

**Theron Becker** 16:34

Notes from the past couple week's worth of meetings:

- Lots of staff illnesses in the Eldorado area, so as a precaution, we are going to let that station sit empty for three days while we run a double-crew out of Stockton to let whatever virus on surfaces there die.
- Also staff illnesses across the system are up in addition to a couple staff openings are really taxing our schedule. Thank you to everyone helping out with extra shifts and coverage.
- We've had to make a change to the Life Support Competency. All CMH employees must have all AHA recertifications completed through Healthstream, now. So, that let's us focus more on out-of-hospital cardiac arrest simulations at our competency. It was convenient to get your cards at the same time, but that just isn't possible anymore. April is the first month with this update. Plan on attending Life Support Competency during the month of your birthday each year to complete this requirement.
- Due to several recent ambulance damage incidents, we are going back to enforcing having spotters whenever you are backing or negotiating a tight space. This includes backing into the ambulance stations. Be sure to stop anytime you do not see your spotter in your mirrors. While we would rather hit a building than a staff member, we would actually rather not hit either one.
- We have two full-time EMTs going to be in orientation. Thank you to FTOs for your work with them and welcome them to our group.
- Routine ambulance maintenance is going to move to every 5,000 miles instead of 2,500 miles. However, this means that trucks will be a fleet for oil, filters, etc. all at the same time instead of some at each visit, so turnaround from Fleet will be longer.
- We are noticing some LifePak download issues recently. Please contact your Crew Leader if you have a patient contact that will not download or open once downloaded.
- We have several items from recent protocol and equipment changes on order and waiting on materials management: Disposable laryngoscopes, ARS decompression needles, and Hyfin chest seals. I-gels will be next.
- Many of our neighboring EMS agencies have been getting raises recently. That information along with some other research has been submitted to CMH administration for consideration of a raise to stay competitive.
- We are starting a trial of using the electronic PCS form found in ESO. Right now, we still need the paper-copy, too. But, the goal is to switch to having EMS staff sit with the discharging nurse to complete a more accurate PCS form on the computer prior to initiating transfer.
- The night house supervisors at CMH have been working well with us to coordinate transfers from multiple departments at night. This model is working well and we are exploring options to have a similar system during the day.
- A couple reminders on ESO: Please log in and check each shift for charts that have been sent back to you. Additionally, remember charts are due to be completed by the end of your shift. Only with special permission is the extension to 24 hours to complete the chart allowed. The time it takes to complete charts has a direct impact on billing reimbursement. Another tip to increase payments, is if the patient has reduced mobility, please add that as a condition found on the billing tab under Medical Necessity. Refer to a recent email from [@Steve Keller](#) where he gave best practice on where to chart IV bolus amounts.
- [@Brice](#) is working hard on making the ventilator competency in June be amazing. In the meantime, utilize the binder at each station (and some youtube videos are good, too) to learn more about this equipment.