

PHECC

Priority Dispatch Committee

Meeting Minutes 09/10/17

Present:

David Menzies
Andrew McCrae
Sean Brady
Anne McCabe
Cathal O'Donnell
John Moody
Derek Scott
Martin O'Reilly

Apologies:

Stephen Brady
Robert Howell

In Attendance:

Brian Power
Deirdre Borland
Eileen O'Toole

1. Chairs Business

Brian Power welcomed those present to the meeting and gave the Apologies of the Chair. He asked that a Vice-Chair be nominated to facilitate the meeting.

Resolution: That the Priority Dispatch Committee nominate David Menzies to the position of Vice-Chair.

Proposed: Anne McCabe **Seconded:** Cathal O'Donnell
Carried without dissent.

Brian Power spoke to the terms of reference of the Committee. He also gave an overview of the DCR codes and the background of the work undertaken thus far by the committee. The current DCR table will be circulated at the next meeting.

Sean Brady asked about the cover against litigation provided by AMPDS if a downgrading of code determinants occurs. This could have implications regarding the accreditation and indemnity cover offered by the International Academy of Emergency Dispatch. Brian Power outlined that litigation cover for HSE was provided by the State Claims Agency.

It was agreed that Brian Power would circulate the DCR table, highlighting and downgrades.

2. Meeting Report May 6th 2016

Proposal: The minutes of the Priority Dispatch Committee meeting of May 6th 2016 be approved.

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

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

Eileen O'Toole, project manager for Protocol 37 implementation presented an update on the status of the project to the members. A key message was that all hospitals, bar three, were now utilising Protocol 37 for emergency inter-hospital transfers. The remaining three hospitals have engaged but are not fully ready for implementation. Of the Protocol 37 transfer requests completed an average of 1.2% per month were deemed as "inappropriate use of the protocol" upon review. This was achieved through ongoing audit and feedback to the hospitals and NAS.

Andrew McCrae indicated that there were issues around practitioners understanding of the process and he sighted instances of practitioners being delayed for up to four hours, waiting, particularly in Emergency Departments, past their scheduled shift end time.

Eileen O'Toole indicated that she had liaised with a representative of the NAS in the South East previously but is happy to engage with practitioners if further consultation is required.

4. Call Taker and Dispatcher training

Brian Power informed the Committee that there are PHECC Education Standards for Call Takers and Dispatchers in place which were utilised by both statutory services. He outlined that one service issued certificates for Call Takers only and the second service had not issued any certificates since 2014, the details of which were in the meeting papers. This may result in a potential for variations in standard of the courses. He asked the Committee to consider if Call Takers and Dispatchers should be certified to complete the tasks of call taking and dispatching. Brian Power outlined that he had received a request from senior management in NAS for registration of Call Takers and Dispatchers. Brian Power advised that a statutory register for Call Takers and Dispatchers was not possible at this stage under PHECC's legislation. He therefore asked the committee to consider a database of Call Takers and Dispatchers as an interim measure.

Sean Brady indicated that as part of the AMPDS accreditation they must maintain certification on AMPDS as part of their licencing agreement. It was highlighted that AMPDS was only one module of PHECC's education and training standard. It was further highlighted that the AMPDS module was not influenced by PHECC standards but a stand-alone module.

Cathal O'Donnell questioned the benefit keeping a database without legal basis.

It was agreed to revisit the matter at a future meeting, a subgroup will form to review the standard and report back. John Moody, Martin O'Reilly, Sean Brady and Derek Scott agreed to review.

5. Protocol 35 use for GP, Nurse or PHECC Practitioner

Brian Power gave an overview of the proposed implementation of the Protocol 35 which allows medical personnel bypass elements of call taker interrogation when calling for an ambulance.

Derek Scott informed the committee Protocol 35 is not mandated by the academy however it is proposed that three new protocols are in developed, and are proposed to be released

next year. The three new protocols will cater for Nursing Homes, Mental Health Facilities and General Practitioners. It was agreed to await the release of the new protocols.

6. Hear and treat standard

The NHS 111 Commissioning Standards (2014) was included in the meeting papers for the committees' review. Cathal O'Donnell informed the committee that the NAS will review the codes to consider which will be implemented by the service. He suggested that the NAS will link back to the committee in the future to feed back once the project has been implemented.

7. Ambulance Response Programme (UK)

Brian Power gave an overview of the Ambulance Response Programme which advocates maintaining a call for a longer period to identify the most appropriate response. Sean Brady indicated that caution must be exercised as the UK experience may not reflect the on the ground realities in Ireland. He suggested that work the area of identifying actual life threatening calls should be a priority area.

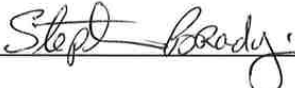
A discussion ensued regarding the implications of amending responses to various call categories and consensus as to what constitutes a life threatening call and the interpretation of the "nearest appropriate resource".

HIQA recommended that services look at a subset of delta calls. The DCR table would facilitate the implementation of e.g. "red 1"/"red 2" category calls.

It was agreed to review the changes in Scotland as they have followed an evidence based approach.

8. A.O.B.

The next meeting will be held on 6th December 2017.

Signed:  Date: 09/01/2018