

Quality and Safety Committee

Meeting Minutes

8th March 2016

PHECC Office



In Attendance

Shane Mooney
Michael O'Reilly
Ian Brennan
Brigid Sinnott
David Hall

Apologies

Derek Nolan
David Willis
Anthony Corcoran
Michael Dineen

Present

Jacqueline Egan
Brian Power
Margaret Bracken

1. Chair's Business

The Chair welcomed the members. Apologies were noted.

1.1 Meeting Report and Matters Arising

The Chair asked for comments on the minutes of the meeting held on 10th November 2015.
None were noted.

Resolution: That the Quality and Safety Committee approve the meeting minutes of 10th November 2015.

Proposed: David Hall
Carried without dissent

Seconded: Michael O'Reilly

2. Skills and knowledge to support best practice:

2.1 2014 CPG Implementation Status - Interim Report

The interim report of the 2014 CPG Implementation status was included in the papers.

The report was discussed and some comments were made as follows:

- Upskilling in CPG approved licenced providers with small practitioner numbers is not the challenge, it can be a challenge in licenced CPG providers with larger practitioner numbers.
- Lack of resources can delay upskilling training programmes being scheduled.
- The current implementation timeframe of 18 months should be maintained with the option of an extension being granted if a reasonable request is made by the licenced CPG provider?

Brian Power informed the committee that the next release of CPGs will be the last quarter of 2016. The Chair suggested that the CPGs be forwarded to the licenced CPG providers and recognised institutions prior to publication to facilitate upskilling preparation being scheduled.

Concerns were expressed regarding Paramedics who are not upskilled to Paramedic level and are then required to re-register at EMT level.

Brian Power sought discussion from the committee regarding a recommended time period which would allow a paramedic, who has not practiced/is inactive for a large number of years, and seeking to return to practice. What is the appropriate recommendation in this instance? Is upskilling to the current CPGs sufficient or should the person complete a full paramedic course? The general consensus was that the practitioner should complete a full paramedic course, and Jacqueline Egan suggested that the executive would explore the process for this scenario in other healthcare professions, and in nursing in particular. Information will be returned to the committee when completed.

Actions:

1. PHECC to explore upskilling time frames versus re-training following a period of no practice by a practitioner.
2. It was agreed that all licenced CPG providers would be corresponded with regarding 2014 CPG Implementation status as follows:
 - a. Letter of thanks for upskilling efforts to date.
 - b. Request PHECC be informed if CPG concerns that implementation deadline will not be met.
 - c. Advise that the 2016 CPG edition will have a 12 month rollout period and licenced CPG providers to request an extension in advance if required.
 - d. Advise licenced CPG providers to issue upskilling completion certificates to all practitioners addressing the concerns which voluntary and auxiliary services experience when they are assessing their upskilling requirements.

2.2 Prescription only medication for non-medical persons in emergency

Brian Power gave an update to the members on progress to date regarding the development of the Education and Training Standards, examination material, and the CPGs, following publication of SI No. 449 of 2015 Medicinal Products (Prescription and Control of Supply) (Amendment) (No. 2) Regulations 2015. The members were informed that PHECC and the Health Products Regulatory Authority (HPRA) will be working together to implement this initiative.

2.3 Correspondence re: ambulance equipment

Correspondence received by the PHECC office from a Paramedic with concerns over patient safety in relation to ambulance equipment was discussed by the members. Brian Power explained that following a review by the PHECC management team the following items were presented to the committee for discussion:

- Faulty BP monitor
- Vacuum mattress suitability
- Response delays

An ensuing discussion explored a variety of reasons for equipment issues in ambulances and how they are currently addressed by licenced CPG providers. The members concluded that maybe it is an appropriate time for PHECC to consider developing an equipment standard, but in the short term the committee will correspond with HSE National Ambulance Service seeking a response to the registrant's concerns.

