

EMSAC – MEDICAL CARE COMMITTEE MINUTES

DAYTONA BEACH, FL

ATTENDEES: See sign in sheet

DATE: 1/23/2019 Approved April 16, 2019

TOPIC	DISCUSSION	ACTION/RESOLUTION
I. CALL TO ORDER	The meeting began at 0900 and called to order by Dr. Schepcke, Dr. Gandia and Tom DiBernardo,	No action required
II. APPROVAL OF MINUTES	The minutes from the July meeting were reviewed. The minutes were unanimously approved.	○ Approved
III. STANDING AGENDA ITEMS		
A. SUBCOMMITTEE REPORTS:	<p>Dr. Schepcke stated that we need our subcommittees of STEMI, Stroke, Trauma and Cardiac Arrests to develop action plans with recipes on how to get from where we currently are to how we reach our goals.</p> <p>Tom reported that the STEMI subcommittee needed a committee chair and Marc Jones, Manatee Co. EMS, volunteered to chair.</p> <p>The stroke group had not met since before the July EMSAC meeting so there was no report.</p> <p>The trauma committee has asked for additional definitions and information prior to setting goals.</p> <p>Barb O'Connor reported that the Cardiac Arrest subcommittee has submitted action plans and recommendations to the Medical Care committee and this report is available on</p>	<p>Committees will:</p> <ul style="list-style-type: none"> ● Develop action items to meet goals. ● Identify best practices that are generally acceptable ● Design plans on how to educate agencies.

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	<p>ShareFile which everyone should have access to. Dr. Schepke noted that the significant recommendations included:</p> <ul style="list-style-type: none"> • Resuscitation symposium – this should be part of EMSAC meetings to train-the-trainers and develop best practices. It should be modeled after Seattle group with high performance CPR and the 10-steps to survival be at the forefront. Broward Co. EMS has developed a great model for FL and should be our target. Orlando Co. EMS visited Seattle EMS and rolled out this program. They credit success to meeting with County Fire Chiefs to gain multiagency involvement. • Purchase training mannequins with feedback devices. There are grant monies available. • PIT crew concept CPR to improve ROSC from 27% to 60%. • Encourage Dispatch to engage in ‘no-no-go’ or hands-only CPR guidance within 2 minutes of receipt of call. Have Medical Director approve this as part of EMD. 	
IV. OLD BUSINESS		
A. CARES UPDATE:	Tom stated that he has made great progress and is working towards a statistically significant sample size. He has about 7 agencies in the queue and has had many more express their interest. He reviewed the information from State’s perspective.	Encourage everyone to sign up for this free software and training.
V. NEW BUSINESS		
A. E.V.E.N.T./ EMERG	Tom introduced Gary Wingove to present EVENT (EMS Voluntary Event Notification Tool) as method to report errors on state level. This is a free program with Mayo Clinic. They	EMSAC is looking at several vendors so a recommendation can be

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	<p>are encouraging all Emergency Rooms and EMS agencies to use this.</p> <p><u>Emseventreport.com</u> is an unsecure link to webpage that anyone can use. It has 3 tools for reporting: patient safety events, provider violence events and Paramedic near miss events. The end user can get reports on quarterly basis and a calendar year summary. This is not a complaint system, these are deleted. Can also enter vendor information for medical equipment issues. The system also asks if you have designed corrective actions. It strips all identification for city, state, agency, etc. so it is blinded information.</p> <p>Also have EMERG (Emergency Medicine Error Reduction Group) which is secure but has a cost associated with it and is protected by state and federal rules. If an agency is using this, they must have mandatory training for patient safety information.</p> <p>They have a project with Drexel University to track workers compensation and violence information. It is a secure agreement as part of the research project.</p> <p>The website is funded through the Center for Leadership in EMS (CLIR).</p> <p>The Committee members expressed concern over protection of QA and need for legal review.</p>	<p>made at April meeting.</p> <p>A Task Force of Bari Conte, Rowan Taylor, Leonard Kinneran and Debbi Vass will work to create a universal login as part of a Florida page and limit who will enter this information & provide guidelines for its use.</p>
<p>B. EMSAC Letter / Biospatial</p>	<p>Tom reviewed the letter being sent to all 285 EMS agencies regarding the combined planning summit which created the EMS State Plan designed to be a framework for all agencies.</p>	<p>Letter to be sent to all EMS agencies regarding State Targets and Biospatial</p>

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	<p>The EMS Quality Managers Committee and the EMSAC Medical Care Committee encourage everyone to use the Biospatial system and support this effort.</p> <p>The Biospatial system was reviewed. It can be set up as a monthly email to your inbox and will look at the accuracy of data submitted to State.</p>	Access form.
VI. ADJOURNMENT	<p>The meeting adjourned at 1115. The next meeting will be held during the April meeting – TBD.</p>	

Respectfully submitted,

Barbara O'Connor, RN, MBA
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EMS QI Coordinator
VP of State EMS Quality Managers