

Agenda



Ambulance Service Area Advisory Committee and Salem Health
Date/Time: November 14th, 2022 9:00-10:00am
Location: Microsoft Teams
Facilitator: Shawn Baird Recorder:

Appointed: Shawn Baird Sherry Bensema Mark Bjorklund Brian Butler Loren Hall Scott Heesacker
 Stephanie McClung Dan Mullen Rebecca Shivers

Attendees: Kyle Amsberry Matt Black Caroline Castillo Mike Corless Jordan Donat Frank Ehrmantraut
 Danny Freitag Darin George John Goward Kevin Hendricks Kyle McMann Katrina Rothenberger
 Kathleen Silva Jim Triewiler Robert Dalke Matt Neuenheim

Guests: Amie Wittenberg Amy Slater Nancy Bee Kimberly Alt

Time	Agenda Item (Who) Information/Discussion	Description
9:00am	Welcome and Introductions	
	Salem Hospital Capacity Status Update	<p>Amy Slater: In October we opened a 30-swing bed unit. We have not had to use divert for any EMS. The new tower opened in July and some units from building B were moved to the new tower. The waiver from OHA allowed for the swing beds and is a unit of West Valley Hospital (Critical access hospital) and staffed by WVH staff. Patients will be moved that are waiting for discharge.</p> <p>Kyle Amsberry: What is divert decision based on? Amy Slater: It is based on many things. We consider EM census, admission rate, surgical schedule, and discharges to determine census for the next day/week.</p>
	Experience from ASA on drop times – any trends?	<p>Katrina: I noticed there was an event on August 15th, 2022, that caused higher drop times at the ER. Amy Slater: There were multiple high acuity patients that day specifically. Returned to normal after that.</p> <p>Mark Bjorklund: Since the opening of the swing unit, has there been shorter drop times? I have noticed longer times from Monday-Thursday. Is the swing bed unit a long-term or short-term solution? Amy Slater: The swing bed unit has only been opened since October, so there needs to be more data to determine drop times. The waiver is until March with the possible extension</p>

Agenda

		<p>until April. The West Valley Dallas construction will provide a more permanent solution as they are expanding from 6 beds to 25-30 beds. On December 5th, 4 South 41 beds for long-term care patients who are discharge ready will be transferred and then use LPNs to help staff the unit. We have not had LPN since pre-COVID.</p> <p>Kyle Amsberry: What is the hospital goal for drop times? Amy Slater: The drop times remain the standard times, have not changed, and are in alignment with EMS. The goal is 20 minutes or less. The current data gathering is muddy due to a process change. We are trying to clear up what data is needed to understand drop times. Kyle Amsberry: We need to work together as a team when surges come.</p>
	Experience from hospital on drop times – any trends?	
	Mitigation strategies that have helped with patient drop times and/or discharge times.	<p>Kyle Amsberry: No additional new mitigation strategies. Amy Slater: During COVID and now, the staffing to support EMS drop times has been bolstered and expanded hours to almost 24/7.</p>
	End of CMS waivers on hospital staffing. How will this EMS impact wall time?	<p>Nancy Bee: No impact from CMS waivers. Regular staffing/turnover rates: 2-3 nurse openings and 2-3 tech openings. No frozen positions and planning to end travelers in the ED by January.</p>
	Feedback from Salem Hospital to ambulance providers?	<p><i>Amy Slater: ZOLL is now being used and compatible with EMS defibrillators. No changing pads in most cases.</i></p> <p><i>Nancy Bee: This is good in most cases, but the pads are not radio translucent and must be changed out for patients in cardiac arrest, etc., that need to go to the cath lab.</i></p> <p>Dan Mullen: Are adapters available? Nancy Bee: Adapters are not currently available. We are looking into it.</p>
	How can we all prepare for a potentially busy winter?	<p>Amy Slater: What does the RSV/COVID/Flu look like this winter? Pediatric units in Portland are filling up. The small pediatric unit in Salem is operating at a 70-100%</p>

Agenda

capacity. The pediatric focused task force is looking at equipment prepping for a busy respiratory winter by identifying skill level among nurses and physicians and taking an inventory of equipment (CPAP, BIPAP, Ventilators). What is EMS readiness?

Kyle Amsberry: There is no special prep. We just try to be prepared for all emergency calls.

Robert Dalke: We watch trends and train on the emerging trends.

Amy Slater: We are already seeing a trend of RSV.

Nancy Bee: 50% of patients are RSV. Make sure crews are ready for 2 years and under patients. Be ready for aggressive suctioning out of the nose to enable turnaround and get more oxygen. There are 3-fold increase in the amount of RSV cases coming in. A refresh on suctioning for EMS would be beneficial.

Amy Slater: When patients are being transported from the ambulance to the ER; keep them attached to monitoring equipment.

Nancy Bee: Any more work on EMS side on the divert to give hospitals a heads up from the field?

Stephanie McClung: I am having trouble setting up HOSCAP.

Kyle Amsberry: You should contact HOSCAP and request an admin log-in. We know someone with a direct contact. I will get you that contact name and number.

Nancy Bee: We notify Linn County dispatch when we are on divert.

Katrina: Stephanie. Let me know if you need help with contacts. I can help with that. Thank you to Salem Health for your innovative work, it is appreciated.