

# Kitsap County EMS and Trauma Care Council Medical Officers Meeting Minutes

January 9, 2006  
Readiness Center  
Bremerton, WA

## ATTENDEES:

Randy Billick	CKFR	Elizabeth Gonzalez-Nugent	KCEMS
Tim Gates	NKFR	Rachel Kaperick	KCEMS
Cliff Wilson	SKFR	John Burch	PSNS
Chris Morrison	PFD	Stan Plyler	BFD

### 1. New Business

Medical Officers group voted on and agreed to discontinue the MO meeting on the third Wednesday in lieu of having the monthly meetings occur on the first Monday of the month at 11am.

### 2. Old Business

Medical Officers expressed the need to have the Chief's Association define the scope of the Medical Officer's Division.

#### A. Non-Emergent transport

South Kitsap has requested a meeting with Dr. Eisenberg regarding an alternate transport plan for non-emergent patients requiring a ride to the hospital. SK would like to pilot a cab voucher system and bring the results to the group.

MO Goals should reflect all departments not just a few – alter goals to reflect a need for a market analysis for non emergent transport (BLS side of house) – How many are there REALLY?

Elizabeth expressed concern that there is a tremendous liability associated with ANY downgrades and that we are already operating with inadequate oversight for downgrades from ALS to BLS. She suggested that the agency interested in the program present the idea to Dr. Eisenberg including how it would be monitored and reviewed.

Lakewood was mentioned as an agency example for the use of the taxi voucher system for non-emergent transport. It was noted that Lakewood enjoys a 3-4 minute average transport time as compared to Kitsap county's 30-40 minutes average transport time – what if patient declines during wait time? Consider area/jurisdictional boundaries – use only for patients close to hospital.

SK willing to pilot a program – add to county wide goals for 2007 if appropriate.

3. No Transports

The need was expressed for more comprehensive review of all calls that result in no transports/upgrades/downgrades and possibly a person in each department to work more closely with QA regarding these call categories.

4. Staff

A. LifePak's

The contracts for LifePak 12's were discussed and it seems that there are a couple of different deals floating around. It is the goal of the departments to come together a purchase as a group. Departments that chose to include 6 year maintenance contracts for new units purchased received a better overall deal. Randy Billick will put a call in to the person they worked with to see what can be done to combine purchases with other departments.

The Heartstream units can be updated to meet new guidelines but not for pediatric use.

B. Med-Select

Short time Leasing was investigated and found to be an expensive option and more expensive than an outright purchase.

6 agencies – 3369.00 each to purchase, 236.00 per yr starting 2<sup>nd</sup> yr.

Company will include a cabinet for drips

Locking frig = 795.00

The committee discussed controlled substances. Would these items stay in the pharmacy? Elizabeth will be checking with the board of pharmacy about the dispensing of controlled substances.

Can a lock box be provided to put MIR – reconciliation error to be reported to the MPD.

Consider paring down drug inventory on rigs as an option to save money, in light of a medication dispensing system. Agencies reported a significant expense in medication wastage; this could be alleviated with an onsite dispensing system.

### C. ALS OTEP

ALS OTEP would mirror through BLS OTEP models – medics would run BLS through ALS scenarios. Practicals already scheduled – BSM meeting to serve as the venue for the cognitive portion of the program.

ALS OTEP replaces retaking state exam each recertification period However; OTEP does not replace ALL CE!! Encourage/require providers to attend conferences and to take advantage of opportunities for outside training. Continue to budget for CE hours so that it can be incorporated into the overall plan.

Make sure that evaluation teams evaluate the subject matter and re-educate as needed. Encourage departments to choose their strongest members to send to evaluator classes.

The MPD will evaluate special interventions – mannequins will be made available at base station for practicals.

The idea of third party evaluators was discussed. Elizabeth asked that she be given the opportunity to meet with the evaluation teams before evaluations are done. Elizabeth request that each department planning to use staff from the EMS office for evaluations call her with their evaluation dates so that she can schedule the actual evaluators.

Randy Billick is currently serving as the Medical Officer for CKFR.

### D. Air Lift

There seems to be some changes in standards from Airlift Northwest regarding when they will fly. The minimum ceiling level was 500' what is it now? Consider requesting a visit from ALNW during next meeting to discuss what new standards are and what we can do to facilitate efficiency.

### E. RSI

Investigate ways for medics to be more compliant. RSI/Reports/Protocol.

Consider making separate RSI groups:  
Children/brain injured/non-brain injured – algorithm for each.

Since the Regional protocols are under construction it is a good time to present RSI change requests. Elizabeth will discuss with the MPD how nasal intubation fits into airway management as it is not clear with the new RSI procedure.

#### F. EMT/Paramedic – DOA

Can an EMT declare death? Currently the protocols refer to a “provider” but not the “level” of provider specifically.

It would be beneficial to clarify and expound on the meaning of decomposition..lavidity? Marbling?

#### Child death

The Health Department through Child Death Review is concerned over the practice of transporting children obviously dead in the field. As identified in the Northwest Region Patient Care Protocols. This comes from the need of the Medical Examiner to verify “cause of death”. By removing a child who is dead in the field we may compromise the investigation. Elizabeth will incorporate this training into the OTEP programs 2006.

#### CBT Module for the online OTEP regarding Death and Dying

This module will generate significant discussion regarding “compelling reasons” to withhold treatment.

#### G. Medics in county

Are Medics/EMT’s maintaining proficiency with critical skills and synthesis of presenting symptoms if there is, or if there becomes, an over abundance of medics in the county.

An overall concern was expressed regarding skill degradation for medics on the job when there are too many and that it was not in the best interests of the district. Careful planning needs to be made for future addition of paramedics. There is a possibility to study the ALS call volume against the number of paramedics.

The recertification policy has been updated for 2006. It will affect those who have a patch but don’t provide care. Consider reverting those individual medics back to EMT if they are not functioning as a paramedic or if they are promoted and their responsibilities no longer include ALS patient care.

Adjourn 12:50

Next Medical Officer meeting - February 6<sup>th</sup> at 11am.