



Northern Virginia EMS Council
Performance Improvement and Trauma Committee
Fairfax County Fire Station 403
4081 University Drive, Third Floor, Fairfax, VA 22030
September 5, 2018 Meeting Minutes

Those present were:

Beth Adams, Fairfax County Fire & Rescue Department, beth.adams@fairfaxcounty.gov
Stephanie Boese, Inova Loudoun Hospital, Stephanie.boese@inova.org
Chris Cook, RHCC, chris.cook@novaha.org
Valentina Daly, Fairfax County Fire & Rescue, valentina.daly@fairfaxcounty.gov
William Dwyer, Arlington County Fire Department, wdwyer@arlingtonva.us
Jordan Estroff, George Washington University Hospital, jestroff@mfa.gwu.edu
Craig Evans, Northern Virginia EMS Council, Craig@vaems.org
Matt Fox, City of Manassas Fire and Rescue, mfox@manassasva.gov
Elizabeth Franco, Inova Regional Trauma Center, Elizabeth.franco@inova.org
Brian Hricik, Alexandria Fire Department, brian.hricik@alexandriava.gov
Tracy Lane, Loudoun County Fire & Rescue, tracy.lane@loudoun.gov
Michelle Ludeman, Northern Virginia EMS Council, Michelle@vaems.org
Anne Marsh, Arlington County Fire Department, amarsh1@arlingtonva.us
Keith Morrison, Reston Hospital Center, keith.morrison@hcahealthcare.com
Chris Munz, Reston Hospital Center, chris.munz@hcahealthcare.com
Melinda Myers, Inova Fairfax Hospital, Melinda.myers@inova.org
Brian Orndoff, City of Fairfax Fire Department, brian.orndoff@fairfaxva.gov
Erik Rhodes, Physicians Transport Service, ERhodes@ptsems.com
Serdar Serttas, PHI Aircare, sserttas@phihelico.com
Geoff Shapiro, George Washington University Hospital, glshap@gwu.edu
Reed Smith, MD, Arlington County Fire & Rescue, rsmith@arlingtonva.us
Luther Surface, Reston Hospital Trauma Services, luther.surface@hcahealthcare.com
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org
Chris Wanka, MWAA, Christopher.wanka@mwa.com
Scott Weir, MD, Fairfax County Fire & Rescue Dept, scott.weir@fairfaxcounty.gov
Ray Whatley, Alexandria Fire Department, ray.whatley@alexandriava.gov
Jaime Wolfen, Inova Eastern Region, Jaime.wolfen@inova.org

The PI and Trauma Committee meeting was called to order at 9:12 a.m. by Dr. Scott Weir and introductions were made around the room.

Meeting minutes from June 6, 2018, meeting were distributed via email prior to this meeting and unanimously approved with no changes.

Trauma Discussion – Penetrating Trauma

Luther Surface from Reston Hospital Trauma Services provided the following information:

- Approximately 5.1 traumas per month are seen at Reston or approximately 5.4% of all patients
- 56% of those cases are Friday through early Monday
- 23% are gunshot wounds
- The average victim age is 33.5

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Dr. Weir asked whether anyone looks at specific data statistics based on geographic location. Stephanie Boese from Loudoun Hospital advised that the trauma registries track addresses and that links up with ImageTrend with the state. But someone would have to manually plot out frequent locations. Brian Hricik advised they will be holding a meeting at the end of September for Vision Zero which records data for accidents such as bike, pedestrian and vehicle crashes at frequent locations and shares it transportation to look at how to work on that such as re-timing of traffic lights, widening intersections, making pedestrian crossings larger or more visible. All of the parties needed to provide the data and make the changes will be together for this meeting. This may later develop into penetrating trauma such as knife wounds, gunshot wounds, etc., to look at prevention of self-infliction versus assaults, etc., but at this point, it's limited to vehicle, pedestrian, and bicycle accidents at "hot spot locations". Chris Wanka advised that we may not have to put forth a significant amount of effort on getting this information because the police may already have this data readily available.

Stephanie Boese provided the following data for Loudoun Hospital:

- 24 penetrating trauma patients this year
 - 17 were admitted
 - 2 were assaults
 - 4 were fights
 - 2 were gunshot wounds
 - 5 were machine accidents

Geoff Shapiro from George Washington University Hospital provided the following data:

- 363 penetrating trauma patients in the last year which is about 13% of total trauma patients
 - Approximately 51% of those are from firearms
 - 44% were from cutting or piercing injuries
 - The remaining 5% were just listed as "other"
 - Most arrive via EMS transport, mostly from DC and about 15% come from VA

Luther Surface from Reston Hospital advised that they are conducting several Stop The Bleed classes in the upcoming months. This program focuses on educating the public on basic techniques of bleeding control and the use of tourniquets. It's been a successful program so far with a good attendance. Dr. Reed Smith advised that the preference is really to use the program call Until Help Arrives which is a program by FEMA. It focuses on 5 key actions – call 9-1-1, protect the injured from harm, stop bleeding, position people so they can breathe, and provide comfort. The program doesn't focus solely on bleeding control and more on how to assist with managing trauma until help arrives since trauma is the leading cause of injury and death in the US for people under the age of 46.

