

Quality and Safety Committee

Meeting Minutes

Clarion Hotel Liffey Valley, Dublin

10th November 2015

In Attendance

David Hall
David Willis
Anthony Corcoran
David Bradley
Anna Rock
Bernie Stevenson
Chris O'Connor
Shane Mooney
Pam Skerritt
James Carroll
Michael O'Reilly

Apologies

Ian Brennan
Brigid Doherty
Brigid Sinnott
John McShane
Joe O'Brien
Valerie Small
Michael Dineen
Derek Nolan

Present

Barry O'Sullivan (CPC)
Peter Dennehy (CPC)
Jacqueline Egan
Margaret Bracken

Martin O'Reilly, DFB and
Paul Lambert DFB attended
for CPC themed workshop.
Refer 4.1

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 16th June 2015. It was noted that the completion date for practitioner upskilling to 2014 CPGs should be amended to 30th April and not January 2016 as recorded due to the fact that there was a subsequent update to CPGs following the original release in July 2014.

Resolution: That the Quality and Safety Committee approve the meeting minutes of 16th June 2015 subject to the amendment of the completion date for upskilling to 2014 CPGs to end April 2016.

Proposed: Anthony Corcoran **Seconded:** David Bradley
Carried without dissent

1.2 Address by Director

The Director addressed the committee as he had taken up post since the previous meeting of the committee in June. He welcomed the members and acknowledged the important role the committee plays while encouraging all to have open and frank discussion on agenda items and make recommendations to Council in the best interest of patient safety.

The Director and Deputy Director left the meeting at this point.

2. Skills and knowledge to support best practice

2.1 Clarification of pre-hospital clinical lead

The committee discussed the draft document on 'Assuming clinical lead pre-hospital'. A consensus emerged that the document required revision particularly in relation to i) the identification of the AP at scene ii) AP at scene taking the lead and iii) handover to the paramedic when patient stable. It was agreed that members would be consulted with prior to the next draft of the document being presented to the committee, followed by Council with recommendations from the committee.

2.2 2014 CPG Implementation - Interim Report

The Chair spoke to the committee on this topic and raised concerns regarding the percentage of paramedic's upskilled to the 2014 CPG at this point in time. The committee were informed that in an effort to facilitate the licenced providers in this upskilling programme an interim quarterly reports would be sought from providers going forward to April 2016 when the implementation period ends. It was noted that there may be some duplication of information from some licenced providers as practitioners employed by statutory providers are being upskilled by that provider and not the voluntary/auxiliary/other provider. The committee also raised concerns regarding the number of hours worked by practitioners who work at events over weekends/other periods in addition to their working week. The question was asked if it was the remit of the employer or the event organisers to determine. The executive will explore further and come back to the committee with their findings.

2.3 Prescription only medication for non-medical persons in emergency

Jacqueline Egan gave an introduction on the Department of Health's request, as per report in committee papers, that PHECC produce CPGs and appropriate training modules to enable non-medical persons administer prescription-only medication, without prescription, to a person for the purpose of saving life or reducing severe distress in emergency situations. Members were informed that SI 449 of 2015 (Medicinal Products (prescription and control of supply) (Amendment) (No. 2) Regulations 2015 was now law and that education and training standards were being developed through the Education and Standards committee and likewise the required CPGs are being developed through the Medical Advisory Committee.

2.4 Consultation on proposals to introduce independent prescribing by paramedics in UK

2.4.1 Scope of Practice International Developments

For information purposes.

3. Information standards leading to data collection and clinical audit

3.1 Data collection application with integrated eACR and ePCR solution

Jacqueline Egan spoke to the committee on this topic. The members asked for information regarding the ePCR project and this was provided. Concerns were raised regarding patient data handover procedure and the integration of data into destination hospitals. The committee were informed that this is achievable but would not be part of the current implementation proposed with the auxiliary and voluntary organisations. It was noted that Dublin Fire Brigade are in favour of the development

of the eACR/ePCR application by PHECC and the partnership deployment model with auxiliary and voluntary organisations.

3.2 Revised information standards

Jacqueline Egan spoke to the committee on this topic. The revised information standards will be reviewed by the Medical Advisory Committee with a recommendation to Council for approval if appropriate.

3.2.1 Patient Care Report (PCR) Standard

General feedback was favourable.

There was a discussion on Section 11 – Declined Treatment and or Transport and necessity to include a signature. It was clarified to the committee that legal opinion was previously sought on this point and as practitioner PINs are included on the PCR the requirement for a signature was not required and of no value.

3.2.2 Ambulatory Care Report (ACR) Standard

General feedback was favourable.

3.2.3 Cardiac First Response Report (CFR) Standard

General feedback was favourable.

3.2.4 Patient Transport Report (PTR) Standard

General feedback was favourable.

3.3 Individual Health Identifiers – for information

Jacqueline Egan spoke to the committee on this topic. This was for information purposes only.

4. Criteria for Registration:

4.1 Continuous Professional Competence

Prior to the meeting proper the Chair hosted a themed workshop on CPC which was presented by Barry O’Sullivan, PHECC Deputy Director and Registrar. A detailed overview was provided to the committee on feedback received from paramedic and advanced paramedic survey responses. The meeting papers contained i) CPC survey report at EMT level provided by Centre for Prehospital Research University of Limerick and ii) UCD CPC summary report at paramedic and advanced paramedic. Feedback from the members was very favourable.

4.1.1 EMT Consultation

As 4.1 above

4.1.2 Paramedic and Advanced Paramedic Consultation

As 4.2 above

4.2 Regulatory Developments in UK

For information purposes.

5. AOB

5.1 Annual Report 2014

Jacqueline Egan gave an overview of the Annual Report 2014. Attention was drawn to page 5 which sets out the role, membership and key activities of the Quality & Safety Committee. Also page 31 showing the schedule of attendance of Q&S committee members in 2014. The question was asked if future meetings should be held in the same location or returned to the PHECC office in Naas. The consensus was to continue holding meetings at the Clarion Hotel, Liffey Valley, Dublin.

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

The next meeting of the committee will be held on Tuesday 8th March 2016.

Signed:


Chairman

Date:

8/3/2016