

# Northern Virginia Emergency Medical Services Council

Performance Improvement and  
Trauma Committee  
FY25 Q2  
Wednesday, December 11, 2024  
9:00 am



Meeting hosted via Zoom

## AGENDA

Type of Meeting: Collaborative exchange of information and reporting of regional performance improvement (PI) and trauma initiatives

Facilitators: Dr. Stephen Varga, Inova Fairfax Hospital  
Dr. Babak Sarani, George Washington University

1. Call to order
2. Approval of September 18, 2024, committee minutes
3. Case Presentation: Dr. Paula Ferrada, Inova Fairfax Hospital
  - The topic is Trauma Bay Arrests after Intubation. Data will be for July 1, 2022-June 30, 2024.
  - Please share your agency/facility information/protocols on RSI.
  - EMS Agencies: age, gender, chief complaint, RSI/intubation indication, and the destination where the patient was transported.
  - Hospitals: age, gender, chief complaint, visit diagnosis, length of stay, disposition, and outcome.
4. Discuss future Topics (the minutes have previous topics at the end)
5. Dates for 2025:
  - Wednesday, March 12, 2025
  - Wednesday, June 11, 2025
  - Wednesday, September 10, 2025
  - Wednesday, December 10, 2025
6. Adjournment



Northern Virginia EMS Council  
**Trauma and Performance Improvement Committee**  
Meeting held virtually via Zoom  
December 11, 2024 Meeting Minutes

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

| <b>Name</b>               | <b>Email Address</b>             |
|---------------------------|----------------------------------|
| Alfred Pacifico           | alfred.pacifico@loudoun.gov      |
| Andrew Sanders            | asanders@pwcgov.org              |
| Babak Sarani              | bsarani@mfa.gwu.edu              |
| Becca Wilson              | rwilson@manassasva.gov           |
| Beth Adams                | beth.adams@fairfaxcounty.gov     |
| Brian Orndoff             | brian.orndoff@fairfaxva.gov      |
| Bruce Ruggeri             | bruggeri@phiairmedical.com       |
| Craig French              | craig.french@inova.org           |
| Dynette Rombough          | dxrombou@sentara.com             |
| George Zenelis            | george.zenelis@hcahealthcare.com |
| Jess Fajfar               | jrfajfar@sentara.com             |
| Jordan Tyczka             | jordan.tyczka@inova.org          |
| Justin Nelson             | jnelson357@outlook.com           |
| Kate Kramer               | kkramer@arlingtonva.us           |
| Kate Passow               | kate.passow@gmr.net              |
| Kristin Nickerson         | kristin@vaems.org                |
| Melinda Myers             | melinda.myers@inova.org          |
| Laura (Vandegrift) Atwell | laura@vaems.org                  |
| Paula Ferrada             | paula.ferrada@inova.org          |
| Rocco Alvaro              | rocco.alvaro@fairfaxcounty.gov   |
| Stephen Varga             | stephen.varga@inova.org          |
| Steven Kling              | steven.kling@inova.org           |
| Steven Nakao              | sxnakao@sentara.com              |
| Tracy Lane                | tracy.lane@loudoun.gov           |

Dr. Stephen Varga called the Trauma and Performance Improvement Committee meeting to order at 9:02 am.

### ***Approval of the Minutes***

Minutes from the September 18, 2024, meeting were sent via email before the meeting for review.

- Motion to approve the minutes as written by Kate Kramer
  - Seconded by Jordan Tyczka
  - ***The Motion was unanimously approved***

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*Topic – Trauma bay arrests after intubation*

*Case Presentation – Dr. Paula Ferrada, Inova Fairfax Hospital*

Presentation by Dr. Paula Ferrada on Prioritizing Circulation over Intubation. A copy of the presentation follows these minutes.

**Data Discussion following presentation: July 2022 – June 2024**

- EMS Agencies: Age, gender, chief complaint, RSI/intubation indication, and the destination where the patient was transported
- Hospitals: Age, gender, chief complaint, visit diagnosis, length of stay, disposition, and outcome

EMS Agencies:

- Loudoun County Fire & Rescue
  - Pedestrian struck
  - Female, hypotensive, HR 80s, BP S60
  - Patient arrested upon arrival at Reston
    - Patient was not given blood
- Arlington
  - 3 cases
    - 1 GSW to head, unsurvivable (hypotensive)
    - 2 others hypertensive
- PHI uses DASH1A protocol
  - If hypotensive, they give fluid and reassess and determine when they have reached a level of stability.
  - If they have uncontrolled bleeding, they'll give 2-3 units of blood and find that it's bled out the other side or pooled in the abdomen where they are bleeding internally.
  - They focus on the intubation process and time from bag to bag, recognizing the causes of hypoxia.
    - They are focused on the efficiency of the intubation process and having vents set up and ready to go so they are not over-ventilated by BVM; immediately after intubation, they get another set of vitals. If BP is decreased or not improved, they give push pressors or blood
  - Working on statistics from DASH1A and intubation checklist
- City of Fairfax
  - They see a very low number of trauma incidents that require RSI.
  - They do believe in the concept of resuscitation before intubation in both trauma and medical cases.
  - They track post-intubation hypotension after RSI, and we have improved their processes by introducing push-dose epinephrine as a bridge toward other pressor options.

