



Northern Virginia EMS Council
Trauma and Performance Improvement Committee
Meeting held virtually via Zoom
March 8, 2023, Meeting Minutes

Those present were (All attendees were present via Zoom):

Alfred Pacifico	alfredpacifico@gmail.com
Andrew Sanders	asanders@pwcgov.org
Beth Adams	beth.adams@fairfaxcounty.gov
Brian Orndoff	brian.orndoff@fairfaxva.gov
Chip Morrison	cmorrison@pwcgov.org
Cindy Parise	cjparise@sentara.com
Courtney Caton	ccaton@vhchealth.org
Craig French	craig.french@inova.org
Dr. Dan Avstreich	dan.avstreich@fairfaxcounty.gov
Dynette Rombough	dxrombou@sentara.com
Elizabeth Franco	elizabeth.franco@inova.org
James Cooper	jamie.cooper@loudoun.gov
Justin Nelson	jnelson@vhchealth.org
Kari Scantlebury	karibury@gmail.com
Kate Kramer	kkramer@arlingtonva.us
Kim Klein	kim.klein@inova.org
Laura Vandegrift	laura@vaems.org
Leddyanne Dell	leddyanne.dell@alexandriava.gov
Michelle Ludeman	michelle@vaems.org
Nathan Kee	nathan.kee@inova.org
Neha Sullivan	nsullivan@pwcgov.org
Ray Whatley	raywhatley@gwu.edu
Reed Smith	rsmith@arlingtonva.us
Richard Cluff	rich.cluff@fauquiercounty.gov
Stephanie Boese	stephanie.boese@gwu-hospital.com
Steve Kling	steven.kling@inova.org
Tracey Taylor	tracey.taylor@hcahealthcare.com

The Trauma and Performance Improvement Committee meeting was called to order at 9:04 a.m. by Dr. Elizabeth Franco.

Approval of the Minutes

Minutes from the December 14, 2022, meeting were sent via email before the meeting for review.

- Motion to approve the minutes as written by Dynette Rombough
 - Seconded by Beth Adams
 - ***The Motion was unanimously approved***

Presentation – Fauquier County MVA patient

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- The presentation can be found at the end of these minutes

Trauma Topic – Thoracostomy

Data review January 1, 2022 – December 30, 2022

- Beth Adams from Fairfax County FRD
 - 11 patients, 12 thoracostomies done (one patient had axillary and anterior)
 - Ages 20-82
 - 5 were in their 20s
 - 2 female, 9 male
 - Primary impression
 - 82-year-old was in cardiac arrest
 - Patient with 2 thoracostomies had a history of spontaneous pneumothorax
 - 2 pedestrians struck
 - 2 stabbed
 - 2 gunshot wounds
 - Problems found
 - Site noted on 3 of the 11
 - Most, on their narrative, said right or left but not more specific
 - See the need to improve documentation
 - Developed internal strategy to force them to answer that question
 - It is a NEMSIS data element for which side, but no specific location
 - 1 case also had OMD do a finger thoracostomy in addition to the needle thoracostomy on the scene
- Kate Kramer from Arlington County FD
 - 1 patient total
 - Traumatic arrest, attempted suicide
 - 40-year-old male
 - No complications
 - Difficult scene altogether
- Al Pacifico from Loudoun County FRD
 - 7 total patients
 - 6 got bilateral
 - 4 of 7 died
 - 2 of the 3 were discharged from the hospital
 - 5 out of the 7 were male
 - Age range was 19 - 45
 - 6 out of 7 were from MVAs
 - 1 jumped from the vehicle
 - 1 motorcycle vs dump truck

