

**Quality and Safety Committee**

**Draft Meeting Minutes**

**4<sup>th</sup> March, Aishling Hotel, Dublin 8, 11:30**

**Present:**

Shane Mooney (Chair)  
Ian Brennan  
John Conroy  
Michael O'Reilly  
Brigid Sinnott  
Brigid Doherty  
James Connell  
Chris O'Connor  
David Rock  
Paul Brothers  
Ronan Denning  
Derek Nolan

**Apologies:**

John McShane  
Anthony Corcoran  
Ricky Tracey

**In attendance:**

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

**1. Chairs business:**

The Chair welcomed the group, apologies were noted and introductions were made. The Chair advised the committee that agenda item 3.3 would not be discussed at this meeting but would be returned to a later meeting of the committee.

**2. Meeting Report and Matters Arising**

The Chair asked for any comments on the minutes of the meeting held 9<sup>th</sup> September 2014. Amendments to be made on point 3.10 (1) at the request of Ian Brennan to reflect his view that it should not be necessary for CPG approved licenced provider, voluntary, auxiliary or private to contact the HSE each time a patient is transported from an event to an ED. He continued by stating that large events, typically, have a HSE Event Medical Plan in place which includes ongoing communication with the national ambulance service (NAS) national emergency operations centre (NEOC) before and during the event. The NEOC will have an overview of both ED and NAS resources available at any given point in time and will advise preferred location to transport a patient or offer ALS if necessary.

**Resolution:** The Quality and Safety Committee approved the minutes of the meeting held on the 9<sup>th</sup> September 2014 subject to amendments.

**Proposer:** Ronan Denning    **Seconded:** Brigid Sinnott

Carried without dissent

A number of rotational members requested that they become full members of the committee. Jacqueline Egan explained that as this committee is a standing committee of Council this item would be brought to Council for discussion.

## **2. Information standards leading to data collection and clinical audit**

### **2.1 Clinical Audit for Licenced Providers**

#### **2.1.1 Implementation of Clinical Audit Standard**

Jacqueline Egan advised the committee that in an effort to encourage increased attendance at committee meetings the executive in conjunction with the Chair decided to host themed workshops which would precede the meeting proper. A Clinical Audit workshop, facilitated by Dr Ian Callanan preceded today's meeting.

Jacqueline Egan informed the committee that Council Rules for pre-hospital emergency care providers dictate that when applying for approval to PHECC for implementation of CPG's, the submission includes clinical audits completed within the previous twelve month period. In December 2014 Council approved the PHECC Clinical Audit Standard and PHECC recommends that the Clinical Audit methodology as outlined in the Standard be submitted to PHECC as the methodology deployed in the preparation and presentation of evidence of clinical audit.

She stated that all elements are now in place to facilitate the implementation of Clinical Audit in CPG licenced providers – The Clinical Audit Standard, Information Standards, Data Collection standards and the CPG's which are the audit criteria against which the audit will be conducted.

**Resolution:** The Quality and Safety Committee recommends to Council that the Clinical Audit methodology deployed by CPG licenced providers will be that as specified in the PHECC Clinical Audit Standard, as approved by Council in December 2014, utilising a) the PCR, ACR or CFR Report as the data collection tools and b) the current edition of the CPG's as the standard and audit criteria against which the audit will be conducted.

**Proposer:** Chris O'Connor      **Seconded:** Michael O'Reilly

Carried without dissent

## **3. Skills and knowledge to support best practice:**

### **3.1 CPG Competency**

#### **3.1.1 2012 CPG Licenced Provider Status**

Jacqueline Egan informed the committee of the 2012 CPG upskilling status for practitioner at all levels. In addition she outlined the status of the number of Advanced Paramedics who have been privileged to administer intranasal fentanyl, as outlined in the meeting papers.

The findings of the CPG upskilling status were discussed at length by the committee, notably that seven licenced providers did not respond to the request for information. This was of grave concern to the committee and all agreed that the findings were unacceptable. Brigid Doherty asked what action the committee is going to take as a result of these findings. The Acting Director, Barry O'Sullivan, reiterated that the results were of grave concern and that this is the first time licenced providers were requested to submit upskilling status to PHECC. He continued by stating that the role of PHECC is to protect the public and the findings demonstrated large lapses in the maintenance of currency and competency for practitioners nationally across many licenced providers. It was noted that some organisations have completed their CPG upskilling. The committee agreed that the percentages of

Paramedics and Advanced Paramedics not upskilled was indefensible and recommended that practitioners receive proof of upskilling from their employer. Barry O'Sullivan stated that both the practitioners and the organisation are responsible for upskilling and employers must ensure that practitioners are upskilled before being privileged by them.

The committee urged Council to consider immediate action to redress this matter.

**Resolution:** The Quality and Safety Committee will

- a) write to the seven organisations who did not respond to the request for information and
- b) Council will be
  - a. advised of the current unacceptable level of 2012 CPG upskilling compliance nationally and
  - b. be requested to escalate the matter to the highest level.

**Proposer:** John Conroy

**Seconded:** David Rock

Carried without dissent

#### **4. Criteria for Registration:**

##### **4.1 Register – Revision of Registration Rules, processes and documentation**

Barry O'Sullivan discussed criteria for registration as per draft copies included in meeting papers:

- i) Registration Rules
- ii) Code of Professional Conduct and Ethics and
- iii) Registration Declaration and Commitment.

He requested the committee to review the documents and feedback as part of the consultation process, which will commence shortly. The findings will be presented to a future meeting of the committee.

##### **4.2 Continuous Professional Competence**

###### **4.2.1 CPC Consultation with Paramedics and Advanced Paramedics**

The Chair discussed the results of the survey conducted with Paramedics and Advanced Paramedics. Barry O'Sullivan commented on the extremely high rate of response. Continued engagement with the profession will enable Council to decide the rules for the first round of CPC for practitioners at these levels.

The Chair advised the committee that meetings will take place nationally in relation to publication and implementation of CPC for Paramedic and Advanced Paramedic levels. He also advised that feedback will be collected from EMTs prior to closure of their first 3 year cycle.

#### **5. AOB**

John Conroy of Heart ER stated that he was having great difficulty recruiting practitioners at Paramedics level. The Acting Director stated that he is aware that a large number of Australian trained paramedics were graduating currently and would probably come to Ireland to gain employment and experience. The Chair mentioned that training for Paramedics will be going tertiary shortly and the Council will have to facilitate the transition from vocational to tertiary education.

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

The next meeting of the Committee will be held on Tuesday 25<sup>th</sup> November 2014

Signed

A handwritten signature in black ink, appearing to be 'S. Young', written over a horizontal line.

Chairman