Northwest Community EMS System
Advisory Board
MINUTES – March 9, 2017

Topic	Discussion/Conclusions
Call to order	Meeting called to order at 0900 hours by Nathan Gac.
Minutes / Agenda	Minutes from January 2017 were not available for approval**.** No additions to the agenda were requested.
Board member election of remaining openings and officers for 2017	Two openings for paramedic alternate and two applications were received. Welcome to Jenna Werdell, EMT-P (SFD) and Robert Losik, EMT-P (AHFD). One opening for a Private Provider alternate, one application received. Welcome to Kelly Seiler, EMT-P (Superior). One opening for an EMD member, one application received. Welcome to Daniel Sacomano (NWCDP). An EMD alternate position remains open. Will seek input from all the dispatch centers that serve the System. The former ECRN member finished advanced education and has requested to step down. Welcome to Melissa Housam, RN (ABMC). An alternate ECRN position remains open. The R&D committee needs a member and an alternate. Otherwise, all positions are filled for 2017. **Elections**: Nathan Gac (EGFD) nominated by Markus Rill for chair: elected unanimously. Michael Sharp (EGFD) nominated for Vice-Chair by Nathan Gac: elected unanimously. No nomination for secretary came from the floor. Susan Wood agreed to take minutes for remainder of meeting. Will hold election for secretary at next meeting.
Provider Based Performance Improvement (PBPI) Committee Jason Brizzell	Jason presented a schedule of the expected monthly topics to be studied for the remainder of this year. Cardiac arrests will continue to be reviewed monthly and reported to the committee. Data will be available for the entire system and teachable points will roll out through CE education. **Airway confirmation** is being monitored in an attempt to help the system know exactly where to emphasize education and training. To ensure better documentation compliance, a new Power Tool was created to resolve confusion as to where and what data to enter and to eliminate redundancy. Will be introduced in April CE. **2017 Goals for PBPI meeting and screen participation**: 90% of EMS Agencies submit data each month and an individual agency has a 90% annual submission rate.
Education Committee Connie Mattera	Connie reported that the committee spent the majority of their time reviewing the C-2 policy and approved to move forward to Advisory. EMT class is going well with 39 students currently. The attrition is very consistent with previous classes **Paramedic class Advisory Committee report** • No news yet on CoA application. • The Paramedic class finished EMS 213 and the overwhelming majority have been allowed to proceed to the field internship March 5. Those who are released to the field have been sent an email stating such along with a cc to the Provider EMS Coordinator (PEMSC) and the nurse assigned. • See System written report for table showing year over year outcome data for EMS 210, 211, 212, and 213. Very close correlation between the two years. • Preceptor classes (4) conducted in February with great attendance and participation. Class handout, slide deck, and study questions are posted on the website for those that could not attend class, but need to be assigned as a preceptor for this year. • Field Training Services Agreements and accompanying documents were due by February 24, 2017. Will be contacting chiefs if contracts are outstanding. • **Important dates remaining for this year:** o June 14, 2017 Graduation

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	o June 19, 2017 First NREMT practical exam o July 17, 2017 Second NREMT practical exam • System memo announcing **National Registry testing option/process for licensed paramedics** will be issued soon for those who would like to take the NREMT written and practical exams. • **Fall 2017 Paramedic Class**. Class pretest updated. Testing began March 1, 2017. Application instructions posted to System and Harper College websites. • First draft **F17/S18 paramedic class calendar** created. **Class will start September 11, 2017**. Field internships to begin March 2, 2018 and graduation slated for June 13, 2018. • Returning to Harper Curriculum Committee to **split EMS 214** (Hospital Clinical) into 2 segments (fall and spring semesters) in compliance with Harper scheduling needs.
Computer Aided Reporting System (CARS) Committee Markus Rill	• Markus reported that the committee met for an extended time in March. Much discussion on **incidents; service requests and enhancement requests.** • Working on the Airway Confirmation power tool (see PBPI report); a CPR vital sign power tool; and a third power tool to change the ECG rhythm documentation in an attempt to create concise, accurate, and complete documentation. This tool will consolidate charting; .taking two separate and not always intuitive areas down to one area. This tool should lead us to easier and better documentation. • Working on print commands. Need one report that includes all important medical information to print at the hospital with patient name on each page; need a complete report of all entries that can be provided when documents are requested by subpoena; and a third with all patient Private Health Information (PHI) fully redacted for the paramedic students to print as part of their portfolio. Paramedic student report is done. Patient name will print on each page now if users select the PDF print command. • Lists continue to be consolidated and revised to create better choices and accurate documentation compliance. • After Image Trend's strong suggestion that users switch to Chrome, Google completed a Chrome update that disrupted the Image Trend Elite software that is now being addressed by Image Trend. Work arounds have been created, disseminated to all of our providers. • Multiple PCRs found on the cloud (not uploaded). Agencies need to delete reports that are incomplete, never intended to be finished, etc. and to ensure correct upload of valid reports. • Clinical decision support is being incorporated through new validity rules to prompt users if entries fall outside of acceptable ranges.
R & D Committee Doug Schuberth	• There was a manufacturer recall on the MAD device last fall and shipping is delayed to some System hospitals creating a shortage so the EMS MD approved an alternate product manufactured by the same company. No difference in process therefore no further educational needs at this time. • AH started their pilot project this week with the KING vision videolaryngoscope. Several educational sessions were made available to cover all agency members with the product rep, Dr. Jordan and Drew Hansen (content expert in house). The go live started but AH has yet to use on a pt. The desire is to collect ~50-60 pt uses for a sample size. • They are also looking at supraglottic airways including the LMA, the KING LT-SD, and iGel. This discussion has been tabled until more data is available on the King vision. If the king vision works well, the replacement piece is approximately $30 which is a bit cheaper than replacing the KING LT-SD at the hospital. • Connie is doing a review looking at the minutes from the past three years to find the date the system agreed upon for mandatory implementation of real time CPR. The intent was to have mandatory implementation as of December 1, 2016 when the SOPs rolled out.

