

**Northwest Community EMS System  
Chiefs/Administrator's Meeting  
MINUTES – January 16, 2015**

Topic	Discussion/conclusions
<b>Call to order</b>	Dr. John Ortinau, EMS Medical Director, called the meeting to order at 8:44 A.M. There were no additions to the agenda and the agenda was approved as submitted. The minutes from November, 2014 were approved as written. Dr. Scott Samlan, the EMS liaison from the NCH ED, was introduced.
<b>EMS fee report updated</b> Connie Mattera	The reference sheet that lists and explains tuition and fees that are attached to various EMS activities and educational programs has been updated. Connie reviewed the report noting particularly that the Harper College fees had been revised to more fully reflect full costs for students enrolled in the EMT and paramedic courses. This report is intended to be an easy reference budgeting purposes and is posted to the System website under the Chiefs page. Please contact Connie if there are any questions.
<b>Advisory Board</b> Pete Dyer	The Advisory Board met on January 8, 2015. They received detailed reports from each of the System standing committees and conducted preliminary elections for open seats and/or those needing reappointment in 2015. A small number of member and alternate seats continue to have vacancies and the Board will solicit applications and conduct a final vote at their March meeting.  They are considering draft language submitted for the Peer I and II policy. The time has come to implement the Peer III and IV levels originally discussed, but not implemented, in 2009. They are also reviewing needed updates to the System Strategic plan for 2015.
<b>CARS</b> Markus Rill	IDPH continues work on transitioning Illinois from the National EMS Information System ( <b>NEMSIS</b> ) <b>version 2 to version 3</b> . We need to parallel an October 1, 2015 hospital transition from ICD-9 to ICD-10 codes. IDPH has sent out the proposed data fields for NEMSIS 3 several times (which were forwarded to our System members) and is <b>in the process of completing data consistency and schematron rules</b> to be sent to vendors so they code their software appropriately for downloading PCR's to Illinois Data Systems.  We continue to work with Patrick Sennett (overarching Image Trend administrator for Region VIII & IX) to plan for our transition. Patrick is conducting weekly conference calls to keep stakeholders in the planning loop. <b>Transition to NEMSIS 3 will happen concurrently with the migration to Image Trend's Elite platform.</b>  It is critically important that we plan for a smooth and effective transition for both. While the original target was April 1, 2015, that is not a realistic goal based on state and region steps yet to be accomplished. As soon as the infrastructure is built, our own CARS members can complete work on the new template and create educational modules for Agency Superusers to teach so all System members are updated to the new screens and drop down options.  <b>CARS Consultant:</b> Rick Nosek has been acting as our CARS and website consultant since he retired from Schiller Park last June. Per an independent contractor agreement, he has been paid by the System a rate of \$45.00 per hour. Agency requests for his assistance have varied in time and we need to return to processes previously in place during the Pen Age era, where an IT consultant was paid on a fee for service basis by the agency that requested his services.  In an effort to build internal IT support and effective succession planning, Markus Rill has been given Image Trend access privileges similar to Rick's. <b>Use Markus as the initial contact for Image Trend-related issues.</b> However, if there is something that Markus is unable to resolve, we will continue to rely on Rick's expertise. Rick will submit invoices to NCH on a quarterly basis. NCH will forward invoices to the individual agencies based on their service use. Joe Albert has become proficient at building queries for PBPI purposes as has Adam Rothenberg.  <b>Image Trend Conference:</b> Given the important roles of the CARS and PBPI Committees with respect to data documentation, writing queries, evaluation and reporting, the <b>chiefs voted to send the Chairs of each committee to the annual Image Trend Conference.</b> Connie was charged with creating an equitable cost sharing plan for each System provider to support that education.

