NWC EMS System
Cars Meeting
Draft Minutes
10-10-2018

I. MEETING CALLED TO ORDER @ 0901

II. New Member - Steven Burnell from Lincolnshire-Riverwoods

III. Approve Minutes from 9-12-2018 - Approved

IV. Open Issues

    A. **Social Media** CARS extension / NWC Website - No report

    B. **Smart phone app** for CARS - Denna sent Klein a hyperlink for the App that has some, not all, functionality on a computer. The student is not far from off from completing the App, but his independent study class is over at the beginning of next year (Jan-Feb), so that can be assumed to be the expected date of completion. That is the same timeframe that Dr. Jordan anticipates the new SOPs being released. The question was raised about how we will update and maintain the App once the student completes his project, and Denna plans to ask him to make it easily maintained for this purpose. There were questions about whether the SOPs would show up as a .pdf document that is formatted for a desktop computer, not for a smartphone. This could cause there to be issues with viewing on a smartphone because it would force the end user to pinch-to-zoom, which can be tedious. There was discussion again about the format of the Table of Contents, and the Appendix and pages in the back of the SOPs (drug information, dosage charts, etc.

    C. American Eagle Update – No report

    D. Printing Update – No report

    E. **Provider Impression and Symptoms Lists**

        1. Submitted to P. Sennett - Klein sent him some data fields that will be added to the primary symptoms (enlarged prostate was one). This arose from a question about validation issues when there is no selectable history condition from the list but the end user adds the condition to the history text box. This was made known to Sennett and he will be trying to resolve.

        2. Strictly manpower help from an outside agency has been added to pt disposition. This was an issue because of validity because the helping agency did not get pt's personal/demographic information.

        3. Conversation was had about autopopulating information. The example was given for having destination autopopulate to "Not Transported" when pt disposition is selected as "Treated released AMA" or "Treated released protocol." Klein is going to work to try to figure out a visibility rule for our template. It is going to be looked into for User Voice as well.

V. **New Business**

    A. **ECG import buttons and CARES fields**

        1. Working with NCH CARES Committee to create controls for data collection. First CARES export (manually) was successfully tested.

            a) Klein created a mock arrest to explain the visibility rule for "was the pt in cardiac arrest at any time." You'll get the cardiac arrest

to pop up, but you'll also get **CARES post ER** to pop up in the billing section. This will be for the nurses to fill out questions such as "did the pt have a stemi?" There are 14 of these types of questions. This is **NOT to be filled out by end user paramedics.** Some paramedics may ask "what is this?" and CARS members will be able to tell them "don't worry about it, it doesn't concern you. It's above your paygrade."

b) If someone is asking where the **supplemental questions are, they are in the worksheets in the cardiac tab on the bottom right side.** The **end user paramedic will not need to use this**; it will be more for the CARES Committee.

2. Dr. Jordan had a question about rhythm interpretations. Klein asked whether CARS members wanted one or multiple rhythms on the **"rhythm upon hospital Arrival"** question. Dr. Jordan wants it as one choice, so do the CARS members. The way it is set up right now that allows for multiple choices. The problem is that Image trend has that question set as a multi-select field currently. There is going to be an attempt to work around to satisfy CARES, Image Trend, and NEMCES. There was also a workaround completed during the meeting that now it says **"ONLY SELECT ONE"** next to the question.

3. CARES SDQ created and implemented.

B. Jason - question about **naming a procedure**. Question was about needle decompression, but in Image Trend it is in chest decompression. Multiple incidences of end users selecting "chest decompression" instead of CPR (thinking it said chest compression.) Procedure is a base-type power tool that cannot be edited. This may need to be something that end users need to be educated about.

C. Conversation took place about **administering one medication from multiple different routes.** This cannot be done in the same administration, and needs to have two separate administrations. This is for Ketamine because it's too much for one leg, and you're technically administering it twice since it is in two legs. This needs to be documented as two administrations, ½ in one leg and ½ in the other. In the administration comments you can clarify this.

VI. Patrick Sennett

A. Dr. Jordan wants chest decompression removed, and apparently per Patrick it is now changed

B. Ketamine question: a lot of talk but it is still a work in progress and there will be more clarification after this month's trial and how it will work. More information next month.

C. Value insertion for the above refusal autopopulation. There it does not seem that this is even on the horizon