



CITY EMERGENCY MEDICAL SERVICE ADVISORY BOARD

MINUTES 11 JUNE, 2013 1400 - 1600

CITY OF GREAT FALL FIRE TRAINING FACILITY

MEETING CALLED BY	Scheduled quarterly
TYPE OF MEETING	Staff Meeting
FACILITATOR	Fire Chief Randy McCamley
NOTE TAKER	Martin
TIMEKEEPER	None
ATTENDEES	Ron Martin-GFFR, Randy McCamley-GFFR, Steve Hester-GFFR, Justin Grohs-GFES, Lauri Jackson-Benefis, Dr. Dave Simpson-System Medical Director, Krystal Kuhn-GFFR, Tanya Huston-CCHD.

Agenda topic

1400 - 1600

OLD BUSINESS

STAFF

DISCUSSION	Introductions, and review and approval of last minutes. Committee reviewed and accepted prior meeting minutes no items removed or added.
1. Subject: King Tube Implementation	<p>The board requested follow-up on the implementation plan, and training.</p> <ul style="list-style-type: none">The board was briefed the model/type to be used by GFFR will be the same as Benefis and GFES, in-service training will occur during January refresher. The board emphasized the need to carry a secondary device in the event an ET tube was not able to be used. The board discussed that the "King Tube" was not meant to replace the ET tube as a primary, but as a back-up in the event an ET intubation was not able to be obtained. The board asked if other entities of the EMS were using this device, advised that all others were and it was working well as "secondary device". The committee provided guidance that GFFR was to continued as planned, with training and implementation as planned during paramedic refresher 2014.
2. Subject: Blood Draws in the field briefed the committee concluded that Benefis lab would accept "field blood draws" if two patient identifiers were used, Name and DOB.	<ul style="list-style-type: none">The group advised prior to implementation that we pull data for chest pain cases to set time parameters. The intent being that this should not slow patient transport, this should be an in-route procedure. The board discussed that a Benefis trainer will be working a station at the paramedic refresher and will teach the skills portion, in this station. The board agreed to establish SOG and protocols with System Medical Director, Benefis, GFFR, GFES medical director to ensure patient care / transport is not delayed. Some members of the committee felt that patient care would be delayed slightly due to an extra skill being performed, discussion on two IV's being started the second being used for blood draw to ensure life saving interventions are not delayed. The board tasked System Medical Director, Benefis, GFFR and GFES medical director to continue to pull information and proceed with setting up SOG and parameters for review prior to implementation.
3. Subject: CPR Anytime Project	<p>The board discussed difficulties with getting volunteers/ community involvement with program. Several groups were approached to gain buy in, with no interest. Royal Rangers, Girl Scouts, Boy Scouts The committee has approached the leadership of the Boy Scouts and is taking a top down approach as of now. CCHD offered to help out and will be forwarded info on other programs from state from the committee.</p>

4. Subject: **Mass Casualty / Active Shooter**

GFFR has been working with GFFPD and continues to make progress. It has been identified that this will be a lengthy process, due to current mindset of staging until GFFPD clears the scene, this will take a coordinated effort due to training and response setup as of current.

- The board discussed the future of EMS and Fire response to active shooter incidents and the risk module involved.

The board discussed the risks we perceive responders are willing to take. The committee discussed culturally we have become a society of "everybody get saved" and that not being possible, the need to do triage and care for patients should be the focus.

Discussed the ability to communicate is key, AFG grant put in for and will be a big part of managing these type of incidents. Also to include joint exercises, table tops and training plans.

NEW BUSINESS

STAFF

1. Subject: **6.1 of the EMS Contract, CQI process as a system**

Discussion on the current QA/QI process GFFR conducts, requested input on conducting QA/QI-CQI for the system based on the contract.

- The medical Director with the system will report to the system Administrator issues and resolutions revealed in the CQI process.

GFES reported not having submitted a QA/QI end of year report since no process was in place and the system had not as of yet established the process.

The board advised all Level 1 traumas should be address by the sub- committee. Things that have been noted is the lack of GCS reports in patient reports to Benefis.

The board addressed the process needs to have teeth, and the need to know that issues have been resolved. For instance training, documentation, problem resolution.

Any provider is able to contact System Medical Director, additionally the topic is able to be done in the current framework, once GFES has a full time medical director.

The board identified process needs parameters, to be accomplished by the group, each entity was tasked with inputting ideas and reporting to the System Medical Director.

The board advised the group to set parameter, and System Medical Director will have oversight, reporting to System Administrator.

2. Subject: **911 Response Level**

The Board discussed difficulty with current dispatching not meeting response , BLY, BLR, ALS. The committee would like to see it boiled down to code 1 of code 3 response, for ease of interpretation.

- The committee discussed how the system worked and was set up.
- The committee directed GFFR staff to meet with Dispatch and review response issues.

Adjourn

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Contact with Bill Hunter on 911 issues	Hunter/ Hester/ Martin	Prior to next meeting
Dispatch/Police, EMS and Fire on MCI and Active Shooter Plan	Hester	Soonest
CQI / QA/QI committee to review parameters	Martin/ Lauri / Dr. Simpson	Soonest

OBSERVERS	
RESOURCE PERSONS	None noted
SPECIAL NOTES	Tentative Date of 11 February 2014 @ 1400-1600