

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

**Meeting Date:** September 14<sup>th</sup>, 2023

**Meeting Location:** Hybrid

**Chaired By:** Mike O’Neill

**Begin Time:** 2:00 PM

**End Time:** 3:02 PM

**Minutes By:** Valerie Vagts      **Members Present:** Alan Perry, Ashley Askew, Cliff Cutchins, David Keeler, Gina Wuertzer, Jay Collins, Katie Epperson, Lisa Bono, Nella Hendley, Scott McClain, Rebekah Mercer, Stephanie Adams, Steven Henson, Valeria Mitchell, Whitney Pierce, Will Shackelford, Valerie Vagts

| Item (Project)                 | Discussion (Status)   | Action Required | Barriers | By Whom/When                      |
|--------------------------------|---|-----------------|----------|-----------------------------------|
| Introduction                   | <ul style="list-style-type: none"> <li>Δ Approved Septembers meeting minutes Will 1<sup>st</sup>, Alan 2<sup>nd</sup>, none opposed</li> </ul>  | N/A             | N/A      | N/A                               |
| Data Review: July 1- August 31 | <ul style="list-style-type: none"> <li>Δ Needle Decompression: 8 in 2023 vs 4 in 2022               <ul style="list-style-type: none"> <li>○ Annual: 30 in 2023; 43 in 2022</li> </ul> </li> <li>Δ Traumatic arrests: 6 in 2023 vs 8 in 2022               <ul style="list-style-type: none"> <li>○ Annual: 32 in 2023; 40 in 2022</li> </ul> </li> <li>Δ Tourniquets: 26 in 2023 vs 22 in 2022               <ul style="list-style-type: none"> <li>○ Annual: 130 in 2023; 113 in 2022</li> </ul> </li> <li>Δ RSI: 19 in 2023; 46 in 2022               <ul style="list-style-type: none"> <li>○ Annual: 57 in 2023 246 in 2022</li> </ul> </li> <li>Δ Whole Blood – 43 administrations since October 2022</li> </ul>  |                 |          |                                   |
| CHKD                           | <ul style="list-style-type: none"> <li>Δ Recent cases have come in where kids are coming in with their helmet removed but their shoulder pads still intact. A recommendation to create a reference guide on helmet removal/protective equipment to Education and Training Committee. Will motion Alan 2<sup>nd</sup>, none opposed.</li> <li>Δ Age for treatment matched Handtevy at 13 and younger. CHKD transport is 14 and younger.</li> <li>Δ Pediatric Whole Blood protocol vetted and approved via email prior to this meeting.</li> </ul>  | N/A             | N/A      | N/A                               |
| Case Reviews                   | <ul style="list-style-type: none"> <li>Δ Needle Decompression: 65 male MVC vs Pedestrian. Multiple lacerations, skull fracture, lung sounds diminished. Patient received 2 L of NS, could have been considered for whole blood. Patient was transferred to nightingale to transport to SNGH.</li> <li>Δ Tourniquet: 76 female MVC with open fracture to left ankle and right wrist and open cheek wound. Didn't state where the tourniquet was placed, nor any consideration for pain management. The patient stayed stable during transport to SVBGH.</li> <li>Δ TCA: 35 female head on impact from impact with tree during MVC. Right open fracture and pinned, secured legs together to help stabilize the fractured one. Unknown if ROSC was obtained. Scene time 14 minutes including extrication. Transported to SNGH after trauma alert called in route, IO and epi given</li> </ul> |                 |          |                                   |
| New Business                   | <ul style="list-style-type: none"> <li>Δ OEMS's new trauma triage flowchart isn't posted yet</li> <li>Δ Abdominal wound packing was discussed because protocol and TECC are contradictory in treatment. Protocol currently states we should not pack abdominal wounds. Small wounds don't need anything but large wounds could use packing as long as the provider provides a count of how many pieces were inserted in the body. Also, once the airway is secured, we should be able to carefully pack the neck wound.</li> </ul>  | N/A             | N/A      | Trauma Committee/<br>next meeting |

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|-------------------|---|--------------------|----------|-----------------|
|                   | <ul style="list-style-type: none"> <li>Δ Valeria stated that they are interested bringing back trauma rounds after the burn class is over in early October. Case reviews and grand rounds mixture, once a quarter, in person with a virtual option to join.</li> <li>Δ The topic was brought up that whole blood when given with 2 units of whole blood, 2 grams of TXA and 2 grams of calcium gluconate increases the patients' survivability past the 28-day mark when given within the first hour of injury. Dr. Collins stated there is no utility in giving TXA in the field. There is controversy regarding the use of TXA. Recently New England of medicine reported long term outcomes are not that different. With it being a prothrombotic, which is a contraindication. More research will be found and this topic will be revisited next meeting. Working on transitioning from Calcium Chloride to Calcium Gluconate too.</li> </ul> |                    |          |                 |
| Roundtable        | Δ   | N/A                | N/A      | N/A             |
| Next Meeting      | The EMS PI Committee meeting will be in-person on November 9 <sup>th</sup> , 2023 at 2:00 PM  | N/A                | N/A      | N/A             |