EMSAC MINUTES

Date: 04/16/2019
Time: 0937
FDOH Staff: Tom DiBernardo

In Attendance

Schepkee / Gandia / Jones / Barbara / Debbie / Dr. Byers –

Approval of Minutes

No additions or deletions to previous meeting minutes

Department Reports

Tom introduced Lauren Hogge to the team. Letter discussed from last meeting in January 2019 – encouraging plan and advisement of performance measures as well as to login in to Biospatial to view your agency measures.60 agencies have had facility codes fixed, approx. 40-50 still left. Will continue to assist in fixing facility ID codes. Dr. Scheppke encourages use of Biospatial. Comment – issue is that state is calculating data differently (uploaded vs. configured) so needs to be established as to what the problems actually are. For example, with ROSC, everyone needs to be using same denominator and picking same selection – some may be choosing electrocution whereas others may not be which would result in decreased validation of data. Should bring issue up at CARES level as well. Tom provided CARES update – 37 active agencies, 128 partnering hospitals and over 270 EMS/Hospital links with 7M currently served and over 1200 cases in 2018.CARES is also due for an update, but 2018 report will be able to be viewed this week.

Sub Committee Reports

- STEMI: Mission Lifeline being utilized. Currently looking to reduce on-scene times in the past. However, with reducing 12-lead time, it ultimately has reduced the on-scene times as well. Presenter will share graph with Medical Care for the past 3 months of data, showing 12-Lead times of 4-4.5 minutes. STEMI transport schemes brought up for potential creation, however, not sure if this is a problem. Tom advised to double check facility ID codes, which may be the issues. Remember to share best practices and outcomes.

- Stroke: No one to report on stroke. Dr. Gandia mentioned potential for merging STEMI and Stroke subcommittees in the future. He has worked with the FL stroke registry in the past and is willing to oversee stroke committee. Discussion held about hospitals only receiving 50-60% of EMS stroke data, needs to be turned over to hospital on every stroke call. There is room for opportunity (education, standard stoke sheet in ED, etc.). Also, no one score is mandated, however how do we get all data needed to hospitals. Discussion held as to getting agency vendors/software to pick up these stroke details as well. If software is not picking them up correctly, then Biospatial is not picking them up, which means their benchmarks are at zero.
- Trauma: Data has been broken down between penetrating/blunt as well as between urban/rural. There was concern about how to distinguish accuracy of data seeing as ground vs. air transport have different times and expectations – how do you accurately compare scene/transport times. It was mentioned that maybe the codes are incorrect, and data is being skewed. Once Trauma Registry is merged into Biospatial, it will give us more data to utilize. Discussion was held regarding data sets and benchmarking measures – group decided it was best to keep data/benchmarking separate and to just get the message out – the activity tis to review your own agency benchmarks and recognizing strengths/weaknesses/issues and find ways to fix them (extended extrication times, access to care issues, etc.) instead of fixing current benchmarks. After agencies review data then we can look at benchmarks. You can utilize Biospatial for now if you want to benchmark your agency nationally vs. state.
- CARES: Include and educate dispatchers, getting them to rapidly identify cardiac arrest. There was a 10.5% bystander CPR rate, currently up to 50% with increasing education and outreach. Partnering with High Schools now to add or offer to curriculum prior to graduation. Need for survey data with top few questions being; Do you provide EMD, what type of software do you use for EMD and do you measure hands on rates? There is a new dispatch module in CARRES, wanting to test it out soon. Use of code summaries from each call should be reviewed by that crew for performance improvement measures (appropriate breath length, correct rate and depth, etc.). Question as to what is being considered traumatic vs. Non-traumatic cardiac arrest, Tom shows performance elements and definitions in system to clarify.

State Plan Measures and Activity

State Plan Measure	Activity
Increase Bystander CPR	Survey/poll dispatcher center CPR-HTC
Increase ROSC	Increase Agency Participation
STEMI Transport	Correct ID's
STEMI Scene Time	Survey Mission Lifeline (First 12-Lead)
Stroke Transport	Correct ID's
Stroke Scene Time	Organized Stroke Took / Dispatch Stroke
Trauma Alert Transport	Correct ID's
Trauma Alert Scene Time	Add Sub-Measure Dispatch to Destination

Note

Determine what our top three performers are and associated times. Make a power point or poster and give to medical directors. Identify what our best practices are so we can share them.

Old Business

Part of the state plan is that we are utilizing an error reporting program. There was some mixed feeling about this system regarding the fact that they have decreased security measures, check with other medical error reporting sites. Recommendation from this committee to remove for now. Removal from plan recommended. No other comments

Next Meeting

Jul 2019, Double-Tree Hilton at Universal (Orlando, FL)

Motion to adjourn was made at 11:16 a.m. and was passed unanimously