

Theron Becker 16:10

Weekly update from meeting notes:

- Starting Dec 7, we will begin a daily briefing through webex to all the stations at 0845. Please plan on following the link that went to your email each morning if you aren't on a call. It's a status update for the day's events and safety issues for Aaron and I to relay to the daily hospital safety huddle.
- Please keep up your locking of reports in ESO EHR. If it will be over 24 hours since the call, you must contact your crew leader to let them know. This is important to ensure billing and patient care.
- Get on Healthstream and complete your education before the 11/30 deadline. Also, complete the protocol quiz (links in your email around the first of every month).
- Please think about your patient's care needs for the next few days, not just the few hours we are used to. For example, if the patient will need dialysis in the next few days and there is a chance they will get admitted, make sure the facility you take them to can do dialysis. Getting transfers done right now is so much harder and we don't want to make it worse. Continue to get refusal signatures if the patient does not do what is in protocol. It's complicated and hard work, but that is how it is right now, sorry.
- We are going to see more LDTs needing high-flow oxygen. When your station gets aluminum M tanks, get with @Steven Keller and your crew leader to coordinate adding a second tank to every ambulance. With that added tank, here is some math:

Safety factors, loading time, and unloading time is all included in the following calculations (transport time is defined as door-to-door according to Google Maps):

- At 60 LPM, our maximum transport time should be limited to 1 hour and 40 minutes.
- At 40 LPM, our maximum transport time should be limited to 2 hours and 50 minutes.
- At 20 LPM, our maximum transport time should be limited to 7 hours and 10 minutes.