



Northern Virginia EMS Council
Performance Improvement and Trauma Committee
Fairfax County Fire Station 440
4621 Legato Road, Fairfax, VA 22030
September 11, 2019 Meeting Minutes

Those present were:

Beth Adams, Fairfax County Fire & Rescue, beth.adams@fairfaxcounty.gov
Stephanie Boese, Inova Loudoun Hospital, stephanie.boese@inova.org
Mindy Carter, Virginia Hospital Center, mecarter@virginiahospitalcenter.com
Valentina Daly, Fairfax County Fire & Rescue, valentina.daly@fairfaxcounty.gov
Craig Evans, Northern Virginia EMS Council, craig@vaems.org
Elizabeth Franco, Inova Regional Trauma Center, Committee Co-Chair, Elizabeth.franco@inova.org
Mark Guditus, Inova Fairfax Hospital, Mark.Guditus@inova.org
Wesley Harris, Inova Loudoun Hospital, Wesley.harris@inova.org
Nathan Kee, Inova Loudoun Hospital, Nathan.kee@inova.org
Karen Kovach, Fairfax County Fire & Rescue, Karen.kovach@fairfaxcounty.gov
Kate Kramer, Arlington County Fire Department OMD, Kkramer@arlingtonva.us
Pamela Leins, HCA StoneSprings Hospital Center, pamela.leins@hcahealthcare.com
Michelle Ludeman, Northern Virginia EMS Council, Michelle@vaems.org
Wesley Melson, Lifecare, wmelson@lifecare94.com
John Morgan, Loudoun County Fire & Rescue OMD, john.morgan@loudoun.gov
Melinda Myers, Inova Fairfax Hospital, Melinda.myers@inova.org
Stevan Nakao, Sentara Northern VA Medical Center, sxnakao@sentara.com
Dynette Rombough, Sentara Northern VA Medical Center, dxrombou@sentara.com
Babak Sarani, George Washington Hospital, bsarani@mfa.gwu.edu
Serdar Serttas, PHI AirCare, sserttas@phiairmedical.com
Reed Smith, Arlington County Fire Department OMD, Rsmith@arlingtonva.us
Neha Sullivan, Prince William County Fire & Rescue OMD, NSullivan@pwcgov.org
Dallas Taylor, HCA Reston Hospital Center, Dallas.Taylor@hcahealthcare.com
Chris Wanka, Metro Washington Airports Authority, Christopher.wanka@mwaa.com
Caitlin Ward, Arlington County Fire Department, EMS.PA.Fellow@gmail.com
David Wesley, Prince William County Fire & Rescue, dwesley@pwcgov.org
Ray Whatley, Alexandria Fire Department, Ray.whatley@alexandriava.gov
Scott Weir, Fairfax County Fire & Rescue OMD, Committee Co-Chair, scott.weir@fairfaxcountygov.org

The PI and Trauma Committee meeting was called to order at 9:00 a.m. by Dr. Scott Weir and introductions were made around the room.

Meeting minutes from June 12, 2019, meeting were distributed via email prior to this meeting and unanimously approved with no changes. At 9:37 a.m. there will be a moment of silence to remember lives sacrificed on 911.

Northern Virginia EMS Council
Performance Improvement and Trauma Committee
September 11, 2019 Meeting Minutes

Trauma Topic – Motorcycle roadway crashes

Attendees from various agencies provided their data for this topic looking at data for CY2018 Q1, Q2 and CY2019 Q1, Q2.

Dr. Elizabeth Franco from Inova Fairfax Hospital reported the following:

- 106 motorcycle crashes and most were drivers.
- 8 patients came from scene, 85 were admitted to trauma services
- Gender male 77, female 7
 - Ages: majority were 17-49 age group and none < 16
- They received 35% from Fairfax and 27 non-EMS.
 - The top crash locations were Lorton, City of Fairfax and Falls Church.
 - 11% came from Prince William County with top site location Woodbridge and Manassas.
- 99 wearing helmet
- 99 alive, 7 expired (all expired patients were wearing helmets)
- They do track if they are donors.
- They did not track if they were air or ground transport but will try in the future.
- They do not test for alcohol unless called for a full activation.

