

Priority Dispatch Committee



Meeting Minutes

9th January 2018

Present:

Stephen Brady (Chair)
Andrew McCrae
Sean Brady
Derek Scott
Martin O'Reilly
Robert Howell
Brian Byrne

Apologies

David Menzies
Anne McCabe
Cathal O'Donnell
Peter O'Connor

In Attendance

Brian Power, PHECC
Deirdre Borland, PHECC

1. Chair's Business

The Chair welcomed the assembled members to the meeting. The Chair noted the passing of Mr Stephen Kenna (RIP), father of Laurence Kenna, and expressed the condolences of the Committee to Laurence and his family.

2. Minutes and Matters Arising

The minutes of the Priority Dispatch Committee meeting of 9th October 2017 were included in the meeting papers for review.

Resolution: That the Priority Dispatch Committee approve the minutes of the meeting held on 9th October 2017.

Proposed: Sean Brady
Carried without dissent

Seconded: Derek Scott

3. Protocol 37 Update

Rachael MacDonnell gave a presentation on the Protocol 37 project. Andrew McCrae stressed the importance of training and communications for pre-hospital practitioners, he also spoke to the importance of a process for practitioners to be able to voice their concerns.

Brian Power confirmed that PHECC's role is to aid in the implementation phase, and their remit does not extend to operational continuity of the project.

Proposal: That the Priority Dispatch Committee approve the Protocol 37 project review report.

Proposed: Andrew McCrae
Carried without dissent

Seconded: Derek Scott

Brian Power paid tribute to the work of Eileen O'Toole and Rachael Mac Donnell in the management of the project.

4. Priority Dispatch

4.1 DCR table

Brian Power spoke to the members regarding upgrades and downgrades for the DCR table. He flagged some delta override downgrades and he suggested that downgrades be the focus of the initial review by the Committee.

The Chair asked that the Committee consider the appropriateness of the process of reviewing and amendment of DCR codes by the Committee. He stressed the importance of having a robust and evidence based approach to reviewing DCR codes.

Sean Brady proposed that both NAS and DFB undertake a frequency review of the 50 downgraded codes, in conjunction with their Medical Directors and report back their findings to the next meeting.

4.2 Cardiac Arrest Identification

A paper focusing on the identification of Cardiac Arrest was included in the meeting papers for the consideration of the Committee. It is recommended that a focus be on "Is the Person Conscious?" and "Is the person Breathing?" The idea of this interrogation process is to treat each call as a cardiac arrest until proven otherwise.

Derek Scott indicated that this line of questioning has been trailed for the last three months within NAS. Sean Brady cautioned that the tasking of community first responders to potentially inappropriate calls needs to be considered.

It was suggested that a review be undertaken on 9 Echo 1 calls (cardiac arrest) and the associated timings.

The activation of First Responders on the final rather than the first dispatch code was suggested as a safer approach.

A review of cardiac arrest "time on chest" timings for all calls where CPR was initiated for 2017 will be reviewed. It was flagged that there will be a slight discrepancy between DFB and NAS calls as the call handover timings will differ. This will be brought back to the next meeting.

4.3 Query re PAI on Airway Management.

A Query from practitioners regarding the positioning of unresponsive patients was discussed. It was suggested that the level of capability of callers to engage a recovery position correctly may be limited. No issues were raised with the Committee with the management of patients on their backs when untrained persons are present. Sean Brady cautioned that the full details of the call and audit details be included for completeness and accuracy.

5. Protocol Updates

5.1 New Protocols

Derek Scott indicated that protocols 45-47 are currently being revised and will be included in the new release of AMPDS software which is planned for mid-February 2018.

6. Call Taker and Dispatcher training/certification

Brian Power informed the Committee that at the last meeting it was agreed to review the training standards for Call Taker and Dispatcher. This will be undertaken and will be reported back to future meeting. It was confirmed that while all staff are trained to the PHECC standard, not all Call takers and Dispatchers are certified as such. The proposed review will give a determination if a certificate will be issued to those who successfully complete the course. It was agreed that this will be discussed at the next meeting.

7. Hear and treat Standard

Derek Scott gave a review of the hear and treat standard system. He informed the Committee that two nurses have undertaken their training in Call Taking/Dispatching. Testing is currently underway and any omega qualified calls are being handled by a nurse. The nurse will link with the crew to compare findings of the call review. Brian Power asked that NEOC provide the protocols used, to the Committee, for recommendation to Council.

Derek Scott informed the Committee that the final process is still in a testing phase. An education phase will need to be undertaken particularly with the Out of Hours Doctors service to make them aware of the referral process. It was suggested that DFB be included in the loop regarding passing on calls to prevent any regional variations. Sean Brady committed to provide a briefing to PHECC to insure a national strategy be maintained.

8. AOB

Dates for the next meetings were agreed as follows.

15th May at 10:00am

16th October at 10:00am

The Chair thanked the members for their contribution.

There being no other business the meeting was closed.

Signed: 
Chair

Date: 29/5/2018