

**Northwest Community EMS System
Advisory Board
MINUTES – September 11, 2014**

Topic	Discussion/conclusions
Call to order	Chairman Peter Dyer called the meeting to order at 0910. No new members to introduce.
Approval of Minutes	A motion was made by Hank Clemmensen, 2 nd by Tom Wang to approve the past minutes as written. Passed unanimously.
Paramedic Course Advisory Committee Connie Mattera	<ul style="list-style-type: none"> • Connie provided a report on the paramedic program, with in depth information contained in the written report. Advisory Board members were reminded that they also serve as the Paramedic Class Advisory Committee required by our accrediting bodies. • Follow-up on the class that finished in June of 2014: <ul style="list-style-type: none"> ○ Started with 35 students and graduated 33. One was dropped for failure to meet cognitive objectives during EMS 211. One will need to repeat the field internship and is on an individual education plan (IEP). ○ Thirty of the 33 graduates passed the state exam on the first attempt (90.9%) and two of the three have passed on subsequent attempts at the time of this meeting (96.9% overall pass rate). This compares to a state average pass rate of 45%. ○ The field internship was condensed from three phases to two; rolling orientation into phase 1. This change received generally positive feedback. Points to correct: <ul style="list-style-type: none"> ▪ Hospital EMSCs/educators need to receive calls during phase 1 as they are accomplished so feedback can be provided in a timelier manner. ▪ The ALS Critique form needs to provide a larger space for the pathophysiology explanation and have the section on drug cards and verbal defense of the call reworked to include field preceptor and hospital EMSC feedback. • The hospital legal team has been working all summer with attorneys from Hoffman Estates on changing the hold-harmless agreement with Provider Agencies who are hosting unaffiliated students during the field internship. The new agreement needs to be in place before the incoming students can begin their field internships in March of 2015. Connie is concurrently updating the documents associated with class and the field internship in response to feedback from the attorneys. • Discussion about recent changes to the state exam process, with data that shows that our System is one of the high performing programs. Connie has been asked by IDPH to conduct several workshops for EMS Educators on item writing. One was held in August and they will be held at three additional locations in Sept. and early October. • The process that IDPH now uses to create the State exam mirrors that of the National Registry. Our System is marching towards using the National Registry as our entry level examination process. Connie discussed the provisions of the national EMS Compact which requires National Registry testing for all responders after Jan 1, 2013. She will be bringing this issue to the Chiefs for their consideration. • Our low attrition rate, positive evaluation and feedback from students, educators, preceptors, and stakeholders, and high pass rates on exams suggest that we are teaching effectively and students are achieving the course objectives. • Incoming class: 35 students have been accepted to start class in October. • The System has posted the job for a new Paramedic Class Lead Instructor and a national search is under way to find the best candidate to be the Primary Instructor. Connie will remain the program director at the present time. • Motion to accept the Paramedic Class Advisory Committee Report by Chief Clemmensen, 2nd by Joe Albert. Approved unanimously.
CARS Committee	<ul style="list-style-type: none"> • Rick Nosek retired from Schiller Park in June. While he has agreed to stay on as the System's IT consultant, the CARS Committee is seeking a new chair. One of the biggest priorities for the CARS committee is to lead the System through the transition from NEMSIS 2 to 3 and the migration to the Image Trend Elite platform. Work continues on both of these at the State and Regional level. • In looking at all System transports, nearly 29,000 are for elderly patients. The single most common paramedic impression is "No

Topic	Discussion/conclusions
	<p>apparent injury of illness”. This is unacceptable documentation and will impact reimbursement by Medicare and some insurance plans. Providers explain that they do not have a good option for patients being transported for pre-scheduled tests or transfers. Many of the elderly do not have a complaint, but are transported from nursing homes for work up at the hospital. It is hoped that the expanded drop down options in NEMESIS 3 will alleviate this problem.</p>
<p>PBPI Joe Albert</p>	<ul style="list-style-type: none"> • The screen on refusals was completed, showing that we are still failing to call BLS pediatric and elderly refusals in to on line medical control (OLMC). There were various reasons given for this noncompliance and re-education has been started. • Glucose meter accuracy analysis has reached inconclusive results. While there have been a few instances of BGL checks being different between field and hospital readings, it has been found that there are truly too many variables to determine if there is an identifiable problem with the meter or technique in obtaining the sample and doing the reading. Re-education will occur on the proper technique to obtain a sample and the R&D Committee will continue to explore alternate meters. • Pediatric cardiac arrest screen: Results were confounded in that reporting information from the agencies was not uniform and there was too small of a sample size to reach generalizable conclusions. • The PBPI Committee has concluded that ongoing evaluation of all cardiac arrests is important. They are writing a screen to be conducted every month on all SCA in the field. • They are in the process of gathering information on persistent hypotension/decompensated shock.
<p>Research & Development Kyle Marcussen</p>	<ul style="list-style-type: none"> • They discussed the glucose meters in depth as already noted in the PBPI report. • They also discussed the upcoming requirements for real time CPR feedback devices and the expectation that the AHA will give them a strong recommendation in the guidelines to be published in Oct 2015. This is the future for CPR and cardiac arrest management and System members will be encouraged to begin budgeting for the technology. • There was a request to trial a Halo chest seal and evacuation conveyance device for active shooter events for Schaumburg’s Rescue Task Force (RTF) program. Manufacturers of these devices will be approached and trial equipment requested.
<p>Education Committee</p>	<p>We continue to gather information on best practice models for adult education fostering higher order thinking. The processes in place in our System are aligned with these evidence-based recommendations.</p>
<p>System Update</p>	<p>IDPH and Missouri have published memos on recently significant spread of respiratory illnesses, including an enterovirus and a flu virus. NCH has opened a separate unit for adult suffering from acute respiratory complaints.</p>
<p>New Business</p>	<p>Subcommittee for Law Enforcement Advisory Position</p> <ul style="list-style-type: none"> • Recommendation from the subcommittee to create a member and alternate position representing Law Enforcement on the Board. • EMS has significant interaction with law enforcement and the Board envisions a necessity of working with them more closely. • Discussion outcome: The member should have full voting privileges. • Motion made by Nathan Gac and seconded by Chief Clemmensen to change the bylaws to add a law enforcement member and alternate position to the Board. Passed unanimously. • A release will be put out to all local law enforcement agencies requesting applications to serve on the Board. <p>Active Shooter: Report provided by Chief Schumann that an active shooter program should be under development in all System agencies. No System memo is necessary in light of the National Fire Administration’s White Paper. Discussion ensued that any System stance would only be relative to patient care, which is only a small subset of the overall response. This would make the System policy rather broad and spelled out in general terms, similar to the Infection Control policy.</p>
<p>Next Meeting</p>	<p>November 13, 2014.</p>
<p>Adjournment</p>	<p>Motion to adjourn by Joe Albert and 2nd by Tom Wang. Adjourned at 1100.</p>