



## **Priority Dispatch Committee**

### **Meeting minutes**

PHECC Office, Naas @ 10:00am

6<sup>th</sup> May 2016

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#### **In attendance**

Stephen Brady  
Brian Power  
John Moody  
Kathrina Murray  
Peter O'Connor  
Martin O'Reilly  
Mick Molloy – via teleconference

#### **Apologies**

Niall Murray  
Conor Deasy  
Dawn Stevenson  
Cathal O'Donnell  
Anne McCabe

#### **Present**

Kathleen Walsh  
Margaret Bracken  
Eileen O'Toole

### **1. Chair's business**

The Chair welcomed the members and apologies were noted. The Chair acknowledged that this was the last meeting of the committee as the term of the current Council concludes in June 2016.

### **2. Meeting report 15<sup>th</sup> March 2016**

The Chair asked the members if they approved the minutes of the previous meeting of 15<sup>th</sup> March 2016.

**Resolution:** That the minutes of the Priority Dispatch Committee meeting held on 15<sup>th</sup> March 2016 be approved.

**Proposed:** John Moody  
Carried without dissent

**Seconded:** Martin O'Reilly

#### **Matters arising**

The question of a subgroup was raised and Brian Power informed the members that he is awaiting nominations from Cathal O'Donnell.

### **3. Emergency Interfacility Patient transport (Protocol 37) update**

Eileen O'Toole, Project Lead Protocol 37 Implementation, provided an update to the members and supporting documentation was provided. Eileen explained that all resource material is finalised and ready for hospital use. In the South/South West Hospitals Group, for the 7 remaining hospitals that are not yet accessing Protocol 37, education is ongoing or planned and will be completed by the end of May.

The majority of hospitals within the University of Limerick Hospitals Group are accessing Protocol 37 with University Hospital Limerick to commence education for completion in early May. Plans to roll out Protocol 37 within Dublin Midlands, Ireland East, Saolta and RCSI Hospital Groups are underway.

The National Ambulance Service have completed call taker and dispatcher training and Protocol 37 went live on 11<sup>th</sup> April. A weekly report on Protocol 37 calls and non-compliant calls will be forwarded to Eileen from NEOC, with a follow up to each hospital involved. There is a prospective plan to audit all Protocol 37 calls by the audit team in NEOC on a daily/weekly basis for the month of May, to identify the appropriateness of patients transferred.

Eileen gave an overview of the KPIs for the month of April 2016. There was a general agreement by the members that KPI 7 'length of time Ambulance Service in transferring hospital' and KPI 8 'length of time Ambulance Service at receiving hospital' needs to be more descriptive i.e. length of time from arrival to leaving transferring hospital with a change to timeframes to include > 60 mins.

It was proposed to amend the Performance Statement and the data to be used to feed into hospitals on a weekly basis and collated monthly, and also to engage and communicate with ECAS.

#### **4. DCR table update**

The DCR table was included in the March meeting papers for discussion and amendments were made by Brian Power. The redrafted table was sent out to the members for feedback and Brian noted that the response was poor. The revised table was included in the May meeting papers for further discussion and recommendations and further updates were made by Brian.

**Resolution:** That Brian Power will draft a new DCR table based on the recommendations of the Priority Dispatch Committee and send out to the members of the Committee for feedback. Following agreement the revised table will go to the PHECC Director for sign-off before it is implemented.

**Proposed:** Peter O'Connor  
Carried without dissent

**Seconded:** Martin O'Reilly

#### **5. Protocol 35 use for GP, Nurse or PHECC practitioner**

Protocol 35 was included in the meeting papers in March and it was agreed by the members to add this to the May agenda for further discussion. There were many concerns among the members on the use of Protocol 35 for GPs, Nurses and PHECC practitioners. The general consensus around the table was that it is not being adequately utilised. It was noted that secretaries and receptionists are ringing for an ambulance, which is inappropriate as they do not always have all the necessary information and the emergency services cannot respond well as a result.

It was highlighted how much pressure these protocols could place on the emergency services. As there is a lack of awareness by GPs with regard to protocol 35 it was suggested that GPs and practice staff be informed/educated. The question was raised about who should carry out the education.

The general agreement among the members was that the questions being asked by the control centre need to be revised and improved. Brian Power requested the members to forward suggestions to him. It was agreed that protocol 35 will be included on the agenda for the next Priority Dispatch Committee.

## 6. Hear and treat standard

The NHS 111 Commissioning Standards June 2014 was included in the meeting papers for information and discussion. The general agreement among the members is that PHECC need to put a standard in place. The CodeStat software required ED nurses to operate it increasing the difficulty with its introduction as there is a shortage of nurses in emergency departments and to recruit them for the ambulance control may prove problematic.

Brian Power informed the members that PHECC had previously commissioned research with University of Limerick to research omega calls and this was put on hold due to the centralisation of all the ambulance control centres. It was suggested to reactivate this research to identify what priorities are being potentially missed.

**Resolution:** That research with PHECC and University of Limerick be reactivated and omega calls identified.

**Proposed:** Peter O'Connor  
Carried without dissent

**Seconded:** Kathrina Murray

## 7. A.O.B

The current Terms of Reference of the Priority Dispatch Committee were included in the meeting papers. Brian Power informed the members that the new Council will review the Terms of Reference for the future Committee. There were many recommendations and feedback from the members.

It was suggested to include an operational practitioner or Advanced Paramedic from each organisation on the committee as their perspective would be very beneficial.

As members may not always be able to attend every meeting due to possible difficulties being released from duty the question was asked could a unit member be sent in their place. Clarification was sought on passing the draft minutes to other NEOC members to keep them informed. Brian Power explained that draft minutes are not the final versions and may be changed prior to being signed off by the Chair, once the minutes are signed off they are uploaded to the PHECC website for everybody to access.

The recommendations from the members will be presented to the new Council for consideration.

Brian Power thanked the Chair, the committee and everybody present, and the PHECC executive, for all their hard work over the term of the committee. He also thanked the committee for their valuable contribution.

The meeting concluded.

Signed:



Date: 09/10/2017