0940 Roll Call –

Mark Jones, Todd Hockert, Dr. Patricia Byers, Barbara O'Connor, Dr. Kenneth Sheppke, Dr. Gandia, Tom DiBernardo

STEMI Report –

Chief Mark Jones advised they had been going back and forth with what to add into Biospatial as far as tracking performance and measures; things such as first 12 lead and first medical contacts). There is a new AHA performance item being added into Biospatial once approved, this will allow EMS to benchmark the first 12 lead both state and nationally

Stroke Report –

None

Trauma Report-

Dr. Myers reported that she wanted to start looking into Biospatial for trauma alerts and look at things such as dispatch and destination times. There seems to be a problem with the definition of a trauma alert, some confusion between NEMSIS and Biospatial definitions. She advised that there are a lot of EMSTARS data points that are important to trauma outcomes (also will be brought up at data meeting this afternoon). She is going to start looking at time of dispatch to the at facility times (give us the ability to see how long the patient was in the field), also wanting to interject time at patient to at facility times for useful knowledge and trending points. The facility codes are still inconsistent, but Tom and vendors are working diligently to fix however, in the mean time when you are looking 'transferred to trauma center' you showed patient transferred to 'lab center' as an example. When looking at data she removed the air medical out of the trauma alerts (Berry advised do not remove air medical data), when doing so we are on target with trauma measures. They are working to get EMSTARS updated with NEMSIS data. There are new data points on the CDC trauma criteria – they have transformed, deleted and corrected for clean version. There is still no transport criteria for transport of motorcycles (but they have higher percentage of fatalities) and no mechanism for pedestrians (which are over half of fatalities) so we need to have mechanisms in place for these. She wants as data points collected for those certain mechanisms. We want to improve in the future, and hopefully this will mean us going with the national CDC guidelines, which we currently do not follow. Josh offers to help in getting information and data out while we are waiting for the Biospatial update. Dr. Byers wants us to follow the 2019 EMS State Plan closely. Advised that Signal4 does not offer access for certain categories, Biospatial will be sending updates into their system so you will be able to utilize crash records that are in there.

Cardiac Arrest Report-

Barbara has had robust plans from a year ago that are now coming to a head. Survey was sent to dispatch (are you collecting data, how are you collecting data, etc.) and this has led to increased bystander CPR as well as positive impaction of ROSC times. Tom working in Lee County now (has half of that completed) as well as HCA east and going to start central Florida soon. Going to start piloting to dispatch centers (Sumter next) to look at hands to chest times. Tom discussed dispatch survey results. How do we get better results and numbers… we need action items?! Briefly discussed trauma on scene times of 20 minutes and how that could be too long, but we need to strive for this type of measure and

have a goal. We should utilize AHA resources instead of trying to build our own, so we can benchmark nationally.

State Measure Activity –

We need a list of action items (reference agenda for list of action items). Next week is the first resuscitation academy. Looking at ROSC data and helping agencies to monitor this as well. Press the chest events were sponsored per state or are going to be. Look at grants and funding on that and promotional items. Biospatial can only retrieve county data, not city level data so this needs to be addressed. Cannot look at trauma on Biospatial, cannot see trauma alert, it pulls trauma from ICD10 codes, so we will need to have this fixed – advised that you can look at EMSTARS data instead of Biospatial for now until fixed. Will bring more data forward at the next meeting

Public Comment –

None