

BCRAC AGENDA

8/15/2018

Minute Review

Financial Review

EMS RAC \$2,358.39

Tobacco \$12,073.26

Dues \$8449.84

EMS County \$136,955

LPG \$0.00

Grant Review

Dues - Two entities have paid their \$100 dues – need to discuss if we will continue to pay dues from the first Tobacco installment

EMS County - EMS County 2018 funds have all been received

Letters pending for recipients of EMS COUNTY funds – Need runs from a few more entities before apply percentages and distributing letters

*** Contract for 2018-2019 \$136,955*

EMS RAC – Disbursement received – used for administrative purposes

Tobacco/LPG – 4th qtr disbursement received in the amount of \$24,344

Final purchases have been made and remaining funds will be used for 240 STB kits (Total of 764 STB Kits)

Reminder the RAC has purchased and has available to members:

Rescue Tags, Thermometers, File of Life magnets, STEMI/Stroke magnets, Fire extinguishers, CO2 monitors, Night lights, Grabbers, non-slip socks, Tourniquets and bicycle helmets, STB kits
To date, we have distributed 44 STB Kits

4 of the 6 trainers are out being utilize with the STB courses

Trainers are required to complete the required state registration register and report trainings through www.bleedingcontrol.org.

**** Contract for 2018-2019 \$93,472 ****

By-law Review

Reviewed in January of 2018

Committee Review

STEMI Plan is being slightly amended and will then be published as approved 7/18

STROKE Plan is being reviewed and will be sent to membership upon completion

PI – reporting is complete for April – June 2018

PI Committee met on April 8 at ARMC to review reported PI's

Recommended adding the scene time question into the survey monkey for Air EMS and Ground EMS – will be completed before next reporting period

Open Forum

*Vice Chair appointment for interim until GA meets in October

*October – West Texas STEMI and Stroke Conference will be held on the RAC October meeting date in hopes to increase attendance. Members will need to sign in for the RAC meeting – will we require all day attendance – or just have the sign in sheet for the afternoon session?

*Reminder:

GA Meetings will return to Hendrick Medical Center, Jones Building Aux A for 2019

January 16th

July 17th

April 17th

Oct 16th

****Last meeting for the current some Executive Committee members – Thank them for their YEARS of service!!**

Performance Improvement Committee Breakout Committee

August 8, 2018 11:00am

Meeting initiated with the following members in attendance: Lacy Milford, Melinda Dean, Debbie Wilde, Teri Turner and Stephanie Lebowitz.

Lacy updated the committee on her findings that were discussed at the quarterly RAC meeting held at ARMC in reference to the types of injuries that Hendrick Medical Center and Abilene Regional Medical Center could not take care of. In doing that Lacy was able to review the numbers of double transfers that Hendricks had instituted since January 1, 2018. The total number of double trauma related transfers was 3 (2 Pelvic Fractures and 1 Multibody system trauma). Lacy also stated that in 2019 when the RAC meetings are moved back to HMC that the Regional Liaison (Kirk) will begin to attend the RAC meetings and gather information and give information about issues that may be occurring in specific relation to HMC and regional interactions.

The trauma PI forms from 2nd Quarter were discussed in reference to possible future issues to be examined specifically the Air Med PI and the EMS PI. It was discussed that we had looked at the Hospital Trauma refusal and delay in transfer the first quarter and the second quarter and the issue was identified and being actively worked by both Hendricks and Abilene Regional and it was noted by all in attendance that the frequency had decreased. The discussion was opened as to the actions that had been taken and it was the general consensus that the identification and actions had improved the situation. It was decided that we will continue to monitor throughout the 3rd quarter and that if improvement continued that the process completion would be reviewed and closed.

The future discussions about what areas should be looked at next would be a dual study involving both Air Medical Transport and Ground EMS. Their PI and survey monkey was reviewed and it was identified that we already have statistics of greater than 20 minute scene times and that possibly we take that one step further to look at dispatch to scene times. The discussion included deciding a time span to be used as many of our rural services have distances to travel in rural areas that make response difficult and lengthy – but still keeping in mind the patients “Golden Hour”. We will use 25 minutes as the maximum response time for both emergent and transfer times. It was decided that we will contact Marlee and have the question added to the survey Monkey and that stats would begin to be collected in the 3rd quarter and begin to be evaluated in the 4th quarter after the Delay/Refusal issue was completed.

The discussion was raised in reference of information being put into the survey monkey being strictly trauma related and how to make sure that only that information is being reported on the Trauma PI and that Stroke and STEMI information be put on the appropriate forms as well. We will remind everyone during the breakout session of General Meeting at the next meeting as there were many new representatives at the last meeting.

The next breakout will be on August 21, 2018 tentatively.