

MINUTES  
EMERGENCY CARE ADVISORY BOARD  
OCTOBER 17, 2012, 4:30 P.M.  
AMARILLO CITY HALL  
509 S.E. SEVENTH AVENUE  
CITY COMMISSION CHAMBER

Members

Dr. Brian Eades	Amarillo City Commission
Dr. Roger Smalligan	Public Health Authority
Chuck Speed	Amarillo Hospital District
Dr. Darrell Morgan	Northwest Texas Hospital
Dr. Kevin Rickwartz	BSA
Robert Saunders	American Medical Response, Inc.

Also Present

Dr. David French	Medical Director
Blair Harris	Management Analyst
Frances Hibbs	Assistant City Secretary

ITEM 1: Dr. Eades called the meeting to order at 4:32 pm and welcomed those in attendance and introduced special guests Dr. Nick Goldstein, Texas Tech and Jennifer Wheeler, Director of Case Management, BSA.

ITEM 2: Approval of the minutes for the meeting held on July 18, 2012. Motion was made, seconded and unanimously carried to approve the minutes.

ITEM 3: PowerPoint presentation by Blair Harris on AMR's July and August 2012 Response Times. Still review September's numbers.

Ms. Harris reminded the members about the response time standard for System Wide Response Times. July's numbers were as follows: Priority 1 – 349, Priority 2 & 3 – 1,474, Transfers – 248 and Standby – 50, Emergency Calls Outside of the City – 84 for a total of 2205. August numbers were as follows: Priority 1 – 398, Priority 2 & 3 – 1,633, Transfers – 293 and Standby – 51, Emergency Calls Outside of the City - 93 for a total of 2468.

For the combined Northwest zone all months met the 85% target. The average totals for the Northwest Zone were 92.2% July and 94% August. The Northeast and Airport Zone averages were 89.4% for July and 90.4 for August. The Southwest Zone averages were 91.7% for July and 94.3% for August and the Southeast Zone averages were 91.3% July and 94.8% for August. Overall for Priority 1 91.2% for July and 93.5% for August. The percentages on Transfers 98% for July and 98.3% for August. There were also 5 Emergency Transfers for July and 2 for August.

**ITEM 4:**

- A. Dr. Eades advised there was some disagreement as to the accuracy of the ambulance response times. There is currently no set up for scheduling transfers in advance.

Ms. Harris added that Lisa Fisher, Emergency Dispatcher with AECC was also in the audience to answer questions.

Mr. Saunders stated that dispatch is working on an update that hopefully will help with the dispatching of the ambulances. According to the contract, four trucks must be available at all times while five trucks service 911 calls. AMS has added back the Transfer Van for basic life support but no 911 calls. He stated there is a need for creating a sub-committee to work with dispatch, the two hospitals and possibly the nursing homes to try to explain how transfers work. There is a requirement for notices for in-town transfers of 1 1/2 hours. Four hours for out-of-town long distance transfers. If a long distance transfer is known, they can call 24 to 48 hours before so staff can be arranged. AMR must also keep crews on-call for filling in for employees due to illness along with their regular schedules.

Dr. Eades invited the other committee members in creating a sub-committee. Dr. Morgan agreed it was frustrating and he saw the need for prioritizing transfers. Dr. Goldstein agreed that when someone needs to be at a place by a certain time for treatment and returned in a timely manner.

Mr. Saunders stated there was a need to work with dispatch to prioritize transfers.

Ms. Wheeler stated it was not safe for patients waiting for transfers and her staff cannot administer medications. Staff has made a list of approximate times each procedure takes.

Mr. Saunders stated the Transfer Van has been back in service for about a month and runs Tuesday through Friday but does not accept critical patients.

Dr. French stated he was hearing there was room for improvement by each party. Trying to schedule and prioritize calls along with dispatch so AMS can manage crews and staffing. Every party has an ownership and can make improvements. Conflicts occur when 911 runs your transfers.

Mr. Saunders stated a supervisor can override the four truck rule, and they have on occasion. Further, there are 51 other EMS services in the surrounding areas. They will bring patients into Amarillo but not return them home. Recently, AMR ordered a bariatric stretcher and is looking at a specialty care transfer truck, and recently ordered a new med pump to help with transferring patients outside Amarillo.

Dr. Goldstein inquired if there was any communication or if dispatch knew when they were in Amarillo. There could be some coordination between the other service providers

when bringing patients in and taking one back to their city. Mr. Saunders stated he'd be more than happy to work with them.

Dr. Edes inquired if everyone was in agreement to form a sub-committee to work on these ideas. Perhaps it would take about three meetings. Dr. Eades, Dr. French and Dr. Morgan agreed to participate.

- B. Dr. French stated he was looking forward to development of the community education programs and the new Transfer truck. Other cities have similar models designed to do home visits for frequent visitors using 911 facilities. He emphasized that these programs would not replace home health but focuses on supplemental services. Using a separate paramedic to check on patients and staging protocols for home assessments before patients are readmitted to hospitals. Champions are needed at each facility. The need to focus on community education efforts through PSAs and CPR training and perhaps offering education through the fire department, AMS, Public Health, and the two hospitals to help with this joint community education to cover everything and coordinating with community efforts to provide this outreach. Pushing forward the next few months.

Dr. Eades asked if Ms. Wheeler would be a contact person at BSA. Dr. Eades stated he wanted to be in front of this procedure. This kind of concept has been in Europe for a long time.

ITEM 5: The next meeting was scheduled for Wednesday, January 9, 2013 at 4:30 pm.

ITEM 6: There being no further business and no comments from the audience, the meeting was adjourned.

  
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Dr. Brian Eades, Chairman