

PHECC Quality and Safety Committee

Meeting Minutes

9th September 2014, PHECC Office, Naas 10:30

Present:

Shane Mooney (Chair)
Ian Brennan
Greg Lyons
Michael O'Reilly
John McShane
Anthony Corcoran

Apologies:

Brigid Sinnott
Rickey Tracey
Mick Molloy
Brigid Doherty

In attendance:

Jacqueline Egan
Brian Power
Barry O'Sullivan (Deputy Director)
Anne Keogh

1. Chairs business:

The Chair welcomed the group, apologies were noted and introductions were made. The Chair paid tribute to the late Dr Geoff King, acknowledged the contribution he made to EMS services in Ireland and expressed sympathies to Geoff's family. A minutes silence was taken by the members. A change of membership for Martin O'Reilly of DFB was noted and a replacement nominee, Michael O'Reilly, Acting Chief Fire Officer, was approved and welcomed to the Committee.

2. Meeting Report and Matters Arising

The Chair asked for any comments on the minutes of the meeting held 25th March 2014.

Resolution: The Quality and Safety Committee approved the minutes of the meeting held on the 25th March 2014.

Proposer: Ian Brennan **Seconded:** Greg Lyons
Carried without dissent

2. Criteria for Registration:

2.1 Registration Process Update

Jacqueline Egan gave an update of the electronic re-registration process for Paramedics and Advanced Paramedics. It was noted that 137 Paramedics have failed to re-register and their membership has lapsed. Re-registration of 18 Advanced Paramedics is still outstanding and a late re-registration fee of ten euro will apply. These registrants have been prompted by letter, e-mail and telephone call to complete the process. Michael O'Reilly requested that Dublin Fire Brigade (DFB) are informed, prior to any of their staff incurring late fees. The Chair advised that registration and re-registration is the responsibility of the practitioner.

2.2 Continuous Professional Competence Survey Results

Jacqueline Egan advised the committee that following the March meeting a CPC feedback survey was circulated to all CPG licenced providers. Contributors were thanked for completing the survey but

nonetheless the response rate of 32% was disappointing. Barry O'Sullivan informed the committee that consultation will take place with all licenced providers. The committee were advised to inform their respective organisations of this pending stakeholder consultation and any feedback to be brought to the committee as appropriate.

There was concern among some committee members that employees may request paid time to partake in CPC and the Chair advised that CPC may be completed by a practitioner at a time that is best suited to them. He continued by acknowledging that CPC could have capacity issues for some organisations and it will be important that organisations give consideration to developing partnerships to ensure practitioners can achieve the required patient contacts. It was also stated that all patient contacts are relevant for CPC and not just ambulance patient contacts.

Jacqueline Egan asked that all committee members review the published CPC Guide for EMT's and engage with their respective organisations in order to collate worthwhile feedback which can be incorporated into the consultation feedback.

3. Skills and knowledge to support best practice:

3.1 Safe Practice/protecting the public

3.1.1 National Vetting Bureau (Children and Venerable Persons) Act 2012

Barry O'Sullivan informed the committee that he attended a briefing on the Act and advised that there are now three parties involved in this new vetting process as follows: i)Garda Vetting Bureau ii) Relevant Organisations and iii)Scheduled Organisations. The Pre-Hospital Emergency Care Council is a listed Scheduled Organisation. Relevant organisations must apply to register with the Garda Vetting Bureau, nominate a liaison person and seek vetting disclosures from the national vetting bureau (NVB), before employing a new member of staff and use any disclosed information appropriately. Some discussion took place on the Act and the committee were advised that organisations must engage with the National Vetting Bureau.

3.2 Quality Review Framework for Service Providers

3.2.1 Draft CPG Licenced Provider Quality Review Framework

Barry O'Sullivan explained that in brief the rationale for the development of a quality review framework was to provide a structure which will facilitate self-evaluation by licenced providers in order to identify good practice and areas needing improvement. A question regarding HIQA standards arose and the group were informed that HIQA standards only apply to statutory agencies and do not apply to the voluntary or private licenced providers. Barry O'Sullivan informed the group that this proposed quality review framework would apply to all licenced providers. Jacqueline Egan stated that a panel would be formed in due course, following expressions of interest and measurement of suitability against a set of predefined eligibility criteria.

