

**Northwest Community EMS System
Advisory Board
MINUTES – March 12, 2015**

Topic	Discussion/Conclusions
Call to order	Meeting called to order at 0910 by Connie Mattera pending the elections. Chair Pete Dyer and Dr. Ortinau both had excused absences.
Approval of minutes	Motion by Chief Schumann, 2 nd by Nathan Gac to approve the minutes of 1/8/15 as written. Motion approved unanimously. No additions to the agenda.
Introduction of new members/visitors	Kevin Diluia (NWCD), Kristine Provenzano (SPD) and Dep. Chief Charles Walsh (EGPD) were welcomed to the meeting. Kelly Seiler was introduced as the station manager for the Superior ambulances in the NWC EMSS. Markus Rill was introduced as the CARS rep to the Board. Christine Dellas was introduced as the ECRN rep from ABMC.
Elections	<ul style="list-style-type: none"> Kyle Marcussen was moved from a non-officer paramedic member to the representative from the Research and Development committee. This opened an additional non-officer position, raising the number of open seats to 2. David Ashcraft, who was the non-officer alternate for Kyle Marcussen, asked to be added to the ballot as a member candidate. Jim Denna, who has just completed his first term on the Board was reconfirmed for a second term. Prior to the meeting, the following had been nominated to serve as Board officers for 2015: Chief Clemmensen (chair); Nathan Gac (vice-chair), and Kyle Marcussen (secretary). A motion was made to allow additional nominations by Chief Clemmensen, 2nd by Nathan Gac. No additional nominations were made and a motion was made to close the nominations. Members and alternates representing members not present voted by secret ballot. Ballots were tabulated by Chief Schuman and Kyle Marcussen with the following results: <ul style="list-style-type: none"> David Ashcraft and Adam Taylor were elected to the open non-officer paramedic member positions. Ed Rodgers was elected to the non-officer paramedic alternate position. Chief Clemmensen was elected to the chair Nathan Gac was elected to the vice-chair. Kyle Marcussen was elected as the secretary. Deputy Chief Charles Walsh was elected to the Law Enforcement alternate position. Kevin Diluia was elected to the EMD member position. Motion to accept the election results and destroy the ballots by Luke Walker, with 2nd by Markus Rill. Motion passed unanimously.
Paramedic class report Connie Mattera	<p>Please reference the Paramedic Class written report for full class information as reported.</p> <p>Of note: There were some inconsistencies discovered between student entries of patient care contacts and/or skills performed into FSDAP (our electronic recordkeeping system for the students,) and the Student Clinical Activity Performance Records from the hospital clinical units. These forms are completed by the students and their supervising preceptors and provide evidence of student performance. Given that students are required to achieve a minimum number of assessments and interventions, incorrect entries into FSDAP could allow them to graduate without the necessary patient contacts and/or skill revolutions. This was a very concerning discovery, as it suggests either poor record keeping by students or inappropriate embellishment of skills being accomplished. As a result, an amnesty program was allowed for several days that allowed the students to go back into FSDAP and remove skills that they had no hard records of completing from their clinical time.</p>

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	<p>Discussion was considered over the seriousness of these issues and a calculated decision was made to allow this singular amnesty period. Further discussion was held over these documentation discrepancies. Notice of the completed investigation will be forwarded to provider chiefs. Students are now aware that hospital and field internship forms must match the FISDAP entries exactly. Future discrepancies will result in disciplinary action.</p> <ul style="list-style-type: none"> • Students have all begun EMS 215; Field Internship • Four preceptor courses were conducted in February and preceptor contracts have been updated. • Connie continues work on the application for the Letter of Review from the Committee on Accreditation of EMS Programs. • Chris Dunn and Connie continue work on a Curriculum Project submission to Harper College, updating all the course syllabi and expanding the credit hours for the EMT and Paramedic classes. • The program has an agreement of intent with a new Lead Instructor for the paramedic class. The individual is from out of state and a final offer has yet to be concluded pending further discussions. A decision on this candidate will be made by the end of May. • Chris Dunn has requested to drop from full-time to part-time effective in early June. He will remain as the EMT course lead instructor, but will be dropping the PM Class lab coordinator duties. The System will be hiring someone to step into that role.
Education Committee	<ul style="list-style-type: none"> • The Education Committee is finalizing their updated charter and revisions to the Education section of the System strategic plan. • Connie provided them with an update on current requirements in paramedic education (see slide handout). • The Committee discussed the requirements for currently state licensed paramedics to take the National Registry Exam; they were introduced to the Gathering of Eagles as a body from which cutting edge EMS information is discussed and disseminated; recent CE offerings were praised for their student engagement and usefulness to practice; and the current position on post-tests was clarified.
CARS Committee Markus Rill	<ul style="list-style-type: none"> • IDPH continues work on transitioning from the National EMS Information System (NEMIS) version 2 to version 3. We need to parallel an October 1, 2015 hospital transition from ICD-9 to ICD-10 codes. Image Trend is also transitioning to their Elite platform. We are targeting completion of the new CARS template in July; education to be done by agency Superusers in August and September, with plenty of time for users to practice before going live. • CARS members continue to seek ways to effectively document a multiple agency response to a single patient. This is a topic of great importance to system members and we will work with Image Trend to find mutually agreeable solutions. • Agencies were reminded to please continue downloading PCRs to IDPH.
PBPI Committee Tom Wang (MPFD)	<ul style="list-style-type: none"> • Tom Wang is the new alternate representative from PBPI and provided report. • PBPI is working on improvements to increase the speed of documentation and reporting. • PBPI is applying for a grant that will pay man hours to create specific and higher quality queries that can benefit the system and Region. The grant is due by April 1, 2015. • There is a focus on improving the knowledge and abilities of the committee and system as a whole, so that when a single knowledgeable member leaves, it does not impede our total progress. • There continues to be a great focus on refusals that should have resulted in a call to OLMC for documentation, but was not. These queries result in individual members receiving re-education to help stop this high liability practice. Education is continuing, and it is hoped that we will soon see improvement in our query results. • The monthly cardiac arrest query continues to be evaluated for improvement opportunities.

