NAEMSP-WI CHAPTER

MIDWEST EMS EXPO
LA CROSSE, WI
INTRO DISCUSSION – ADDED INFO

• The on-site people were in discussion about LVO stroke triage and destinations
  – Various LVO stroke exams
  – Looking for standard time considerations for facility bypass to a specialty center
• Medication shortages, especially narcotics
  – Discussion on use of essential oils in hospitals
  – Potential application for EMS
## TO HONOR OUR FALLEN

<table>
<thead>
<tr>
<th>Rico Caruso, Pilot</th>
<th>Greg Rosenthal, Paramedic</th>
<th>Klint Mitchell, Nurse</th>
</tr>
</thead>
<tbody>
<tr>
<td><img src="image1.png" alt="Rico Caruso" /></td>
<td><img src="image2.png" alt="Greg Rosenthal" /></td>
<td><img src="image3.png" alt="Klint Mitchell" /></td>
</tr>
</tbody>
</table>

Never Forget
WELCOME
NAEMSP-WI CHAPTER OFFICERS

Suzanne Martens, MD
President 2016-2017

Manuel Mendoza, MD
Vice President

Michael Lohmeier, MD
Secretary/Treasurer

Charles Cady, MD
Immediate Past President

Members At Large

Steve Stroman, MD

Dana Sechler, NRP, CCP
NAEMSP-WI CHAPTER BACKGROUND

- Wisconsin has always had a large representation at the annual NAEMSP conference
- We were the first State Chapter, launched in 2010 by Drs. Mike Curtis and Chuck Cady
- Original goals to provide contacts, share information, and promote cardiac arrest survival
- Now there are multiple State Chapters: http://www.naemsp.org/Pages/Chapters.aspx
NAEMSP-WI CHAPTER MEMBERSHIP

• As of January
• 60 members

• Mostly physicians, as expected; with some Service Directors, Training Officers and others involved in EMS research and promotion
NAEMSP-WI CHAPTER
FINANCIAL REPORT

<table>
<thead>
<tr>
<th></th>
<th>Prior Fiscal Years</th>
<th>Year to 3/31/2018</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wisconsin Chapter</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Membership Dues</td>
<td>$824.99</td>
<td>$488.33</td>
<td>$1,313.32</td>
</tr>
<tr>
<td>Total Income</td>
<td>$824.99</td>
<td>$488.33</td>
<td>$1,313.32</td>
</tr>
<tr>
<td>Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total Expenses</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Balance</td>
<td>$824.99</td>
<td>$488.33</td>
<td>$1,313.32</td>
</tr>
</tbody>
</table>

Income amounts shown reflect dues received minus fee due to NAEMSP.
TRAUMA PI SURVEY

- The Statewide Trauma Advisory Council [STAC] Process Improvement [PI] Committee requested input on trauma benchmarks and goals
- Survey link distributed to NAESMP-WI Chapter members
- 24 responses
- Likert scale 0-5:
  - Not useful for EMS, Minimally Useful, Neutral, Moderately Useful, Very Useful
## RESULTS

<table>
<thead>
<tr>
<th>Measurement</th>
<th>Weighted Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>Existing goal: C-spine evaluation/selective immobilization or stabilization</td>
<td>4.50</td>
</tr>
<tr>
<td>Existing goal: Document GCS on run report, at least once</td>
<td>4.46</td>
</tr>
<tr>
<td>Existing goal: Scene time less than 20 minutes</td>
<td>4.17</td>
</tr>
<tr>
<td>Suggested: EMS run report available to definitive TC within 48 hours</td>
<td>3.96</td>
</tr>
<tr>
<td>Existing goal: ED length of stay &lt;3 hours prior to transfer to higher level TC</td>
<td>3.95</td>
</tr>
<tr>
<td>Example: Document helicopter requested but not available (weather, distance, on other call)</td>
<td>3.50</td>
</tr>
<tr>
<td>Existing goal: GCS &lt;9 requires airway management</td>
<td>3.42</td>
</tr>
<tr>
<td>Example: Document pain score/scale</td>
<td>3.04</td>
</tr>
</tbody>
</table>
OTHER RESULTS: TRIAGE

