

Florida EMS Quality Managers Association

Meeting Minutes

Wednesday, July 8, 2015, 9:00 AM

DoubleTree Orlando

- I. Call to order
 - a. Roll Call:
 - Debbie Vass, President – Present
 - Todd Hockert, 1st Vice President – Present
 - Clint Randolph, 2nd Vice President – Present
 - Floyd Mead, Secretary – Absent

- II. Old Business
 - a. Elections for 1st Vice President and Secretary
 - i. Nominations received:
 - Secretary – Craig Prusansky (Palm Beach County Fire Rescue)
 - 1st Vice President – Kim Lacina (Sunstar EMS)
 - Barbara O'Connor (Sarasota County Fire Department)
 - ii. A vote was conducted via e-mail along with paper ballots for those present who did not submit a vote via e-mail.
 - iii. Election results:
 - Secretary – Craig Prusansky
 - 1st Vice President – Kim Lacina

- III. New Business (presented via PowerPoint presentation by Debbie Vass, President)
 - a. EMSAC Charter
 - i. The EMSAC Charter was discussed.
 - ii. The EMSAC Charter Mission Statement was discussed as well as other areas to be identified for improvement.
 - iii. Sepsis identification and treatment was identified by several members as an area in EMS that needs improvement.

 - b. Measuring Performance
 - i. The “Dashboard” used by Nature Coast EMS was shown as an example of performance indicators being measured by an EMS agency.
 - ii. How IV attempts are documented was discussed. Steve McCoy (Department of Health) stated his point of view of this topic and explained that in the current EMSTARS documentation, each IV attempt is recorded as a separate instance, where in the past multiple attempts could be documented in the same instance.
 - iii. Kim Lacina (Sunstar EMS) stated that they look at reports where there were greater than two (2) IV attempts on the patient.

- iv. The “Dashboard” used by Sunstar EMS was shown as another example of performance indicators being measured by an EMS agency.
- v. Sunstar EMS uses 90th percentile statistics in addition to averages in their performance measuring.
- vi. The specific performance measures Sunstar EMS uses were discussed.
- vii. Kim Lacina discussed the “FirstPass” system (by FirstWatch) and the parameters Sunstar EMS uses in that system.
- viii. Paul DiCicco (Manatee County EMS) discussed the on scene time for trauma patients.
- ix. Lenora Leddy (St. Johns County Fire Rescue) discussed that there should be some distinction between urban and rural incidents.
- x. Sunstar EMS (I did not record which person) stated that they only measure the on scene time for ground transports, not air transports.
- xi. Debbie Vass, President, recommended that we all share our on scene times for trauma alert patients to discuss as a group ways to improve these times.
- xii. Clint Randolph (Liberty Ambulance) asked for clarification on the timestamp, and if extrication time vs. backboard/SMR time should also be shared.
- xiii. Clint Randolph discussed the documenting of vital signs. He stated that their ePCR system, which is TriTech Fusion, will allow the ePCR to be closed out without any vital signs being recorded. Another user in the room (I did not record which person) stated that this was documented with TriTech as a flaw and is supposedly being fixed.

c. State EMS Measures

- i. The State EMS measures were discussed.
- ii. Steve McCoy stated that EMSTARS can segment the data being queried into the call types (stroke, STEMI, etc.).
- iii. ROSC is being measured two ways: “regular” and Utstein.
- iv. Barbara O’Connor (Sarasota County Fire Rescue) stated that the AHA stated that the patient contact time to first EKG should be < 10 minutes and patient contact to arrival at a PCI facility should be < 30 minutes.
- v. Steve McCoy stated that there are “input controls” on the EMSTARS interface to narrow down the searches based on the measures that the user would like to view. An example he gave was the percent of intubated patients who had waveform capnography monitoring.
- vi. Barbara O’Connor discussed an “Initiator of CPR” measure which would help focus community education efforts. She also discussed dispatchers providing “hands-only” CPR instructions.
- vii. Steve McCoy went on to discuss a list of averages, cardiac measures which he stated that some need fine tuning, and how some measurements are listed as counts instead of percentages. These counts may be broken down further if

needed.

- d. EMS Compass
 - i. The EMS Compass Initiative was discussed.
 - ii. The goal of EMS Compass is to create universally adopted and reported measures nationwide.
- e. What should we be working on?
 - i. The PDAC (Plan-Do-Check-Act) cycle was discussed, as well as how we can fix issues and prevent errors in the future.
 - ii. Seizures and Hypoglycemia were discussed as they have a high refusal rate commonality. It was discussed that things like post-event patient monitoring and discharge instructions/patient education procedures be developed.

IV. Membership Comments/Discussion

- a. Barbara O'Connor discussed the "Last Known Well" parameter for stroke patients, as well as the parameters for the Cincinnati Stroke Scale. She also discussed the Primary vs. Comprehensive Stroke Centers and had some concerns about patients being brought directly to the cath lab.
- b. Kim Lacina discussed how they handled stroke patients.
- c. Craig Prusansky (Palm Beach County Fire Rescue) discussed how they handled stroke patients.
- d. Clint Randolph discussed how stroke patients were handled by his agency and in general in the Jacksonville area.
- e. Kim Lacina discussed how patients are being brought to the cath lab, and that the AHA is about to do a large study on this.
- f. Barbara O'Connor expressed some concern about patients being brought to the cath lab and the liability of the crews accompanying the patient.
- g. Craig Prusansky discussed how the hospitals have a "Rapid Response Team" that accompanies the patient from the ER to the cath lab.
- h. Clint Randolph discussed the inconsistency between the hospitals in the way that they handle stroke patients.

V. Comments from the Department of Health (Steve McCoy)

- a. The state's position on process improvement was discussed.
- b. More outreach is needed in the state.
- c. There is an "OPS Systems Project Analyst" position open for applications in the state Department of Health. It may be found in the "People's First" system in the "Mathematics" section. The selected candidate may work remotely. It is a full time position hour-wise, but is not an "FTE" position and it should not affect anyone in FRS.

- VI. Association Group Project
 - a. Debbie Vass recommended that trauma on scene average times be selected as the area for improvement as the group project.
 - b. It was recommended that the "PIT Crew" concept be used on every patient, especially critical patients such as those involved in trauma scenes.
 - c. It was recommended that Backboard/SMR times be documented.
 - d. Interventions that should also be documented were discussed.
 - e. A Facebook Group for the Association was recommended. Craig Prusansky was given direction to set up a "closed" Facebook group.
 - f. The timeframes for submission of the trauma on scene averages will be sent out to the group.
 - g. Once all of the submissions are received, the reasons for any lengthy on scene times will be analyzed.

- VII. Adjournment
 - a. Meeting adjourned.

These minutes are respectfully submitted by Craig Prusansky, Secretary, on the 15th day of July, 2015.