



Northern Virginia EMS Council
Performance Improvement and Trauma Committee
City of Fairfax Fire Station 403
4081 University Drive, Third Floor, Fairfax, VA 22030
December 5, 2018 Meeting Minutes

Those present were:

Beth Adams, Fairfax County Fire & Rescue Department, beth.adams@fairfaxcounty.gov
Danette Alexander, Inova Fairfax, danette.alexander@inova.org
Valentina Daly, Fairfax County Fire & Rescue, valentina.daly@fairfaxcounty.gov
Johnny Ellis, PTS, jellis@ptsems.com
Craig Evans, Northern Virginia EMS Council, Craig@vaems.org
Elizabeth Franco, Inova Regional Trauma Center, Elizabeth.franco@inova.org
Allison Guernsey, City of Alexandria Community Services Board, Allison.guernsey@alexandriava.gov
Michelle Ludeman, Northern Virginia EMS Council, Michelle@vaems.org
Chris Munz, Reston Hospital Center, christian.munz@hcahealthcare.com
Daniel Rinehart, Loudoun County Fire & Rescue, Daniel.rinehart@loudoun.gov
Laura Vandegrift, Northern Virginia EMS Council, laura@vaems.org
Scott Weir, MD, Fairfax County Fire & Rescue Dept, scott.weir@fairfaxcounty.gov
David Wesley, Prince William County Fire & Rescue, dwesley@pwcgov.org
Adam Willard, City of Alexandria Chief Magistrate, awillard@vacourts.gov
Jaime Wolfin, Inova Eastern Region, Jaime.wolfin@inova.org

The PI and Trauma Committee meeting was called to order at 9:05 a.m. by Dr. Scott Weir and introductions were made around the room.

Meeting minutes from September 5, 2018, meeting were distributed via email prior to this meeting and unanimously approved with no changes.

Medical/Systems Discussion – Mental Health

Presentation

Adam Willard, Chief Magistrate with the City of Alexandria and Dr. Allison Guernsey with the City of Alexandria Community Services Board discussed Emergency Custody Orders, Temporary Custody Orders and Medical Emergency Custody orders and the differences between them. Magistrate Willard provided a Field Guide to those at the meeting. A copy is attached for those not in attendance.

Dr. Weir asked how departments are handling mental health in their agencies and whether it's working.

Dan Rinehart from Loudoun County Fire and Rescue advised the following:

- The County just approved \$600,000 to hire a clinician and develop a mental health program since they had been working with New Millennium and Dodie Gill before she passed away earlier this year.
 - They are working hard to get a new program up and running and have something in place for their employees in need of those services.
 - They are hoping to have a dedicated building with their clinician, a TERP team, rehab facility, etc.

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- They are trying to get away from the stigma of mental health/illness and the “suck it up” mentality and change that to knowing when to ask for help and not being stigmatized for doing so
- They lost a member last year to suicide just before the holidays and that stresses the importance for the need to have these resources.
- They are also looking to increase the workforce in hopes of reducing the stress and fatigue often found in this line of work

David Wesley from Prince William Fire & Rescue provided the following:

- They have a 24 hour Peer Support Line and work with Lisa DeMarco-Tilley who is a Behavioral Health Specialist for the County and is dedicated specifically to Fire & Rescue personnel. She has a team of people working with her. She often comes to the stations to visit providers and check on them
 - If any member calls to ask for help they are offered three free counseling sessions to start and can continue from there but with anything, it's getting them to make the call and ask for help to get the ball rolling
 - They have limited light-duty assignments available so while they'd like to offer to take their providers who are having a hard time off the streets, they aren't always able to do so and that could result in people taking leave with or without pay, depending on what they have available, so this is another barrier to why people aren't reaching out because it doesn't just affect them, it affects finances and their family's finances, etc.
- They started introducing mandatory mental health training into their recruit schools for early recognition of signs and symptoms for themselves and their co-workers and they do mandatory quarterly mental health training for established members of the department on triggers and warning signs (depression, anxiety, suicidal ideation, etc.).
- They also lost a member of their department about 2 years ago so this has been an important topic for their staff.

Beth Adams from Fairfax County Fire & Rescue provided the following:

- Their Behavioral Health is in with the Occupational Health service. They have a licensed clinician Maya Dalton-Theodore as well as Buck Best who is a uniformed officer from DFR.
- They currently have 3 therapy dogs which live at the fire stations and headquarters
 - Xander is at Station 15
 - Wally is at Station 32
- They have 5 CIT trained field providers and 6 Fire Marshals
- 1200 personnel have been trained in Mental Health First Aid which was the 4--hour public safety model focused on self-awareness now. This is also now introduced in recruit school as well
- They have a chaplaincy program as well as the Disciplinary Diversion program and drug and alcohol support teams
- They have started a new model in their ALS internships where the providers discuss every call, regardless of the size or type of call and they have found discussing it early on is a great first step to reduce the stressors associated with significant calls where someone died or was severely injured or the provider felt more should/could have been done

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- They have an Ashes to Art program where they are introducing art as therapy whether it's drawing, painting, poetry writing, etc. Buck Best is involved in that and Craig from the NVEMSC has been attending their meetings as well

Johnny Ellis from PTS advised of their policies:

- They have a non-punitive policy regarding fatigue, etc.
 - For example, in the event that a provider were to refuse a call/transport due to fatigue from several significant calls in one day or multiple shifts in a row that they may have been held over for, etc., they can report to management for relief of their shift or a break, etc.
 - They try to provide breaks to providers as much as possible but that isn't always feasible. However, if they can send someone to a scheduled call 15 minutes early and allow the providers time for a snack break or time to go to the hospital cafeteria they try to so the providers are fed, alert and ready for the next call.
 - Additionally, if there is a medication error or treatment error of some type again due to fatigue, they are not penalized or punished for it but rather coached and counseled instead
- They have a robust EAP program and encourage an open dialogue with their providers
- They offer continual training on mental health triage for themselves and their partners.