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- 1 gunshot wound
 - They review often for any needle thoracostomies
 - No adverse outcomes
- Brian Orndoff from the City of Fairfax FD
 - 1 patient
 - Traumatic arrest
 - Bilateral procedure
 - Procedure was done properly
 - No negative feedback
 - Patient ultimately died
 - They review all of these cases with QI
 - Often train at cadaver lab to ensure proficiency since this is infrequent
- Andrew Sanders from Prince William FD
 - 3 total patients
 - 54 - 65 in age
 - All were results of MVAs – one collision, 2 pedestrians struck
 - Single decompression
 - One went from 77% to 97% and the other 89% to 99% oxygen saturation after the procedure
 - One was a ground transport to Fairfax Hospital, the second coded and was taken to a local ED, and the third was flown out
- Kari Scantlebury from Fairfax PD Helicopter
 - 2 transfer patients with 3 needle decompressions
 - 2 were performed on 1 patient
 - All were done prior to the arrival of Fairfax 1
- Kim Klein from Inova Loudoun Hospital
 - They don't track them, but they looked at thoracostomies in the bay
 - Likely matches Loudoun County Fire & Rescue
 - See the presentation following the minutes
- Jamie Cooper from Loudoun County Fire & Rescue asked if there was any data to suggest better outcomes with needle thoracostomy and blood administration in the field.
 - They looked at how many times this occurred and whether there was a need for decompression and field blood administration
 - Rich Cluff from Fauquier stated he wasn't aware there was such research available on this
- Justin Nelson from Virginia Hospital Center
 - 1836 patients in the trauma registry
 - 26 had a chest tube
 - The highest ISS is 22
 - 7 days was the average time spent admitted
 - 15 were a fall from standing
 - 4 pedestrians struck

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- 3 cyclist collision
- 3 assaults
- 1 football injury
- 4 discharged to the morgue
- Age 16-91
- Males 17 = 65%
- Female 9 = 35%
- Overall average was males, age 59
- There was a short discussion on the article shared on the agenda which can be found here <https://www.cureus.com/articles/102417-paramedic-understanding-of-tension-pneumothorax-and-needle-thoracostomy-nt-site-selection#!/>

June Topic

- Pediatric trauma
 - Age - 14 and below
 - Breakdown the patients into the following
 - Ages 0-5, 6-10, 11-14
 - Type of injury (trauma, burns, etc.)
 - How are those patients immobilized for transport, utilization of c-spine, and immobilization
 - Specifically for traumatic injuries in this age range – how EMS agencies are transporting other traumatic injuries safely in the back of the unit
 - Generally speaking, what device do EMS agencies use to transport pediatric patients in the back of an ambulance?
 - Parent’s lap on the stretcher, seated in captain’s chair, car seat, etc.

September Topic Suggestions

- Tourniquets
 - Was there an underlying vascular injury? Is it being over-used?
 - Often, this is pushed in the media because “a tourniquet saved this person’s life.” Do we do tourniquets and look at data from 2020 to now?
 - Of note - Some trauma centers don’t have that data because it’s not a mandatory data point to track.
 - How good are we, as EMS, in tracking prehospital applications and transferring to trauma centers?
 - Beth Adams said she guesses about ½ the time because when PD is on scene, they apply prior to EMS arrival.
 - Kari Scantlebury asked if we should look not just at use but also at prehospital hemorrhage/bleeding control.

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- Inclusive of direct pressure, pressure bandages, and the use of TXA as a whole.
- Ray advised that there isn't good data in ImageTrend or ESO to pull direct pressure, bandages, etc. TXA use would be easy, but the remainder may not find anything. If the agency has the ability to pull it, it would be useful but not sure how many do.
- Limb salvage/amputation
 - In the past, they always go to Union Memorial. What are the local capabilities at trauma centers for amputations and not go to Union?
 - Revascularization capabilities locally. Union Memorial only accepts interfacility transports, not direct transport from EMS.
 - Dr. Franco advised that it depends on who the vascular surgeon is on call at Fairfax at the time because some will do them, and others won't. They can't say they'd have someone every day of the week who can and/or will do it.

The 2023 Regional Trauma/PI meetings are scheduled for

- June 14, 2023
- September 13, 2023
- December 13, 2023

The meeting was adjourned at 10:17 am

CERTIFICATION OF PERFORMANCE IMPROVEMENT AND TRAUMA MEETING

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

I, Laura Vandegrift, Administrative Coordinator 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 March 8, 2023. The minutes were officially approved on June 14, 2023, at the meeting of the Committee.

Laura Vandegrift
Laura Vandegrift
Northern Virginia EMS Council

June 14, 2023
Date