Pre-Hospital Emergency Care Council

PHECC Quality and Safety Committee

Meeting Minutes

12/11/2013, PHECC Office, Naas 10:30

Present:	**Apologies:**	**In attendance:**
Shane Mooney (Chair)	Greg Lyons	Jacqueline Egan
Ian Brennan	Tom Tinnelly	Brian Power
Brigid Doherty		Pauline Dempsey
Brigid Sinnott		Deirdre Borland
Anthony Corcoran		Barry O'Sullivan
Ricky Tracey		
Martin O'Reilly		
Katrina Mullally		
Derek Nolan		
James Murray		

1. **Chairs business:**

1.1 Introductions

The Chair welcomed the assembled members to the first meeting of the Quality and Safety Committee and introductions followed. Some background was provided by the Chair on the outgoing Clinical Care Committee and the new terms of reference. Apologies received were acknowledged, introductions followed.

1.2 Priorities and deliverables from the PHECC Business Plan 2013

The Chair outlined the priorities and deliverables for the Quality and Safety Committee as extracted from the 2013 Business Plan and approved by Council. As Council's expert Quality and Safety committee agenda items will be considered and developed by the committee membership as per the terms of reference and the PHECC Business Plan. The Chair stressed the importance for the Committee of developing a framework for the collection of electronic data pre-hospital. Deirdre Borland gave an account of the 2010 Citizen CPR campaign and stated that Council will give consideration to the re-launching of the campaign in line with PHECC strategic plan for 2014.

1.3 Code of Practice for Governance of State Bodies

A memo from Dr Geoff King, PHECC Director, and titled "*Code of Practice for the Governance of State Bodies*" was included in the papers, read and noted by all present.

1.4 PHECC organisational Map

PHECC's organisational map which illustrates the various committees and working groups of Council and the Executive was included in the meeting papers.

2. **Criteria for Registration:**

2.1 CPC

Barry O'Sullivan, Deputy Director and Registrar, presented to the committee on the development and future roadmap for Continuous Professional Competence (CPC) for practitioners. A document titled *"Continuous Professional Competence - A guide for Emergency Medical Technicians registered with the Pre-Hospital Emergency Care Council..."* was included in the meeting papers and the work of Shane Knox, Education Manager, NAS, was acknowledged. Discussion ensued regarding the role of the service provider in facilitating the practitioner by the provision of CPC activities but it was stressed that the practitioner has the responsibility to commit to their own personal and professional development. Martin O'Reilly asked if CPC points for new knowledge or skills can be awarded and Brigid Doherty expressed concern that formal classroom learning would not be awarded points. Barry O'Sullivan stated that CPG up-skilling is a compulsory element of practice and therefore would not qualify for CPC points. The use of the term mentor was questioned by Martin O'Reilly and he suggested that the term preceptorship may be more appropriate. Anthony Corcoran reinforced the importance of formalised recording of CPC and Brigid Sinnott suggested that the segregation of CPC points into internal and external CPC points should be considered. The committee were reminded that CPC at EMT level has been implemented but in the development of CPC at Paramedic level consideration could be given by this committee to the points raised.

The Committee agreed the importance of;

I. Communication with registrants
II. Provision of sample portfolios
III. Facility of recording of CPC activities

Jacqueline Egan informed the Committee that CPC will be a regular agenda item for the Quality and Safety committee.

James Murray asked how Private Service Providers would get access to training institutions for their Advanced Paramedics and Paramedics and Brian Power stated that paramedic training will be moving to a university model of training within the next two years and as part of this transitioning process a service level agreement will be in place to cater for all service providers requirements.

2.3 Overview of current Council Rules

Jacqueline Egan brought the committees attention to the Council Rules section on the PHECC website. Council specifies and approves formal policies which direct the executive in the execution of its functions.

