

March 7, 2016

South Shore Ambulance Minutes

Present: Tom, Laurie, Tam, Frank Koehn, Jenny, Patti, Marcia, Joanie, Larry B., Larry F., Paul

Meeting called to order at 6:30 by Patti.

Tom moves to approve, Marcia seconds, approved by voice vote.

**Bac-EMS:** Tam: Bac EMS two meetings in February, missed the January one because of WEMSA, combined both. Hospital is slated to get a new ambulance garage. Lots of discussion about WITC, what they are offering, etc. Takeaway: Taking the EMT class is not for everyone, they are making an attempt to be honest and upfront about the commitment involved. Under 100 people have signed up for the WITC Rice Lake conference. They are considering not continuing it due to lack of interest. Patti: Wants doctor to look at having "IT clamps" for large lacerations. Frank: Would like for him to address the issue of using Saran wrap for burns. Also tourniquet placement and how many we should carry, he has heard 3. Doctor would like us to independently look for scientific studies on protocol issues. EMS week is May 15-21, on the 14<sup>th</sup>, Lifelink will be doing some demos at the great lakes visitor's center. Guessing it will be around noon. There is ICS 300 training March 21 and 22<sup>nd</sup> also at the GLVC. March 23 and 24 ICS 400. These trainings are worth education cred. April 19<sup>th</sup> at St. Lukes' EMS appreciation dinner, usually held at noon. Divas class for 7<sup>th</sup> and 8<sup>th</sup> grade girls.

**DIRECTOR'S Report:** Reminder to give EMRs the chance to do patient care when appropriate. When we go to MMC we need to switch the radio to Washburn tower, otherwise they cannot hear us. EMS-A is the channel to use to talk directly to helicopters. If ever there is a patient that we are worried about our personal safety with, do not hesitate to have a police officer ride in the back. Ashland has expressed that they are only going to send out one paramedic for pain control. If you need something more than pain control, you need to express that to them so that they send two paramedics.

**AMBULANCE MAINTENANCE:** Larry, bought a new hose line for the shoreline. Replaced one of the lights. Looking for touch-up paint. He put a clip board on the rack with his name on it to make sure we can get a hold of him for any needs or issues with the ambulance. Got the yearly inspection done, everything is good.

**COMMUNICATIONS:** We now have cleaner for the contact tips for the pagers/radios and pagers. Paulie got some batteries for cheap on amazon, seem to be working well.

**HALL MAINTENANCE:**

**HIPPA:**

**QUALITY ASSURANCE:** 5 runs. We need to make sure to get face sheets for our patients, still having trouble with that. We need to do better with our narrative and patient assessment in our reports. If we go to the patient and have patient care, we need to try to bill if we can. The town is going to make the final decision on equipment purchases. April 4<sup>th</sup> Laura Krist from LifeQuest is going to be here, so make sure to get questions for her get them to Marcia in advance.

**PROCUREMENT:** Talk of batteries and where to get them for the cheapest. Child Epi is expired, and we got a new one but that one expires in august so we are getting it replaced. There are new heating pads. Got extra large gloves for the rig. We are getting aspirin for our jump bags.

**TRAINING:** We are going to have helicopter training and Laura Krist is coming, planning on having another training at the gym in June, thinking of maybe a Saturday. Maybe down at the lake where we take everything we have and put it to test. We need to learn to run the cot without a battery in it, also everyone needs to learn how to run the old cot in case we ever need to use it.

**TREASURER:** \$5,000 donation from Suriowiec's for Dennis. Also we had \$1894.24 going out in expenses, mostly WEMSA expenses. Balance on hand is \$12,193.23 as of 1/31.

**OLD BUSINESS:** To run with 1 EMR and 1 EMT or not...a change would have to apply to our operational plan. We are grandfathered into National Registry if we were involved as of 2011. Having a hard time getting a clear answer on this question from any authorities we have asked. Patti: We would probably go for 3, as we are now, as per letter from Bev Steele, we would really hate to see anyone not receive care because we would not be able to take the ambulance out because of the current protocols. There are instances when waiting for 2 EMTs to run the ambulance would get in the way of patient care. Marcia: If this happens, we need to get everyone in the back of the ambulance to get them familiar with the locations of everything, etc. Legally, in the case of 1 EMR and 1 EMT taking the rig out, the EMR would have to be the driver. Laurie motions that we will be able to run with 1 EMR and 1 EMT, Gayle seconds. Patti asked if there is any further discussion on that particular point. This is not the case until the Operational Plan is changed...Patti will let us know as soon as that has happened. Motioned approved by voice vote. Until the Operational Plan has been changed, we must run with 2 EMTs.

Patti noted that since we have a substantial bank account right now, looking for ideas on what equipment we need. Brought up the idea of buying everyone one nice polo shirt so that we can look good at conferences, etc. Priced at about \$20/shirt. Tom makes a motion to buy new shirts for meetings etc, for whoever wants one. Joanie seconds the motion. Motion approves by voice vote. Motion carries. Tam: We are in dire need of new CPR mannequins, our old ones are shot. \$1,000 for a family of mannequins.

Issue: Allowing non-resident EMTs to be able to run with us. Marcia: wondering about the on-call schedule, etc. Frank made a motion that they can run with us, Tam seconds. Gayle: we have done this many times in our past, and it has worked in the past. Approved by voice vote.

#### **NEW BUSINESS:**

**Run Reviews:** We had some issues with ice on the road and a driveway...and being mindful of doors locking. Don't call an intercept for pain control if there is a patient with breathing issues, their pain treatment is contraindicated for breathing issues. With COPD patients, we really can't trust our oxygen saturation monitors. Frank: that is why we are looking at the end tidal machinery. We have a new frequent flier, let's not assume that there is nothing wrong with her even though she is a hypochondriac. Extreme hypothermic case, found by a Good Samaritan.

Laurie has sent the payroll in...If you don't tell Laurie that you went on a run that wasn't a transport, etc., she won't know that you went on it. Just send her an email. Also EMRs have to be indicated as 1<sup>st</sup>, 2<sup>nd</sup> or 3<sup>rd</sup> patient caregiver...or if you show up and then go home, you can check "scene response". This is the point of getting back to Laurie in a timely manner when she sends out the draft payroll. All of the little things really don't count until the end...make sure you note them in the notebook. Question: How do you document a scene response if the ambulance doesn't go out? In the case of another ambulance responding, a scene response is recorded there in their records, we do not need to document, send Patti and Laurie an email in this instance. Brought up having refusal of transport forms and HIPPA forms in your jump bags- we must have them in our jump bags.

Auxiliary: August 20 with dinner and music as a fund raiser? Possibly have some community health element such as blood pressure screenings, etc. Got to look at other events that are already happening, Marcia will let us know as plans get finalized.

**Adjourn:** Patti motions to adjourn. @ 8:05