

PIERCE COUNTY EMS MPD BASE STATION MINUTES

April 20, 2017

Attendance:

Membership Attendance Roster on File

Call to Order

The meeting called to order by Dr. Waffle at 8:32am. Introductions were made around the room.

Previous meeting minutes from January were provided; motion made to accept, seconded, and approved as written.

Base Station Reports/Issues:

- A. Good Sam, ~~Karrie O'Brien~~** – Todd Jensen spoke on Karrie's behalf as she was not in attendance. During a Base Station call, they'll be asking for: Name, DOB and Code Status to speed up registration. Dr. Waffle asked about the security of cell phone use and was assured it a secure method to transfer information. Dr. Friedrich added that info sharing for follow-up of patients is beginning. This exchange of info is in process and most hospitals are on board.
- B. Madigan Army Health System, Dr. Misner** – They are going through Federal hiring issues. They've had three meetings, a couple of which covered topics of Codes and Backboards. He is trying to get his personnel to acquire data. They have 800 MHz radios but no contract yet.
- C. Mary Bridge, Cynde Rivers** – They had a Base Station in March on Non-Accidental Trauma. Their next Base Station is the second Wednesday in June. Their volumes have not decreased even though it is supposed go down around this time. There have been a staggering number of mental health patients, with 2/3 of them at Mary Bridge. They are dealing more often with younger mental health kids which is a huge challenge. Training is lacking severely in the area of pediatric mental health. They are using WATRAC although not 24/7. Cynde recommended to EMS personnel to use Catholic Community Services in non-emergency situation and gave out their phone number only for EMS providers' use.
- D. St. Anthony, ~~Karmela Little~~** – Not present. Cynde explained that all the EMS Coordinators are gone.

'Base Station Meetings Equivalent' Reports/Issues:

- A. AMR/RM, ~~Kevin Heindel~~ – Dr. Elam** presented their report. They had a discussion about the change in cortico steroids; shortages were the explanation. They also discussed a situation of medical error: an elderly patient was given lidocaine instead of normal saline which caused seizures. The issue occurred because the bags of lidocaine were stored on the rig too closely to the saline and the font printing on the bag was tiny, thus the error. Although the patient recovered with no lasting damage, the family was very upset.
- B. Buckley, ~~Dr. Jeff Morse~~** – No representative.
- C. CPFR, Dr. Steven Friedrich** – Base Station Meeting was yesterday. They've been training on the new protocols and have 72% compliance so far. They discussed a case of using dual sequence defibrillation. There is nothing published on this subject. Dr. Gerecht posed the questions: Is it safe for the patient? Does it damage the equipment? Dr. Gerecht went on to say that it's all about timing and must be addressed as an EMS issue, because by the time the patient is in the ER it's too late. In order to use this procedure you must have two AEDs. Discussion followed. This is not in the protocol and we need something from "higher up" to okay its use.

*****Norma said she thought something was in the AHA Handbook and will check it out.*****

- D. **EPFR, Dr. Stephen Barnhart** – No representative.
- E. **GHFR, Calvin Johnson** – Last month they covered the protocol updates.
- F. **GFR, Todd Jensen** – Dr. Barnhart is not present. Todd said they covered the protocols on Ketamine and other drugs. They also did case studies on aortic dissections. Because Graham, Orting and SPFR are under the same doc they are coordinating their Base Stations and will be offering additional ones on the same subject.
- G. **KPFR, Allister Stone** – Their last Base Station was on Sepsis Reviews. They used Good Sam’s sepsis screening and applied their charts to determine septic versus non-septic.
- H. **TFD, Dr. Gerecht** – Their last Base Station covered the new protocol roll-out. Next week they will be filming on EtCO₂ issues. There was discussion on the use of Narcan and specific cases.
- I. **WPFR, Dr. Friedrich** – Their Base Station covered training on the new protocols; they have 53% trained up. He posed a question: they have stopped carrying LIFEPAKs on their rig, so they have to use other methods. What do you do when you are unable to use Waveform Capnography because you don’t have the LIFEPAK? Norma answered, “You do what you can for the patient with what you have.” They also had an issue with having to return fentanyl because they found several with the caps off.

Unfinished Business:

A. Divert Plan Update, Dr. Waffle –

When the Patient Access Steering Committee met, they decided to leave the new system the way it is at this time because of on-call surgeon availability. EMS will continue as is, but this issue will be readdressed in the future. We have been experimenting with “no divert” for adult medical patients at all hospitals. It has been approved to continue. Dr. Waffle will send out a memo to that effect.

New Business:

Calvin Johnson has had some difficult issues regarding investigations and how it impacts his personnel. He would like to have this put on the agenda for the next meeting – a process with MPD.

Unscheduled:

None

Announcements:

None

Adjournment:

Meeting adjourned 9:33 am.