



## Advisory Committee Meeting Minutes

*See last page for the purpose of the program's Advisory Committee, including a description and list of responsibilities.*

<b>SPONSOR / INSTITUTION NAME:</b>	Northwest Community Healthcare		
<b>CoAEMSP PROGRAM NUMBER:</b>	600790	<b>DATE, TIME, + LOCATION OF MEETING:</b>	Jan 13, 2022   0900-1030   Virtual
<b>CHAIR<sup>1</sup></b>	DC Scott Motisi, PM (Barrington Countryside Fire Protection District)		

ATTENDANCE			
Community of Interest	Name(s) – <i>List all members. Multiple members may be listed in the same category.</i>	Present	Agency/Organization
Physician(s) <i>(may be fulfilled by Medical Director)</i>	Matthew T. Thomas, MD, FACEP	X	Northwest Community Healthcare/NWC EMSS
Employer(s) of Graduates Representative	Cf. Tom Krueger (LRW) DC Scott Mackeben, PM (PFD) DC Scott Motisi, PM (BCFPD) – chair Benny Yee, PM (LZFD) John Figliuolo, PM (Elite)	X X X X X	Lincolnshire Riverwood FPD Palatine FD Barrington Countryside FPD Lake Zurich Fire/Rescue Department Advantage-Elite Ambulance
Key Governmental Official(s)	Leslee Stein-Spencer		Illinois Department of Public Health Div. of EMS
Police and Fire Services	Jason Brizzell, PM (PBPI) Cmdr. Mike Carlson Jeff Hall, PM Kyle Marcussen, PM Dan Sacomano (EMD)	X X X X X	Schaumburg Fire Department Elk Grove Police Department Lake Zurich Fire Rescue Department Schaumburg Fire Department Northwest Central Dispatch
Public Member(s)	Larry Lincoln	X	
Hospital / Clinical Representative(s)	Dr. Karin Buchanan, RN Keith Hill, RN Virginia Logan, RN Bill Toliopoulos, RN (ECRN)	X X X X	Ascension Saint Alexius Medical Center Ascension Saint Alexius Medical Center Ascension Resurrection Medical Center Ascension Resurrection Medical Center
Other	Jim Klein, PM (CARS) Douglas Schuberth (R&D)	X X	Arlington Heights Fire Department Schaumburg Fire Department
Faculty, <i>ex officio, non-voting member</i> <sup>2</sup>	Kourtney Chesney, RN, PM	X	Northwest Community Healthcare
Sponsor Administration <sup>2</sup>	Kim Maguire (NCH) Dr. Kim Chavis (Harper College)		Northwest Community Healthcare Harper College

<sup>1</sup> The best practice is that the chair is not the Program Director. The Advisory Committee is *advising* the program.

<sup>2</sup> Additional faculty and administration are ex-officio members.

Community of Interest	Name(s) – List all members. Multiple members may be listed in the same category.	Present	Agency/Organization
Student (current)	Colin White		
Graduate	Aaron Losoff, PM Mike Liska, PM	X	Mount Prospect Fire Department Elk Grove Fire Department
Program Director, <i>ex officio</i> , non-voting member	Connie Mattera	X	Northwest Community Healthcare
Medical Director, <i>ex officio</i> , non-voting member	Matthew Jordan	X	Northwest Community Healthcare

