Priority Dispatch Committee

Meeting Minutes

29th May 2018, PHECC office @ 10:00am

Present:	Apologies	In Attendance
Stephen Brady (Chair)	David Menzies	Brian Power, PHECC PDO
Andrew McCrae (via t/c)	Anne McCabe	Margaret Bracken, PHECC Support Officer
John Moody	Cathal O'Donnell	
Martin O'Reilly	Peter O'Connor	
Robert Howell	Sean Brady	
	Derek Scott	

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1. Chair's Business

The Chair welcomed the members to the meeting and apologies were noted. Andrew McCrae attended via teleconference. Brian Power relayed that the PHECC Director has resigned on medical grounds and will be leaving PHECC shortly.

Brian Power informed the meeting that NAS had written to the Director informing him of their deferral from the Priority Dispatch Committee and the subsequent non-attendance of NAS representatives. This was met with surprise and disappointment. The Chair agreed to discuss the issue under AOB.

2. Minutes and Matters Arising

The minutes of the Priority Dispatch Committee meeting of 9th January 2018 were included in the meeting papers for review.

Resolution: That the Priority Dispatch Committee approve the minutes of the meeting held on 9th January 2018.

Proposed: Martin O'Reilly **Seconded:** John Moody
Carried without dissent

3. Priority Dispatch

At the January meeting of the Committee Sean Brady proposed that both the NAS and DFB undertake a frequency review of the 50 downgraded DCR codes, in conjunction with their Medical Directors, and report back their findings to the next meeting. Brian Power informed the members that he contacted the

NAS and DFB after the January meeting. An acknowledgment but no response was received from the NAS with no explanation forthcoming. A response was received from DFB.

A follow up from the Priority Dispatch Committee with DFB was contained in the meeting papers and discussed.

3.1 DCR table

The data from the 50 downgraded DCR table codes to a lower priority was included in the meeting papers for information. The number of times each code was used in 2017 was highlighted. Unfortunately, as outlined earlier only Data from DFB was available. Code 17B02P Falls – Serious Haemorrhage – public place – (street, carpark, market) was used 7 times in 2017. The remaining 49 codes were not used indicating that no risk was generated by downgrading the priority of the codes.

3.2 Cardiac arrest identification

A review was requested to be undertaken of 9 Echo 1 calls (cardiac arrest) and the associated timings, and of cardiac arrest "time on chest" timings for all calls where CPR was initiated for 2017, indicating the mean, standard deviation and range for response times and for "time on chest", for all 9 Echo 1 incidents during 2017 from both NAS and DFB. NAS has not supplied any information to date. John Moody advised that software issues and the extracting of data is currently being discussed and worked on by DFB's IT manager.

An article on recognising sudden cardiac arrest from beat (Bulletin of Emergency and Trauma) was included in the meeting papers for information.

4. Protocol updates

4.1 New protocols

Brian Power informed the meeting that he has made inquiries of ProQA regarding Protocols 45 to 47, healthcare professionals. The American version has recently been released and may guide the Committee towards putting a framework and a programme together while awaiting the UK version to be released. John Moody advised that DFB regularly seek advice on codes from the US but mostly from the UK. He agreed to keep Brian Power informed on any data currently held by DFB which might be helpful.

DFB advised that they are not involved at present with protocols 45-47. Brian Power suggested that the new protocols will provide more efficiency for GPs, other healthcare professionals and call-takers as the process will be easier with less interrogation required by call-takers. It was pointed out that in many cases the GP's secretary makes the call to ambulance control and is therefore dealt with as a non-healthcare practitioner, which can cause delays as the patient details are not always available. Brian Power informed the committee that this was an ideal opportunity to engage with GPs and other health professionals in relation to call-taking and dispatch. It may involve a process such as that carried out with the introduction of Protocol 37 to ensure appropriate information is disseminated and buy in received. This may be an ideal opportunity to consider amalgamating AS1 and AS2 calls on the one call stack particularly for the higher priority calls.

5. Call taker and dispatcher training/certification

Brian Power asked the members present if they reviewed the training standards for call taker and dispatcher as requested. He informed that PHECC produce the training standards for call taker and dispatcher in conjunction with the NAS and DFB, and his understanding as per previous meetings is that DFB apply the standards but do not certify and the NAS certify call-takers only.

John Moody sought clarification regarding the requirements for PHECC certification and Brian Power clarified that as DFB are a PHECC recognised institution (RI) they may apply to PHECC to run call taker and dispatcher courses. Mr Moody noted that some DFB control instructors do not currently have PHECC tutor status. Brian Power advised that if DFB instructors have completed a methods of instruction programme and are providing training on an ongoing basis they may be eligible for Assistant Tutor status. John Moody will provide an update on DFB certification at the next Committee meeting.

