## Northwest Community EMS System Advisory Board MINUTES – November 12, 2015

| Торіс  | Discussion/Conclusions   |
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| Call to order  | Meeting called to order at 0902 hours by Vice-Chairman Nathan Gac.   |
| Minutes / Agenda   | Previously unavailable minutes from the May meeting were reviewed. Motion made by Chief Wax and 2 <sup>nd</sup> by Joe Albert to approve the May minutes. <b>Motion approved unanimously.</b> Motion made by Larry Lincoln and 2 <sup>nd</sup> by Marcus Rill to approve the September minuets. <b>Motion approved unanimously.</b> Motion to approve the November agenda by Joe Albert and 2 <sup>nd</sup> by Chief Wax. <b>Motion approved unanimously.</b>  |
| New Members / Visitors   | No new visitors.   |
| CARS Committee<br>Marcus Rill and Joe<br>Albert                | <ul> <li>CARS currently has a template subcommittee that is meeting on the anticipated switchover to ImageTrend Elite and NEMSIS 3.0.</li> <li>IDPH is not currently ready to receive NEMSIS 3.0 data, so the go-live date for conversion will be pushed back.</li> </ul>  |
| Education Committee<br>Connie Mattera                          | <ul> <li>The EMT class is doing well, with an expected graduation rate of 50% in December. While this attrition rate may appear alarmingly low, the expectations of the class are often a surprise for students who have no experience in the field.</li> <li>The Education Committee remains focused on reviewing and altering the current Peer 3 and 4 educator designations, to allow them to be more attainable while ensuring quality. Such changes may permit providers to contribute more to system education.</li> </ul>   |
| Paramedic Class<br>Report<br>Connie Mattera                    | <ul> <li>The paramedic class is 3 weeks into the program and is also doing very well. Recent changes to the structure and communication to the students is producing a class that is more cohesive and accountable, both to each other and to the learning material.</li> <li>With the exception of only 2 students in the B-range, all others are currently holding A grades. The students have been noted to be very mature and respectful. About 50% of the students are employed by system agencies.</li> <li>5 students, identified as the squad leaders of the 5 paramedic class squads, were brought into the meeting to provide their thoughts on the state of the class thus far. The leaders conveyed a desire to succeed and their beliefs in their squads.</li> <li>In addition to a squad leader, each squad member has a job that encourages group responsibility.</li> <li>Harper College and the Illinois Higher Learning Commission recently conducted a site visit of the paramedic program. The EMS office is currently awaiting their report.</li> </ul> |
| <b>PBPI Committee</b><br>Joe Albert (EGFD)                     | <ul> <li>Cardiac arrest reviews continue with a noted lack of consistency in amiodarone administration in applicable situations. An educational campaign may be necessary if the findings appear to be a trend.</li> <li>Refusals         <ul> <li>Only 33 refusals were not called in when they should have been in October. This is down to 3% from 13% prior to re-education and shows a great improvement.</li> <li>The board discussed one of the more confusing situations, which is a minor refusals where the child is fine but a parent cannot be contacted. This scenario may need further policy adjustment.</li> <li>Dr. Ortinau encouraged all agency providers to request additional instruction if the initial OLMC contact is ordering something that does not seem appropriate. The first step is to request an override and make contact with NCH. The second and final step is to make direct contact with Dr. Ortinau or System Administrator Connie Mattera.</li> </ul> </li> </ul>   |
| Research &<br>Development<br>Committee<br>Kyle Marcussen (SFD) | <ul> <li>R&amp;D met on November 3<sup>rd</sup>, which included a demonstration from Zoll on the ResQCPR system. The focus of the demo was on the ResQPUMP. The ResQPUMP is a device that is being marketed as part of a larger "ResQCPR" system, which also includes the ResQPOD. The PUMP differs in that it is handgrip combined with a suction apparatus and a force meter that is used during compressions on a cardiac arrest patient. The aim of the device is to improve venous return to the heart with active decompression. Active decompression is described as an alternating step between compressions where the responder pulls upwards on the grips and in turn facilitates greater chest recoil. The device was found to be easy to use and more ergonomic</li> </ul>   |

