

**Northwest Community EMS System  
Chiefs-Administrators  
MINUTES – March 17, 2023**

Agenda item	Discussion/conclusions	Action required
Call to order	Meeting called to order at 8:30 AM by Dr. Jordan. Kieran Mackey introduced as the new Chief at EGT by Pete Dyer.	
R & D Scott Renshaw (BGFD)	<b>AMBU SPUR II adult BVM</b> with integrated ET <sub>CO</sub> <sub>2</sub> and PEEP valve approved and added to D&S list as preferred product. New bag is less expensive than old options –hospitals are asked to <b>please consider switching to this for EMS exchange</b> ; looking at Peds and Infant bags now; IV NTG and metered flow devices considered and declined or deferred at the present time. Most current D&S List: 3-7-23. The committee is seeking an EMS World Expo attendee. Scott reported on plans to make a site review trip to St. Charles (Missouri) to determine what we can learn from another high performing EMS System.	<b>Reminder: Bougie to go</b> approved months ago and should be the only bougie exchanged by System hospitals and carried by EMS through attrition.
Education Connie Mattera	<ul style="list-style-type: none"> <li><b>EMT class</b> –S23 report given – All going well. See slide deck for details</li> <li><b>Paramedic class</b> – F22-S23 class progress to date; See slide deck for test scores. Three Preceptor classes conducted in Feb; educational materials posted to website w/ credit questions for those that still need to be credentialed; updated database for course attendance available upon request; all students approved to start Field internships on time; many having Phase I meetings already; planning for seminar hours and final exams; NREMT testing option for licensed members sent out; testing for fall class in progress; <b>pooled preceptor letter &amp; query for F23/S24 cohort coming soon. We would like to add 6 more students to the fall class to expand the EMS labor pool, but need field internship locations and are seeking assistance from our members who could host students.</b> CoAEMSP annual report completed; CoA reaccreditation reviewer report received with no citations that would impact re-accreditation; site visit slated for F24; Higher Learning Commission reaccreditation application due for Harper College in April; new equipment requested through Harper College. Undergoing a competitive bid process now.</li> </ul>	<p>Preceptors are asked to engage students in critical thinking drills to help them retain previous knowledge and show progression of learning. Students should transition to Phase II (Capstone) ASAP. They may progress as soon as Phase 1 meeting is concluded with recommendation to advance</p> <p>Phase 2 may not conclude prior to May 19<sup>th</sup></p>
	<ul style="list-style-type: none"> <li><b>Peer educators:</b> List updated and available upon request; renewal instructions coming soon</li> <li><b>CE: Annual CE hours and annual competencies due June 30<sup>th</sup></b> – Outlined in System memo 414 and defined in detail in updated C2 policy. CE accounting forms have been updated as part of the System's compliance plan. When reviewing records, agencies may submit Vector Solutions electronic reports of competencies completed, CPR cards, and agency-conducted CE. Only the updated Aggression mgt/restrain procedure skill sheet is acceptable this year. Seeking input on CE topics for next year. Please provide Kourtney w/ suggestions ASAP. After 1-1-23, all HCW must have at least 1 hour of CE on Alzheimer's disease for relicensure; adding to our academic calendar this fall.</li> <li><b>System entry:</b> Current requirements and lab schedule posted to website. There is currently <b>no policy manual self-assessment</b> and all SOP self-assessments must use updated documents written to <b>2022 SOP</b> – no previous self-assessment tools will be accepted. Throw away old forms. New have been up on website since last fall.</li> </ul>	<p>When completing CE reviews, if electronic data from Vector Solutions is presented and all members are listed as complete, educators shall do random audits of individual files (~10%) to ensure that correct forms are completed properly and in files. They will not need to see every file/form.</p> <p>Agencies are held accountable for accurate completion of CE &amp; competencies delegated to them and appropriate documentation.</p>
PBPI	<ul style="list-style-type: none"> <li>The final edition of the 2022 end of year data report has been approved</li> <li>The Charter and Quality Assessment and Performance Improvement Plan (QAPI) have been updated to strengthen language relative to the System's compliance program.</li> </ul>	