Dr. Babak Sarani from George Washington Hospital provided the following data:

- They treated 61 patients.
 - 59 lived, 2 expired
 - All were drivers, none were passengers
 - DC has a required helmet law.
 - 5 positive for ETOH less than legal limit, 6 above legal limit
 - All trauma activations are screened for alcohol
- 85% were male patients and 44% were between the ages of 30-49.

Stephanie Boese from Inova Loudoun Hospital reported the following:

- All motorcycle crashes get activated and all get alcohol testing.
 - All patients were wearing helmets.
 - Drivers were all males and not all were drivers.
 - All their data included walk-ins
 - None tested positive for alcohol
- Q1 2019 they had 2 males, all discharged home
- Q2 2019 they had 12 patients
- During the last year
 - 24 patients overall
 - 8.3 % transferred to Fairfax hospital
 - 62.5% ED discharge (data includes walk-ins)
 - Loudoun transferred some to ortho.
 - Saw more in spring with the nicer weather, recommends awareness starting in spring
 - EMS did well.

Northern Virginia EMS Council
Performance Improvement and Trauma Committee
September 11, 2019 Meeting Minutes

Dallas Taylor from Reston Hospital Center reported the following:

- From July 1, 2018 – March 31, 2019
 - 23 patients, all male and all discharge
 - represent about 2% of patients
 - 17 – 29 ages, all wearing helmets, 5 over legal limits
 - 20 patients went home, 1 home with service, 1 to rehab

(Brief moment of silence.)

Dynette Rombough from Sentara Northern VA Medical Center reported the following:

- Introduced Dr. Stevan Nakao from the hospital.
- Data from Q4 2018 and Q1/Q2 2019
- 5 patients, all were male and were drivers.
 - 54 y/o and 63 y/o patients were transferred to Fairfax
 - Unable to collect ETOH data
 - No GCS <14 Normotensive
 - Due to patient acuity – PWC EMS transport from scene to Level 1 or patient is DOA
- In May 2019 they started trauma activations.
- Next year there should be more data on the Trauma Registry. These patients were from the registry that they current

Dr. Weir asked the group what can we do to make this forum better to help or within public health so we can make tomorrow better? Let us know send Michelle an e-mail.

Suggestion was made about Public Messaging- example when pumping gas – to place a 30 second long EMS message on a screen at the pumps.

- Sheetz, Exxon, Shell (have screen with a message playing)
- Hands only CPR, reminder about helmet laws for motorcycles, injury prevention
- Let Craig know what gas stations has public messaging so he can look into it and he can report back next quarter.

Ray Whatley from Alexandria doesn't have the information to provide because it's hard to gather the data. If anyone could share templates for ImageTrend for Report Writer to gather the data. Please send to Brian Hricik.

Kate Kramer with Arlington County Fire Department reported:

- 40 incidents, 35 males and 5 females
- 31 were drivers
- 21 were between the ages of 20 – 40 years old

Chris Wanka with Metro Washington Airports Authority reported the following:

Northern Virginia EMS Council
Performance Improvement and Trauma Committee
September 11, 2019 Meeting Minutes

- He has asked ImageTrend to change mechanism injury from state no mechanism is documented only penetrating or other. Since this hasn't been done it's hard to pull data.
- Only 1 accident he found in ImageTrend.
 - He knows they ran more than one motorcycle crash within the year.

