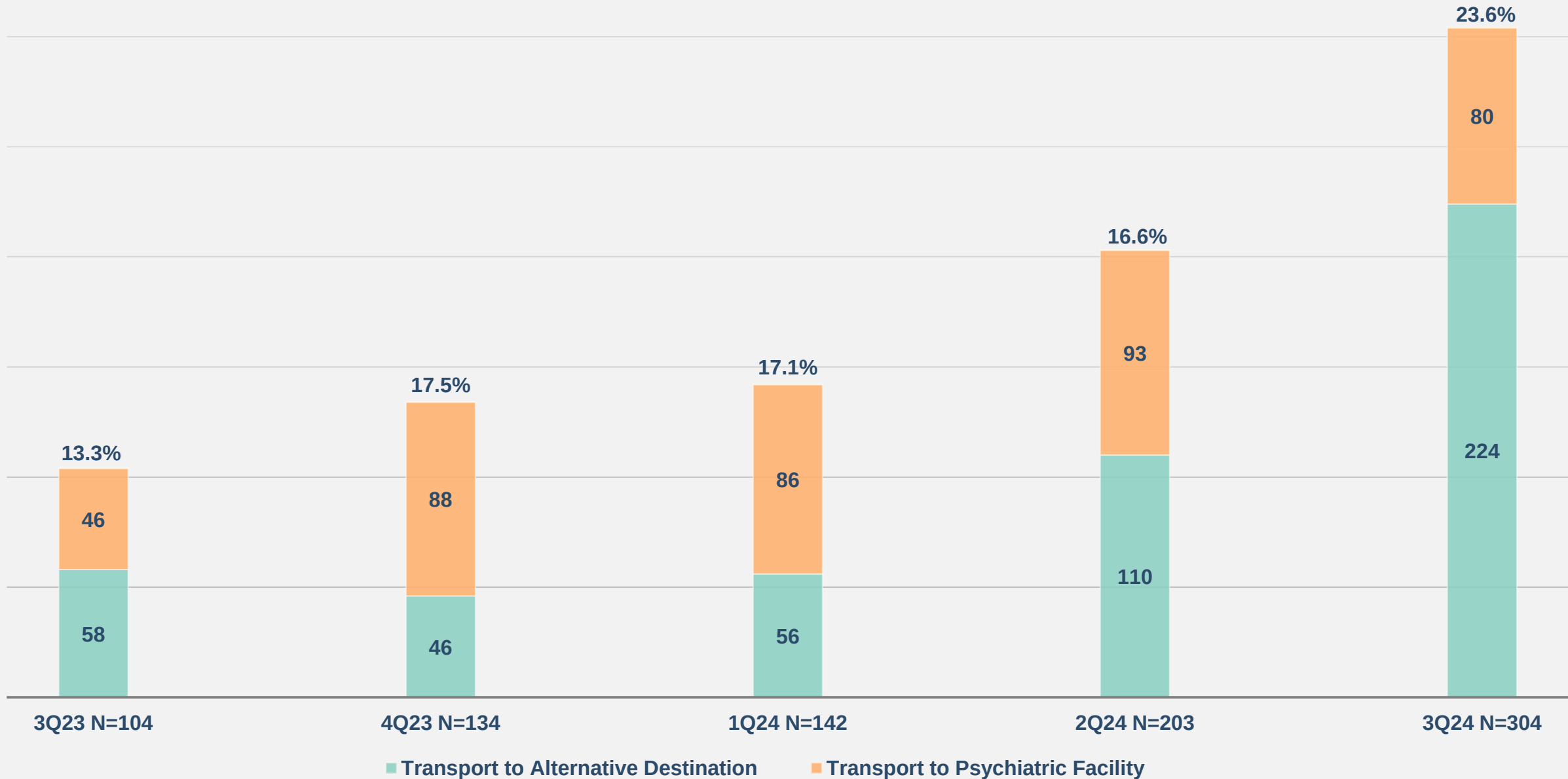


Mental Health/Substance Use Screening

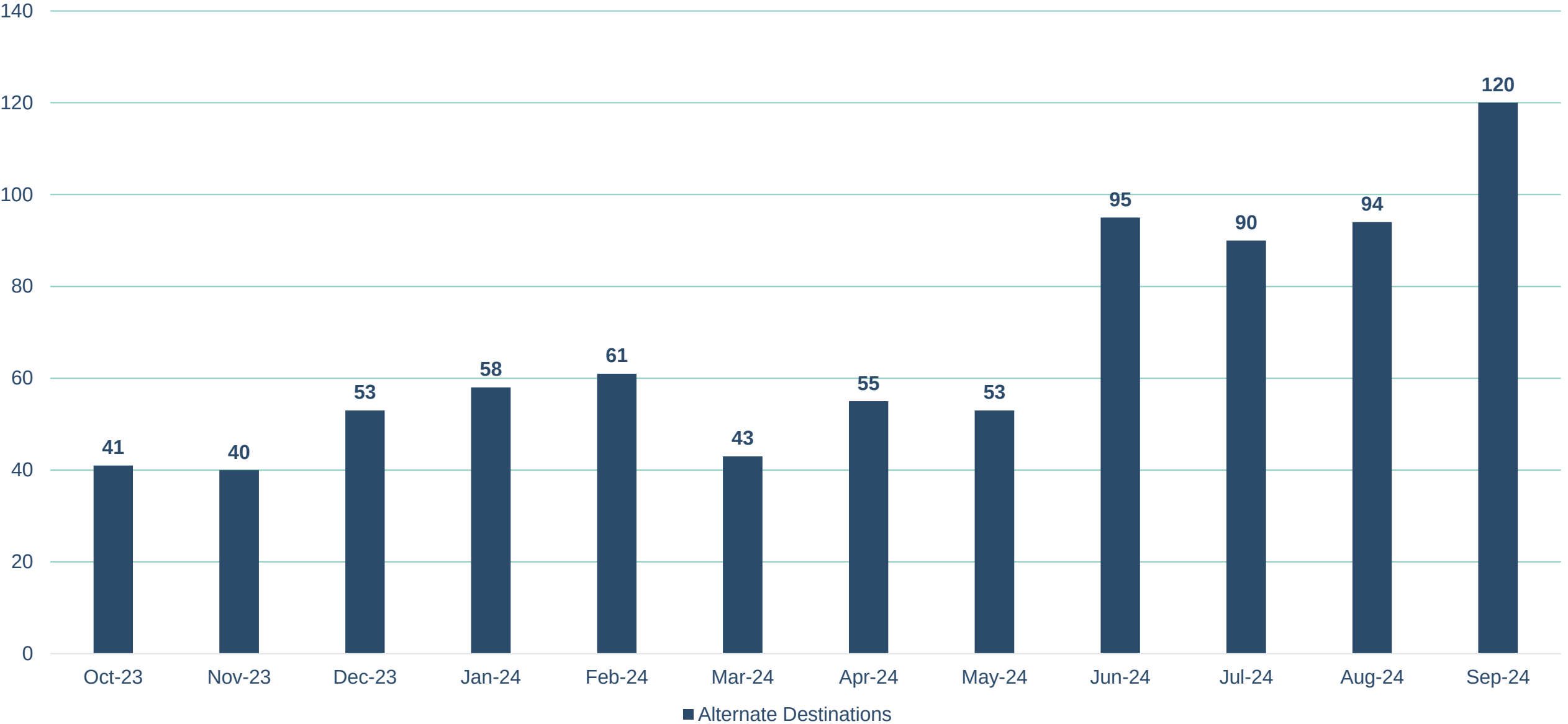
Reason for ED Transport



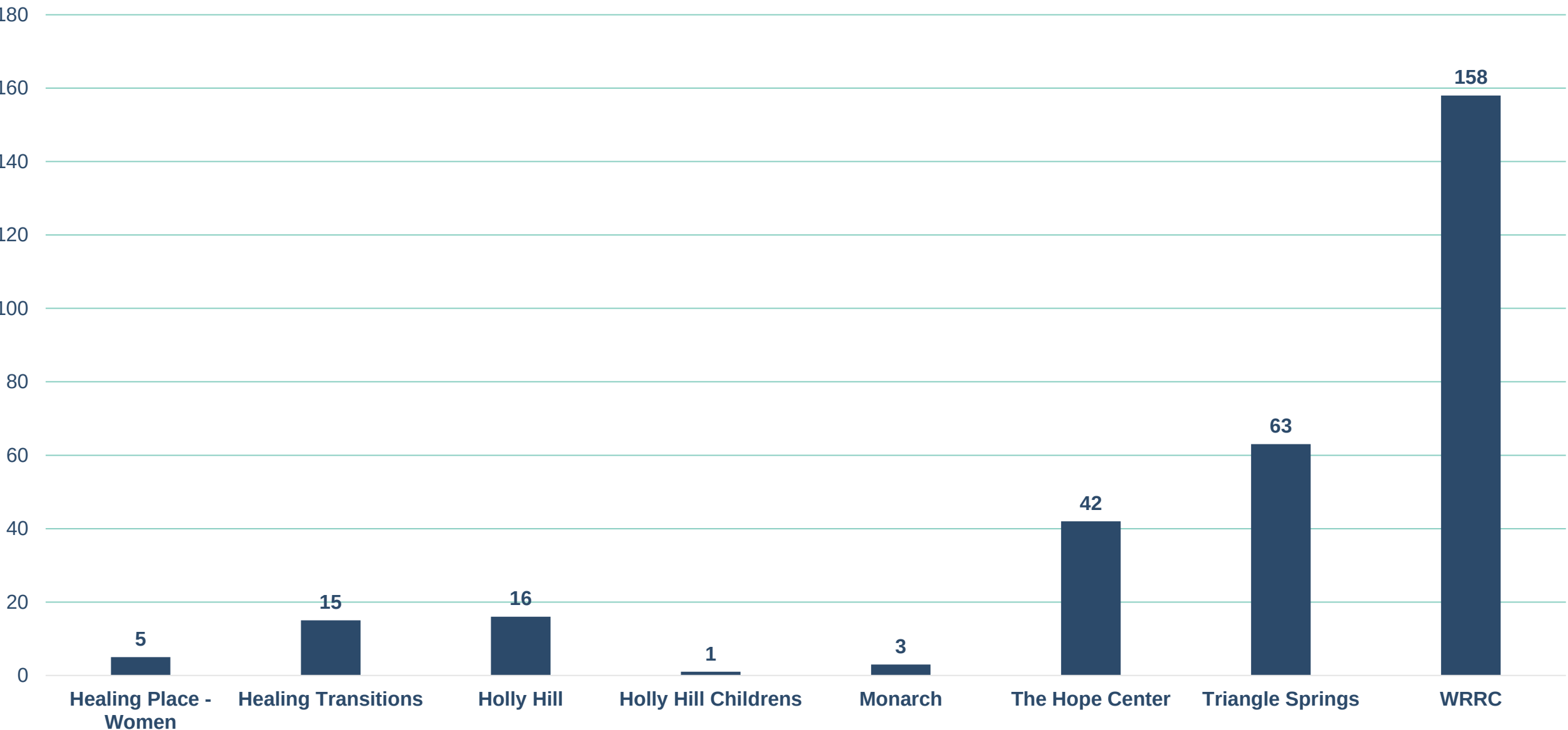
Successful APP Alternate Destination %



Alternate Destinations



Alternate Destination Locations



■ Alternate Destination Locations

Buprenorphine Update

**Buprenorphine screenings since
7/5/2023:**

534

**Total patients who received
buprenorphine:**

99

**Total patients who followed up with
SouthLight:**

31





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