Agenda Item		Discussion	Action Required	Lead	Goal Date
1.	Call to order	Called to order by Chief Motisi at 0900	No		
2.	Roll call	Quorum present	No		
3.	Review and approval of meeting minutes	Motion: Approve 9-9-2022 Advisory Board minutes: Schuberth (SFD), 2 <sup>nd</sup> by Marcussen (SFD); Motion carried.	No		
4.	<p><b>Endorse the Program’s minimum expectation</b> [CAAHEP Standard II.C. Minimum Expectation]</p> <p><input type="checkbox"/> “To prepare competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains with or without exit points at the Advanced Emergency Medical Technician and/or Emergency Medical Technician, and/or Emergency Medical Responder levels.”</p> <p><input type="checkbox"/> Establish / review additional program goals<sup>3</sup></p>		No		
5.	<p><b>Endorse the Program’s required minimum numbers of patient/skill contacts for each of the required patients and conditions</b> [CAAHEP Standard III.C.2. Curriculum]</p> <p><input type="checkbox"/> Student Minimum Competency (formerly known as the Appendix G)</p> <p><input checked="" type="checkbox"/> Review formative graduate tracking reports</p>	<p>Connie shared current class progress (assessment results; attrition; progress towards goals). 24 students enrolled/23 remain after EMS 210 and 211. One student needed to withdraw based on a chronic health condition. As anticipated given their generally lower placement exam scores, this cohort is more academically challenged than previous classes and extensive individualized instruction and guided study is being offered. Grades for EMS 211 (Respiratory and Cardiology): 5 As, 13 Bs, 5 Cs. <b>Group means:</b> Quizzes: 89.28%   Mod exam: 89.1%   GPA: 89.45%. All completed EMS 217 (hospital clinical rotations). Spirited discussion relative to maintaining standards despite pandemic. Some hospital clinical units are suspending student rotations due to Covid-19. Plan discussed to complete requirements without eliminating any hours or patient contacts by allowing remaining hospital shifts to be completed during the field internship and extending the completion date of EMS 218.</p>	No		

<sup>3</sup> Additional program goals are not required by the CAAHEP Standards. If additional program goals are established, then the program must measure them.

Agenda Item	Discussion	Action Required	Lead	Goal Date
<b>6. Review the program's annual report and outcomes</b> [CAAHEP Standard IV.B. Outcomes] <ul style="list-style-type: none"> <li><input type="checkbox"/> Annual Report data</li> <li><input type="checkbox"/> Thresholds/Outcome data results</li> <li><input type="checkbox"/> Graduate Survey results</li> <li><input type="checkbox"/> Employer Survey results</li> <li><input type="checkbox"/> Resources Assessment Matrix results</li> <li><input type="checkbox"/> Other</li> </ul>				
<b>7. Review the program's other assessment results</b> [CAAHEP Standard III.D. Resource Assessment] <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> Long-range planning</li> <li><input type="checkbox"/> Student evaluations of instruction and program</li> <li><input type="checkbox"/> Faculty evaluations of program</li> <li><input type="checkbox"/> Course/Program final evaluations</li> <li><input type="checkbox"/> Other evaluation methods</li> </ul>	Fall 2022 class planning - Committee gave input on maintaining standards for pretesting, creative ways to recruit for DEI; and endorsed the traditional academic calendar as it well-sequencing and scaffolding of curricular design.	No		
<b>8. Review program changes</b> <i>(possible changes)</i> <ul style="list-style-type: none"> <li><input type="checkbox"/> Course changes (schedule, organization, staffing, other)</li> <li><input type="checkbox"/> Preceptor changes</li> <li><input type="checkbox"/> Clinical and field affiliation changes</li> <li><input type="checkbox"/> Curriculum changes               <ul style="list-style-type: none"> <li><input type="checkbox"/> Content</li> <li><input type="checkbox"/> Sequencing</li> </ul> </li> </ul>		Yes / No		
<b>9. Review substantive changes</b> <i>(possible changes)</i> [CAAHEP Standard V.E. Substantive Change] <ul style="list-style-type: none"> <li><input type="checkbox"/> Program status</li> <li><input type="checkbox"/> Sponsorship</li> <li><input type="checkbox"/> Sponsor administrative personnel</li> <li><input type="checkbox"/> Program personnel: PD, Lead Instructor, other</li> <li><input type="checkbox"/> Addition of distance education component</li> <li><input type="checkbox"/> Addition of satellite program</li> </ul>		Yes / No		
<b>10. Other identified strengths</b>	Quality of faculty; handouts, assessments that are aligned to updated format of NREMT exam questions, differentiated instruction with early interventions, extensive lab hours,	Yes / No		
<b>11. Other identified weaknesses</b>		Yes / No		
<b>12. Identify action plans for improvement</b>		Yes / No		

