

PC EMS COUNCIL
OPERATIONS COMMITTEE MINUTES
January 31, 2018 – 10:00

Attendance:

Membership Attendance Roster on File.

Call to Order

Russ McCallion called the meeting to order at 10:00 am. Introductions were made around the room. Previous meeting minutes were provided, voted on, and accepted as written, with the exception of correction to the spelling of Dr. Friedrich's name.

Unfinished Business:

A. Community Healthcare Access Report (Divert) – Mike Newhouse

The committee is in a hard place right now. They have an agreement with CHI Franciscan for the pilot project of Alternate Destinations. But the biggest thing is funding. They have consensus to the body of the work, which is complete, but waiting to determine how it will be paid for.

- Norma requested that, since it's finished for Mike to bring it to the Ops Committee for approval.
- Russ asked what are the estimates of who goes where? Urgent care versus the emergency department. The two have different pain treatments.
- Sam added that there are really long waits in the UCs and asked how they would receive EMS. Urgent care, prompt care and emergency departments all have different capabilities.

Mike revealed where we are with this now versus a year ago: we are in the same place, except we have more answers to why there are roadblocks. Some of the problems are dealing with emergency versus logistical inconvenience and the issue of how to treat everyone equitably. The good news is that we've gone to "no divert" so have things improved?

- Sam emphatically replied NO! We've sat for two hours with a patient waiting for them to be seen.
- Norma responded that if the wait is over a half hour, notify the PCEMS Office with specifics so data can be collected to present to the Divert Cmte. Dr. Waffle needs know about those exceptional cases (e.g. waiting for two hours).
- Cynde added that it needs to go to upper management to see changes happen.
- Russ said that cutting staff and beds backfires. We need everyone to work collaboratively, give and take.

There was continued discussion on the long waits.

Mike pointed out that the patient is better off in a climate controlled ED environment than in the back of an ambulance.

- The divert plan allows 30-40 minute waits as the outset time frame.
- Trish Niehl stated that please notify Karmela Palmer to report any problems with any CHI Franciscan hospital.
- Calvin added that there is also a problem with crews hanging out at the hospital socializing or eating and that needs to be dealt with separately.
- Cynde summed it up saying, anything over 30 minutes needs to be reported. We need to get feedback on long waits in the ED and complaints need to get to leadership.

B. TPCHD Update – Cindy Miron

Hospitalization for the flu is not as bad as it was last year. It feels like it has peaked and is on its way down. The Influenza Update was passed out for more detail.

There have been 6 cases of norovirus and 30 cases of pertussis.

Cindy handed out the Puget Sound Coalition Surge Test Overview regarding a non-patient exercise to be held in April of this year. She requested time for a discussion on this next meeting.

C. Hospital Data Information Exchange – Russ McCallion

Russ reported that there is nothing new. Karrie is at an ESO Workshop.

D. Chair and Vice-Chair Elections

Russ was nominated to serve as Chair again and Calvin was nominated to continue as Vice Chair. There were no other nominations since last meeting or in the current meeting. So Russ will continue as Chair and Calvin as Vice Chair.

New Business:

“Medicine-Vault and the EMS PharmaltoID Application – Tom Cavanaugh, PharmaltoID Mobile Health Division

Tom introduced the presentation agenda: 1. What is it? 2. Critical Problems Solved 3. How Problems are Solved, and 4. Q and A. He then introduced Jay Brenner, who said he has an idea of what we are looking for and what we need. He went on to cover the four points.

1. It is a mobile-based integrated coordinated care platform. You scan a tag that provides the medical record of unresponsive patients (PHR and EMR systems like EPIC). This provides up to date medical data to the first responder.
2. Challenges solved are immediate access to data versus the slow process for EMS to acquire patient information.
3. This problem is solved by scannable tags, stickers in automobile windows, which are linked to patient’s real-time reports.
4. Solution: better tools, streamlined process from 911 call to patient care, in the ED and reporting. Pilots are currently in process.

Angie Riggsby asked if the end user could do a free trial and what is the cost ultimately.

Answer: under \$4 per month.

Russ requested that they talk off-line, saying I’ll have more questions for you.

Unscheduled Business:

A. Accountability Community Health (ACH)

Russ passed out a handout on ACH, stating that we need some seats filled at the table which will be very beneficial. He urged the committee members to contact PC ACH and get involved in a work group.

Announcements:

Norma announced the 2018 WREMS Conference in March, saying one of the speakers will be a Fire Chief from Arizona as well as Chief John Sinclair and AC Russ McCallion talking about MIH.

Adjournment: Meeting Adjourned @ 11:00 am.