Future topics: Public Education on Firearms Safety

Medical Topic – Childbirth and Obstetric Emergencies

Attendees from various agencies provided their data for this topic

Brian Hricik from City of Alexandria Fire Department provided the following information for the last year:

- 6 uncomplicated childbirths
- 0 complicated births

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- They do have a midwife birthing center in their area but there were no calls to that address in the last year

Brian Orndoff from City of Fairfax Fire Department:

- 5 calls last year, no actual deliveries
- A topic of interest for them is managing postpartum hemorrhage and the use of tranexamic acid (TXA) in the field
 - There was a discussion on the use of TXA in the field and the length of time it can be used after delivery, which is unknown. See attachment of “The WOMAN Trial” from Dr. Scott Weir on the use of TXA for postpartum hemorrhage
 - Stephanie Boese from Loudoun Hospital advises they use it in the first couple of hours in the hospital but it is unknown what the prehospital application is and for how many hours after delivery since patient’s aren’t sent home and then expected to return

Matt Fox from City of Manassas Fire & Rescue:

- 4 calls last year
- 2 uncomplicated births/deliveries
- 0 uncomplicated births
- They are adding TXA (tranexamic acid) to their postpartum hemorrhage protocol currently

Erik Rhodes from Physician’s Transport Service:

- No live births, only inter-facility transfers

Anne Marsh from Arlington County Fire Department:

- 8 uncomplicated births
- One issue they have is with midwife/birthing centers out of the hospital setting or home births and the midwife calls but the parents haven’t made provisions in their birth plans for what to expect or what happens when there is a deviation in the plan. They (EMS) have been asked to wait at the door until the child is delivered and the parents want time with the neonate before handing them over, etc., and don’t consider the potential complications to the baby created by their actions.
 - Dr. Reed Smith advised that often the parents and midwives can actually obstruct the flow of care because they do not want to let go of their plan or didn’t make appropriate plans in case of an emergency
 - Anne Marsh advised that she had done training with the local Midwife’s Association on when to call EMS, what to expect when they arrive, how to prepare the parents, etc., but that’s been at least 10 years ago. Perhaps there is a need for this type of education again
 - Jaime Wolfin from Inova advised that Loudoun and StoneSprings Hospitals have midwives that are part of the hospital and do a lot of education. They may be a good resource to find out how to get involved and help bridge those gaps in other localities

Chris Wanka from MWAA:

- Few calls of this nature since most patients are told not to fly after a certain gestation age

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- Last delivery was on the Dulles Toll Road approximately 16 months ago and the patient was dropping off a passenger, not flying

Tracy Lane from Loudoun County Fire & Rescue:

- 12 deliveries, most uncomplicated
 - 4 by field personnel
 - 8 in the home prior to arrival

Serdar Serttas from PHI:

- No deliveries, only inter-facility transfers
- They do not have TXA protocols for postpartum hemorrhage

Valentina Daly from Fairfax County Fire & Rescue:

- 5 field deliveries year to date
 - all uncomplicated

Stephanie Boese from Loudoun Hospital advised that they do OB Sessions and use the sim-man “Noel” (pregnant simulation dummy) for their scenarios. They have had approximately 40 people go through it between breakout sessions and scenarios. They held 4 of them so far and they are 2 three-hour sessions each time. They received good feedback from the providers and it seemed very successful. Loudoun Hospital also has an OB ED. Beth Adams suggested that this be a topic at the next Regional EMS Conference to be held in 2019.

Systems Topic – Performance Measures

Attendees discussed tracking of performance measures, whether to do so, how often, what types and what value is has overall if each agency is tracking their own metrics already and how sharing those results is of value to each other. The decision was made to look at the following metrics on a regional basis and not by individual agency:

- First 12-lead EKG in the first 5 minutes and 10 minutes after “at patient”
- Blood Glucose Level obtained
- Beta Antagonist given
- In STEMI or cardiovascular complaint, absent an allergy, was aspirin given

Topics for December’s Meeting

- Trauma – Head Trauma
- Medical – Mental Health & Suicides
 - Age group, location type, time of year, suicide attempts vs. successful attempts
 - Reportedly more frequent during the holidays
 - Mental Health and Emergency Custody Orders
 - Craig will get a local Magistrate to speak at the next meeting
- Systems – Mental Health First Aid for Fire Departments –how are you currently or planning to do this with your department and are we meeting the requirements?

Topics for future meetings:

- Trauma
 - Spinal cord injuries

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- Bicycle crash injuries
- Pediatric trauma and injury patterns
 - Adolescent suicide/self-inflicted injuries
 - New drivers, accidents, seatbelts,
- Hangings
- Medical
 - Drownings
 - Overdoses and the use of Narcan
 - Sepsis
- Systems
 - Patient refusals, reason analysis and follow ups
 - Time on scene to refusal times
 - Repeat calls resulting in transports
 - Plans to integrate/interface prehospital EMS record into hospital records and vice versa

There is a conflict in the meeting schedule in that the trauma managers have a two-day meeting starting the day of this meeting and would like future meetings to be scheduled at a time where they are also able to attend. The attendees agreed that the meetings for the next calendar year will take place on the second Wednesday of the first month of each quarter and are as follows:

- Wednesday, March 13, 2019
- Wednesday, June 12, 2019
- Wednesday, September 11, 2019
- Wednesday, December 11, 2019

The next Regional PI/Trauma Committee meeting will be on December 5, 2018, at 9:00 a.m. at Fairfax City Fire Station 440, 4621 Legato Road. A reminder will be sent out before the meeting.

The meeting was adjourned at 12:05 pm.

CERTIFICATION OF BOARD OF PERFORMANCE IMPROVEMENT AND TRAUMA MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Ste. 102
Gainesville, VA 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the minutes of the Performance Improvement and Trauma Meetings of the Northern Virginia EMS Council on September 5, 2018. The minutes were officially approved on December 5, 2018, meeting of the Committee.

Craig Evans
Northern Virginia EMS Council

Date