Northwest Community EMS System
Advisory Board
MINUTES – January 8, 2015

Topic	Discussion/Conclusions
Call to order	Meeting called to order at 0910 by Peter Dyer (Chair)
Approval of minutes	Motion by Joe Albert, 2nd by Tom Wang to approve the minutes of November 13, 2014 as written. Motion approved unanimously.
Paramedic class report Connie Mattera	In general, the students are doing great. All passed the ECG strip test given as part of the EMS 211 modular exam on the first attempt. One student required additional tutoring and testing on the EMS 211 written exam, but performed well after assistance. Connie thanked his agency leaders and preceptors for their excellent support and cooperation. The next module (EMS 212) is Medical Emergencies, which historically is not academically difficult but has extremely broad content that requires diligent study all month to keep up and assimilate the information. There is always an emotional letdown after cardiology and the holidays, and about this time in the course, the student have study fatigue and need external motivation to keep going. They have a written and oral project due on a Communicable Disease to measure their authentic literacy. EMS 213 (Trauma and Special Patient Populations) begins in early February. If all academic and hospital clinical requirements are successfully completed by the end of February, EMS 215 (Field Internship) will begin the first week of March. This can be a difficult transition for some students who have managed to be shielded by stronger members of their squads during class and labs. Updated **contract language and liability hold harmless paperwork** for the Field Internship has been completed between NCH, the System, and the municipal attorney for Hoffman Estates. This agreement continues the two phase internship, as well as more clearly spells out objectives and expected competencies for the students, deliverables of agency preceptors, and hold harmless liability protections for the agencies. Copies of the agreement exhibits have been distributed to system agencies and hospital EMS Coordinators for their information. The preceptors for students in this class will all need to receive additional education to be introduced to and ensure that they understand and meet the stipulations of the agreements. The Advisory Board chiefs expressed the possible need to ensure that all preceptors attend this year's preceptor class. **They will bring the issue of preceptor attendance at class this year to their peers at the Chiefs/Administrators meeting later in the month. Connie will make the contact information for the Hoffman Estates FD attorney available to other agencies who may wish to clarify any of the stipulations in the agreement.** **Licensure exam option**: The chiefs voted unanimously at their November meeting that **all paramedic graduates of the NWC EMSS program employed by or sponsored by a System agency would be required to take the National Registry exam** as a means to gain licensure. This is due partially to changes at the federal level that will preclude PMs that did not test via NR, from participating in out-of-state disaster responses under the EMS Compact. It does not require that a paramedic maintain NR certification. **Implications of decision for Field Internship**: This change will have the effect of requiring the Field Internship to be completed ON TIME prior to graduation. The students will have to fully meet all requirements for graduation before they can sit for the NR written and practical exams. While the NR written exam is computer adaptive and students may schedule to test at any approved testing center at their own convenience after authorization is given, there is an additional practical exam (in addition to the System final practical exam) that must be precepted by a National Registry representative and scheduled with the NR in advance. Traditionally, students have not always been able to ride every shift day during the internship period due to preceptor and/or student vacation or leave. These gaps will now be problematic. There are mandatory hour and patient care contacts during the internship that must be met and missing multiple days will ensure that the student will not graduate on time. In the past three years, we have had situations where less than 10 students got "real" diplomas on the night of graduation as all internship requirements had not yet been met and they sometimes did not complete

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	the requirements until months after the class was over. **Agencies will need to have back-up preceptors available** to allow students to continue riding while their regularly scheduled preceptors are off. The state requires a minimum of 300 hours of ride time, while the Committee on Accreditation of EMS Programs (CoA) requires more **plus** the patient care contacts stipulated in their student handbook. Connie plans to schedule a NR practical exam at NCH during the last week of June to fulfill this requirement. Students not eligible to test by this time will most likely need to travel to other sites to test, most of which are in other states.
CARS Committee Connie Mattera	The CARS Committee continues to work with Region 8 reps to plan the transition to the Image Trend Elite platform and the National. NEMSIS 3.0 database. While initial projections targeted April 1st as go live, the System does not have a solid timetable. Deployment will be based on our readiness, considering completion and testing of our updated template, user education and a confirmed stable platform that consistently allows downloads to Illinois Data Systems. The System's focus will be a smooth roll-out while attempting to minimize the pains that field paramedics perceive whenever changes are made. Education will be performed in-house by Superusers at the agencies, rather than during monthly system in-station visits. Many fixes are implemented in the upcoming changes that will address PBPI's past concerns for data collection. **Advantages:** • Expanded drop-down lists will offer more precise options for paramedic assessments, interventions, and impressions • Better, more accurate, and complete PCRs will integrate with the healthcare community transition to ICD-10 codes • Improved capacity to query our database for research and QI purposes • Potential for better coding and enhanced revenues for the agencies **Disadvantages** • Early reduction in efficiency, potentially taking longer to complete a PCR if EMS personnel are not familiar with the changes • Dissatisfaction and non-compliance with changes that are not understood nor embraced.
PBPI Committee **Joe Albert (EGFD)**	• PBPI Committee met on 1/7/2015. Officer election results for 2015: Joe Albert (EGFD) re-elected as chair, Adam Rothenberg (PFD) as vice-chair, and Nichole Junge (RMFD) as secretary. • PBPI presented the System's year-end statistics with an excellent trending of data from 2013 to 2014 ◦ There are over 300 **training reports** in the database. These **need to be purged by the respective provider agencies** as they impact the accuracy of our data and agencies are paying for these uploads to Image Trend. ◦ Significant discussion was held regarding the reported success rates of IV and intubation attempts with agreement that more information is needed to gauge how well we are doing in comparison to national benchmarks. Specifically, the System intubation procedure allows 2 attempts per patient. Performing visualization once, followed by successful placement of an ET tube would be considered a 50% success rate per attempt, but 100% success rate per patient. It was questioned whether the PBPI data was reported per attempt or per patient. The desire is to report the final data per patient. It appears that other national EMS agencies report their success or failure rates per patient. This means, that if they place an ET tube correctly on the second visualization, the entire procedure would be listed as a 100% success. The same is true of vascular access. It would be helpful to report the success rates of peripheral IV access attempts separate from IO attempts as well as whether vascular access was achieved per patient. Joe will investigate further. ◦ Most other numbers stayed reasonably consistent from 2013 to 2014, though there was a slight increase in overall number of PCRs written, an improvement in total incident run times, and a small reduction in patients listed as having no complaint, although these numbers are still unacceptably high.

