Delaware County Pre-Hospital Care System Advisory Board

May 1, 2019 Meeting

Action

Approval of April meeting notes

Motion to approve meeting notes from April meeting by Chief Donahue

Motion seconded by Patrick Brandt

Meeting Notes

Workshop/Open Discussion: An open dialogue was held to discuss the following items to get feedback from the group so that the County can draft a mission statement and goals.

Countywide EMS

Creating “white paper” standards for EMS

Representatives from first response fire departments should have a voice

Additional partners, general health, hospitals, mental health board, as non-voting members, voice

Provide highlights/updates of the board to Organizations in Delaware County

Strategic planning

Long term goals

Setting those goals, getting there

Goal is always to provide highest level of care

Set the level we are at, level we want to be at, how we get there, develop strategic plan

Healthcare outcomes

What is success in EMS?

Setting specific goals, example: what happens on a chest pain call?

Defining the highest level of care, driven by internal and external best practice metrics, then define from there

Growth

Coordinating resources with a view regionally on growth, coverage areas, where demand is, relocation, shifting resources,

Community Paramedicine

Community paramedicine started in Minnesota, long transportation routes, rural

Reduce impact on EMS, revenue generator

Define the expectation of the services we provide

Unique circumstances, non-emergency, non-critical can remove us from emergency situations

Critical care transport is where EMS is going nationally

We are going to do what’s right, we don’t decrease the level of care,

What is going to be the standard?

Can the county invest in some of these specialty programs?

This board can be used as a vehicle to provide those services

Transport

Discussion about who we need to be transporting

What is best for the patient, what is the most efficient?

Basic level transport services

Setting the bar for Delaware County above the national standards

Measuring response time

CMS2020

Rating the quality of services, different tiers, reimbursing based on that quality of service

Established Responses

What are our expectations?

What is the response needed to be made

Regional collaboration with local control, on this call I want this level of care?

Thinking outside the box, with response

Specialty services have a high cost

Effectively deploy services

Dispatch

Discussion about alternative care, Urgent Care, Teledoc’s

Run cards and CAD system

Cellular device and GPS devices to run this dispatching technology

Being one system, equal partners

Effective Response Levels

What is needed to get there to handle that call?

Setting specific standards for calls, for example, 5 people on scene for cardiac arrest

Dynamic deployment model, how many people do we need on a certain call?

Discussion about minimum staffing, per day and ambulance staffing,

Medical Direction

Single protocol

Evidence supporting the decisions made

Contortion of doctors, providing single medical direction

Physicians to review and guide protocols

Have everyone meet together, one meeting

We benefit from different doctors sitting on a board then just having one doctor as medical director, Chief Noble

It is preferred that there are physicians in different specializations present

Technology

Ultrasounds, test pilot, not in scope of practice right now,

Stroke robots at OhioHealth, we have the capability to talk to doctors, can that happen out in the field?

Training/Education

Continuing education units

Alphabet classes- cardiac, trauma, pediatric

Creating standards in terms of those trainings

Live streaming training options

Upcoming Meetings

First Wednesday of every month unless otherwise noted.

June 5, 1-3 p.m.

July 3, 1-3 p.m.