

Kitsap County EMS and Trauma Care Council Medical Officer's Meeting Minutes

December 20th, 2006
Readiness Center
Bremerton, WA

Attendees:

Thomas O'Donohue	PFD	Rachel Kaperick	KCEMS
Kim Doyle	Olympic	Jay Lovato	CKFR
Cliff Wilson	SKFR	Butch Lundin	BIFD
John Burch	PSNS	Barb Lovato	KCEMS
Elizabeth Gonzalez-Nugent	KCEMS	Stan Plyler	BFD

Meeting called to order by Chairperson Stan Plyler at 10am

New Business

Nominations

Kim Doyle was unanimously confirmed as the acting Chair beginning in January 2007.

Jay Lovato was unanimously confirmed as the acting Vice Chair beginning in January 2007.

Meeting Name/Content Change

What has previously been the Medical Officers meeting will now be renamed as the "Kitsap County EMS Office Operational Meeting". This change was agreed upon by unanimous vote of all current members. It has been requested that the next meetings' agenda be put out as soon as possible.

Policy Updates and Changes

The group has decided to take one policy per meeting and discuss changes and have a new policy in place within one month. The mechanics of this policy review and revision will be as follows;

- The policy intended for review will be emailed with the agenda for the following months meeting.
- The EMS office will provide the focus for the changes needed on the policy up for review.
- Committee members will review the policy and email all suggested changes to Elizabeth two weeks prior to the meeting.
- The policy will be updated per member suggestions presented at the meeting.

The first policy for review for the January meeting will be the Certification/recertification policy. The Executive board may have input to this process, any pertinent discussion from that meeting will be brought forward to the January 2007 meeting. It is important for the EMS office to know what impact a policy change will have on each individual agency. There will be three policies sent out initially for review – they can be scheduled as appropriate.

Technical Committee

Process for new products has been requested for review by the Technical Committee. If the device is in our protocols should it be available for use on every rig?

- The MPD can make a mandate (patient care protocol)
- The Tech Committee reviews all versions of device and recommends one device
- Implementation is then be incorporated into the following years' budget or purchased immediately if warranted.
- If an individual agency wants to use a certain device and the MPD agrees that it is a viable device, the Technical Committee will review all the models and make a recommendation to that agency but that agencies choice to use a new device will not make it a mandate for all agencies.

Short Form Reporting at ER

MIR Short Form

If an agreement can be reached within the agencies on one type of short form MIR, then that form might be presented to the ER physicians for review and approval. There were two examples of short forms presented at this meeting which would cover the initial information needed with a full report to follow with in 30 minutes. The ER physicians are currently opposed to the short form and feel that it may not be conducive with quality patient care. It is agreed that it is not appropriate for use with critical patients. Jay has agreed to participate in a meeting with the ER physicians to discuss the short form. The main concern is going to be that the individual receiving the patient from EMS must have ALL the patient information – will ALL of it be available via a short form? This gap will need to be bridged between EMS and the hospital for any kind of reporting form to ultimately be accepted. If a form is agreed upon and put into use, how will they be reviewed? Who will validate that they are complete? Who does that now? Can a shift person thumb through these reports and make sure they are complete?

Research has been completed regarding the technical ability of laptops in rigs and it has been found to be a viable solution to the thirty minute reporting need but is expensive and will take time to implement globally. It is important to have a uniform presentation for the hospital agreed upon by all agencies before it is presented. The duplicate reporting that is currently happening has become a liability issue. Agencies have chosen different position regarding the written report and it's classification as "field notes" vs. the electronic report as the official record. It is very important that consistency be adopted or that department policy is clear so that providers understand the difference.

STAFF

Training

The EPP class has been scheduled and flyers distributed March 3rd & 4th.

ACLS for EP will be offered in the spring and fall.

The EMT class starts January 8th at the Readiness center. All enrollments must be done through Olympic College.

There will be a 12-lead class on April 19, 2007.

The OTEP Evaluator class is in the works as well as a preceptor training class.

Steve Coney from Physio has offered a Capnography class – he was forwarded to Elizabeth and Barb for scheduling and dates will be forthcoming.

The first three OTEP trainings will be pediatric.

Training officers are interested in meeting with the EMS Office to streamline training and education such as fire academies, EMT classes etc. to best serve our county and all of the agencies included.

Training supplies

The EMS office equipment needed list was sent out but there has been a little feedback. If there are things that an agency wishes to donate for teaching purposes please contact The EMS office BEFORE bringing anything here. Cliff has asked that Barb come to the station and go through what SKFR has to donate.

Protocols

Protocols are on schedule and have a drop dead date of June 2007. We are $\frac{3}{4}$ of the way done. Procedures, formulary, pediatric quick reference and we will now be working on the protocols. There is still concern from the Region about participating in a regional model – if the ultimate document the Region produces is error free and leaves no margin of error in clinical practice we may agree to move back to the regional model. Currently, we are providing all of our work to the Region electronically so that it can be used for their model. The document that will be signed by Dr. Eisenberg will endorse will reduce any margin of error for providers and agencies.

Med-Select

Determination was turned over to the agencies for a final decision, a space was found for it at the in the EMS room, the hospital agreed to allow its placement, the pharmacy agreed to restock it and a price quote was submitted, the board of pharmacy approved the plan. Where the matter was left was in the hands of the interested agencies to fund and implement.

Good of the Order

Meeting adjourned 11:35am

Next meeting will be scheduled for January 17th at 10 am. The MCI workgroup will meet just before at 9am.