Brian Power advised that the question of call takers and dispatchers requiring PHECC certification to practice within the EMS system was discussed at previous Committee meetings, and that they would be integrated more within the PHECC EMS system if this was the case. He noted that PHECC would like the training standards to become a national standard and that anybody working within EMS control are certified by PHECC with a CPD and recertification process in place.

6. Hear and treat standard

Brian Power advised that no feedback has been received from NEOC on protocols used for hear and treat. The Chair stated that the cost of putting a system in place is high with a lot of issues with the auditing process. Martin O'Reilly noted that there are no clear pathways available.

John Moody advised that DFB had a short discussion with NEOC in April and received a list of codes which NEOC are using. DFB ran the codes against their own data and found that they are not very different from what DFB have already encountered.

DFB identified 3 aspects of the NEOC codes:

- ⅓ of patients received ambulance response
- ⅓ of patients were recommended to make their own way to the hospital
- ⅓ of patients were recommended a referral to another service
- ⅔ of patients who were recommended to go to hospital themselves or by some other means required an ambulance response

Martin O'Reilly commented that the NEOC system in place is excellent with very experienced staff and the list of codes are determined by the Medical Director.

7. AOB

7.1 Brian Power was requested by the Chair to read a letter addressed to the Director of PHECC from Martin Dunne, Director of the National Ambulance Service, dated 1st May 2018. The letter advised that the NAS are deferring from participation in the PHECC Priority Dispatch Committee. All NAS members of the Priority Dispatch Committee emailed their apologies for their nonattendance at today's meeting, based on the instructions given in the letter. Brian Power, following a request from the Chair, printed off the e-mails and read them to the members.

Andrew McCrae, who attended the meeting via teleconference, noted that his views are not the views of the National Ambulance Service and he does not represent the NAS.

The members present discussed the letter and the future of the Priority Dispatch Committee without NAS representation. The Committee members noted the contents of the letter and expressed their surprise, and referenced the terms of reference of the Priority Dispatch Committee as agreed and approved by Council in November 2017. The Chair read the terms of reference and stated that the Committee are obliged to carry out the terms of reference and will continue with the work of the Committee on behalf of Council. The Chair pointed out that there are other members on the Committee other than the NAS, and he expressed his disappointment at the non-attendance at the meeting today. Brian Power advised that as there was a quorum for today's meeting, and the Committee is working under the terms of reference, they can make decisions for recommendation to Council.

Martin O'Reilly pointed out that the Priority Dispatch Committee's role is the development and implementation of a quality system for emergency medical response following a request for assistance via the 112/ 999 system. He highlighted that the prioritising of incidents for dispatch was but one aspect of the system and that ProQA was the standard agreed for Ireland. ProQA expressly does not deal with the response to incidents only the prioritisation of them. The absence of a Priority Dispatch Committee therefore would lead to a significant vacuum.

The Chair of the Priority Dispatch Committee will speak to the Chair of Council and request this to be included as an agenda item for the next Council meeting, as a matter of urgency. Brian Power was requested to attend the Council meeting to support the Chair.

7.2 At a previous Committee meeting the members discussed the implications of amending responses to various incident categories and consensus as to what constitutes a life-threatening incident and also the interpretation of the "nearest appropriate resource". The members discussed the 8-minute response times. Services reporting to HIQA on 8-minute response times, have indicated that 1.5% - 2% of all calls are Echo calls and 46 - 47% are Delta calls. The opinion of the members was that DFB and the NAS would struggle to meet 8 minutes for all Delta calls. HIQA recommended that services look at a subset of Delta incidents. It was pointed out that several UK based services have modified their response to some Delta incidents, having highlighted the lack of a life-threat. It was agreed to review the changes in Scotland as they have followed an evidence based approach. Martin O'Reilly queried if the Committee can still carry out this work and write to the NAS for relevant information. Brian Power was requested to seek advice from the Scottish Ambulance Service regarding their process for this and see if we can apply it here.

John Moody suggested that the purple colour coding be used for all the 8-minute response incidents, however, Brian Power cautioned against using the purple colour for these incidents as it indicates a cardiac arrest which will not be the case if specific Delta calls are included. Martin O'Reilly noted that nothing will essentially change for call-takers and dispatchers and with a smaller number of codes it will be easier to get direct feedback from practitioners to qualify these decisions.

The Chair thanked the members for their contribution and thanked Andrew McCrae for his attendance via teleconference.

The next meeting of the Committee was due on 16th October, however, in light of the NAS letter it will be reviewed and confirmed after the Council meeting on 14th June.

There being no other business the meeting was closed.

Signed: Stephen Brady **Date:** 9/1/2019.

Chair