

MINUTES
EMERGENCY CARE ADVISORY BOARD
AUGUST, 17 2011, 4:30 P.M.
AMARILLO CITY HALL
509 S.E. SEVENTH AVENUE
CITY COMMISSION CHAMBER

Members

Dr. Brian Eades	Amarillo City Commission
Chuck Speed	Amarillo Hospital District
Dr. Roger Smalligan	Public Health Authority
Dr. Darrell Morgan	Northwest Texas Hospital
Steve Ross	Fire Chief

Also Present

Dr. David French	Medical Director
Bill Risner	Fire Captain
Blair Harris	Management Analyst
Marcus Norris	City Attorney

ITEM 1: Dr. Eades called the meeting to order and welcomed everyone in attendance.

ITEM 2: Approval of the minutes for the meeting held on May 18, 2011. Motion was made, seconded and unanimously carried to approve the minutes.

ITEM 3: PowerPoint presentation by Blair Harris on AMR's May, June, and July 2011 Response Times.

Mrs. Harris began by stating that the City of Amarillo not only monitors response times, but also vehicles, employee certifications, and the inventory of AMS. It was noted that the state sets the minimum requirements for vehicle standards and employee certifications, but the City verifies that AMS is in compliance regularly. The City also imposes a mileage cap on all ambulances in service. Dr. French, Medical Director, is also retained by the City and will review any medical related performance issues upon request.

May 2011 had 2,139 calls. Of those 471 were Priority 1 calls and 1,201 were Priority 2 and 3 calls. Transfers from one medical facility to another totaled 344. The Overall Response Time Standards were compliant for Priority 1 – 92.8% of the time and for Priority 2 and 3 – 94.5% of the time. There were also 162 Priority 4, 176 Priority 5, 5 Priority 6, and 1 Priority 7 transfer calls.

June 2011 received 2,113 calls. Of those 424 were Priority 1 calls and 1,252 were Priority 2 and 3 calls. Transfers from one medical facility to another totaled 302. The Overall Response Time Standards were compliant for Priority 1 – 91.0% of the time and for Priority 2 and 3 – 94.2% of the time. There were also 124 Priority 4, 162 Priority 5, 10 and Priority 6 and 6 Priority 7 transfer calls.

July 2011 received 2,208 calls. Of those 464 were Priority 1 calls and 1,381 were Priority 2 and 3 calls. Transfers from one medical facility to another totaled 259. The Overall Response Time Standards were compliant for Priority 1 – 94.0% of the time and for Priority 2 and 3 – 94.1% of the time. There were also 56 Priority 4, 185 Priority 5, 16 and Priority 6 and 1 Priority 7 transfer calls.

Mrs. Harris also mentioned that, beginning in June 2011, the city was divided into four zones instead of two. Response times were reported for two zones in May, and four zones for June and July 2011. Zones were established based on the number of calls in 2010 and divided evenly based on call volume.

It was also mentioned that in July 2011 a change was made to the way that emergency transfers are coded at the AECC. They are no longer coded as transfers, but as emergencies, therefore decreasing the number of transfer calls and increasing the number of emergency calls.

Dr. Eades stated AMR has met all response times. Motion was made, seconded and unanimously carried, to approve the response times.

ITEM 4:

- A. Briefing by Bill Risner, District Chief on the EMS Operations on the Emergency Medical Service Program. The AFD responded to 10,453 calls from January 1, 2011 to July 31, 2011. Of those calls 7,375 were EMS, or 71%. The average response time was 4.16 minutes. The breakdown for the districts was as follows:

District 1	1,034 (including downtown)
District 2	678
District 3	443
District 4	414
District 5	580
District 6	639
District 7	810
District 8	798
District 9	724
District 10	81
District 11	157
District 12	166

Three advanced life support crews are nearing implementation and must be assigned to the stations where they are most needed. Six months worth of data was analyzed to determine the best placement. Based on where AMS was most often late to Priority 1 calls, the new ALS crews will be assigned to stations 6, 7, and 9. This will occur on or around September 5, 2011.

- B. Discussion of pre-hospital care operations and identify current areas of concern by Dr. David French, Medical Director. Dr. French confirmed the change in emergency transfer coding mentioned by Mrs. Harris and explained that although a patient may be at a medical facility, some transfers are real emergencies and require a faster response. Therefore, the protocol cards were changed in July 2011. Dr. French then discussed skills maintenance for the fire department's ALS responders. They are currently using Amarillo College for testing and practice and from there they can gain access to the hospitals for further training if needed. At Amarillo College ALS providers can obtain scenario based practice and manikin practice.

The ALS responders have different tiers of competence. Select ALS providers can offer a certain level of service when required, but every person is not required to maintain the highest level of skill. Amarillo Fire Department ALS responders are trained to do first response, intermediate, type of care up front while waiting for the advanced level responders from AMS. This helps with skills maintenance requirements, and data shows that what the AFD does as first responders is exactly what needs to happen. The tiers will remain the way that they are currently so that everybody can stay current and proficient, and select providers can provide higher levels of care when needed (hazmat, tactical rescue, etc).

Dr. French stated that we have implemented induced hypothermia care, and 12 lead transmissions for heart attacks. BSA and NWTN have the protocols and equipment to maintain that level of care.

There was a QI meeting with AMS and NWTN last month, and it was reported that 20 minutes have been shaved off of the "door to reperfusion" time. Survival rates for AMS have been very good lately. Response times are crucial to recovery and survival, so the programs that have been implemented (i.e., induced hypothermia, and 12 lead transmissions) are making a difference in survival rates.

To improve community involvement, Dr. French mentioned that there would be public service announcements focusing on compression only CPR.

Dr. Morgan told the board that NWTN is now stroke accredited.

ITEM 5: The next meeting was scheduled for November 16, 2011 at 4:30 pm.

ITEM 6: There being no further business, the meeting was adjourned.

Dr. Brian Eades, Chairman