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Hospitals:

- Inova Fairfax
  - 200 patients received RSI in the trauma bay
  - 6 sustained cardiac arrest in the trauma bay
  - 5 of 6 expired during hospitalization
    - 2 died in ED
    - 3 died in STICU within 1 day of arrival
  - 6 case reviews were presented
- GWU
  - Have not had any peri-intubation arrests
    - Many years ago, they changed their operating procedure, where they do not intubate until MTP is initiated.
    - They had some challenges with paralytics for patients who were awake but found that with low GCS, most patients don't have any recollection.
    - Much like Fairfax Co., they do not administer an induction agent if they are deeply comatose
    - They also changed medications many years ago, so this is likely another reason. Anesthesiology does all intubations and manages medications.
      - They don't use etomidate or propofol anymore. They use ketamine as their preferred induction agent.
        - If GCS is low, they give succinylcholine or rocuronium
        - If GCS is high, they give ketamine followed by paralytic, succinylcholine
- Inova Loudoun
  - 24 cases in total
    - Average ISS: 18
    - The majority are ground-level falls
    - Male to female ratio was almost even
    - 11 "alive" when they left, but many transitioned to hospice
    - 13 dead
  - 3 cases presented

QUESTION – Brian Orndoff from the City of Fairfax asked, as we look forward to system improvement if there are any action items that EMS agencies need to take to better set this up to prevent trauma bay arrests.

- Dr Varga sees EMS doing well with resuscitation before trauma bay arrival; increased resuscitation and showing early EMS care leads to better outcomes. Continue early interventions.
- Dr. Sarani stated that in some reports, EMS providers brought patients that had "agonal" respirations, but you can still BVM them with agonal respirations, so it's not necessarily bad. Get ABC under control, then decide what to do next

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- Al Pacifico stated there was recently a notice that NVERS came out with whole blood administration and availability, why is this different than what we have now?
- Kristin Nickerson from NVERS stated they have a separate whole blood program that is grant-funded. This merger will allow us to combine those resources.

### **2025 Topic Suggestions**

- March 2025 Meeting
  - When to activate RHCC?
    - Fairfax County FRD had an incident in February with seven patients, with multiple reds and one traumatic arrest. Upon arrival at Fairfax Hospital, they learned there was another significant incident, and those units were bringing four reds at the same time
      - While this doesn't fall inside the MCI Manual guidelines of 10+ patients, those two incidents quickly overwhelmed Fairfax Hospital
      - Fairfax is considering adding to its process the notification of RHCC when five or more patients need to go to trauma centers from the MPI category, simply to say, "Take them where you want," or to give us better guidance.
      - \*\*Dr. Sarani brought up an incident where a car ran into a restaurant full of people, and the FD took all traumas to one hospital. For DC mass trauma is 9+, but it's 3 per hospital. Training and understanding are also important.
        - Maybe discuss what that looks like on the DC side and who goes where on the NOVA side. How can patients be disbursed so that no one in the center is overwhelmed?
      - DATA – how many are trauma centers getting at a time? What overwhelms them?
        - Beth – what are the pros and cons based on the one case we've discussed above (Fairfax Co. taking all patients to one location?)
          - Another consideration is if they're all one family, are we trying to keep them together at one destination
    - Dr. Sarani stated that DC DOH has their new medical director, Kristin Raphael. This would be a good opportunity for us to discuss the alignment between DC and NOVA for mass casualty events. It may look good on paper, but does it work operationally?
      - Dr. Kristin Raphael - now CMO at HEPRA. Her email for now is [kraphel@mfa.gwu.edu](mailto:kraphel@mfa.gwu.edu). It'll change to a DOH email soon. Cell phone is 310-625-4893. She's happy to join us next time

### **The next 2025 Regional Trauma/PI meeting is scheduled for:**

- **Wednesday, March 12, 2025 (subject to change)**

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**Previous Topics**

- Sept 2024** Blast Injuries  
**June 2024** Electrocution  
**March 2024** Limb salvage and amputation / Surgical Strike Team
- Dec. 2023** There wasn't a meeting held  
**Sept.2023** Tourniquet usage comparing trends from 12/2020  
**June 2023** Pediatric Trauma (trauma, burns, etc.), ESO Presentation on HDE  
**March 2023** Thoracostomy, Presentation on Fauquier County MVA Patient
- Dec. 2022** Pedestrian Struck/Vision Zero  
**Sept. 2022** Mass Casualty Incidents/ RHCC Northern Virginia Region had a presentation about its functions and capabilities.  
**June 2022** Falls from ground-level (looking at ages 55 and older)/ Education and prevention programs – what does your agency/facility have? (e.g. are patients enrolled before or after admission for falls?
- Dec. 2021** NOVA ReTSCO meeting – Hospital Diversion  
**Sept. 2021** NOVA ReTSCO meeting – Trauma Transfer  
**June 2021** NOVA ReTSCO meeting  
**March 2021** Falls from greater than 20 feet (Systems: Body Armor/Vests)
- Dec. 2020** Tourniquet/ Concealed weapons policy – do you have one for patients, providers, agency, hospital?  
**Sept. 2020** Pedestrian Struck/ Loudoun County and Arlington County gave presentations on storing and utilization of blood in the field.  
**June 2020** How has the 2019 Novel Coronavirus (nCoV) COVID-19 affected the Trauma Centers? How has the virus affected the center? / What public education is being done in each locality or hospital? –CPR? Hands-Only CPR? Stop the Bleed?  
**March 2020** Entrapment – MVC's (not industrial or other types of entrapment injuries) / 2019 Novel Coronavirus (nCoV) COVID-19

The meeting was adjourned at 10:05 a.m.