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

3.1 Council Policy for pre-hospital emergency care service providers who apply for approval for implementation of CPGs

Brian Power introduced a new version of Council Policy for pre-hospital emergency care service providers who apply for approval for implementation of CPGs. He gave the background to its development and sought the committee's recommendation to Council to approve the new version of the policy. This policy includes new terminology, credentialing, licencing, and privileging which will seek to clarify the regulatory terminology used in the future as some terms used previously are misused or used interchangeably depending on the healthcare locations. He informed the committee that expert advice would be sought to ensure the policy is legally sound.
Brigid Doherty expressed a concern that PHECC are not in a position to remove someone from the Register and asked what steps PHECC have taken as an organisation to seek these powers from the Department of Health. Brian Power informed the committee the there has been numerous communications with the Department to inform them of the weakness in the secondary legislation. Brian Power also informed the Committee that in the absence primary legislation there are instances where practitioners do not apply for re-registration while awaiting the outcome of a fitness to practice hearing.
James Murray enquired regarding a system to flag potential high risk individuals to CPG approved organisations. Brian Power informed him of the look-up facility on the PHECC website where you can search as to whether a practitioner is registered or not. Consideration is being given to recording the outcome of Fitness to Practice hearings on the website in the future. Currently findings are recorded in Council minutes only. Pauline Dempsey asked that point five of the policy, which states that only PHECC Recognised Institutions may deliver training, be amended or removed. It was agreed to remove reference to CPC from this section.

A discussion regarding the National Vetting Bureau Act 2012 was held and the enactment of this Act was welcomed.

Martin O'Reilly asked for clarification regarding point 12.3 and asked that consideration be given to CPG approval not being removed if targets were not achieved only by a small percentage.

Resolution: That the Quality and Safety Committee recommend to Council the approval of Council Policy for pre-hospital emergency care service providers who apply for approval for implementation of CPGs (POL003, Version 4) subject to the changes discussed and legal opinion being sought.

Proposer: James O'Neill **Seconded: Brigid Doherty**

3.2 2012 Annual report from CPG approved service providers

Brian Power introduced the summary of the finding from the annual reports submitted by service providers to PHECC as part of their approval process to implement CPG's. He indicated the general poor standard of the reports submitted. He proposed some recommendations and asked for the Committee's direction as to what steps should be taken as a priority to address the issues bared.

The Committee suggested that direction should be given to each of the CPG approved organisations as to what is defined as "a near miss" and an "adverse reaction". A discussion ensued regarding how best to implement the proposed recommendations. Martin O'Reilly gave an account of the current clinical audit process of Dublin Fire Brigade.

Resolution: That the Quality and Safety Committee recommend to Council the following recommendations are implemented:

Recommendations;

a) Annual reports which are not signed personally by the medical advisor/ director will not be accepted.
b) Annual Reports to include at least one clinical audit report as evidence of clinical audit completion within the previous twelve months.
c) The report on CPG use to include the situations when CPGs are used and advise on exemptions to medications and interventions implemented within the organisation.
d) The report to include the percentage of staff/ volunteers staff who are compliant with the current edition of CPGs.
e) Medical advisors must be supplied by their respective organisations with the current CPGs.
f) PHECC to organise a clinical audit workshop for all medical advisors and senior management of CPG approved organisations.

The Committee also agreed that the combined de-identified annual report from pre-hospital emergency service care providers be forwarded to each of the CPG approved organisations involved. There was agreement that the each organisation's identification code should be shared with them.

Proposer: Derek Nolan **Seconded:** James O'Neill

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

4.1 Overview of the current information standards

Jacqueline Egan gave an account of the history and current status of the pre-hospital patient data collection nationally. She stressed the importance of data collection and clinical audit. She also brought the committees attention to the various Information Standards which were included in the meeting papers and gave an account of the development of the suite of patients reports and accompanying completion guidelines. She will bring back to the committee any revisions to the information standards and or patient reports as appropriate for approval. She also brought the committee's attention to the relevant Information Management areas on the PHECC website.

4.2 Update on pre-hospital clinical performance indicators

Jacqueline Egan informed the committee that an academic exercise is reaching the final stages following a KPI consensus conference last month. This exercise has been carried out by a subcommittee of MAC and the final report, when it is available, will be brought to the committee.

5. AOB

James Murray informed the Committee that his ambulance service benefited greatly from the PHECC ePCR data entry system whereby patient data from the completed PCRs was entered on an ePCR application installed on a PC. This data was then transmitted to the ePCR database and was available to the service for the purpose of audit using the PHECC eTriage web application. He said that it is with regret that this has now being terminated in line with the ePCR tablet PC project in the north east region. In order to continue the practice of electronic data collection in his organisation Murray Ambulance has now commissioned the development of a new electronic data collection system. The Chair agreed that ePCR was the best way forward for data collection.

The Chair suggested that meetings be held on the last Tuesday of March June and November.

Signed: S. McCaney Date: 25/3/2014