



GREAT FALLS FIRE RESCUE CITY EMS ADVISORY MEETING



MINUTES

JULY 3, 2013

0830 - 1230

FIRE STATION - 1

MEETING CALLED BY	Randall E. McCamley
TYPE OF MEETING	Quarterly
FACILITATOR	
NOTE TAKER	Hester
TIMEKEEPER	None
ATTENDEES	Steve Hester, Randy McCamley, Dave Simpson, Dave Kuhn, Justin Grohs, Kristal Kuhn

Agenda topic OLD BUSINESS

DISCUSSION	<ul style="list-style-type: none"> • Attendance taken • Last meeting minutes approved with small deletion regarding QA/QI process for GFES
	<ul style="list-style-type: none"> • Airport Exercise: an after action report (AAR) was sent to the Lauri Jackson to be circulated to the hospital participants during the last airport disaster exercise. The EMS Administrator noted that nothing has been heard from Benefis regarding the AAR. There are plans to conduct table top exercises that will focus on improving coordination between the hospital and on-scene operations for Mass Casualty Incidents (MCI). Also ICS training was offered to the hospital command staff by Great Falls Fire Rescue. • King Tube Implementation: Currently the City Fire Dept. doesn't have King Tubes. During the ALS refresher training shall be conducted and they shall be ordered and put into service. • Yearly Report Delay: The annual EMS and Fire Service report has been delayed because of reporting soft malfunctions. In July of 2013, the City put a new Computer Aided Dispatch system and Incident Reporting system on line. As a result, the fire department has been unable to download the data needed to provide the 2013 annual report. Once information services works out the problems a report shall be drafted and made available. • Field Blood Draws: This procedure was one of the training stations during the recent Paramedic Refresher course. Dr. Waldo from cardiology supports this idea because it will shorten the time for patients to receive proper treatment for heart attacks. A draft protocol shall be drafted by Benefis but the City is waiting for additional information. There may be more training required and some other logistical decisions must be made before full implementation can be accomplished. • CPR Anytime Program: Not much interest in this program. There may be some other avenues to get this program instituted and some more interest by the community. There is a need for greater marketing and possibly some alliances made with the EMS members and the County Health Dept. • Comprehensive Quality Improvement Program: There was a discussion about getting the hospital more involved with the EMS system QA/QI program. It was brought to the attention of the group that EMS quality improvement is problem-driven while Hospital focuses on a more trend-driven QA/QI process. This may be problematic when trying to implement a more comprehensive EMS QA/QI program.

**AGENDA TOPIC: NEW
BUSINESS**

DISCUSSION	<ul style="list-style-type: none">• Dispatch Protocol: There have been some complaints about the Emergency Medical Dispatch system with a focus on the 3 tiered dispatch, BLS Yellow, BLS Red and ALS. Some believe it would be simpler to just dispatch code I or Code III. It was explained that there is more to do with the EMD protocol that just how it gets classified for dispatch. The fact that the King County System was adopted as a system means any changes would have a negative effect on the entire protocol system. Therefore, dispatching EMS protocol shall remain as it is.• Emergency Pediatric Care Course: The Medical Director recommended a pediatric course that was nationally recognized to practice low frequency, high risk skills for emergency pediatric patients. The objective would be to improve pediatric patient care. Dr. Simpson offered to look into this new program for future implementation into the Community EMS program.• Future of Community Para-medicine: The mobile integrated health care and the affordable health act may have a profound effect on the City EMS in the future. Fort Worth TX is a good example of what may be coming for those who want to do some research.
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SPECIAL NOTES	
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