

GREAT FALLS FIRE RESCUE CITY EMS ADVISORY BOARD



MINUTES SEPT. 10, 2013 1400 - 1600 GFFR TRAINING CENTER

MEETING CALLED BY	Quarterly Scheduled Meeting
TYPE OF MEETING	EMS Advisory Board
FACILITATOR	Chief McCamley
NOTE TAKER	Hester
TIMEKEEPER	None
ATTENDEES	Fire Chief Randy McCamley; Doctor Simpson Medical Director, City Commissioner Bill Bronson, Deputy City Manager Jen Reichelt; EMT/Engineer Mike Kuntz; Benefis Trauma Coordinator Laurie Jackson; City Emergency Management Planner Kristal Kuhn; GFES Manager Justin Grohs; Dispatch Manager Bill Hunter; GFES Paramedic Will Fleming; Dispatcher Peter Ingold; County DES Vince Kolar; Assistant Chief Steve Hester

Agenda topic

Introductions made and minutes from last meeting were approved unanimously.

Old Business

 Life saved ratio and more specifically door to catheter lab was discussed. In order to shorten the time between EMS heart patient contact to getting the patient to the catheter lab, EMS may be tasked to provide two IVs and to draw blood.

However there are some issues that must be addressed to ensure that these practices would indeed benefit heart patient outcome. They are as follows;

- ✓ Ensure the blood lab will accept blood drawn by paramedics on-scene
- ✓ Conduct a baseline heart patient pre-hospital study for future comparison
- ✓ Draft and approve protocol the board determined that if this idea were to be implemented it must be done with strict protocols in place.
- ✓ Train paramedics on heart patient blood draw protocols
- ✓ Implement and monitor
- Community Cardio/Pulmonary Resuscitation; Dr. Simpson is still working with Scouts to develop
 this program as a project for Eagle Scouts. There are still some details that shall need to be ironed
 out but he is hopeful to have the program up and running by December 2013
- o King Tube Implementation; While Endo-tracheal Intubation has been the gold standard for airway management the King-Tube has proven to be a close second. Therefore, GFES has implemented there use on the ambulances. GFFR has not implemented them but shall in the near future. This airway adjunct would be handy if an ET-Tube was unsuccessful. Protocol would also be necessary to provide medics with this option and when it would be an option.
- Active Shooter and Mass Casualty Incident (MCI) Standard Operating Guide Status; The Board was briefed that there was a draft MCI Standard Operating Guide which has been in review. There has been a lot of work that has gone into this guide with more to still do. There are a lot of unanswered questions regarding what constitutes a mass casualty. There was a lengthy discussion about the City's abilities compared to the needs of a mass casualty. The Board was concerned that

the system would not be prepared for such a disaster. It was determined that the organizations involved at the scene and the hospital must work closely together prior to one of these disaster to develop a viable plan that most efficiently uses the resources available.

Also, more must be done to get other medical health organizations involved in MCI planning before such a disaster to create greater efficiencies. Also on Sept 12, 2013 there will be an aircraft incident exercise at the Great Falls Airport. This drill shall bring to light system inefficiencies and items that need work. An exercise after action report shall be provided to the board.

 It was noted during this discussion that some improvement has been made in dispatch's capability to use the Montana Mutual Aid Channels. Beings that most every public safety radio has these frequencies this shall help improve inter-agency communications. This too shall be put to the test during the airport exercise.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Determine if Blood Lab would accept blood draws for heart catheter patients from EMS Paramedics	Laurie Jackson	Soonest
Determine baseline response times for cardiac patients	Steve Hester	Soonest
Continue work on MCI SOG	Steve Hester	None
Draft and submit Airplane MCI to Board	Steve Hester	Next Meeting

DISCUSSION

New Business

 Dispatch Center Move: Phase I of the project to move the dispatch center to the old flight services building at the airport is underway. It is expected that by the end of October dispatch shall have made to move. Phase II will be to renovate other parts of the building to be used as a regional emergency coordination center, training areas and offices.

In addition to moving the center, radio antennas shall be installed on this site which shall improve reception. There shall also be more redundancy by use of back up radios. New dispatch consoles shall improve trunking capability.

- o There was some discussion about the problems with the New World computer aided dispatch and reporting system. The fact that the software was rout with problems has led to significant reporting problems and frustration on the part of all parties involved. The Problem stems from New World and not the City's Information Services staff, in fact they have all been working hard to correct the problems. Reports are incomplete and the system crashes about 3 to 5 times a week. The Board was concerned and the Deputy City Manager shall continue to address the issues with New World.
- Since the inception of emergency medical dispatch there has been some very tangible efficiency that lessens the risk to the community and more efficiently dispatch EMS resources. One issue brought to the attention of the board was that during the initial dispatch some transmissions were a bit long winded. It was recommended that the initial dispatch should be succinct and if more information is warranted the dispatcher should wait until everyone has notified them they are enroute. The board agreed to this change in policy and dispatch shall make the changes accordingly

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Document problems with New World and provide reports to the City IT office and Deputy City Manager	Dispatch and Fire	continued

SPECIAL NOTES		