

FCEMS Advisory Committee

Meeting Minutes of November 24th, 2008

5:30 – 7:30 pm

Health Department Conference Room – Earl Bennett Building

Attendees:

Rob Bates	FCEMS Medical Director
Art Bielz	Representing BLS Non-Transporting Units
Marty Boehm	FCEMS
Gary Mahugh	Representing BLS Non-Transporting Units
Mary Granger	Representing BLS Transport Units
Wayne Miller	Board of Health
Joe Russell	Chairman
Kim Vierra-Diehl	Representing BLS Non Transport Units
James Brower	Marion Fire & Rescue
Rod Dresbach	West Valley Fire & Rescue
Tracy Norred	Representing BLS Transport Unit
Doug Smith	Bigfork Ambulance
Craig Williams	Representing BLS Transport Unit
Dan Diehl	Representing ALS Transport Unit
Kathaleen Krass	Olney Fire/EMS
Ken McFadden	North Valley Offline Medical Director
Tim Soule	Representing ALS Transport Unit
Ed Burlingame	Blankenship Non-Transport BLS Unit
Ray Schmitt	Marion Fire & Rescue
Rocco Altobelli	ALERT
Kathleen Mayer	FCEMS

Meeting Minutes

Mary Granger opened with a question regarding the length of the meeting. Meeting is still two hours long. It just starts earlier so new time is 5:30-7:30pm.

Medical Director Update

- Dr Bates announced that the new dispatch system will be going into effect December 1st. Remember that it is a changeable system so he will need feedback from everyone in order to fine tune it.

- BLS Call-Off Policy Draft was presented to the group for review. Reminded the ALS units to be professional and if there are concerns, they need to be voiced to Medical Control.
 1. Rod Dresbach asked about the Non-transport Units responding outside of their areas. If BLS ambulance is coming and ALERT is flying. He feels that he should be able to cancel ALERT. Mary Granger asked if we have to have all EMT endorsements.
 2. Bates concern was that he didn't want Dispatch to be in a position to call off BLS or ALS. He feels that Medical Control and the unit should make that call.
- Need to make Chest Pain Protocols. Probably wrap them into EKG fax system for in-field protocol.
 1. An EMT-B Monitoring can do EKG and send it to the hospital. He just can't interpret the info.
 2. Led to discussion on Critical Care Transport Paramedics who can transmit and do therapy.
 3. McFadden wanted to know if there was any money to get these machines to the units.
 4. Dan Diehl explained that the problem was getting everyone on the same page as far as transmitting because there are so many models out there. Need to have everyone with the same models, same transmitters, and hospital has to have the right receiver. Also, after a while transmissions fall off.
 5. Doug Smith wants the advisory committee to push the Board of Medical Examiners to endorse 12-Lead. We have the education process and need to start training EKG stuff now regardless of whether or not we can use them.
 6. Mary Granger – if you have concerns about dispatch criteria, contact Rob Bates or Mark Peck.
 7. Dan Diehl was asked for an explanation of fee for \$200 for out-of-city calls. Dan explained that the city is looking for recovery for costs outside of city.
 - a. On motor vehicle accidents where you decide to transport, we will not bill. We will only bill on calls that we respond to a residence (physical address calls). If they refuse, they still get \$200 bill. Only charged for people served and patient contact
 - b. Lakeside turns ALS around but sometimes they are reluctant to be called off. Dan said that it wouldn't be a problem.
 - c. Art Bielz said that he understood the logistics but thinks it should be gone out to bid to ALS units. Then the contract is awarded out to best bid. It works in L.A. County.
 - d. Craig Williams disagreed and suggested that it should be for location not best bid. Joe and Mary agreed. We're not set up well enough.
 - e. Dan Diehl said that right now, you have an "implied service" for free. If we start contracting, expenses are going to get large.
 - f. Rod Dresbach said that we need to look at money that's brought in from the city.

- g. Joe said all KFD is getting right now is KFD money. There are two things of concern regarding this \$200 fee. Charging some people that are on a fixed income because they're on medicare.

Bill medicare

Bill patient directly for \$200

Are we putting them in harm's way? Are they going to pay their heat bill because they're paying your ambulance fee?

Craig – my concern is that people will call BLS instead of ALS just to save that \$200 fee. Or people will drive themselves.