David Wesley from Prince William County Fire & Rescue provided the following data:

- In the last 365 days, they have had 106 patients
 - 81% males, 4 fatal
 - 77 transports, 25 refusals on scene
 - Only 2 patients received TXA and were transported by ground to Fairfax.
 - The youngest motorcycle crash patient age 16 and oldest 70.
 - Transported patients went to:
 - Sentara – 40
 - Prince William – 19
 - Fairfax Hospital by ground transport – 6
 - Fairfax Hospital by air – 6
 - Haymarket Medical Center – 6
- Location of accident: 17 on roadways, 17 highways, 72 intersections
 - Prince William uses the Safety Pad. They are able to collect the data arrived on scene at intersection of. Then he was confident with his data. This is where he got the info above.
 - PW is the only one that uses the Safety Pad. It's a third party vendor.
- For ImageTrend it's not required mechanism of injury from the state.
 - MWAA has asked to have it as a required field to be include from the state otherwise providers do not fill it out.
 - Dr. Neha Sullivan asked if Medical Direction could ask OMDs to ask the Virginia Office of EMS to have a required field to help with data collection.

Dr. John Morgan from Loudoun County Fire & Rescue advised the following:

- 45 incidents, 20% refused care
- Patients were between 19-67 ages
- Majority saw Motorcycle vs. car or single motorcycle crash
 - They saw 2 Motorcycle vs deer incidents
 - 1 Motorcycle vs tractor incident

Beth Adams from Fairfax County Fire & Rescue has nothing to report.

- Looking for a key search of motorcycle crash the following came up:
 - In 2019 they had 119 cases in narrative with motorcycle
- Difficult with ImageTrend
 - How do you list alcohol on the report?
 - ETOH suspected

Northern Virginia EMS Council
Performance Improvement and Trauma Committee
September 11, 2019 Meeting Minutes

George Washington Hospital:

The 3rd Wednesday of Month Video Review by Katie Johnson. Trauma Education Day. Email Dr. Babak Sarani if interested. Everyone is invited.

Medical Discussion – Pediatric respiratory distress

Attendees from various agencies provided their data for this topic looking at data for CY2018 Q1, Q2 and CY2019 Q1, Q2.

Kate Kramer with Arlington County Fire Department reported:

- Wasn't sure what the group was classifying as a pediatric? She did under age 10.
 - 29 cases including a 6 day old.
 - 5 pediatric intubations, 4 asthma
 - Looked at respiratory calls

Chris Wanka with Metro Washington Airports Authority reported the following:

- They don't run a lot of pediatric calls.
 - 239 total calls, 9 respiratory
 - He used 18 as define
 - 5 asthma patients
 - He used the compass measures: respiratory assessment, pulse ox and respiratory rate.

David Wesley from Prince William County Fire & Rescue advised of the following:

- In the last 365 days, they had 266 pediatric patients with respiratory complaint
 - 10 bronchitis, 34 bronchospasm, 24 asthma, 18 foreign body, 4 inhalants, 47 unspecified
 - 7 newborn, 4 pediatric intubations with 2 under 6 months old.
 - EMTS can give albuterol in the last year and half
 - They rely on the providers to document provider impression.
 - Case Review:
 - One kid had an airway obstruction swallowed a coin. An hour later Dynette Rombough from Sentara Northern VA Medical Center had called Dave to let the provider know how the child was doing. They have a good working relationship with Dynette, Sentara.

Dr. John Morgan from Loudoun County Fire & Rescue advised of the following:

- They had 174 incidents
 - The majority were trouble breathing, foreign body or unspecified
 - The patients were 1 year or younger age up to 18 years of age

Valentina Daly from Fairfax County Fire & Rescue provided the following:

- They had 6,022 incidents in the last 365 days that were breathing difficulty
 - 563 pediatric calls with age of the patient < 17 years old
 - Youngest patient 1 day old
 - 59 asthma , 40 croup,
 - 93 patients received O2,
 - 55 patients received albuterol
 - 52 patients received atrovent

Northern Virginia EMS Council
Performance Improvement and Trauma Committee
September 11, 2019 Meeting Minutes

- No intubations documented

Pediatric asthma discussion prehospital gives steroids and intubation in pediatric patients is low limiting the amount of attempts. In Prince William County the provider is allowed one attempt as in most agencies in the region.