• Appropriate Bypass to Level I or II, based on protocol
• Add some teeth to recommendation for transporting pts to highest trauma level available to avoid recurrent transfers
• Trauma patient taken to a designated trauma center, with appropriate activation. We are still seeing trauma patients taken to non-trauma centers (especially when a designated trauma center is nearby). Uncommon, but a significant risk to the patient. Adherence to state trauma triage guidelines is far more important than some of these previously suggested/listed measures.
OTHER RESULTS: TRIAGE

• Prehospital activation of an incoming trauma to a designated trauma center is an important benchmark/measure. See this system performance example from Austin TX as an example: https://www.austintexas.gov/page/trauma-alert-transport.
• Measure of percentage of patient transports to a level 1/2 trauma center meeting trauma center triage guidelines. Are we over or under triaging trauma patients?
• Whether patient correctly triaged to trauma center vs. non-trauma hospital
• Measure the appropriateness of facility/transport selection based on existing criteria. Example: Based on the given criteria, is it appropriate to transfer the patient using HEMS?
OTHER RESULTS

• Spineboard justification for all but pre-transport movement
• Advanced airway use (ETT or NVA)
• B/P less than 90 at any time
• Document time to call of higher level of care in less than 30 minutes
• Need to look at use of prehospital TXA
• Capnography levels after intubation
• Tourniquet use and application times
OTHER RESULTS

- HEMS outcomes permissive hypotension efforts for bleeding control
- EMS physician practice
- CT scans of lumbar or thoracic spine (only, not of chest or abd, just spine) - these are useless and benefit no one however they are being done regularly
- Outcomes between level 1 and 2 trauma centers
- Outcome measures at discharge
- State Office of EMS Response Time
THOUGHTS?
OTHER USE OFWARDS DATA

DAILY USE QUESTION
PARAMEDIC INSTRUCTOR QUESTION:

“If you had to pick an antipsychotic that you think the medic students would run into more in their clinical rotations, would you say I should teach them about Haldol or Geodon? Or both?”
## WARDS DATA

<table>
<thead>
<tr>
<th>Period</th>
<th>Haldol</th>
<th>Geodon</th>
</tr>
</thead>
<tbody>
<tr>
<td>2016 – 4th Qtr</td>
<td>15</td>
<td>0</td>
</tr>
<tr>
<td>2017 – 1st Qtr</td>
<td>16</td>
<td>2</td>
</tr>
<tr>
<td>2017 – 2nd Qtr</td>
<td>22</td>
<td>6</td>
</tr>
<tr>
<td>2017 – 3rd Qtr</td>
<td>25</td>
<td>2</td>
</tr>
<tr>
<td>2017 – 4th Qtr</td>
<td>22</td>
<td>2</td>
</tr>
<tr>
<td>2018 – 1st Qtr</td>
<td>24</td>
<td>1</td>
</tr>
</tbody>
</table>

The results were from 35 services. 32 used Haldol while only 3 used Geodon.
### Total EMS Calls per Year

<table>
<thead>
<tr>
<th>Year</th>
<th>Total EMS Calls</th>
</tr>
</thead>
<tbody>
<tr>
<td>2017</td>
<td>765,170</td>
</tr>
<tr>
<td>2016</td>
<td>693,754</td>
</tr>
<tr>
<td>2015</td>
<td>646,289</td>
</tr>
<tr>
<td>2014</td>
<td>704,759</td>
</tr>
<tr>
<td>2013</td>
<td>677,471</td>
</tr>
<tr>
<td>2012</td>
<td>656,278</td>
</tr>
</tbody>
</table>
## OTHER DATA