Agenda item	Discussion/conclusions	Action required
See slide deck for more details	<ul style="list-style-type: none"> <li>Screen results: <b>Behavioral health</b> draft shared; scrubbing data now</li> <li><b>Controlled Substance log</b> report opportunities were discussed; final reporting will be shared w/ chiefs soon.</li> <li><b>Glucometer hi/lo testing</b> will be updated based on new information received re: CLIA\</li> <li><b>Advanced airway data</b> shows opportunity to improve; action plans are in process. Step 1 is for agencies to manually review all charts for last year where intubation was attempted. Note possible reasons for a failed attempt. We need to determine if performance gaps are due to documentation errors, skill erosion, or other variables.</li> </ul>	Agencies are asked to review their own PCRs where ETI was attempted last year; ensure needed edits are made to accurately document 1 <sup>st</sup> and 2 <sup>nd</sup> pass success rates.
CARS	<p>Jim Klein created a <b>hyperlinked SOP</b> for the phone app (huge body of work and we extend our grateful thanks!), Will go live as soon as NCH regains comprehensive stroke center status - expect news any day Working on <b>multiple person release (MPR)</b> documentation options; LVO stroke documentation added; transition to NEMSIS 3.5 planning in process.</p> <p>CARS work led to updates in D-4 policy regarding immediate lock of posted records so an audit trail of all edits is generated, see below under Advisory Board report</p>	
Cardiac Arrest	Data collection continues from individual agencies; educational videos have been created by Palatine FD in conjunction with Dr. Jordan and Kourtney. They are being edited now	
Advisory Board	<ul style="list-style-type: none"> <li>Scott Motisi stepped down from the Board due to his impending promotion to BCFPD chief on May 15<sup>th</sup>. Our sincere congratulations on his promotion and thanks to Scott for his leadership of the Board and the Provider EMS Coordinators for many years. The updated Board Member roster for 3/23 will be posted to the website as soon as the PEMSCs determine their liaisons.</li> <li><b>Officers:</b> Chair Kyle Marcussen (SFD); Vice Chair Benny Yee (LZFD); Sec. Tom Krueger (LRW)</li> <li><b>New policies approved: (See System memo 215 for full details)</b> <ul style="list-style-type: none"> <li>A5: Abandoned (Relinquished) Newborn Protection   C2 Continuing Education</li> <li>D4: Data Collection &amp; Submission   ePCR software  PCR Short form-</li> </ul> </li> <li>Policy manual cross-walk in progress to meet IDPH 8-1-23 deadline for compliance w/ new rules</li> </ul>	Read new policies thoroughly.
System Updates Connie Mattera	<ul style="list-style-type: none"> <li>Huge thanks to Kathy Fitzpatrick, EMS admin who semi-retired 2/28/23 after 16 years.</li> <li><b>System memo 414.</b> Reinforces key new SOPs in a bulleted format; provides <b>drug shortage contingencies for sedation</b>; reinforces <b>CE and competency requirements due by June 30<sup>th</sup></b>, license renewal reminder to <b>align with System 0907</b> so Connie gets IDPH email regarding need for renewal - see memo for more</li> <li><b>System memo 415:</b> Will provide a synopsis of the updated policies: A5, C2, D4; a <b>contingency SOP using nebulized epinephrine in lieu of albuterol if depleted</b> during the drug shortage, and a brief listing of topics covered on the March System report slide deck. (Issued 3-27-23)</li> <li>ImageTrend license audit done; invoices coming soon (issued 3-22-23)</li> <li><b>DICO list</b> is being updated</li> <li>Plans to reinvigorate MIH; partner with peds emerg centers for disaster surge capacity</li> <li>Updates made to Directory</li> </ul>	<p>Must obtain signatures verifying receipt and understanding of policies and contingency SOPs from all members (EMTs, PMs, and ECRNs) – Due May 15<sup>th</sup> to Connie</p> <p>Vector Solutions report is satisfactory.</p>
Region IX	Meeting held 3-14-23   <b>Grant requests</b> ranked and submitted; agreed to albuterol shortage <b>contingency using nebulized epinephrine</b> (instructions coming); region opposition to additional resource hospital application rationale discussed; Dr. Hassard gave a report from NAEMSP meeting; all Region policies undergoing updates; educational presentation on <b>Sexual Assault cases and</b>	

Agenda item	Discussion/conclusions	Action required
	<b>SANE examiners</b> was given. Declined to change pt transport patterns at the present time based on data. Region reorganizing Stroke Committee; more to come on this.	
<b>IDPH report</b>	<p>Emergency Rules transitioned to final in December. System updates ongoing.</p> <p>Work on <b>CESSA implementation</b> continues. Handout on <b>Illinois Risk Matrix Multisystem Management of Behavioral Health Crises</b> provided electronically last week to all chiefs, PEMSCs, and HEMSCs/educators. <b>IMPORTANT READ</b>. Target go live: 7-1-23.</p> <p><b>Pending legislation:</b> See agenda for synopsis of bills:</p> <p><b>HB 2238:</b> Amends the Emergency Medical Services (EMS) Systems Act. Defines "Thrombectomy Capable Stroke Center", "Thrombectomy Ready Stroke Center", and "Primary Stroke Center Plus".</p> <p><b>SB1306:</b> Amends the Emergency Medical Services (EMS) Systems Act. Requires the Department of Public Health, within one year after the effective date of the amendatory Act, to adopt rules requiring all EMS personnel to be equipped by their employers with dash board and body cameras.</p> <p><b>HB1595:</b> Amends EMS Systems Act. Provides that specified Advisory Committees shall include one representative from the labor organization recognized as the exclusive representative of specified entities' employees. Provides that an EMS Medical Director may only suspend any EMS personnel, EMS Lead Instructor, individual, individual provider, or other participant considered not to be meeting the requirements of the Program Plan if the EMS Medical Director obtains agreement from the Department of Public Health.</p> <p><b>Siren Alert on Group A strep forwarded from IDPH</b> – This is a dangerous bacteria; two children have died; read and disseminate widely</p> <p><b>New Chief of IDPH EMS announced</b> – <i>Bobby Van Bebber</i>, MSN, RN, TNS see slide deck for details.</p>	
<b>National report</b>	<ul style="list-style-type: none"> <li>Field guide for emerg prep. <a href="https://www.aha.org/system/files/media/file/2022/11/AHA_ASPR_CLEAR-Field-Guide.pdf">https://www.aha.org/system/files/media/file/2022/11/AHA_ASPR_CLEAR-Field-Guide.pdf</a></li> <li>Preparing to sunset pandemic emergency provisions May 11, 2023</li> <li><b>EMS Week coming:</b> May 21-27<sup>th</sup> "Where emergency care begins" <a href="https://emsweek.org/">https://emsweek.org/</a></li> </ul>	
<b>Adjournment</b>	<p>The meeting was adjourned at 10:15 AM. Next meeting: May 19, 2023 at 0830.</p> <p>Hybrid options for meeting attendance will remain and we will address sound clarity for zoom attendees.</p>	