

**PC EMS COUNCIL**  
**OPERATIONS COMMITTEE MINUTES**  
**March 28, 2018 – 10:00**

**Attendance:**

Membership Attendance Roster on File.

**Call to Order**

Russ McCallion called the meeting to order at 10:00 am. Introductions were made around the room. Previous meeting minutes were provided, voted on, and accepted as written.

**Unfinished Business:**

Cynde gave a brief update on the WREMS Conference, stating that there were more in attendance than in the last 5-10 years.

**A. Community Healthcare Access Report (Divert) – ~~Mike Newhouse~~**

Mike was called out of the meeting, so Jeff Moore reported briefly. He said there is little to report as things are at a standstill with unresolved issues.

Russ commented that the more they investigate the use of urgent cares to offset ER overcrowding, the less hopeful it looks. He asked about use of the freestanding ERs. Cynde cited the Covington ER that operated before the hospital was built. Some discussion followed.

**B. TPCHD Update – Cindy Miron**

There has been a bump up recently with the flu, which is unexpected after the peak in January.

**C. Hospital Data Information Exchange – Russ McCallion**

Trish Niehl confirmed that Franciscan Health System is moving forward. There have been a lot of national IT challenges. The good news is that it is currently being tested to see if everything is working. At our next meeting she hopes to have a go-live date for us.

Russ reported that there is a considerable amount of faulty information in WEMSYS along with IT problems so that the data doesn't reflect reality. This unreliability calls for an assessment. We need to ask if it's really working.

**D. Medicine-Vault and the EMS PharmaltoID Application**

Russ reminded the group of the presentation on the PharmaltoID Application from last meeting. He followed up with them on it but found it unrealistic for patients and doctors to provide the proper input and management of data. He asked them to make contact again in a year or so, if they have a more solid pilot program and additional groundwork in place.

**New Business:**

**A. Medical Counter Measures – Cindy Miron**

Cindy reported on the exercise scheduled for May 2019. She stated that there are going to be dramatic changes to the program. The requirement is to be able to medicate the entire population within 24 hours and the challenge is how to do that. Most likely we will use a first responder medication dispensary. It is still in flux, fluid and changing. She will have more information by July 2018.

**B. New Psyche Hospital "Ambulance Reception" - Dr. Tracy Wilson**

Dr. Wilson began by saying she wants to discuss how we will receive patients and how EMS brings them to us. They expect to see a lot of walk-ins, but there is also an ambulance bay to deliver patients outside Allenmore. Their facility is being built and will have 120 beds for adult behavioral health.

Russ said the criteria for receiving patients needs to be simple and straight forward.

Dan added that there will be people who have self-medicated. We need to have collaboration between EMS and the facility.

Art asked about involuntary holds.

Dr. Wilson said there are still a lot of unresolved issues and the need to establish criteria for medical patients versus psyche patients.

Tim mentioned possible issues with transporting in and transporting out. There will need to be a private contract so Allenmore doesn't get slammed with all of those because of proximity.

Russ asked if their facility will work in competition with other facilities or be collaborative. Dr. Wilson responded that they want to build better relationships with other psyche facilities and asked for more off-line conversations with key players. She also added that they will be restraint-free.

### **Unscheduled Business:**

#### **A. RI Crisis Center - Jody Leer, Director**

Jody stated that the premise behind the crisis center is to be a service to EMS and LE. They are endeavoring to eliminate barriers and friction, reeducate staff and even eliminate staff, if necessary. They have 16 beds available for a stay of 23 hours to 14 days. They are becoming a co-occurring site with substance abuse in addition to psyche issues. They want to partner with the psyche hospital and not compete. The goal is to be available to the community. They will use chemical restraints, only if necessary.

Russ added that this is an opportunity to get our crews use these facilities when necessary to avoid overuse of the ERs.

#### **B. Northwest Healthcare Response Network - Susan Pelaez**

Susan announced that in the first two weeks of April, there will be a no-notice exercise that will theoretically impact 1300 patients needing to be evacuated (they will not actually move the patients). DMCC will be involved. She requested that if anyone gets called, to play along. Susan passed out a couple of handouts regarding the exercise.

### **Announcements:**

None.

**Adjournment:** Meeting Adjourned @ 11:05 am.