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	<p><b>Time to complete PCRs:</b> Chief Clemmensen expressed concern over the length of time it takes to document cardiac arrest calls. There are many reasons why this may happen and the CARS committee will do a root cause analysis and determine how documentation can be made more efficient, yet remain thorough.</p> <p><b>Website:</b> Remains an excellent source of information. If documents are outdated, missing, or not easily found, please let Connie know.</p>
<p><b>Education Committee</b> Connie Mattera</p>	<p>The Paramedic Class Education reports are posted to the System website. Of note:</p> <ul style="list-style-type: none"> <li>• All students that passed the fall EMT class have taken the National Registry exam. We are awaiting the results to compare them to the System's traditional pass rates on the State Exam.</li> <li>• The Paramedic class started with 33 students. One withdrew in EMS 210 due to illness, a second has withdrawn in EMS 212 to move to Florida. None have failed due to academic reasons.</li> <li>• The Hold Harmless agreement language for unaffiliated students riding with System Providers during the Field Internship has been approved.</li> <li>• A mass electronic mail was sent to the Chiefs, Provider EMSCs and Hospital EMSCs on January 2, 2015 with the System memo announcing the February preceptor course dates and times and attaching all the updated exhibits (paperwork) that will be involved in some way for Field Internships starting in 2015. Members were encouraged to submit their preceptor applications to the hospital EMSCs ASAP and to plan for preceptor course attendance. The chiefs were encouraged to have more than one preceptor approved per student. Given the rather significant updates to the paperwork and to ensure that all preceptors understand the importance of uninterrupted ride time so students will finish the internship on time (so they are eligible to sit for the National Registry Practical exam), the chiefs discussed the importance of maximizing internship time and <b>voted unanimously to strongly encourage all preceptors for students in class this year to take the preceptor course</b> even if they attended the class last year. <b>Additional preceptor classes will be added to the schedule.</b></li> </ul> <p><b>In-station Continuing Education:</b> As a reminder, January's class introducing the bougie to assist with difficult advanced airway access and advanced airway testing is mandatory. Make up classes will be held in February and dates will be announced at the end of the month to encourage attendance at the regularly scheduled classes.</p>
<p><b>PBPI</b> Joe Albert</p>	<p>Committee officers for 2015: Joe Albert (EGFD), Chair, Adam Rothenberg (PFD), Vice-Chair, and Nicole Junge (RMFD), Secretary. The preliminary year end data report was distributed as a meeting handout. Great information – please review.</p> <p>Paramedic student training reports remain in the Image Trend database and should be deleted due to the fact that they skew our data and agencies are paying a fee for each uploaded run. Connie asked that the training runs from this year's class not be deleted until they are all reviewed and accepted as many require modifications.</p> <p>Joe verbally reviewed PBPI screen data. The committee continues to review advanced airway success rates, compliance with the System Refusal policy, and cardiac arrest outcomes. Given the non-compliance with calling in some BLS refusals, the <b>chiefs agreed that all Refusal of Care reports should be reviewed by their PEMSCs and PBPI reps and individual feedback given to those crews that did not meet System guidelines.</b> Full reports are posted to the website.</p> <p>Dr. O again encouraged the Chiefs/administrators to <b>please send representatives to the Committee meetings</b> and to submit their screens on a monthly basis. The findings from this committee heavily influence System policies and protocols.</p>
<p><b>R &amp; D</b> Diana Neubecker</p>	<p>Chair for 2015: Kyle Marcussen (SFD).</p> <p>The <b>bougie</b> has been introduced as an adjunct to enhance advanced airway placement. Education and competency measurement is in progress during January's CE. It has been added to the Drug and Supply List and is a hospital exchange item.</p> <p>For reasons stated at previous meetings having to do with cleaning and providing high level disinfection according to national guidelines, <b>disposable laryngoscope blades</b> will become the preferred tool for intubation starting June 1<sup>st</sup>. As a reminder, <b>agencies will purchase their initial inventory</b> of the disposable blades (if not done so already) and the hospitals will provide replacement blades.</p>

