

**Patient Management Functional Group
Meeting Minutes
January 17, 2007**

Voting Members Present: John Gallagher, MD; Joe Gibson; Rebecca Haro; Terry Mason, RN; Lori Moxon, RN; Nancy Parks, RN; Charlann Staab, RN; Laurie Wood, RN;

Guest Members Present: Barbara Schaffer, RN; Mary White, RN; and Thomas Wachtel, MD

I. Call to Order@1106 by Dr. Gallagher

II. Introductions- none offered

III. Approval of Previous Meeting Minutes – motion to approve with changes, second and unanimous approval

IV. Task Force Updates

A. Diversion - Mary Kopp, RN – Peggy reported that the state has approved the pilot plan presented/approved on January 11, 2007 (at the December AEMS Board Meeting as of January 11, 2007)

1. Diversion Guidelines

SE Sector Pilot Project Extension Guidelines – Status of Participant Agreements sent out -- need signatures of participants by Feb 25th. Peggy will send out document everyone in the region. Mary Kopp announced dates for the year for the purposes of planning. April 13, July 13, October 12 and January 11, 2008. the first two dates need a location- SWA offered conference space 0830-0930 is sector chairs and starting at 0930-1130 is group interest. Mary suggested a name change that reflects the purpose of the meetings. Dr. Gallagher suggested no name change at this time. The SE sector pilot needs at least 6 months before the process is implemented elsewhere in the central region. Recommendation for dealy of implementation at other central region location stems from the recognition that this is a critical project requiring evaluation prior to implementation elsewhere recognizing that each sector has similar yet unique challenges. The oversight committee needs to be established for evaluation.

B. Categorization - Robert Londeree, MD –Dr. Londeree announced that the committee will meet on Wed. January 31 at 1330 PHI Air Medical Offices location: 2800 N 44th Street Suite 800. (44th street and Thomas – southwest corner)

C. Operation Stroke / Primary Stroke Centers Update - Robert Londeree, MD reported that there is some perceived confusion in SE sector on triage of patients- all stroke centers are willing to do consults—re-TPA- most patients do not qualify due to time restraints of the protocol---ideally suspected or triaged positive stroke symptoms patients should go to facilites with neurologist—JCL applying for designation in Feb --- Roy advised there is new litigation on a case where patient did not go to a stroke center and had a less than advantageous outcome. Recommendation—Fire needs an algorithm for triage assistance or hospital needs to advise pre-hospital that they do not have resources for that type of patient—there is a 3 hour window from onset of symptoms for treatment. – Discussion. Multiple issues at hand- criteria is that if you can get the patient to a stroke center in 2 hours or less - you should. If greater than 2 hours take them to the nearest facility. Time of onset is a crucial factor. Recommendation as a whole is that pre-hospital personnel need to patch on these patients. Dr. Gamer recommended a subcommittee to come up with a recommendation. Dr. Londeree will follow up with American Heart/Stroke.

D. Pediatric -- Theresa Murdock, MD- reported that DSMC, Maricopa and PCH will work together if need to close for pediatrics due to surge capacity. Calls to Phx Fire for dispatch awareness.

E. Maricopa County Hospital Disaster Preparedness Council Update - Joe Gibson-none

F. RED Book – John Gallagher, MD - Medical Directors in valley fire departments have been meeting to bring consistency and similarities together re protocols. More report as available.

V. Committee Updates

A. EMS Council - John Gallagher, MD-EMD meets this Friday at 0900 –followed by EMS council--- new antiemetic drugs on the agenda meeting located at ADHS –Chuck Montgomery questioned whether combitubes are approved for EMT-B. Terry will forward information to Peggy for dissemination.

B STAB - Roy Ryals- meets tomorrow at 1000 at ADHS

C. Other Committees- PMD upcoming in Feb.

VI. Old Business- none

VII. New Business

A. EMS Transport of Patients in Labor to L&D units Dr. Gallagher reported that some recent issues with hospital staff not accompanying pre-hospital staff to L/D unit—recommendation that hospital staff always assist the paramedics to the L/D unit and preferably staff that can assist delivery- this recommendation is especially important for L/D units not on a ground floor or easily accessible. This has been implemented at St. Joe's with Phx Fire. Clarification/ discussion. Motion that AEMS recommends that hospitals develop and adopt a policy that insures that patient in active labor that are brought to the ED are accompanied by a hospital staff member to Labor and Delivery – motion/ second and carried unanimously. Debbie Johnson to be asked to forward this recommendation to the hospital association for implementation by March 1.

VIII. Call to Public- Chuck Montgomery reported the plans for super bowl eight—Chuck Montgomery thanked all for the assistance received during the BCS- overall very successful event treated greater than 100 people for issues with 67 patients on site care and facilitated 12 for transport. Incident at the Fiesta Bowl after the event collecting equipment paramedic treated a patient who had fallen over in his three wheeler-initially patient did not want care but paramedic stayed the course due to recognition of symptoms--- patient had an epidural bleed. Request that hospitals get more pre-notice to the actual contingency plans than received this December surrounding large public events. Joint Operations Center was at Estrella Community College, Resource Center at a different location for tactical ops. Joint ops with SWA

IX. Adjournment @1202.

**Next Functional Group Meeting: March 21, 2007
@ 2495 South Industrial Boulevard ♦ Tempe, AZ**

**Next Board of Governors Meeting: February 21, 2007
@ Southwest Ambulance ♦ 708 West Baseline Road ♦ Mesa, AZ**

**7th Annual EMS Odyssey Conference
May 31 – June 1, 2007
Mesa Marriott Hotel**