

TIDEWATER EMERGENCY MEDICAL SERVICES, INC.
EMS PATIENT AND PROVIDER SAFETY PERFORMANCE IMPROVEMENT COMMITTEE MEETING MINUTES

Meeting Date: May 13, 2021 **Meeting Location:** Virtual **Chaired By:** Kevin Lipscomb **Begin Time:** 1:00 PM **End Time:** 2:00 PM

Minutes By: Valerie Vagts **Members Present:** Amy Ward, James Reynolds, Kevin Lipscomb, Sheila DeYoung, Steve Henson, Pat Edwards, Greg DeYoung, Jessi Sandin, Valerie Vagts

| Item (Project) | Discussion (Status) | Action Required | Barriers | By Whom/When |
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| Intro / Approval of Minutes | <ul style="list-style-type: none"> Δ Intro/Thank you Δ Approved last meetings minutes from March | N/A | N/A | N/A |
| Data Review | <p>Mar/April: 2021 61,209 calls; 2020 54,005 calls</p> <ul style="list-style-type: none"> Δ Emergent transports: 2021= 18.5%; 2020= 18.4% <ul style="list-style-type: none"> ○ Transport Upgrades: 2021 = 0.5%; 2020= 0.3% ○ Transport Downgrades: 2021= 0.24%; 2020= 0.15% Δ Emergent responses: 2021= 76.9%; 2020= 69.1% <ul style="list-style-type: none"> ○ Response Upgrade: 2021= 0.12%; 2020= 0.74% ○ Response Downgrade: 2021= 0.03%; 2020= 0.11% Δ RSI: 2021= 0.06% (35); 2020= 0.07% (38) All given Rocuronium and Etomidate Δ Sepsis – etco2 2021= 6/168 (3.5%); 2020= 2/147 (1.3%) <ul style="list-style-type: none"> ○ saline 2021= 25%; 2020= 17.7% Δ Wait times – Can pull but subjective to provider range: 1 second to 48 hours; - adding topic of discussion to next meeting to dig deeper | N/A | N/A | N/A |
| Medications/PPE | <ul style="list-style-type: none"> Δ post intubation sedation correct doses – will track versed usage going forward | | | |
| OMD Initiative | <ul style="list-style-type: none"> Δ D10 vs D50 discussion – quality assurance study using D10 for hypoglycemia. Glucagon intranasal isn't in protocol anymore, it was removed between 11/20/19-4/20/20... recommend E&T to share that in training (34 cases last year – Ches, Norf, Suffolk and VB). Jessi – D50 was replaced because of medical reasons (the shock to the patients' system). If would like to use it IN, would need 3mg for IN and the box only includes 1mg. Need to ensure providers are using the new TEMS app and delete the old one. | | | |
| New Business | <ul style="list-style-type: none"> Δ Exposure checklist and steps to take post exposure: suggested to add to app by VA Safety Committee; Academy to add exposure process to practical testing scenarios – this should be at the agency level, but Kevin will speak with state rep to determine what their thought process is Δ No incident review this time Δ RSI pre and post protocol review – providers still struggling with not giving the 5 mg dose initially. No revisions suggested to the protocol Δ Cricothyrotomy needle and surgical protocol review – neither VB, nor IOW uses the needle technique, recommendation to E&T to discontinue use of the needle cric after making sure (via survey) no agencies in the TEMS region relies on that. Moving towards surgical cric. Some agencies are finding the quick trach to | Yes | N/A | PPS Committee/ next meeting |

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| | <p>be less effective than needed. Recommendation to E&T to have a guide to cover more cric options.</p> <p>Δ Going to add cric to the data tracking for next meeting</p> | | | |
| Roundtable | <p>Δ Inter-Facility transfers – vb had to decline a transport due to hospital not sending personnel and the inability to discontinue the pumps the patient was on. Recommend E&T to provide module training regarding special considerations, but medications/pumps not within our protocol increases liability and isn't within EMS scope of practice</p> <p>Δ Nothing from any attending agencies</p> | | N/A | PPS Committee/ next meeting |
| Next Meeting | The EMS PI Committee meeting will be held in-person on July 8, 2021 at 1:00 PM | N/A | N/A | N/A |