Call to Order

Dr. Frederick Keroff, Chair, called regular meeting to order at 1:37 pm.

Roll Call

Alison Zerbe called roll and quorum established

Announcements:

The Grant window from Florida Department of Health is open. For the County EMS Grant you apply directly through Alison Zerbe. There is an application link on Broward County Regional EMS Council website. (More for a countywide and multi-agency grant.)

Matching Grant which you apply directly through Florida Department of Health. (More for single agency). You would match 25% to their 75% contribution.

Presentation: Pulsara and ReadyOp Communication Platforms Pulsara Project Overview and Experience Discussion

- David Summers, Pulsara Project Manager, Florida Department of Health, Palm Beach County
- Dr. James Woodson, CEO Pulsara, Dallas Texas

ReadyOp Project Overview and Experience Discussion

Marc Moore, CEO ReadyOp Communications, Tampa

EMS End User Experience Discussion

Lieutenant Luke Byler, Leon County EMS

Hospital End User Experience Discussion

• Josh Pollock, Paramedic, RN, HCA Florida, Capital Hospital, Tallahassee

The presentation is available upon request.

ReadyOp / Pulsara lanes of success

ReadyOp

- 1. Command and Control
- 2. Macro level Common Operating Picture.
 - a. Don't surface PHI
 - b. Non-Covered Entities
- 3. Personnel and Asset Tracking
- 4. Plans and logistics
- 5. Custom Forms (collect data off network)
- 6. Communicate outside patient channel

Pulsara

- 1. Point of Care Patient movement
- Patient level details (PHI).
 - a. Protected Health Information
 - b. Covered Entities
- 3. Patient movement and tracking
- 4. Real time communication related to a patient throughout the continuum of care
- 5. Patient Channels
 - 6. Communication around individual patients

DISCUSSION:

ReadyOp has communications, command and control. In the emergency operation center ReadyOp needs to push clients in certain directions, direct traffic, know the status, reporting, supplies. Pulsara is the point of care generating data from patient tracking. ReadyOp has a lot of other activities going on. It is the operation side. Used for Fire and Law Enforcement

It was mentioned by an end user that the agency might not have patients. They use ReadyOp daily for their office operations (operational software). Use ReadyOp for global disasters.

Broward County started with ReadyOp for patient tracking and that component never materialized for ReadyOp with hospitals and fire departments. Didn't have enough buy-in with agencies and hospitals.

Pulsara would be great for patient tracking but if hospitals don't have it, there isn't a benefit. Both platforms are good and beneficial for them to work together.

Pulsara is the point of care. On a day-to-day basis if they got buy-in from all the fire departments and hospitals they could use Pulsara. ReadyOp would be used on EOC command situations.

What is the expectation of the hospitals, from what the State is providing, to utilize Pulsara to its fullest capabilities if they were going to go live today?

The State has purchased Pulsara's MED OPS package. They can receive all prehospital communications. Received through web browser or smart phone that has Pulsara. They can review the report in about 15 seconds. They are coming from an EMS unit to an ED. They can preregister patients based on the data. They can have emergency management teams or transfer center teams. It has the ability to receive interfacility requests (an upgrade the State purchased) and send/receive in order to track.

Looking at East/West referral evacuation patterns through Pulsara.

Pulsara United is an upgrade that the hospital must purchase for transfer functionality. They can track hospital availability. ReadyOp can see this availability by using an icon on the screen.

ReadyOp is funded through the Healthcare Coalition. They need to refer to Healthcare Coalition on processes they are funding.

Lieutenant Byler, and end user, uses Pulsara for all transport, and set up a fake hospital at the stands during athletic events and Pulsara transfers patients back to the hospitals with wrist bands. They don't use it for any emergent transports, ie., strokes, traumas. A lot of their crews use it in addition to the radio reports.

Pulsara is trying to have Leon County do the cardiac arrest, trauma alerts in Pulsara. Leon County will then send data and only use Pulsara rather using a radio. The hospitals will get the Pulsara information and return notice they received it. In Leon County EMS can use their personal phones for Pulsara.

