



Priority Dispatch Committee

Meeting minutes

PHECC Office, Naas @ 10:00am

15th March 2016

In attendance

Stephen Brady
Michael Delaney
Cathal O'Donnell
Brian Power
John Moody
Kathrina Murray
Dawn Stevenson
Conor Deasy
Peter O'Connor
Martin O'Reilly

Apologies

Niall Murray

Present

Peter Dennehy
Kathleen Walsh
Margaret Bracken
Eileen O'Toole

1. Chair's business

The Chair welcomed the members and apologies were noted. Introductions were made by all present before the meeting commenced.

The Chair asked the members if they approved the minutes of the previous meeting held on 8th October 2014.

Resolution: That the minutes of the Priority Dispatch Committee meeting held on 8th October 2014 be approved.

Proposed: Michael Delaney
Carried without dissent

Seconded: Dawn Stevenson

2. Emergency Interfacility Patient transport (Protocol 37) update

Brian Power introduced Eileen O'Toole who is Project Lead for Protocol 37 Implementation. Eileen gave a presentation to the members, a discussion followed with questions and comments.

There is a general worry about timeframes:

- beyond 60 minutes is it really time critical?
- should there be a cut off time?
- Not a protocol 37 if it is over 60 minutes
- If longer than an hour call needs to be dealt with in another manner

Other comments include:

- Some members expressed a concern with the word 'Emergency' being used in Protocol 37
- The focus is on time critical patients, if not time critical do not use protocol 37
- 37 Delta calls always take priority
- Invertors are needed for transfers and not all ambulances have invertors
- There is a general fear of Protocol 37 being abused
- A conscious decision has to be made to ring 112 as it is not the normal number
- 60 minutes allows time for better planning and can be necessary for rural areas

Based on suggestions from the members updates were made as follows:

1. Slide 8: replace 'ambulance control' with 'National Ambulance Service'
2. Slide 15: change 'The work volume in Ambulance Control Centres' to 'The work volume in The National Emergency Operations Centre (NEOC)' and update to 2015 figures
3. Slide 16:
 - replace 'ambulance' with 'Emergency' and edit slide to read: 'Protocol 37 is a mechanism that enables Emergency call takers in NEOC carry out a prescribed interrogation of the caller based on the Emergency Inter-Hospital Transfer request pro forma and allocate an ambulance resource for an emergency inter-hospital transfer in a timely manner.'
4. Slide 17: replace 'ambulance control' with 'NEOC'
5. Insert new slide 18: **Caution** All hospital based healthcare personnel should be aware of the opportunity cost of tasking an ambulance for an emergency transfer. It results in the withdrawing of an ambulance for availability to respond to local community emergencies'.
6. Slide 19: replace 'Ambulance Control staff' with 'Emergency call takers'
7. Slide 21: replace 'ambulance service' with 'National Ambulance Service'
8. Slide 23: replace 'Ambulance Control' with 'NEOC'
9. Slide 24: remove 'Response greater than 60 minutes'
10. Slide 26: move box 'Ask for Ambulance Service' and edit to read 'Ask for HSE National Ambulance Service'. Also insert 'HSE National' before 'Ambulance Service' (across the bottom in blue)
11. Slide 27: insert 'National' before Ambulance and 'Service' before 'personnel'
12. Slide 28: insert the word 'most' after 'For' to read 'For most Protocol 37 transfers'
13. Slide 30: replace 'any patient' with 'our patient'