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<p>Research & Development Committee</p> <p>Kyle Marcussen (SFD)</p>	<p>Please reference the Research and Development written report to the Advisory Board.</p> <p>Laryngoscope blades: The committee is researching reusable laryngoscope blade cleaning, high-level disinfection, and storage options in advance of making a system recommendation for a procedure.</p> <p>Spine motion restriction unexpected effect: With the recent move away from backboards, Elk Grove Village FD has found that tape being applied directly to stretchers has resulted in damage to stretcher mattresses. The committee will review techniques and any available commercial devices to prevent these kinds of damages.</p> <p>CPR Feedback devices</p> <ul style="list-style-type: none"> The committee is further investigating devices to assist in improving CPR with these feedback devices. These devices have been shown repeatedly across the country that they improve the quality of CPR compressions to such a degree that neurologically intact survival rates have doubled or tripled in some cases. A meeting will be held soon to coordinate manufacturer representatives with EMS coordinators to demo these devices. Discussion ensued about the technology, the likelihood of AHA recommending one manufacturer technology over another, and reiterated from multiple members how effective these devices have been. The consensus being that AHA will not recommend a manufacturer, just that all manufacturers will offer some form of feedback device. At least 2 provider agencies in system already utilize these feedback devices, and they report that the devices absolutely assist providers in performing high-quality CPR. <p>Chief Clemmensen commented that he would not be content only making it to the level of Seattle's 67% neurologically intact survival rate – we can continue to improve even when we rise to that level of success</p>
<p>System report</p>	<p>The state continues to look at paramedic programs statewide, both high performing and low performing.</p> <p>Presentation on proposed state law changes, including:</p> <ul style="list-style-type: none"> Changes to conceal and carry AEDs required in police stations 3 bills on naloxone administration by law enforcement <p>Mobile integrated healthcare (MIH)</p> <ul style="list-style-type: none"> IDPH has come very close to approving the MIH plan submitted by the State MIH Committee to the Gov. EMS Advisory Council last June. A meeting has been scheduled next week with the CEO and Chief Nursing Officer of NCH to continue work on the MIH pilot project for our System. The 3 pilot communities will be Palatine Rural, Palatine, and Rolling Meadows. <p>Stroke rules: A state subcommittee of subject matter experts has finished work on revisions to the stroke rules based on legislation passed last year. They have been submitted to the IDPH legal department. We do not anticipate a change to our SOPs at the present time.</p> <p>EMS Rule Revisions: A state subcommittee of subject matter experts (SMEs) has been working with Jack Fleearty since 9-11-14 to go through hundreds of pages of EMS Rules to propose changes based on legislation passed last June that transitions the State to the National EMS Education Standards and Scope of Practice model as amended by IDPH. It is anticipated that the subcommittee will complete their work sometime in May and the draft will go to IDPH legal and then to the Gov. Office for review.</p> <p>The changes requested by the subject matter experts (SMEs) at the December 2014 Item Writing meetings for the EMT and Paramedic State Exams have been implemented. We will closely follow the outcome data.</p>

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New Business	<ul style="list-style-type: none"> • Charter: Updates presented and reviewed. Motion to approve by Nathan Gac and 2nd by Markus Rill. Motion passed unanimously. • Bylaws: First reading of a requested change to allow for emailed motions and votes when necessary due to limited time. These changes will be voted on at the next Board meeting. <p>Policy A-1 Abandonment vs Prudent Use of EMS Personnel</p> <ul style="list-style-type: none"> • Changes to the policy clarify transition of care, OLMC and documentation responsibilities when more than one agency responds to a patient. These changes solidify the requirement that all responding agencies that provide patient assessment and/or care must create a PCR documenting their role in the patient's care. • Significant discussion ensued about the legal requirements and inability for the PCR software to currently document personnel for multiple agencies on a PCR. This is being reviewed by the CARS Committee for a solution. • Significant discussion regarding section I.D.3. resulted in a change to the section with the alteration of “the agency that has taken responsibility for” . • A motion to accept the policy as ammended was made by Nathan Gac and 2nd by Jim Denna. Motion passed unanimously. <p>Policy A-3 Initiation of ALS or BLS Care</p> <ul style="list-style-type: none"> • Housekeeping changes to update policy with current SOPS and anticipated modifications for the upcoming MIH pilot program. • Clean up of PM/PHRN advanced device care and access section. • Motion to accept the revised policy made by Luke Walker and 2nd by Markus Rill. Motion passed unanimously. <p>These are significant policy updates – all agencies are asked to inform their members. Policies will be posted to the System website.</p>
Adjournment & next meeting	<p>Motion to adjourn by Nathan Gac, 2nd by Jim Denna. Approved unanimously. Adjourned at 11:10 am.</p> <p>Next meeting scheduled for May 14, 2015 at 0900.</p>