Systems Discussion – Drug shortages, acquisition, and administration as well as shortage response strategies

- Drug shortages in the region. The regional pharmacists let us know about shortages in our region. If you know of any please let the Council know so we can send out through the list serve.
 - Currently Sodium bicarbonate syringes are on the list.
 - <https://www.accessdata.fda.gov/scripts/drugshortages/>

Chris Wanka with Metro Washington Airports Authority reported the following:

- They have had problems with certain hospitals trying to exchange a Controlled Substance Kit (CSK). Turning the CSK in with a medication and getting it back without the medication. For example there was ketamine in it when they exchanged but when they got it back there was no ketamine. The hospital didn't let them know they were out of ketamine. Not sure if the pharmacist could only hand out prefilled CSKs but several kits they received were missing ketamine.
 - Bring it to the attention of the supervisor that day to address it and they can bring it to the Pharmacist. Do not wait.
- If units transports to hospitals outside their normal destinations it is reasonable to go back to their home hospital systems to exchange their CSK. Some pharmacies have prepackaged CSKs ready for exchanged. In ERs the form of the medication may be different it is reasonable that providers go back to restock from hospitals that they are more familiar with.
- The group agrees that they want to keep the pharmacists happy and have a good working relationship with them.
- Some issues that are being seen are transcribe of numbers and mislabeling of numbers of the drug that is short supply since the drug has a different dosing.
- Dr. Weir suggests to bring issues to Pharmacy meeting in a written format.
 - We can ask to replace the CSK with what missing medications and identify the issues
 - We will ask the Pharmacists to communicate with the agencies what drugs they are out of.
 - Craig will sent the point of contacts for the pharmacists to the group. The next meeting will be on October 22. The group meets twice a year.
- Agency needs to have a policy in place for what to do when there is a short supply.

Discussion for topics for FY20

- Anticoagulant agents, Hospital sharing resources, Dr. Babak Sarani volunteered to be a guest speaker
- Tourniquets
- Burns
- Pedestrian Struck
- Hypothermia patients trauma induced

Northern Virginia EMS Council
Performance Improvement and Trauma Committee
September 11, 2019 Meeting Minutes

- Trauma Triage Guidelines/Blood bank
- Intubations
- Anti-venom
- Behavior emergencies – chemical restraints vs soft restraints

Michelle is going to send an e-mail with all the medical, trauma and systems topics for the last two years for the committee. The group will have two weeks to submit three suggestions of each topic and email to Michelle.

Topics for the next meeting:

- Trauma
 - TXA use and transfusions in trauma
- Medical
 - To be determined
- Systems
 - Concealed weapons policy – do you have one for patients, providers, agency, hospital?

As a reminder, the meetings for the committee will take place on the second Wednesday of the first month of each quarter as to not conflict with the Trauma Managers meetings and allow them to attend both. The Regional Trauma/PI meetings are as follows for 2019/2020:

- Wednesday, December 11, 2019 – Station 403, 4081 University Dr., Fairfax, VA 22030
- Wednesday, March 11, 2019 – Location TBA
- Wednesday, June 10, 2019 – Location TBA
- Wednesday, September 9, 2019 – Location TBA
- Wednesday, December 9, 2019 – Location TBA

The next Regional Trauma/PI Committee meeting will be on December 11, 2019, at 9:00 a.m. The meeting will at **City of Fairfax Station 403**, 4081 University Drive, Fairfax, VA 22030. Please note this is a **change in location**. An invitation with the location will be sent out before the meeting.

The meeting was adjourned at 12:15 pm.

CERTIFICATION OF PERFORMANCE IMPROVEMENT AND TRAUMA MEETING

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

Northern Virginia EMS Council
Performance Improvement and Trauma Committee
September 11, 2019 Meeting Minutes

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 Meeting of the Northern Virginia EMS Council on September 11, 2019. The minutes were officially approved on December 11, 2019, meeting of the Committee.

Craig Evans
Northern Virginia EMS Council

Date

DRAFT