

MINUTES
EMERGENCY CARE ADVISORY BOARD
JULY 18, 2012, 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. Darrell Morgan	Northwest Texas Hospital
Dr. Kevin Rickwartz	BSA
Rick Blandford	Interim Fire Chief

Also Present

Dr. David French	Medical Director
Blair Harris	Management Analyst
Marc Lusk	Amarillo Fire Department Duty Chief
Eric Lynn	AMS (Clinical & Education Services Specialist)
Frances Hibbs	Assistant City Secretary

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 January 18, 2012. Motion was made, seconded and unanimously carried to approve the minutes.

ITEM 3: PowerPoint presentation by Blair Harris on AMR's January through June 2012 Response Times.

Ms. Harris reminded the members about the response time standard for System Wide Response Times for Priority 1, 2 & 3 which is 90%. Each Zone including the Airport response time standard is 85% and the Transfer Services response time standard is 85%. Ms. Harris also presented a map of the various zones colored coded zones.

For the combined Northwest Zone all months met the 85% target the lowest being June with 90.9%. The average totals for the Northwest Zone were: 94.3% January, 94.5% February, 93.4% March, 93.7% April, 93.8% May, and 93.5% June. The Northeast and Airport Zone met the 85% target with the lowest being May with 85.2%. The average total for the Southwest Zone were: 93.7% January, 93.8% February, 92.3% March, 92.1% April, 92.1% May and 95.6% June. Overall for Priority 1 the lowest being 90.7% in June and total averages were 94.1% January, 92.9% February, 92.3% April, 92.7% May and 93.6% June. The percentages on Transfers were consistently above the target of 85%.

Dr. Eades inquired about the transfers by jet or prop planes. Did these transfers have a category and whether these transfers were carried out on time? He said he had heard citizens complain and he felt the board ought to be aware of the complaints that might come in and which providers are being used.

Dr. French asked if these complaints were from the owners of the transport services and stated that if he could find out the exact incident, the records could be pulled and the circumstances reviewed.

ITEM 4:

- A. Marc Lusk the Amarillo Fire Department Deputy Chief presented a review of the TacMedic Program.

The TacMedic Program was established in December 2010. Its objective is to have Firefighters on the scene to immediately treat SWAT members should they fall at the scene or for suspects that may need treatment.

Tactical Immediate Medical Intervention is to increase the survival. It provides medical support for LE Officers and civilians; provides medical threat assessments; establishes evacuation plans and routes for ambulances or air medics; aids in the setup for SWAT team members and can medically clear suspects in custody.

Tactical Medic responsibilities do not include the Firefighters as part of the entry team. They remain in a safe location (armored vehicle) and can access and analyze medical intelligence such as a direct threat from hostilities or environmental issues.

The TacMedic criteria consists of a minimum of two years as paramedic; field experience of at least one-year as a Firefighter; basic TacMedic course (48 hours TCCC); carry a Texas concealed carry license; and know the weapons operation.

Chuck Speed asked if they were currently carrying weapons and if so, had the liability issues been checked? Mark Lusk stated yes they were carrying, and they are currently following up on any liability issues.

Currently, they have five full-time members; 31 Paramedic Firefighters; three more in training, all members must have a minimum 48 hours of OE each year with their primary training as medical and then secondary with SWAT tactics with some SWAT training. A minimum of two Medics per callout and they are on-call all the time. On warrants they may only have one member who will attend, but for high-intensity situations there would always be two members.

There have been a total of 70 callouts and warrants averaging four callouts per month. The TacMedic progress has been extremely successful. They are a small group dedicated on what they are doing. There has been no trauma injuries to-date. The concept is spreading regionally and officers are being taught self-treatment training such as

hydration. Chuck Speed asked if they debriefed after each incident. Marc Lusk stated that they did and the information was shared among them.

Dr. Morgan asked if LifeStar was on call. Marc Lusk stated they are notified.

Mr. Lusk also stated that TacMedic did not respond outside of the City without the SWAT team and they exercised the chain of command.

- B. Eric Lynn with AMS (Clinical & Education Services Specialist) presented an update of the UHF/VHF Radio equipment transition.

Mr. Lynn stated that on July 1 AMS tested the radio given to them by PRPC. The radio has four primary channels. The Dispatch one has been less than they would have hoped for. Testing resumed the last two weeks and AMS was meeting with AECC tomorrow. They need to fine-tune the system but the coverage is not there yet. The VHF system has trouble in buildings and when leaving the city limits. Dr. Eades asked if better equipment was needed or what would help. Mr. Lynn stated that vehicle repeaters would help but they were \$2500 per vehicle. He stated they would keep working on the issues. Mr. Lynn stated they also have planned meetings with Fire and Police. The idea is when they are sent to a large incident all emergency agencies would be able to move to a certain channel. It has to work by January.

Chuck Speed asked if this was a PRPC grant. Mr. Lynn stated it was from PRPC. It was a Homeland Security grant and additional grants have been getting smaller. Dr. Eades asked if 911 money was still available. Mr. Lynn stated he was not aware of any and that PRPC has been the main source.

Dr. Rickwartz asked if they could continue using the old system as a backup plan. Mr. Lynn stated he was not sure who oversees this program, and they had received lots of money not to make it work. Many other services and cities are not working correctly, it is not just in Amarillo. The old system simple goes away in January. The current system becomes absolute and they could possibly be fined by the FCC for using it after January. Kevin Starbuck is currently working on the new system.

- C. Dr. French discussed pre-hospital care operations, community education, a community medic program, the LifeGift policy, and identified current areas of concern.

Dr. French stated he had spoken to Matt Richardson about community education and a community outreach programs. He stated it was hard to find an agency to take the lead. Mr. Richardson stated he would look at adding a position to his budget. The vision was to set up tables to teach CPR, blood pressure checks, etc.

AMS has taken a lead in a "Vial of Life" program. Public education on the important telephone numbers for social services available and poison control numbers. The goal would be to put this important information on your refrigerator where it would be accessible. Dr. Rickwartz stated they might add a box for a DNR if the person has one.

Dr. French also stated there was a need to update the policy on organ donation. Dr. Eades stated they had tried PSAs in the past and the card carried in wallets. Dr. Rickwartz stated it was also vital to know whether a patient wanted to be a donor or not.

Dr. French's other item for discussion was the Proposal for Advance Practice. It would help in reducing 911 services. Medicare will cut payments for readmissions soon. Dr. Morgan stated Northwest Texas had been approach two weeks ago about using home health agencies pushed by Obama Care.

Dr. French stated the next step would be to set up meetings in August with the hospitals and other agencies involved to discuss various options.

ITEM 5: The next meeting was scheduled for Wednesday, October 17, 2012 at 4:30 pm.

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



Dr. Brian Eades, Chairman