Boulder Crest Retreat in Bluemont, VA is now open to fire, EMS and police, as well as their family members. They are located on 37 acres just off Route 7 between Berryville and Purcellville.

(www.bouldercrestretreat.org 540-554-2727)

Connections4Life in Middleburg, VA is also a highly-recommended counselling services for individuals, groups, and families. Some insurances are accepted. They offer appointments and same-day crisis counseling in areas from Fairfax to Leesburg to Warrenton and Manassas. (www.connections4life.net 703-505-7564)

Trauma Topic – Head Trauma

Attendees from various agencies provided their data for this topic

Dr. Elizabeth Franco from Inova Fairfax provided data for Inova Fairfax and Loudoun:

- Inova Loudoun for January through September 2018
 - Traumatic brain injury
 - 1 Epidural
 - 8 Intracerebral
 - 12 Subarachnoid
 - 21 Subdural
 - Age data:
 - 60% of patients were over 65
 - 31% of patients were 15-64
 - 9% of patients were under 15
 - Fall from height was approximately 46%
 - Ground level fall was approximately 45%
 - Disposition data:

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- 2/3 were transferred to a higher level of care
 - 1/2 were admitted to Loudoun
- Inova Fairfax
 - Traumatic brain injury was approximately 500 patients
 - 20% were severe
 - Makes up 30% of their total trauma calls
 - 12% of those required a neurosurgeon and surgery
 - Age data:
 - 81 and over was 22%
 - 65 and over was 50%
 - 15 to 65 was 19%
 - Less than 14 was 9%
 - Mechanism data:
 - Greater than 50% of all were falls, either ground level or from a height
 - Disposition data:
 - 10% mortality rate, most passing within 1-3 days
 - Mechanism of injury for patients who died was nearly all falls with little exception
 - Length of stay
 - 0-3 days in general for TBI patients

Johnny Ellis from Physicians Transport Service provided the following regarding head trauma patients:

- Receiving facilities
 - 65 adults to Inova Fairfax
 - 2 to Lansdowne
 - 5 children to Inova Fairfax Children's
 - 1 to George Washington
- Fair Oaks and Loudoun were the two largest sending facilities

David Wesley from Prince William Fire & Rescue:

- 706 head injury patients
 - 200 were patient refusal or DOA
 - 11 went to Inova Fairfax by ground, 20 by air
 - 90 went to Novant Haymarket Medical Center
 - 84 went to Novant Prince William Medical Center
 - 300 went to Sentara Northern Virginia Medical Center
- Mechanism of injury
 - MVA were the most significant contributor for ages up to 60
 - Falls were the most significant contributor for ages over 60
 - 63% increase in head injury cases for those over 80 years of age

Chris Munz from HCA Reston Hospital Center data year to date:

- Traumatic brain injury with a GCS of less than 15
 - 116 year to date
 - Approximately 50% were at private residence

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- Most incidents were in those age 65 and older and even more increased in those age 80 or higher
- Height of falls correlated with age of patient
 - 50% of TBI with a ground level fall (less than 1 meter) and 80-90% were age 65 and above
- Approximately 20% were from MVA
- 60% of all TBI patients were above age 65
- Mortality rate 3.6%
- 112 were blunt injuries
- 3 were penetrating injuries
 - All were self-inflicted gunshot wounds
- They looked at seasons and found:
 - Weekends were the most common for fall from a height during the summer and fall
 - Often with people on ladders cleaning gutters
 - Summertime most frequent with auto accidents making up around 20%
 - Typically unrestrained or elderly drivers
- Disposition data:
 - Once diagnosed, 85% are admitted to surgical service (orthopedics, trauma or neurosurgery) and 15% are non-surgical
 - Length of stay is 4.85 days average

Topics for next meeting:

- Trauma
 - TXA use and transfusions in trauma
- Medical
 - Sepsis
- Systems
 - Patient refusals

As a reminder, the meetings for 2019 will take place on the second Wednesday of the first month of each quarter as to not conflict with the trauma managers meetings and allow them to attend both. The 2019 Regional Trauma/PI meetings are as follows:

- Wednesday, March 13, 2019
- Wednesday, June 12, 2019
- Wednesday, September 11, 2019
- Wednesday, December 11, 2019

The next Regional Trauma/PI Committee meeting will be on March 13, 2019, at 9:00 a.m. The location will be announced when finalized. An invitation with the location will be sent out before the meeting.

The meeting was adjourned at 12:06 pm.

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CERTIFICATION OF PERFORMANCE IMPROVEMENT AND TRAUMA MEETING

Northern Virginia EMS Council
7250 Heritage Village Plaza, Ste. 102
Gainesville, VA 20155

I, Craig Evans, Executive Director of the Northern Virginia EMS Council certify that the above minutes are a true and correct transcript of the minutes of the Performance Improvement and Trauma Meeting of the Northern Virginia EMS Council on December 5, 2018. The minutes were officially approved on March 13, 2019, meeting of the Committee.

Craig Evans
Northern Virginia EMS Council

Date