Resolution: The Quality and Safety Committee approve the development of a CPG licenced provider Quality Review Framework.

Proposer: Ian Brennan
Carried without dissent

Seconded: John Mc Shane

3.3 CPC Competency

3.3.1 Verification of the status of each service provider in regard to: Training, authorisation, competence, & carrying of medications

Jacqueline Egan showed a short TV3 clip to the committee regarding practitioner clinical practice. A discussion ensued regarding the CPG implementation timelines and adherence to same by the licenced providers. Barry O'Sullivan informed the committee that when a practitioner receives CPG upskilling in a particular skill or medication the practice of privileging the practitioner by the provider should take place. In addition he informed the committee that there is a facility through the licenced provider approval process whereby exemptions can be sought for certain medications.

3.4 Practitioner Practice Regime

3.4.1. Service Provider Privileging Process

Barry O'Sullivan asked the members if consideration should be given by this committee to requesting the status of the implementation of credentialing, licencing and privileging in all licenced providers.

Resolution: The Committee requested that each licenced provider confirm: i) the status of upskilling of practitioners to the 2012 edition of the CPG's and ii) the number of Advanced Practitioners (AP's) who have been privileged to administer Intranasal fentanyl.

Proposer: Greg Lyons

Seconded: Ian Brennan

Carried without dissent

3.5 Service Provider consultation exercise

3.5.1 Service Provider consultation exercise CPC

The committee was asked if they favoured an information / consultation exercise by PHECC with licenced CPG providers and recognised institution with the primary objective of consulting on CPC and the proposed quality review framework. The Chair commented that there is a lot of uncontrolled feedback on some social media sites and committee were advised to communicate to their respective organisations regarding the UL Centre for Prehospital Research (CPR) forum where comments and feedback are invited especially pertaining to the 2014 edition of the CPG's which will guide the development of future CPG's. The feedback is moderated by CPR and all feedback collated by practitioner level and communicated to the Medical Advisory Committee (MAC).

3.6 Community First Responders

3.6.1 Responder Scope of Practice

Jacqueline Egan referred to recent letters sent to Dr Cathal O'Donnell, Medical Director of NAS and Dr David Menzies, Medical Director of Wicklow Cardiac First Responder Group regarding the scope of practice of PHECC registrants who are members of responder groups who are not linked to NAS. Copies of letters were available in the meeting papers. It was agreed that the Committee would seek a written response from Dr Cathal O'Donnell.

3.7 Practitioner Scope of Practice

3.7.1 Practitioner Scope of Practice

The Chair referred to a letter received from Code Blue CPG licenced provider in relation to the discharge of patient by registered practitioners and responders at Events and question of authorisation of the Medical Director. The Chair confirmed that the Medical Director can privilege the practitioner to discharge the patient and the liability remains with the Medical Director. In addition it was stated that there is a discharge policy in place by all licenced providers for Events. This policy is included in the licenced provider's submission to PHECC seeking approval to implement CPG's. Brian Power pointed out that there is a significant difference between the discharge of a patient following a 999 emergency call and the discharging of a patient from a first aid post at an Event. The Chair requested that a reply be sent to Code Blue stating that a) each licenced CPG provider has an Events Discharge Policy in place b) the Medical Director can privilege a practitioner to discharge a patient and c) the liability remains with the Medical Director.

The Chair also referred to an e-mail received from a PHECC registered practitioner, who is also on the UK HCPC register, seeking clarification of his scope of practice if he is responding to a call in an Irish registered aircraft. Brian Power informed the committee that the practitioner can only practice to the level to which his organisation has privileged him. As he is employed by a CPG licenced provider to the level of Paramedic, hence the practitioner can practice at Paramedic level. It was agreed that the registrant would be written to with this information.

