

PIERCE COUNTY EMS MPD BASE STATION MINUTES
October 19, 2017

Attendance:

Membership Attendance Roster on File

Call to Order

The meeting called to order by Dr. Waffle at 8:36am. Introductions were made around the room. Previous meeting minutes were noted as being emailed and were approved as written.

Base Station Reports/Issues:

- A. **Good Sam, Karrie Austin** – Their last meeting was October 4. Dr. Hirsig spoke and it went well even though there was lower than usual attendance.
- B. **Madigan Army Health System, ~~Dr. Misner~~** – No representative present.
- C. **Mary Bridge, ~~Cynde Rivers~~** – No representative present.
- D. **St. Anthony, ~~Karmela Little~~** – No representative present.

'Base Station Meetings Equivalent' Reports/Issues:

- A. **AMR/RM, ~~Kevin Heindel~~** – No representative present.
- B. **Buckley, ~~Dr. Jeff Morse~~** – No representative present.
- C. **CPFR, Dr. Steven Friedrich** – Base Station Meeting was yesterday on pediatric trauma. Karrie Austin was there presenting on WATrac. We are working to get everybody trained up on its use. There is not total acceptance of the system. MCIRT (Mobile Community Incident Response Team) was also there and they are a useful resource.
- D. **EPFR, ~~Dr. Stephen Barnhart~~** – No representative present.
- E. **Falck, Scott Jones** – They had their first Base Station yesterday. Dr. Hirsig led.
- F. **GHFR** – Last Base Station was on trauma. They also brought in social workers.
- G. **GFR, ~~Todd Jensen~~** – No representative present.
- H. **KPFR, Allister Stone** – At their last meeting they talked about Pediatrics and EMR. It is going to be an interesting process.
- I. **OVFR** – No representative present.
- J. **TFD, Dr. Gerecht** – They talked about under- and over-triage and the impact it can make on a patient. It is easy to under-triage a patient.
- K. **WPFR, Dr. Friedrich** – Their Base Station has been moved from yesterday to next week. They will talk about Pediatric trauma. Karrie Austin will be there to talk about WATrac.

Unfinished Business:

- A. **Use of WATrac by EMS, Dr. Waffle** –
The Patient Access Steering Committee has been addressing the no divert issue for a couple of years now. The Charge Nurse Group is the most instrumental in the functioning of the no divert plan with the best system being to use WATrac. It is a State program, so we cannot just make changes we'd like without first going to the State. The focus is working to keep it current and accurate and that requires EMS to use it. We are working through the bugs in the system.

Dr. Waffle suggested that it would be best to get the information on hospital availability en route to the scene so EMS knows where they are taking their patient. Dan Beckman said this is nearly impossible because of the other things taking place on the way to a call. Dr. Waffle then conceded that it should be as soon as possible.

There was much discussion on this topic. Dr. Friedrich said that not everyone is keeping it updated which creates a reluctance on the part of EMS providers to use it because it is not kept up to the current status. Some hospitals were 3-4 days out of date. Dr. Waffle responded that they are working to provide more useful information and he understands that their current color coding is confusing. Dan checked WATrac at that very moment and reported that St. Joseph hasn't updated their status since October 16. He added that we are also at the mercy of the internet which is often slow and unpredictable. Dr. Gerecht says they have similar issues and WATrac is not well received.

Alistair Stone suggested using the latest technology and possibly a kind of push button app that would allow nurses or EMS personnel to comment on the ER status a particular hospital.

Dr. Waffle stated that he will address this at the committee meeting because apparently, hospitals are not doing what they say they are doing. If people aren't updating the system, it is not useful. He sees two main issues: it is not simple and it is not accurate. He likes the idea of an app that would make it more readily available. Karrie added that it needs to be standardized.

Dr. Waffle warned about the upcoming flu season and urged everyone to be prepared for surge in the ERs and also encouraged everyone in the EMS departments to be vaccinated.

Dr. Stone asked if the EMS community can go to the State and have any influence on how to handle the overflow in the ERs. Dr. Waffle replied that this is what the Community Access Steering Committee is working on. The big problem is that all the hospitals are at or above capacity and don't know how they would handle an emergency and the ensuing surge. He asked for anyone to give him creative ideas and ways to "think outside the box" so he can present them to the committee.

New Business:

A. Trauma Triage Tool, Dr. Gerecht –

Dr. Gerecht had to leave the meeting so Dr. Waffle stepped in. He said our current Trauma Triage Tool has varied verbiage from the State's and suggested making slight adjustments so ours matches. The State requires all EMS personnel to be trained on any new protocol updates or changes. So the question is, how do we want to make protocol changes? Every quarter, once a year, as they come in...? Dan answered that annually would be best because the training can be done at Base Station. Everyone else seemed to agree. Dr. Waffle then asked what time of the year is best. There was discussion on the month, but it wasn't settled for certain.

Unscheduled:

None

Announcements:

The WREMS Conference is in March of next year. The State is looking to support the new NREMT recertification components and will be talking about this at the conference.

Adjournment:

Meeting adjourned 9:19 am.