| Торіс                      | Discussion/Conclusions  |
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|                            | <ul> <li>through the use of the grips. However, R&amp;D reported concerns that while the device showed promise, it was not currently compatible with CPR feedback devices already in use throughout the system. The included force meter provided information to the rescuer using the device, but none of the data was recordable for CQI. Due to this shortfall, the R&amp;D committee could not provide a recommendation of the product in its current iteration.</li> <li>Connie Mattera reported on recent movement regarding the change in system blood glucose meters. Negotiations have resulted in a cost savings to provider agencies. However, a further delay was identified in termination language with the current BGL meter supplier, but the delay should not be excessive.</li> <li>R&amp;D had very little time remaining in its meeting to discuss the ongoing project of video laryngoscopy. Comparison sheets from the 3 relevant manufacturers have been disseminated to the committee, which meets again in January for further review.</li> <li>The current Chair, Vice-Chair, and Secretary of R&amp;D, Kyle Marcussen, announced his resignation from the committee. He explained that pursuing further higher education had limited the number of days he had available for committee meetings, and that he feared this limitation would constrain the mission of the committee through multiple future scheduling changes. Lastly, he expressed his desire to see the committee should signal their interest with an email to Diana Neubecker at NWCEMSS.</li> </ul> |
| Policy Review              | The following policies were reviewed:   |
|                            | <ul> <li>D-1 Corrective Coaching / Disciplinary Action: Discussion on policy amendments regarding gaps in the policy. Resulting small changes to O, S, and T to provide consistency. Motion to approve with changes by Chief Wax, 2<sup>nd</sup> by Kyle Marcussen. Motion approved unanimously.</li> <li>I-2 Infection Control Measures: Updated language to be more in accordance with national guidelines, including NFPA. Motion to approve with changes by Chief Wax, 2<sup>nd</sup> by Chief Wax, 2<sup>nd</sup> by Georgene Fabsits. Motions approved unanimously.</li> </ul>  |
|                            | <ul> <li>M-8 Medical Device Failure / Malfunction</li> </ul>  |
|                            | <ul> <li>Discussion to section IV. B. 2. to clarify that all device failures require notification to the EMS M.D. This includes the failure of routine devices, even failures that caused no alteration in the care of the patient. A specific example was cited: If a pulse oximeter fails, but another pulse oximeter is present and works correctly, the EMS M.D. should still be alerted so that a record can be maintained of devices that are prone to failure. This may assist provider agencies in future equipment selections.</li> </ul>  |
|                            | • A device failure that results in harm to a patient must be immediately reported to the EMS M.D. cell phone.   |
|                            | <ul> <li>Motion to approve with changes by Kyle Marcussen, 2<sup>nd</sup> by Lukasz Szerlag. Motion approved unanimously.</li> </ul>  |
|                            | <ul> <li>D-3 Drug / Pharmacologic Management: Discussion on possible changes to include more specifics that would match national standards, including thermal storage of medications. Discussion continued on the current difficulty of ensuring medications are stored within specific thermal ranges. Motion to defer to next meeting by Marcus Rill, 2<sup>nd</sup> by Kyle Marcussen. Motion approved unanimously. Policy D-3 deferred until next meeting.</li> </ul>   |
| New Business               | Elections are coming due in January of 2016.<br>Reminder to members: All members and alternates with expiring terms need to resubmit applications to remain on the board.   |
|                            | These applications are due by early January.<br>The annual Christmas party is scheduled for 12/10/15 @ 0830 hours in the South Tower Lobby. Please mark your calendars and come enjoy the festivities.  |
| Adjournment & next meeting | Motion to adjourn by Kyle Marcussen, with 2 <sup>nd</sup> by Joe Albert. Motion passed unanimously. Meeting adjourned at 1040 hours. Next meeting is scheduled for January 14 <sup>th</sup> , 2016, at 0900 hours.  |