3.8 Crewing Intermediate Care Vehicles (ICV's)

This issue was raised at the Council meeting of 16th May 2014 and resolved in correspondence from the Director of the National Ambulance Service (NAS) which was recorded in the minutes of the 10th July Council meeting. The response from the Director assured Council that the Inter Facility Patient Transfer Standard is complied with at all times by the NAS on ICV's with a minimum of one EMTs as per the current version of the Inter Facility Patient Transfer Standard.

3.9 Licenced CPG Service Providers – Inspection Reports

Annual reports are required from Licenced CPGs Providers as per Council Policy POL003 and Brian Power reported to the committee that 91% of providers submitted their Annual Reports. Four submitted their reports by the deadline. He discussed the reports with the committee and noted the following points: i) there have been no adverse incidents recorded by any of the providers and ii) eight organisations carried out clinical audit. Jacqueline Egan stated that it is expected that following the health information and clinical audit seminar, which took place in June, that service providers will be more informed regarding clinical audit and health information standards and this should result in an improvement in the practice of clinical audit for 2014's Annual Licenced CPG Provider Reports.

It was suggested that a Clinical Audit information pack be prepared, including a template for suggested clinical audit be circulated to all providers.

Resolution: The Quality and Safety Committee agreed to write to Council to inform of non-conformers and seek advice regarding actions to be considered.

Proposer: Michael O'Reilly **Seconded:** Anthony Corcoran
Carried without dissent

3.10 ALS requests from EFR and EMT at Events

Discussion took place on the co-ordination of EMS as per resolutions of MAC meeting outlined below. The Chair requested that a letter is sent to Council seeking recommendations as outlined in the committee resolution.

Resolution: The Quality and Safety Committee recommend to Council that:

- 1) HSE ambulance control shall be informed of all ambulance transfers of patients from Events to ED
- 2) The Priority Discharge Committee consider an appropriate process, other than ProQA interrogation, to communicate with ambulance control and to explore if it is appropriate to issue a CAD incident number for such transfers
- 3) Practitioners must be resourced with appropriate equipment to allow them to work at their clinical level when providing pre-hospital emergency care.

Proposer: Greg Lyons **Seconded:** Ian Brennan
Carried without dissent

4. Information standards leading to data collection and clinical audit:

4.1 Information management update

4.1.2 Date collection in NAS

Jacqueline Egan gave a status update on the paper PCR pilot project by the NAS. She informed the committee that Council did give approval for the pilot but did not allow the PHECC logo to be displayed on it.

4.2.1 Health Information and Clinical Audit Seminar Update

Jacqueline Egan gave a brief overview of the 2 day event which took place in June.

5. AOB

5.1 Irish Heart Foundation Conference

The Chair informed the committee of a Sudden Cardiac Death Prevention 1 day conference in November. Details were tabled.

5.2 Deputy Director raised four items

5.2.1 – CPC Forum on the Centre for Prehospital Research, University of Limerick

5.2.2 - Publication of: i) 2014 edition of the CPGs published and ii) Field Guide App

5.2.3 – Commencement of internship by NAS of private students

5.2.4 – Communications - organisations were requested to put in place a robust process of dissemination of information from committee meeting to their organisations.

5.3 Irish Volunteers Cancer Ambulance notice update

The committee were informed regarding a cancer transport service which was in the process of being established by an interested member of the public which had been brought to the attention of PHECC. This matter had previously been brought to the attention of Council and direction was sought.

Resolution: The Quality and Safety Committee agreed that if PHECC are made aware of any possible patient safety issues PHECC will write with their concerns to the relevant party and inform the Gardaí.

Proposer: Greg Lyons **Seconded:** Anthony Corcoran
Carried without dissent

The Chair thanked all present for their contribution to the meeting.

The next meeting of the Committee will be held on Tuesday 25th November 2014

Signed



Chairman