<table>
<thead>
<tr>
<th>Licensed and/or certified EMS personnel</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>EMS personnel</td>
<td>17,148</td>
</tr>
<tr>
<td>EMR</td>
<td>3,343</td>
</tr>
<tr>
<td>EMT</td>
<td>8,733</td>
</tr>
<tr>
<td>AEMT</td>
<td>2,325</td>
</tr>
<tr>
<td>Intermediates</td>
<td>123</td>
</tr>
<tr>
<td>Paramedics</td>
<td>3,759</td>
</tr>
<tr>
<td>Critical Care Paramedics</td>
<td>1,190</td>
</tr>
<tr>
<td>TEMS</td>
<td>218</td>
</tr>
</tbody>
</table>

**WI EMS PROVIDERS**

- **EMR**: 17%
- **EMT**: 45%
- **AEMT**: 12%
- **Intermediates**: 1%
- **Paramedics**: 19%
- **Critical Care Paramedics**: 6%
WI TRAUMA CENTERS

- [http://wi-dhs.maps.arcgis.com/apps/webappviewer/index.html?id=1c2936dd21cc4448bc1c7e87194f315c](http://wi-dhs.maps.arcgis.com/apps/webappviewer/index.html?id=1c2936dd21cc4448bc1c7e87194f315c)
EXAMPLES FROM OTHER STATES
OHIO EMS NALOXONE WATCH

Naloxone Administration by Ohio EMS Providers as of 04.23.18

Click HERE to view full-screen version of Naloxone Administration by Ohio EMS Providers, 2009-2018
Click HERE for 2017 County-level Data
Click HERE for 2017 Zip Code-level Data
Falls have become the leading mechanism of injury for patients in the NCTR, totaling 13,227 in 2015.

**Falls - ISS/Survival Status**

- Not Recorded: [Data table]
- Death: [Data table]
- Live: [Data table]
- Total: [Data table]

**Falls Patients by Month**

- [Bar chart for each month]

**Falls By Age**

- [Bar chart for age groups]
NAEMSP-NC CHAPTER FACEBOOK PAGE

- https://www.facebook.com/NCNAEMSP/
WARDS DATA FOR YOU

SOME EXAMPLES
WARDS DATA: CALLS BY PROVIDER
WARDS DATA: AVERAGE SCENE TIME
WARDS DATA: REFUSALS BY PROVIDER
THOUGHTS?
MEDICATIONS
SHORTAGES

ANYONE KNOW HOW TO GROW KETAMINE?
IMPROMPTU SURVEY HOSTED BY PAAW

• 44 total responses
• 23 are currently experiencing a narcotic shortage
• 5 are expecting to
• 19 are currently experiencing a saline shortage
• 12 are expecting to

• Common resolutions:
  (1) multiple vendors
  (2) multiple alternatives
  (3) conserving pain treatment for those you “really” need it (how determined?)
  (4) saline locks only or
  (5) no IV unless they ‘really’ need fluid
EMPLOYEE SURVEY SUGGESTION

EMPLOYEE NET PROMOTER SCORE
EMPLOYEE NET PROMOTER SCORE (eNPS)

• A concept that builds off the NPS system, allowing employers to measure and get a snapshot of employee loyalty and engagement within their company.

• By asking a variation of the question “On a scale of zero to ten, how likely is it that you would recommend this company as a place to work?” you are able to segment employees into promoters, passives, and detractors.
EMPLOYEE NET PROMOTER SCORE (ENPS)

- “On a scale of zero to ten, how likely is it that you would recommend this company as a place to work?”
- Segment employees into promoters, passives, and detractors
- Possible score -100 to +100
- Any +score is good.
- +10 to +50 is very good
- >+50 is like working at Apple, Facebook, Google
EMPLOYEE NET PROMOTER SCORE (eNPS)

- “On a scale of zero to ten, how likely is it that you would recommend this company as a place to work?”
- Want more info?
- Search “employee net promoter score”
- Office Vibe has a free info document
OPEN DISCUSSION

RENEWALS, DEA, STOP THE BLEED, LEGISLATION IMPACT, NEW EQUIPMENT