Agenda Item		Discussion	Action Required	Lead	Goal Date
13.	Other comments/recommendations	<ul style="list-style-type: none"> <li>– EMS 215 Capstone planning is underway for an on-time start in early March. Committee directed that full internship model of traditional Phase 1 and 2 (Capstone) without simulated accommodations replacing live patient contacts occur. Reaffirmed Student Minimum Competency Matrix numbers approved last September.</li> <li>– Field Preceptor classes scheduled for Feb 2022; applications and agreements sent out last fall. Students currently being matched to the agencies that offered to host field interns; preceptors are being recommended by the chiefs and approved by the assigned HEMSC.</li> </ul>	Yes	Connie	Feb 2022
14.	Staff/professional education	Educators are being mentored on the assessment of decisional capacity, interpersonal violence, human trafficking	No		
15.	CoAEMSP/CAAHEP updates				
16.	Next accreditation process (i.e., self-study report, site visit, progress report)	CoA resubmission due May 1, 2022	Yes	Mike & Connie	May 1, 2022
17.	Other business	<ul style="list-style-type: none"> <li>– New EMS Education Standards: Approved by NHTSA 11/2021 – IDPH deadline for implementation is 7/2022. We are well advanced in our planning to incorporate new changes into class.</li> <li>– New ACS Trauma Guidelines expected in March – big changes for trauma centers; totally revised Field Triage and Transport protocols will be incorporated into the updated Region IX SOPs.</li> <li>– NREMT is updating all exams; will eliminate advanced level practical exam (2023 or 2024) and replace with an integrated cognitive exam that also tests problem solving and critical thinking. We are already incorporating the new item formats into the paramedic class quizzes and exams so our students are prepared for this method of assessment.</li> <li>– Definition of competency final draft circulating for review at a national level.</li> <li>– EMS Airway guidelines published – NAEMSP – forwarded to System members.</li> <li>– EMS Pain management guidelines approved, published in PEC and on line on the National Association of State EMS Officials (NASEMSO) website [ <a href="http://www.nasemso.org">www.nasemso.org</a> ]; educational webinar scheduled for 3-9-22</li> </ul>	No		
18.	Next meeting(s)	March 10, 2022	Yes	Connie	
19.	Adjourn	Meeting adjourned at 10:38 am.	No		

Minutes prepared by Connie J. Mattera, MS, RN, PMDate March 9, 2022Minutes approved by Advisory CommitteeDate March 10, 2022*If item #5 above was acted on, then:*

Medical Director's signature \_\_\_\_\_

Date March 10, 2022

- Attach Student Minimum Competency (formerly known as the Appendix G) > **Table 1** to verify which required minimum numbers were reviewed and endorsed (*if item #4 above was acted on*)

## PURPOSE OF THE ADVISORY COMMITTEE

The Advisory Committee is designated and charged with the responsibility of meeting at least annually to assist program and sponsor personnel in formulating and periodically revising appropriate goals and learning domains, monitoring needs and expectations, and ensuring program responsiveness to change, and to review and endorse the program required minimum numbers of patient contacts. [CAAHEP Standard II.B. Appropriate of Goals and Learning Domains]

Additionally, program-specific statements of goals and learning domains provide the basis for program planning, implementation, and evaluation. Such goals and learning domains must be compatible with the mission of the sponsoring institution(s), the expectations of the communities of interest, and nationally accepted standards of roles and functions. Goals and learning domains are based upon the substantiated needs of health care providers and employers, and the educational needs of the students served by the educational program. [CAAHEP Standard II.A.]

## Responsibilities of the Advisory Committee

- Review and endorse the minimum program goal.
- Review and endorse the required minimum numbers of patient/skill contacts for each of the required patients and conditions.
- Verify that the Paramedic program is adhering to the National Emergency Medical Services Education Standards.
- Review Program performance based on outcomes thresholds and other metrics (at a minimum credentialing success, retention, and job placement).
- Provide feedback to the Program on the performance of graduates as competent entry level Paramedics (for employers).
- Provide feedback to the Program regarding clinical and field opportunities and feedback on students in those areas.
- Provide recommendations for curricula enhancements based on local needs and scope of practice.
- Assist with long range planning regarding workforce needs, scheduling options, cohort size, and other future needs.
- Complete an annual resource assessment of the program.