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	• Joe discussed the recent establishment of a monthly **cardiac arrest screen** which gathers data on our performance and adherence to SOPs (compliance with national standards). Preliminary data reveals opportunity for improvement, but it is unclear at the present time if this is due to performance errors or documentation limitations. The chiefs were reminded of the **need to budget for real-time CPR feedback devices** that will most likely be required when the new AHA Guidelines are released at the end of October. The Committee will continue to review cardiac arrest management and outcomes. • **Agency participation in screen submissions**: Unfortunately, only ~60% of agencies are currently submitting PBPI screen data. We need System-wide reporting in order to generate a complete and accurate picture of our performance. Susan Wood recognized and thanked the core group of PBPI attendees and those that routinely submit data on time. However, the lack of involvement from some members is illustrated by the lack of screen respondents mentioned above. **The trend of performers vs non-performers will be evaluated at 6 month intervals and will be forwarded to the respective chiefs seeking their assistance in gaining 100% participation**. Dr. O echoed the need for full participation. • A recent review of **naloxone** use found that an **unacceptably high number of doses were either administered or documented incorrectly.** This is concerning, and speaks to the larger issues with documentation as a whole. The System last provided targeted education regarding naloxone dosing and documentation in May of 2013. It appears that no sustained improvement occurred following that education. Additional education will be incorporated into the In-station classes. • Discussion ensued regarding opportunities to improve throughout the system, in multiple areas, and options to achieve improved results. A recent screen measuring compliance with SOP/Policy regarding **BLS refusals** of children, elderly and at risk adults showed that the litigiously risky behavior of no contact has persisted despite tips of the month and targeted continuing education. There was discussion that perhaps the System needs to return to its original policy that all refusals must be called in. This was met with concern that the increased burden of additional OLMC contacts would be borne by paramedics currently performing correctly and would increase the call burden for OLMC staff at the hospitals. Chief Schumann stated that he believed the system had been extremely lenient for a long time on this issue and had provided ample opportunity to improve. He believes that each Chief needs to review their agency's performance and take appropriate action to gain compliance before the System policy is revised. This sentiment was echoed by other officers present**. They will take the issue to the Chiefs/administrator's meeting**. **Agreement was reached that rather than changing the Refusal policy now, increased enforcement would be solicited by agency leaders and compliance would be measured again to see if improvement occurs prior to revisiting the policy.**
Research & Development Committee **Kyle Marcussen (SFD)**	• R&D continues to focus on two primary issues: the upcoming switch to a new glucose meter and a policy shift to use disposable laryngoscope blades as the primary intubation tool with nondisposable blades as a back-up. • The new glucose meter, manufactured by Nova Biomedical, is the StatStrip Xpress. The primary cause for change is to replace old meters that are providing questionable results and less than satisfactory customer service support from the current manufacturer with meters that are currently used by most System hospitals. It is believed that the hospitals did a thorough due diligence in selecting a meter that is fully compliant with national lab testing standards. **Advantages of switching meters:** • Meters will be new and under warrantee, so more accurate results should occur. • Hospitals already use this meter, so no special ordering of strips will be necessary except for one hospital. • The quoted strip price is 1/3 of what we are paying now, so will not increase the cost burden to hospitals, even though the use of strips will increase rather remarkably due to the need to do daily calibration testing.

