

PIERCE COUNTY EMS MPD BASE STATION MINUTES
July 21, 2016

Attendance:

Membership Attendance Roster on File

Call to Order

The meeting called to order by Dr. Waffle at 8:06am. Introductions around the room. Previous meeting minutes from April were provided; motion to accept, seconded and approved as written.

Base Station Reports/Issues:

A. Good Sam, Karrie O'Brien – They're working on their pre-hospital sepsis protocol. There's been an 80% pre-hospital diagnosis.

B. Madigan Army Health System, Dr. Misner – no rep present

C. Mary Bridge, Cynde Rivers – gave an update on the new adolescent psyche wing. It will "go live" on Nov 1st. They are doing their hiring, and walk-throughs. There will be an open house prior to opening.

The June Base Station was on adolescent psyche. It was a great meeting and there has been a request to repeat it. The next meeting is Sept 14 on pediatric cardiac issues.

We are now into trauma season. Dr. Waffle had questions about how patients would arrive. Cynde responded that we are addressing our own community first, even though out of state agencies are interested.

There was also a question about addressing Zika. They are just asking the general travel questions.

D. St. Anthony, Karmela Little – Their Base Station was 2 weeks ago on Traumatic Emergencies and Injuries by Dr. Hirsig. The next Base Station meeting is scheduled for Oct

Dr Harrison is lecturing today on Ketamine use.

'Base Station Meetings Equivalent' Reports/Issues:

A. Buckley, Dr. Jeff Morse – Nothing to report. They had their first "recognized meeting" as an official Base Station, although they have been hold them previously. There was discussion about IM vs IV administration of Ketamine. There have been a couple of instances of accidental overdose by EMS that stopped the patient's breathing because of this confusion. It was reiterated to be careful of the dosing difference. Dr. Frederick stated that in the new protocols we need to be sure that the IV dose is included and not just the IM. Dr. Waffle suggested an instructional meeting to address this issue.

B. CPFR, Dr. Steven Friedrich – Base Station Meeting was about CO and cyanide poisoning. There was discussion about these patients going to Virginia Mason for treatment. The comment was made that it would be nice to have a hyperbaric chamber in Pierce County so there would be no need for an additional transfer or to rely on Virginia Mason. The situation was recalled of a diver who needed the hyperbaric chamber but was rejected by Virginia Mason. They are requiring patients to be assessed and stabilized in our county first.

Dr. Morse worked at Virginia Mason and provided some explanation. His personal opinion is that the best treatment of CO poisoning or a diving accident can be acquired by asking questions of Virginia Mason before making a transfer. Discussion ensued as to what is the ideal treatment for the patient. It is often unclear what to do – there has been controversy on this subject for years. It was summed up with the general rule as follows: with CO poisoning take the patient to the local ER; with diving

accident they need to go to Virginia Mason to use the hyperbaric chamber. Norma stated that there are protocols to address the correct procedure. Dr. Waffle added that it's important to contact Virginia Mason to drive the protocols.

C. EPFR, ~~Dr. Stephen Barnhart~~ – No rep present

D. GFR, Todd Jensen – they are going into the new quarter – airway refresher. They are looking at new equipment having been pushed by colleagues to use King Vision as a secondary device.

E. GHFR, ~~Calvin Johnson~~ – No rep.

F. KPFR – No rep.

G. RM/AMR, Nicholas Gray – They are in the process of changing the way their ongoing education will work. First Base Station is maybe in August.

H. TFD, ~~Dr. Billingsley~~ – No rep present.

I. WPFR, Bill Barber, Dr. Friedrich – Their Base Station covered CO and cyanide poisoning.

They went with King Vision, but not as a primary device. It's a different skill and approach. Dr. Waffle asked about the laryngoscope vs King Vision: is there a higher success rate?

Dr. Friedrich reported on the MCI trauma issue and where to transfer patients. Resulted in a lot of discussion between the Base Station and trauma facilities involved. Communication with Madigan was thwarted. PIA at WP. Norma said WATRAC is starting to use Everbridge for emergency alerts so bed numbers can be readily reported. Overall the response to the MCI went okay but could have been handled better.

Unfinished Business:

- A. Transport of mental health patients Update, Dr. Waffle** – SHB 1721 concerns the transport of psychiatric patients to facilities other than hospitals. There is a lot of movement and change in this process. There is new wording and language regarding the payment for transport. Bill Barber announced that there is a meeting set up with Community Connections to address mental health issues. He also brought up the idea of having a county mental health transport vehicle shared by all and staffed with a medic and MHP.
- B. Divert, Dr. Waffle** – The Divert Committee is currently being facilitated by an outside agency. The issue has become more of a capacity problem than a divert or hospital problem. The primary concern is where to send ambulances. The new motto of the committee is RIGHT PATIENT-RIGHT PLACE-RIGHT TIME. When resources are better coordinated, the divert numbers go down. We are in the process of trying to expand our resources. Going into effect in the next 2-3 months, October-ish, is the endeavor to improve access. Todd Jensen added that there is an effort to stay with the current divert plan. There is a new committee of decision makers. They recognize that a small increase of .2 % makes a difference because we are already running at full capacity.

New Business: None

Unscheduled: None

Announcements:

Norma announced that it is Red Cross National Giving Day and they support the fire agencies in our county by providing dwelling fire victims with temporary housing.

Adjournment: Meeting adjourned 9:16am.

Respectfully Submitted: Laurelee Wood, Scribe