

**PC EMS COUNCIL
OPERATIONS COMMITTEE MINUTES
NOVEMBER 27, 2019 – 10:00 AM
DRAFT**

Attendance:

Membership Attendance Roster on File.

Call to Order

Kira Thirkield called the meeting to order at 10:06 am. Introductions were made around the room. Meeting minutes from September 25, 2019 were voted on and accepted with a change from the health department saying that there is currently no Hep A.

Unfinished Business:

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

___ mentioned that Mike Newhouse is working on this, however the committee has not met in a long time. Discussion needs to be held to see if continuing this committee is necessary. They will be meeting soon to decide whether or not to disband the whole project.

B. TPCHD Update – Cindy Miron

Cindy Miron said that the health department will be having an Ebola Tabletop exercise on January 23, 2020. Hospital and EMS representatives will be attending. They have had volunteers going out for the homeless health response.

C. Hospital Data Information Exchange – Russ McCallion

___ said that the ESO met with the hospitals starting with CHI Franciscan. They will be talking to EMS about the platform for data and how their agencies did in the field. ___ is retiring in February and will be passing this on to someone else in January.

D. MCI Plan Scenes of Violence Protocol - James Jacques/Russ McCallion/Jeff Moore

Tabled - No representative present

E. ET3 (Emergency Triage, Treatment and Transport)-Russ McCallion

A request was made to remove ET3 from future agendas.

F. Off-Campus ED Update-Dr. Heather Justice

Dr. Waffle said there has been a small change to the exclusion material for patients that have an inability to care for themselves being brought to the Off-Campus ED. These patients need to be transported to the hospital ER not to the Off-Campus ED, especially with an acute event. If the patient broke their ankle, then the Off-Campus ED can probably handle it but it is a gray zone and is up to the EMS transport to use their best judgement. The Off-Campus ED cannot tie up a room for 6 hours for a patient. These patients have been mostly coming in by private transport, but we don't want to add to it with EMS transport. The Off-Campus ED is designed for rapid turn-over. We don't want to bog it down.

G. ETA Update Discussion-Jennifer Brown, MBCH

This is regarding reporting acute patients to the ED. If you call ER with arrival time of 20 minutes, then an empty room may be filled before you get there because the ER can be overwhelmingly busy. If you call with a 5-minute arrival time, the ER may hold the room. The hospitals are requesting that EMS give an approximate arrival time update as they get closer, especially when the patient is acute. That way they can try to have a room open. Two (2) calls are ideal: 1) when leaving the site 2) about five (5) minutes out.

H. AHA EMS Mission Lifeline Program-Paula Hudson, MHI, RN-AHA Reg Dir

Tabled – No representative present

I. ER & Watrac language-

J. Watrac-

Watrac needs a language revision. The tabs need revised so understanding can happen for all and it can be utilized. For the system to be effective for DMCC, it needs to be updated by the hospitals. The idea is to update at least every two (2) hours. A system is only as good as the number of users. From the medic side, there is struggle with it not being uniform and updates are not being done. It is not used because it is not reliable. The Watrac meetings were canceled. Watrac was mentioned at the TPCD meeting. We need to figure out who is working it.

_____ mentioned that a shared Google Doc would do the same. The larger the user group the more accurate it is. Frequent updates are the key. The problem is if a note states to avoid a hospital then no one transports to that hospital for eight (8) hours because an update is not made, then there is an issue. A request was made to have a demonstration at the next meeting of what the Google Docs system looks like.

K. Ebola & Other Highly Infectious Disease Transport Plan-in process-tabled

New Business:

A. New Law Requiring Employers Inform Patients if an employee with certain sexual misconduct history is providing medical services-Ryan McGrady

At the last legislation session, there were changes made to the law regarding the requirement of employers to inform patients if an employee with sexual misconduct history is providing medical services. The intent is more for scheduled or pre-arranged medical visits. Agencies are now obligated to notify patient in writing of any sexual misconduct of a provider. This will stay in the patient's record until the provider is no longer practicing. There are some exclusionary criteria listed in the language (for example: unconscious patients). By law, providers cannot have a personal relationship with a patient for at least two (2) years after providing care to that patient. For more information about this : WAC 246-16-100: Sexual misconduct.

Unscheduled:

Nominations for 2020 were made as follows:

- Chair: Matt Waltrip
- Vice Chair: Kira Thirkield

Voting will be done at the January meeting.

The MSOs will be meeting in January regarding the operational plan for blood products.

Announcements:

The next meeting will be on January 29, 2020.

Adjournment: Meeting adjourned @ 10:48 AM.

Scribe: Donna Vitale