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	Possible downsides of switching • Upfront cost of purchasing the meters. Chiefs/administrators agreed at their Nov. meeting that the agencies would bear the cost of the meters and all testing solutions. The hospital EMSCs agreed at their Dec. meeting that the hospitals would bear the cost of the initial and replacement stock of the strips for front line EMS vehicles identified within the agency EMS plan. Connie will explore group purchasing discounts for the meters and strips. • Need for System-wide education and competency measurement for using the new meters will need to be incorporated into the in-station schedule this spring. • The current meter requires 0.6 microliters and the new meters require 1.2 microliters of blood for the sample. Dr. Ortinau pointed out how little this increased amount of blood actually is and the general consensus was that it should not amount to substantially increased difficulty in obtaining samples. **Go live date for new meters: June 1, 2015** • **Go live date for preferentially using disposable laryngoscope blades is also June 1, 2015**. This policy shift is due to the technical and legal issues that exist relative to achieving high level disinfection and proper storage of the reusable blades to meet national guidelines. Reusable blades will be required as a back-up, in case of possible malfunction or breakage of the disposable blades. Agencies are strongly encouraged to review how they are currently storing laryngoscope blades. We have already found several disposable blades with a broken light assembly possibly due to storage issues. **The System I2 Infection Control policy that specifies high level disinfection and storage recommendations will be reviewed and updated as needed for the reusable blades.** • **Bougie** education is being conducting System-wide this month. It is being introduced to primarily assist with difficult intubations but may be used on all attempts per paramedic preference. It is hoped that use of this device will improve our intubation success rate. Connie reported that increasingly across the country, intubation as a skill is being questioned and removed from paramedic scopes of practice due to the inability to maintain competency on a high risk, low frequency skill. One System, in Region 9 has already removed intubation from their protocols. The NWC EMSS has not yet contemplated that step, but we are seeking ways to accurately report our data and determine if other changes are required for optimal patient care. **System Go Live date: 2-1-15**.
Old Business	**Peer educator policy (P-1)** Peer Educator levels III and IV were omitted from the original policy in 2009 as the Board originally wanted to focus on implementing levels I and II and there was a lack of personnel meeting the elevated standards at that time. There are now two agencies in the System using Peer IVs as originally proposed and the policy needs to be reviewed and updated to provide consistent intent and direction for the qualifications and scope of participation for these educators. The original task force consisted of Karin Buchanan, Pete Dyer and John Sneidwind. Karin kept excellent notes of their meetings and recommendations. Connie provided the Board with several drafts and background information and asked them to review the materials prior to the next meeting and be prepared to discuss changes to the current policy so it can be amended as soon as possible. **Elections/appointments to the 2015 Board** We received applications from one law enforcement officer, one paramedic officer and three non-paramedic officers. No applications were received from dispatchers. It is possible that the timing of requesting applications during the holidays may have resulted in the poor response.

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	• Motion by Kyle Marcussen and 2nd by Nathan Gac to accept Schaumburg Police Department Commander Kristine Provenzano as the board's first Law Enforcement Member. Motion approved unanimously. • The sitting Paramedic Officer member submitted his intent not to run for re-election. Motion by Georgene Fabsits and 2nd by Julie Sloncen to elect Nathan Gac as the Officer-Paramedic Member. Motion approved unanimously. This will open a Paramedic Officer alternate position. • The board agreed to re-solicit applications for the following positions: Law Enforcement Alternate, Officer-Paramedic Alternate, 2 Dispatchers, ECRN Alternate and the 2 Non-Officer Paramedic Alternates, and 1 Non-Officer Paramedic Member. A motion was made by Joe Albert and 2nd by Nathan Gac to accept nominations until March 1st. Connie will provide a brief bio on the Non-officer paramedic applicants that have already submitted for review prior to the March meeting. • **Officer elections**: Pete Dyer will not be returning to the Board as a member due to his promotion as Deputy Chief of Des Plaines and their intent to hire a new Provider EMS Coordinator. He will seek a new PEMSC rep from their membership at the January meeting. He will remain engaged in EMS activities during the period of transition and orientation. The Board is very grateful for his years of exemplary contributions on many levels – Committees, DICOs, and Board and wish him well in his new position. Given that the Board is not fully seated for 2015, the elections for officers will be deferred until March, at which time the board will seek a new Chair, Vice-Chair, and Secretary. Please see the Board bylaws for eligibility and duties. Members who are interested in running for an officer position may let Connie or other members know so they can enter their names into consideration if they are uncomfortable with self-nomination. The elections for the new board members, alternates, and officers will take place at the beginning of the March meeting. **Strategic Plan (2015):** The board was given the current plan for 2014 and asked to review it and come prepared to discuss recommendations for change. Each standing System Committee is also asked to review their sections for updates and revisions.
Adjournment & next meeting	Motion to adjourn by Nathan Gac, 2nd by Tom Wang. Approved unanimously. Adjourned at 11:30 am. Next meeting scheduled for March 12, 2015 at 9 am.