Leon County began using Pulsara on April 24, 2024. Paramedics use Pulsara to communicate otherwise they'd have to call on the phone and wait for an ER doctor to show up. They now communicate via text in the app. They can use Pulsara to communicate with Medical directors via text, phone, or video.

Pulsara just launched an integration that when you put in the patients name and birthdate it pulls in all the information into the ECPRs reporting system. Have to put social security number in manually.

They would give the advice to new agency users that it's not hard to understand and it helps using the cell phone. Bring it out slowly, but once you get into the system, it's self explanatory,

Leon County is doing 550-570 non-emergency Pulsara-transported patients a week.

Patients must have a wrist band. They are not comfortable currently using Pulsara for critical patients. The agencies not using wrist bands add these numbers to non-critical Pulsara patients.

Josh Pollock, end user, project manager with Lieutenant Byler, went live on April 24, 2024. They started by training nurses in ER and then those who would be receiving EMS. He mentioned Pulsara is everything it is advertised to be.

Mr. Pollock described how it works in the emergency department. Agencies have designated iPhones or desktop browser. The ER nurse designated to receive reports sits by the radio. On their iPhone or browser, the response pops up flashing red alert and ring tone. Notification pops up with a banner of what kind of patient it is, and if there were initial components, in addition to age, ETA, where agency is bringing patient. ER Nurse presses a button that they acknowledged it. It gives accountability to both EMS and ER that they acknowledge the notification at the specific time.

Josh is using the patient summary report. The charge nurse can send that patient summary to the printer and give it to the trauma nurse while they are setting up and other medical staff is arriving. The patient summary can be scanned into the hospital electronic health record as a report. A feature is the ECPR is getting draft versions with more details, such as incident number, which would satisfy the State's requirements., Registrars will notice if things need to be reworded and, for instance, notify if a child is coming back for the sixth time.

If connectivity during disasters is down, they can still use their radios to fall back on. If you start a notification and then lose connectivity you don't lose that message that was put in before the loss of connectivity. Now with T-Mobile you can text with backup Satellite. Some regions may get better connectivity than using a radio. Since starting to use Pulsara they haven't had any complaints about connectivity.

To collect data, scan the driver's license and wrist band, photos, and the future is moving to voice detect. Medics can use Pulsara to enter vital signs, which saves manually entering.

Hospitals using Pulsara are all five Broward Health, Weston Cleveland Clinic just signed, and Memorial is close. Six fire rescues have signed up. With Pulsara's interactive map they can see who's signed up. If they get the main hospitals to sign up, and go live, the EMS will follow.

If the region is ready, Pulsara can begin to coordinate emails to get people on board and show the status of who is on and who needs training. You have corporate, groups, regions, and hospitals. Texas has many using Pulsara. A question was asked for Pulsara to give references of who has been using Pulsara for a long time. They will send references in Pulsara from other areas of the country.

Typical workflow of Fire/EMS is they will do their scans, photos, voice detects in Pulsara for reports and hospital notifications. They will be doing documentation in ESO. They will pull in CAD, Monitor and Pulsara data. Pulsara can help streamline their workflow with best practices. They can get them in and out faster if they can take a photo of front of driver's license in addition to scanning. May of go from 40% to 70% pre-registrations.

View the Florida resource website, the QR code, for a checkbox ESO.

Alison Zerbe said she will share the contacts and the demo page which may create questions.

MOTION TO VOTE to reschedule the December EMS Council Meeting from Thursday, December 5, 2024, to Thursday, December 19, 2024.

Motion made by Chief Vince Cinque
Seconded by Chief Bruce Caruso

MOTION passed unanimously

It's important to have a physical quorum on December 19. The EMS Council must accept the grants from the Grant Ranking Committee that will go to Commission for approval.

Next Meeting Dates

December 5, 2024 (EMS Review Committee only)
December 18, 2024, at 1:30 (Grant Ranking Committee)
December 19, 2024, at 1:30 (Full EMS Council Meeting)

Adjourned

3:33 p.m.