

PIERCE COUNTY EMS COUNCIL MINUTES
July 21, 2016

Attendance:

Membership Attendance Roster on File

Call to Order

The meeting called to order at 9:32am by Cynde Rivers, Chair. Introductions made. Previous meeting minutes from January 2016 provided; motion to accept, seconded and approved as written.

Treasurers Report, Karmela Little:

April, May, June 2016 Treasurer's report shows no change from the previous one. It was provided, voted on, and accepted as presented.

Program Reports:

- A. MPD/Base Station, Dr. Waffle, MD, MPD** – It is going quite well. They have identified some issues with the medication Ketamine.
Mary Bridge has announced that their new psyche unit will be up and running by Nov 1. We have had some trauma issues and are working with Virginia Mason to use their hyperbaric chambers.
Divert meetings are ongoing. We are now considering divert as a capacity issue affecting the entire county with no individual hospital singled out. We are working with the State and looking at airway requirements and the transferring of 911 calls.

B. Committees:

Training & Development, ~~Patsy Maloney~~ – No rep present.

Operations, Russ McCallion – Russ was not present, but sent in the following report:
Hospital Data Exchange—progress being made with MultiCare (contracts being signed) and Franciscans. Implementation of HDE program, with agnostic, bi-directional data flow will help hospitals get data they need, reduce HIPAA exposure since crews won't need to obtain Hospital Face Sheets, and improve CQI processes as EMS providers will be able to get patient outcomes.
Coverdell Stroke Grant—CDC funded grant to improve continuum of stroke care starting with public education, EMS, acute care and rehab. Program is being expanded to all EMS agencies, and Franciscan network, in Pierce County. Some limited funding to help agencies participate. The ACCURACY of data from providers is crucial in measuring system performance. "Launch" of expanded program takes place in early fall.

CQI, Christopher Barnard – There was a case presentation from TFD on stroke updates.

Protocol, Cynde Rivers – We are moving forward with the protocols. The next meeting is next week. Norma asked if we have approved the necessary expenditures for the protocol books. Answer is yes.

Divert, Todd Jenson – expressed a thank you to the health department for setting up the facilitation meeting. Good results came out of the last meeting. We are making progress by

inclusion of the entire group. Two new meetings will be occurring to replace the divert meeting: one will be led by the hospital systems and another led by the charge nurse. Norma asked if we are working off the 2008 plan. Todd said, yes, and that he will forward a copy to Norma and Russ.

- C. Tacoma-Pierce County Health, Cindy Miron** – There have been some outbreaks around the State, one being a salmonella outbreak, with a couple of cases in Pierce County. She announced that their warehouse is being disbanded. The supplies were donated and they are moving the equipment back to TFD. They hope to be able to hold the beds at DEM.
- D. West Region EMS Council, Norma Pancake** – It is time to review Min/Max numbers of EMS agencies. Letters were sent out for review. Norma also announced a save the date for the WREMS Conference, February 24-25, 2017, in Ocean Shores. As for other goals, they are starting to work on them in the strategic plan. She reported that Dr. Ryan Gerecht is now on the WREMS Council as an ED Physician Rep.
- E. Department of Emergency Management, ~~Lowell Porter~~ Scott Heinze** – the primary focus was Cascadia Exercise in June. DEM had good representation and were involved/exercised in three areas: communication, transportation, and mass care/hydration/feeding. A South American delegation attended to evaluate our plans. We had a robust ARES component as well. In the Region 5 AAR we talked about setting policies and training to work more effectively with ARES. All in all, an effective exercise; goal is improvement, so we're working on a plan to that end. RCC is going through a transformation from primarily focusing on Homeland Security grants to becoming a policy setting group, delegating funding to primary needs. They will also investigate new sources of grant funding. There is a move to become driven more by ESF. Scott also introduced Celia Taylor as a new and very resourceful manager. The EMAP reaccreditation process was also completed. We are the second county west of the Mississippi to be reaccredited. We were noted for best practice: use of the County Balanced Scorecard. Cindy Miron added that TPCHD also went through the accreditation process and were accepted.

Unfinished Business:

Transport of mental health patients update, Dr. Waffle – announced that SHB 1721 passed and is now finalized. It will dovetail with what we've already done, therefore easy to implement. Funding for health and mental health is now combined. There should be no major impact to our protocols.

New Business:

Prehospital Data Presentation, WA DOH/EMS, Kathy Williams – announced a new job opening for an Epidemiologist with the State. They are trying to get everyone on board with WEMSIS (Washington EMS Info System). Kathy then went through a presentation with numerous statistics and data in chart form. Dr. Gerecht commented that on-scene times between rural and urban areas do not provide a good comparison so data might be skewed. There are major breakdowns when documenting urban, suburban, rural, and frontier data. He suggested creating realistic expectations accurately reflecting the area.

Dr. Waffle raised the question, why don't people use WEMSIS?

Change in DMCC MCI Notification and Patient Placement, Karrie O'Brien – After CR16 there was an MCI that exposed a large gap in time to get bed counts and know where to send patients. Some patients were waiting for 15 minutes to be accepted at a hospital. We've developed a process to use a set bed count for each hospital during an MCI. This should decrease the on-scene time for EMS. They can place 80 patients within 30 minutes with this plan. TG is the primary hospital, then Madigan. Scott Foster is working to get everyone on WATRAC. Discussion ensued: goal is to not overwhelm any one facility; on an MCI there is no divert; using airlift at designated facility rather than on scene eliminates complications; there're a lot of dangerous landing zones in Tacoma-the safe ones are at hospitals; Dr. Waffle said the on-scene medical command must provide good communication to the DMCC nurse; he suggested the DMCC nurse and Med Cmd meet to discuss/address these issues; there was recommendation of having MOUs in place.

Min/Max Numbers– we aren't doing them now, it's defaulted to the Ops Committee, who will create an ad hoc committee. We need a motion for this and to get a report back. *******PUT THIS ON THE NEXT AGENDA*******

Unscheduled Business:

The issue of taking CO poisoned patients to Virginia Mason or not. Outcome of discussion is that with CO there is time to assess and stabilize at a local facility and then transfer to Virginia Mason if deemed necessary. A diver with neurological symptoms should go directly to Virginia Mason for treatment in the hyperbaric chamber.

Karrie brought up the ESO issue and how they are working on it. IT must build it first. A Go Live date is expected around the end of the year. They've discussed payment by King County.

Announcements:

NDMS Exercise is August 2017.

Adjournment:

Meeting Adjourned @ 11:19am.