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	<p>The disposable blades approved for System use appear on the System Drug and Supply list. <b>If an agency uses a non-disposable blade, they must meet national guidelines for cleaning, providing high-level disinfection, and appropriately storing the blades.</b> Disposable blades are sometimes stored in a manner that does not protect them from crush and damage. Please <b>review your agency's current airway storage processes and take steps to maintain product integrity.</b></p> <p>The accuracy of <b>capillary glucose readings</b> using the current Precision Xtra meters has been reviewed for well over a year. The problems and possible options have been discussed extensively at R&amp;D and with the Chiefs, Provider EMS Coordinators, EMS Coordinators, and Advisory Board. The functional life expectancy of test meters is about 5 years and many of ours are older than that. The decision has been made to transition to a meter made by Nova Biomedical. This meter is being used by all but one of the System hospitals and has therefore been well vetted for accuracy. While the meters are more expensive, the cost of the strips should be significantly less than what we are currently paying. However, each meter must be tested daily per manufacturer's instructions using a test solution. This will require a rather significant increase in the use of test strips.</p> <p>The <b>Chiefs voted that the agencies will purchase the initial inventory of new meters and testing solution and the hospitals will issue and replace the test strips for front line ambulances and MedEngines included in the agency's System Plan.</b> If an agency wishes to maintain additional meters, the cost for meters, testing solution and strips will be their responsibility. The charge per meter is estimated at \$175.00, but final pricing is being negotiated. June 1<sup>st</sup> is the target go live date.</p>
<b>Dispatchers</b> Connie Mattera	<p>The System is strengthening our efforts to work with all agencies that dispatch for NWC EMSS members. The EMDs will meet after the chiefs/administrators meetings to discuss areas that fall under System responsibility as stated in the EMS Act and Rules. An EMD representative has also been added to the System Advisory Board to solicit their input and engagement with System activities.</p>
<b>System/State/National Reports</b> Connie Mattera	<p>We anticipate the release of <b>updated American Heart Association guidelines</b> in October of this year. Depending on the nature of the changes, this may prompt changes to the SOPs.</p> <p>Connie has been meeting bi-weekly with a small group of subject matter experts, Jack Fleeharty and Paula Atteberry from IDPH since October to review needed <b>EMS Rule revisions</b> based on legislation passed last June transitioning Illinois to the National EMS Scope of Practice Model and the National EMS Education Standards. There are over 370 pages of text to be reviewed and work is progressing well. Once completed, the draft will go to the IDPH legal division, then to the Gov. office for approval. Once approved by the Gov. office, they are official and all comments must be logged. They will then go to the Governor's EMS Advisory Council who has 90 days to comment and then to JCAR to file for 1<sup>st</sup> reading and a public comment period. We will publish the draft to System members as soon as they are released for public comment.</p> <p>IDPH has issued an update to the <b>DNR/POLST form</b>. It has been posted to our website along with a brief educational update.</p> <p><b>Mobil Integrated Healthcare</b> – Discussions between the State MIH Subcommittee and IDPH continue to reach agreement on pilot program language.</p> <p><b>NEMSMA Seven Pillars of National EMS Officer Competencies</b> – Published in 2014 by the National EMS Management Association and provided as a meeting handout. We will consider these elements in reviewing the System's generic job description for a PEMSC.</p> <p><b>Military medic to EMT/Paramedic</b> – Work continues on a national and state level to create bridge curricula to facilitate Military medic entry into the civilian EMS workforce.</p> <p><b>State EMS Education Committee</b> – Written report provided as a meeting handout.</p> <p><b>Wendy Seleen</b> will be retiring on June 26<sup>th</sup> of this year. Wendy's career has spanned decades with the System, starting as an in-station educator at NCH, an Associate Hospital EMSC at Holy Family, and then the PEMSC at the Mount Prospect FD. They are actively interviewing possible candidates and hope to announce her successor soon. SINCERE THANKS WENDY for a job well-done!</p>
<b>Adjournment</b>	<p>The meeting was adjourned at 10:40 AM. The next meeting will be Friday, March 20, 2015 at 8:30 AM in rooms LC 3 &amp; 4.</p>