Rod Dresbach – this draft of BLS Call-Off will have to be revisited.

Class Reservation Fee – The reservation fee is a common practice for classes to ensure that the students show up. If the fire chiefs want to vouch for their crew, then that's fine. But if they don't show up for class, we're going to bill the unit for that space.

Classes – There is a list of classes in the EMS office if anyone wants to review it. Endorsements. The main three (Airway, Monitoring, Medication & perhaps IV initiation)

- Doug Smith – Is there any way to get a medical director to sign off on airway endorsement? Bates will follow up on that but he's not crazy about the intubation. The king airway is okay.
- Mary G. Our medical director wouldn't let us do combitube. When the state went to King Airway, he still wouldn't let us do it. Not only do you have to get the individuals licensed for endorsements, you have to remember to get the service license changed as well.

Explanation of Membership /Registrations - One of the big expenditures is \$1600 for 24-Hour Online Continuing Education Units.

Out-Of-District Response Update -

Departments that serve EMS and don't receive any money. For example, Coram /West Glacier – running 100 miles to land ALERT. Lincoln looked at breakdown that GIS printed off of all of the districts and found that there were 200-2700 homes in these areas. The money is there to pay for our services. In the past the fire service has been paying for the landing of ALERT, QRU calls, and assists. His recommendation was that there be a base fee of \$200 for first hour and then it drops to \$100 for additional hours. It will cover if a truck rolls, time paged out to service, per incident.

In last four years, fire service has paid \$10,000 per year for this kind of situation. We need to find out how many calls there have been in the last 6-12 months. Does it include extrications?

Most departments are billing MVA's – because drivers have insurance.

Ex: Blankenship sometimes has to go all the way to the North Fork

Marion sometimes has to go to Thompson Falls.

West Valley sometimes has to go to Star Meadow

These are long distance with no compensation.

If they are running out of their area, they should be able to charge a fee like KFD.

Blacktail Mountain pays \$600 in to the EMS Levy but not to fire protection.
Doug would like to see numbers for these kinds of runs.
Miller interjected that that isn't Lincoln's responsibility. That's the Health Dept.
Neil said that he would look in to it.

Budget

First 50% Joe's Handout – we have to be accountable but not line by line
Cannot be used for salaries. Its purpose is to provide basic life support disposables on the scene.

Second 50% Concerns-

Doug would personally like to see budges for mill money

Craig expressed concern re: approval delay for requests from the first 505. What about supply depletion?

30 days after receiving funds, we'd like to have the forms back in to the Health Dept.

Next, 2nd half of budget due sometime in the first of May (could be earlier than May 1st as well), have approval by June 1st.

What's a capital expense?

Capital – 5 year expense of \$5000. Monitoring equipment, ambulances, gurney, and defibrillator.
Large price purchases.

It was agreed to use the same form.

Gary Mahugh –In reality, we're asking for forgiveness on first half, not permission. Second half, we will need pre-approval. How best is the money serving the county?

Mary G. What about the use of a CPAP machine? It's part of the airway endorsement.
If you can put them on a CPAP in the field, you can put off intubation longer on CHF/COPD.
CPAP isn't expensive- approximately \$67 and hook to your oxygen. We could get respiratory therapists to help teach the class.

Advantage – Prevent intubation. 60% of people on ventilators get pneumonia. That's what we're trying to prevent. Currently, no one is doing it. Would like to get it started with the ALS/paramedics and then trickle down in to the BLS units. Mostly going to see improvement in 20-30 minutes during transport.

Bates – It would be a very simple protocol. We'd start at 5 and go up 2-1/2 , another 2-1/2, etc.

Eda and Bill went to the Lead Instructor class and will give us a presentation on the new changes. What's going to happen in the future but probably won't be until April.

Mary Granger – what's the agenda for next month?

1. Discussion of consistent process for billing

2. No Meeting in December. Moving it to January.
3. Radio interoperability
4. Volunteer retention ideas
5. Review SWOT – Strengths Weaknesses Opportunities, etc update
6. Allocation of money in place before July and looking at potential opportunities
7. How Dispatch is going with new EMD system. Give it two months and see if there are any issues.
8. Agenda is going to go out based on what we decide at meetings
9. Update on ALS/BLS cancellation issue