

**TIDEWATER EMERGENCY MEDICAL SERVICES COUNCIL, INC.
EMS TRAUMA PERFORMANCE IMPROVEMENT COMMITTEE MEETING MINUTES**

Meeting Date: March 9th, 2022 **Meeting Location:** Hybrid **Chaired By:** Steve Henson **Begin Time:** 2:00 PM **End Time:** 3:00 PM

Minutes By: Valerie Vagts **Members Present:** Alan Perry, Brian Roland, Lisa Bono, Mike O'Neill, Pat Edwards, Scott McClain, Steve Henson, Whitney Pierce, Kate Bryant, Timothy Honeycutt, Rebekah Mercer, Cliff Cutchins, Valerie Vagts

Item (Project)	Discussion (Status)	Action Required	Barriers	By Whom/When
Introduction	Δ Approved Septembers meeting minutes Alan 1 st , Mike 2 nd , none opposed	N/A	N/A	N/A
Data Review: Jan/Feb	Δ Needle Decompression: <ul style="list-style-type: none"> ○ 2023: #4 and 4 YTD – 2 VB, 1 Portsmouth, 1 Norfolk ○ 2022: #5 and 38 annual Δ Traumatic arrests: #8 2023 vs 2022 <ul style="list-style-type: none"> ○ 2023: #8 and 8 YTD – 4 Norfolk, 3 VB, 1 IOW ○ 2022: #5 and 35 annual Δ Tourniquets: <ul style="list-style-type: none"> ○ 2023: #14 and 14 YTD ○ 2022: #12 and 86 annual Δ Would like to track who places the tourniquets			
CHKD	Δ Rebekah is the trauma education specialist and community outreach. CHKD will get a PI coordinator on 4.16 and will be able to implement an EMS feedback form May 1 st . Δ Try to transport kids and partents separately, but if unable, explain they will be separated at the hospital and transport multiple kids to CHKD when transported with one adult. Will get 2 bills if not separated before hospital arrival.	N/A	N/A	N/A
Case Reviews	Δ Needle Decompression: 1. GSW – seemed like patient was stable, especially from vitals taken. Ultrasound is helpful to ensure proper placement and being able to see if its necessary. Axillary placement has more success. 2. ND, TCA and WB – auto vs pedestrian – do not have outcome, but confirmed through CQI that the treatments were appropriate. <ul style="list-style-type: none"> ○ Will be able to ask Lisa for feedback on placement and outcomes for ND patients. Δ Tourniquet: 1. Upper extremity injury at work – Ketamine was used for pain management. Good work to put another tk on when the initial one placed by coworkers was noticed to be loosening. Δ TCA: 1. Explosion – gained ROSC on scene. Great care provided by crew, patient outcome: stayed in ICU for almost a week before he died. 2. Car vs pedestrian – intubated, CPR with ROSC... Would like to emphasize a manual BP taken periodically with trauma patients. Do not have patient outcome yet.			
New Business	Δ Steve moved from Vice to Chair and Mike O'Neill was voted in as Vice Chair Δ Would like to bring back trauma rounds at SNGH, SVBGH and CHKD Δ Brian will research if pneumothorax is detectable via ETCO2 monitoring	N/A	N/A	Trauma Committee/ next meeting
Roundtable	Δ Nightingale – would like crews/agencies to rethink when it's appropriate to call nightingale... if the patient is within 17 nautical miles from hospital, not needed. Have a program for the rural areas that they are launched at the same time as the EMS crew because flight times are	N/A	N/A	N/A

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	<p>about 30 minutes with 10 minutes to launch, so it saves a good 20 minutes if they are needed, but the crew can always call nightingale off.</p> <p>Δ IOW – launched RSI with 2 successful cases</p> <p>Δ SNGH is having severe capacity issues, so don't go out of your way to transport there. Critically injured are going to SVBGH because there's no room</p> <p>Δ Pat notified us that a new CEO is starting at Maryview next week from Ohio</p> <p>Δ Chesapeake gets to have a part time firefighter help Alan for 6 hours each month</p>			
Next Meeting	The EMS PI Committee meeting will be in-person on May 11 th , 2023 at 2:00 PM	N/A	N/A	N/A