

PC EMS COUNCIL
PROTOCOL REVIEW COMMITTEE MINUTES

DRAFT September 26, 2018 – 8:00

Attendance:

Membership Attendance Roster on File.

Call to Order

Cynde Rivers called the meeting to order at 8:01 am. Introductions were made around the room.

Previous meeting minutes were provided, voted on and accepted as written.

Unfinished Business:

A. Mobile Application Progress (tabled – need suggestions from committee)

Norma had requested in the May meeting that the committee do some research on protocol applications and provide her with recommendations. So far there has been no response.

Cynde stated that it would be best if we used someone local.

Dan Beckman reported that he spoke to the guy who created the app that many EMS personnel are currently using. He will get Norma more information

B. Trauma Triage Tool Appendix B (tabled – no progress by State)

Cynde said it's a long and daunting process and that they are still waiting on the State's approval.

New Business:

A. Propose new Stroke Protocol – Christina Bradley, St. Joseph

Gena Kreiner reported that St. Jo's has been doing a pilot for the past 2 months on extending the window for endovascular stroke to 24 hours. The representative at the State meeting has approved this extension. It was proposed to Dr. Waffle that the County approve it as well. Along with the 24-hour window extension, they are using BE-FAST (**B**alance, **E**yes, **F**acial droop, **A**rm drift, **S**peech changes, **T**ime LKW) in place of FAST. There is a push for using the severity score in the field as well. There are 3 key elements to determine the appropriate hospital: BE-FAST, Stroke Severity Scale and Last Known Well time. They are keeping it as simple as possible for EMS in the field.

The next steps are: Development of Pierce County EMS Triage tool versus waiting for the State's; continuing EMS education; and continued tracking of the stroke severity score. The big question is, do we develop our own triage tool and have it sooner or wait for the State to develop theirs and have it later?

Valerie Lyttle brought up something for consideration: the need to know who's been bypassed.

Gena said communication is lacking which may affect patient outcome.

Dr. Misner asked, why are we not adopting King County's protocols?

Gena replied that because their demographics are different, their protocols would not fit here and there would be too many discrepancies. Pierce County would not be able to adopt them all.

Discussion followed.

Gena clarified that the only changes made to the current tool is BE-FAST versus FAST and the 24-hour extended window.

Norma commented that extending the window to 24 hours could cause a legal issue if it's not yet a State standard. She also suggested tracking patients who were bypassed.

There was some discussion on this.

Gena thought adding something to the checklist log could make it easy. Just use a question such as, "Did you bypass?" with a check box.

Dr. Waffle added that we could make it a COP (County operating procedure). He confirmed that we do need State approval of the 24-hour window or we could face litigation.

Norma said that if a report is missing, the best way to handle it is to go back to the agency and request it.

Cynde concluded by saying that we are staying with the status quo until we hear from the State.

Unscheduled Business:

Ryan McGrady had a question on a discrepancy in the protocols. He will pass this information on to Cynde.

Kevin Heindel asked if anyone else is still having trouble getting Zofran.

Announcements:

Mike Newhouse introduced Mary Hallman, TFDs new MSO.

Adjournment:

Meeting Adjourned @ 8:55 am.