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2017 Strategic Plan	The latest revision was open for review and comment prior to taking a vote to adopt. The main purpose for our System's Strategic Plan is to serve as the overarching "roadmap" of those areas that must be addressed by the System in the upcoming year with an eye to the intermediate planning horizon so we are always forward thinking. Connie reported that much of the content added to the document comes from national sources of EMS best practice, standards, and guidelines. Sources include, but are not limited to: The EMS Agenda for the Future, EMS Education Agenda for the Future, EMS Education Standards; National Scope of Practice Model; documents from NHTSA, NAEMSP, ICEP, NAEMSE, NAEMSO, NEMSMA, NAEMT, CoA, and NREMT (all defined on first few pages of the plan). What EMS looks like today is NOT what it will look like in the future. Therefore we are taking a proactive approach to keeping informed and engaging in the national and state dialogue, which will help us to guide and direct our destiny; allow us to thrive and remain relevant in the future marketplace of EMS, and effectively meet the needs of our patients and citizens. **Plan was approved unanimously** and will go to the chiefs for approval next week. MIH pilot planning is moving forward hoping to obtain funding from several different sources.
Policies to be reviewed Connie Mattera	**B-1:Bypass:** A long discussion ensued regarding this policy and the potential impact it will have for the daily operations of the system. Highlights include: • Much of the language changes submitted bring us into compliance with current law and rules, not what we had anticipated them to become when the last edition was published. It also addresses remedy for times when hospitals need to continue to accept patients even though they have selective resources limitations. It has been a difficult winter with multiple hospitals on frequent and sustained period of bypass causing business disruption for providers and patients. When the Regional IX EMS Advisory Committee meets next Tuesday, they will be asked to consider and reach consensus on the concept of selective or partial bypass. IDPH will allow a partial bypass authorization if the Region agrees and updates the Region policy. Connie will update the Advisory committee of the outcome of that meeting. (CJM: Region approved concept and will revise policy.) • Dispatch Center contact information at the back of the current policy is inaccurate. Will update before policy is finalized and published. The combined number for all Private Agencies is no longer in operation. When a hospital goes on bypass they must now call every private ambulance in our System to inform them. • Georgene requested that the draft go to the hospital EMSCs for comment before coming back to the Advisory committee for a vote. This was agreed upon. Another concern was discussed regarding LGH's (main Level I TC destination for System) willingness to take patients that meet Level I criteria even when on bypass. Language has been inserted that is a direct quote from written information received from LGH administration agreeing to accept selected patients. • Once this policy is approved, the System will provide expansive communication tools to ensure that all hospitals and providers are aware of the changes. **C-2 policy: Continuing Education** • The overwhelming majority of the new language comes from the IDPH update to their CE guidelines (issued last May), practices that have been previously agreed to by System Boards and Committees (intubation competencies), and to bring policy language into compliance with actual contemporary practice (System entry). • There is now a higher emphasis on including specific topics by number of hours allowed and adding more content related to pediatrics. We attempt to also provide the CE requirements of the National Registry of EMTs as we have increasing numbers of our members that hold NREMT certification. Our System academic calendar reflects all of these guidelines. In addition, we include content that is data driven from information discovered by the PBPI Committee; topic requests as submitted by EMS members on the "Gold" evaluation forms offered at CE; and content requested by the EMS MD and/or System Committees. • Under the section related to in-station classes, concern was raised regarding the ability for members to technically obtain all System created CE via packets. This is NOT the intent of the policy or the committee, however the need still presents that there are System participants that may need to make up more than 2 CE classes due to an extended absence. For those who are out for an extended illness, the intent is to not punish them. For those on active military deployment, we thank them for their service

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	and do not choose to create undue hardship for them in making up missed CE. In general, there has been additional provisions included for those who miss a live class. They can attend paramedic class, an ECRN class or TNS class to make up the specific content they missed, rather than complete the credit questions. Additionally there are numerous other ways to obtain the 10 discretionary CE hours (above and beyond In-station content) required of each paramedic per year. • A long discussion ensued regarding missed classes and the fees for grading packets. Board members had different views on the fees (make them higher or lower); require monthly/quarterly reconciliation of class attendance; more frequent suspensions etc., but ultimately agreed to leave that language as proposed. Connie will incorporate the requested changes and send them first to the nurses for comment before sending to the Board for an electronic vote.
System Updates Connie Mattera	For all system updates, a written report was provided for the Board to read and commit to understanding. The Paramedic class- written report was included as part of that document. Updated preceptor handout and class slides also included for Board review
Adjournment & next meeting	The meeting was adjourned at 11:18 AM. The next meeting is on Thursday, May 11, 2017 from 9:00 to 11:00 AM, in rooms LC 1&2.

Minutes submitted by Susan Wood and approved by Connie Mattera 3-25-17.