

Kitsap County EMS and Trauma Care Council Medical Officers Meeting Minutes

May 1, 2006
Readiness Center
Bremerton, WA

Mark Eisenberg	KCEMS	Cliff Wilson	SKFR
Rachel Kaperick	KCEMS	Stan Plyler	BFD
Elizabeth Gonzalez	KCEMS	John Burch	PSNS
Barb Lovato	KCEMS	Butch Lundin	BIFD
Chris Morrison	PFD	Jay Lovato	CKFR

NEW BUSINESS

- ☆ Bless AHA updates
- ☆ Easy IO moved to June agenda

OLD BUSINESS

1. QA PROCESS REPRESENTATIVE ATTENDANCE

- ☆ Providers on extended leave will be replaced - Dyste for SKFR.

2. MIR – PAPERLESS

- ☆ Elizabeth has meeting with CEO's regarding this issue. She would really like to take a draft of our paperless schedule. The signature pages would be separate as HIPPA requires a signature for every patient we have contact with, to bill Medicare, if not possible for patient to sign then hospital staff, or family member. Need to develop forms for AMA, POV, consent, HIPPA receipt, refusal of care, Stan will bring example of what BFD is using for this.
- ☆ Bio key has drop down for refusal...patient signs pad instead of paper. CKFR showed around stations...may bring back again for more detailed review. SKFR has rep scheduled to review different data - this Friday at SKFR 9am? I will follow up with a confirmation of time and email to all. MO's 4000 a unit - hardware ONLY. With a recommendation from group, Elizabeth would like to begin dialogue with hospital so they are not blindsided. BFD reports a hard to read.....flow is bad....sometimes don't make it to chart quickly. Hospital will receive report within thirty minutes - short report to be left at hospital with patient. Back to back calls - shoot off an unusual incident report for these.

3. ARMBANDS

- ☆ EMS office will order.

4. THIRD PARTY EVALUATORS FOR OTEP

- ☆ Mark Romero had info from field - the third party evaluators were requested by a dept to meet their accreditation requirements. The use of third party evaluator group would include a member of the dept being evaluated. OTEP is not designed to be a fail/pass process but an opportunity to identify subjects which require remediation and additional training. Mark will draft a letter addressing the true purpose of OTEP to be given to MO's and forwarded to career folks.

5. AHA UPDATES

- ☆ AHA update class may 6, 9am SKFR - could take more people if there is a need. Instructors have been using their own CTC's for the update classes but Elizabeth would consider a BSM for update, or asking Tom Didonna come and teach a class if needed. All updates should be complete by June 15th if instructors are using their own CTC's. If there are any instructors that could not get it done by June 1st contact the EMS office.

6. PROTOCOLS

- ☆ It has been determined that there will be no impact in patient care issues if we wait for the protocols to come out on schedule.

7. AED'S AND PEDIATRIC DEFIBRILLATION

- ☆ Our current AED's can not be reconfigured for pediatric pads - no - but it is ok to use adult pads on kids as long as the pads do not touch each other.

8. RSI PROTOCOL

- ☆ Summary sheets for intubations etc...The next step will be to pull MIR's too. Council providers in house - expect reversion to naturalized skills when provider is under stress. Hopefully through review of these reports we can figure out where the issues are recurring
- ☆ Year to date reports have been requested
- ☆ Controlled substances-med select-
- ☆ waste must be witnessed by licensed provider- there will be times when these aren't available do unusual incident reports and send it to Elizabeth or Dr. Eisenberg. "waste witnessed by RN Smith"

9. MEDSELECT

- ☆ There has not been definitive proceed ahead for this project, if it going to be purchased let get going and get it done. Would hospital be willing to bill patients for meds? Would there be kickback issue because we transport to HMC primarily and will non paying patients be an issue for hospital. Expired meds will be traded in for new and there is room in the break room for the MedSelect unit.

10. FENTONYL

- ☆ On hold – Dr. Eisenberg hasn't done memo yet so continue to use what hospital; gives for now. Agencies can begin to phase out now if they want - it will be phased out anyway. Should it be easier to phase out now...not a big deal?

11. STERNAL IO

- ☆ There have reported failures to release - both devices were disposed of. There are other devices out there. It is important to decide and discuss replacing with alternative device....NKFR has bone guns, they like them and they are FDA approved. Complications include fractures, provider intimidation and failure to release.
- ☆ Bone drill - 500 for initial unit, 50 for replacement
- ☆ EZ IO butch has video and info - not approved for sternal use. The representative lives on Bainbridge - a presentation could be requested for anyone who is interested. Special drill bits that know to stop at marrow. Comes with backup hand drill consider using the tech committee for research - pass the buck!

12. WAVE FORM CAPNOGRAPHY

- ☆ will be required so it may be good to update as soon as possible

13. CLASSES

- ☆ ACLS for EP and PALS will be offered again in October 26th, 27th. Barb will provide a list of providers that are due to recertify.
- ☆ 12 lead late spring and again in the fall
- ☆ EMT class - September - no dates yet - revising manual
- ☆ Working on getting new SEI's into system.
- ☆ SEI workshop for all SEI's mandatory from state to have workshop in certification period. We will try to get one done before September EMT class.
- ☆ PHTLS class is scheduled for June 26th, 27th, there will more details forthcoming about instructor class on the 28th. Will Chapleau, National Chairman of PHTLS. Flyers will be done by the end of the week. It will be a great class... there is concern that our providers will not be interested so it will be a first come first serve or prerelease. If they want in they need to register right away. Need 8 hours of trauma training is required,

Look for two patient reports - help us find them.

Adjourn 12:15PM