14. Slide 34: insert 'or bed availability' after 'System Urgent'
15. Slide 35: insert '/999' after '112'; insert 'HSE National' before 'Ambulance Service'; replace 'Ambulance Service Control' with 'NEOC'
16. Slide 37:
 - o bullet point 1; insert '/999' after '112'
 - o bullet point 2; insert 'HSE National' before 'Ambulance Service'
 - o bullet point 3; replace 'ambulance' with 'Emergency'
17. Slides 38, 39 & 40: replace 'ambulance call-taker' with 'Emergency Call-Taker'
18. Slide 38:
 - o switch phone no. and location
 - o bullet point 3; replace with 'What is the reason for the transfer?'
 - o last bullet point; replace 'conscious' with 'awake'
19. Slide 39: delete bullet point 2 'What other personnel will be travelling?'
20. Slide 40:
 - o delete 2nd bullet point 'What is the clinical speciality involved?'
 - o delete last bullet point 'Will the hospital's own transfer trolley be used?'
21. Slide 41: edit template to reflect changes to slides 38, 39 & 40

Eileen informed the members that a "Train the Trainer" day is planned for April 5th in Cork.

The Chair thanked Eileen and it was agreed that Protocol 37 is to be monitored.

There was a further presentation and discussion in the afternoon to members of the National Ambulance Service, reference was made to specific details and edits were made accordingly.

Resolution: That Emergency Interfacility Patient transport (Protocol 37) be implemented subject to the agreed changes.

Proposed: Brian Power
Carried without dissent

Seconded: Cathal O'Donnell

3. DCR table update

Brian Power gave an update to the members and explained the changes to the DCR table and colour codes. Brian put a proposal to the members that a small sub group of clinical people be formed to go through the table and make recommendations to the Committee.

Comments:

- Language used is very important and colours need to be clarified
- Not all red delta calls get an AP response
- Is there enough expertise in this group or do we go outside the group?
- The AMPDS set the baseline level of response
- Currently DCR determinants can be increased but not reduced

Resolution 1: That response determinants in the DCR table may be altered (reduced or increased) from the AMPDS default position to suit the Irish pre-hospital environment if clinically safe to do so.

Proposed: Cathal O'Donnell
Carried without dissent

Seconded: Conor Deasy

It was agreed to form a sub group of clinical people review the latest DCR table and report back to the Priority Dispatch Committee with recommendations. Conor Deasy, Kathrina Murray and Dawn Stevenson have volunteered. Martin O'Reilly to come back with nominations.

4. Protocol 35 use for GP, Nurse or PHECC practitioner

Brian Power discussed with the members about exploring the benefit to utilise protocol 35 for doctors, nurses and PHECC practitioners when on scene and dealing with an emergency, and if benefit is identified commence communication with ICGP to get buy in from all GPs to ensure that protocol 35 is utilised effectively and appropriately.

Comments include:

1. It would reduce frustration for GPs
2. Very worthwhile
3. Can it be standardised and developed in the same way as protocol 37?

It was agreed to put this on the agenda for the next committee meeting on 6th May.

5. Hear and treat standard

Brian Power discussed with to the members a report detailing the key findings from the UK 2013/2014 Ambulance survey of callers who were classified as 'Hear and Treat'.

Three key questions were put to the members for discussion.

1. Should we introduce Hear and treat?
2. If so to what standard?
3. The call taker decides the protocol. Who takes the call?

Comments include:

- It is a significant piece of work with high costs involved
- Should it be competency based rather than occupational based?
- Limited to emergency nurses and there is a shortage of nurses on the ground
- Should we form a subgroup who will report back to the committee?
- Request the AMPDS to submit their standard to the group or become part of the group?

Kathrina Murray agreed to talk to the AMPDS and if necessary request the AMPDS to give a presentation to PHECC.

It was agreed to put this on the agenda for the next committee meeting on 6th May.

6. A.O.B

Brian Power brought to the members attention that the current Council's term of office comes to an end in June and with this all committees will also finish. The current Council have requested that all committees review their terms of reference, and the members were invited to submit their thoughts and ideas for the new Council.

Action item:

Send out current terms of reference by email to all committee members for feedback.

There have been a lot of changes since this subgroup met 18 months ago and concerns about this were raised by some of the members. 18 months is too long between meetings.

The Chair thanked all present for their contribution and the meeting concluded.

The date of the next meeting is Friday 6th May 2016.

Signed:

Steph Brady

Date:

6th MAY 2016