2.4 Clarification of pre-hospital clinical lead – consultation

This paper was previously presented to the committee and following feedback received at the meeting, revisions were made to the document. Brian Power stated that the document had already been approved by the Medical Advisory Committee. A discussion ensued and members explored the point that this was primarily an issue confined to the Dublin City region. Jacqueline Egan proposed to circulate the document for full consultation to all committee members and requested that representatives circulate to seek organisation feedback.

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

3.1 eACR and ePCR solution

Jacqueline Egan gave an update on the eACR/ePCR project. She informed members that train the trainer and reporting system workshops on the application, facilitated by Traumasoft, were held in the Osprey Hotel, Naas on 23rd and 24th February. These were attended by the voluntary and auxiliary licensed CPG providers. An overview was also facilitated by Traumasoft for private licensed CPG providers.

Jacqueline Egan provided an online demonstration of the application and feedback was very positive. The eACR/ePCR pilot is commencing in two voluntary and auxiliary organisations on 17th March and the remainder organisations will commence in April.

3.2 Clinical Audit and CPG Licenced Providers

The Clinical Audit standard was included in the papers for information purposes. The members discussed issues regarding the implementation of an appropriate clinical audit methodology and identification of areas for improvement. It was well recognised by the members that clinical audit seeks to improve patient care and outcomes through the systematic review of care against explicit criteria, and licenced CPG providers must act to improve care utilising the methodology of the audit cycle. As part of the CPG approval process, clinical audits are submitted to PHECC by licenced CPG providers, and Brian Power informed members that some organisations are not demonstrating adherence to a comprehensive continuous quality improvement cycle of the Clinical Audit Standard. Members were invited to seek assistance from PHECC in the form of requesting clinical audit workshops to be provided to their licenced CPG providers if required.

4. Criteria for Registration:

4.1 Continuous Professional Competence (CPC) update

Jacqueline Egan provided the committee with an update on the CPC presentation which was provided at the November meeting by the Deputy Director and Registrar, Barry O'Sullivan. Through an expression of interest process the consultation feedback received following wide consultation with practitioners at all levels is being examined and a report is being prepared, which will be presented to Education and Standards committee with a recommendation expected to develop a CPC standard for paramedic and advanced paramedic levels. The implementation of the standard will be the business of the Quality and Safety Committee and this will be included for the next committee meeting. Discussion ensued regarding the development of practitioner CPC portfolios, and whether hardcopy or electronic would be deemed

user friendly by practitioners. Costs of implementing CPC by organisations was regarded as a concern by committee members. There was also a concern regarding responsibility for CPC and whether the responsibility lay solely with the registrants to engage with CPC in their own time, or with the organisation to provide protected CPC time to the registrants. Michael O'Reilly, Assistant Chief Fire Officer, Dublin Fire Brigade (DFB), expressed concerns in this respect. CPC will continue to be included as an agenda item for future committee meetings.

5. Terms of Reference for Quality and Safety Committee

5.1 Membership of Quality and Safety Committee

The members discussed the terms of reference and membership of the Quality and Safety Committee. Currently rotational membership is provided for two private licenced CPG providers to attend each meeting. Jacqueline Egan suggested the option of all licenced CPG private providers being permitted observational status, which would allow attendance at all committee meetings. This was supported by the committee with full named membership, following an expression of interest with private providers, also suggested. David Hall stated that private providers don't have an umbrella organisation, but nonetheless full membership for each provider should be considered, and that adherence to a confidentiality agreement would be paramount.

Resolution: That the Quality and Safety Committee recommend to Council a revision of the terms of reference, to include full individual membership to all private licenced CPG providers who provide emergency ambulance vehicles, following an expression of interest.

Proposed: David Hall
Carried without dissent

Seconded: Bridget Sinnott

6. AOB

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

The next meeting of the Committee will be held on Tuesday 17th May 2016.

Signed: _____



Date: _____

24.06.2016