

**Northwest Community EMS System  
Chiefs/Administrator's Meeting  
MINUTES – January 20, 2017**

Topic	Discussion/conclusions
<b>Call to order</b>	<p>Meeting called to order at 8:34 AM by Connie Mattera. There were no additions to the agenda and the agenda was approved as submitted. The minutes from November 2016 were approved as written.</p> <p>Dr. Matthew Jordan was introduced as our new EMS Medical Director. He is quite familiar with the Northwest System, as he has been the Associate Hospital EMS MD at Resurrection Medical Center, is a part time physician in the NCH ED, and has been the Alternate EMS MD for Dr. Ortinau for many years. He plans to visit as many EMS agencies this year as possible.</p>
<b>Provider Based Performance Improvement (PBPI) Committee</b>  Jason Brizzell	<ul style="list-style-type: none"> <li>• The 2016 Annual data report, attendance record, and screen submission dashboards were provided for review.</li> <li>• 2017 Charter and PBPI Plan were approved; election of officers and designation of liaisons were completed.</li> <li>• Goals: 90% of EMS agencies submit monthly data, and each individual agency shall have a 90% submission rate.</li> <li>• Jason has added peer review at the meetings of runs that appear to fall out based on screener analysis. This has resulted in several calls being re-categorized from noncompliant with protocol to compliant, thus creating more accurate data reports.</li> <li>• Nicole Junge will serve as the System liaison to the Region IX QI Committee.</li> </ul>
<b>Computer Elite &amp; NEMSIS 3 (CARS) Committee</b>  Jim Klein	<ul style="list-style-type: none"> <li>• Jim Klein (AHFD) is the new CARS chair.</li> <li>• Test data submissions accepted by Illinois Data Systems on first submission. Many thanks to Patrick Sennett at Good Sam for his extraordinary work in this endeavor. Final work continues on getting all data ready for automatic downloads.</li> <li>• Image Trend has fixed the nearly constant errors we've been getting with the automatically-calculated Symptom Onset Date/Time.</li> <li>• Drop down lists and Power tools continue to be refined. We will continue to prioritize those selected most often to the top of the lists to eliminate redundancies and increase documentation efficiency and to activate elements as needed so users find options for all nature of patient presentations.</li> <li>• Clinical decision support incorporated through new validity rules to prompt users if entries fall outside of acceptable ranges.</li> <li>• Image Trend working on getting patient names to print on each page of the PCR for all possible user interfaces with their software.</li> <li>• See PBPI Annual Data report for impact on documentation times stemming from introduction of the new software.</li> <li>• <b>Website:</b> Significant updates to website continue as we post breaking news and all the document revisions stemming from the new SOP's, committee and class activities, and System Entry modifications.</li> </ul> <p>Financial report to maintain the website was provided.</p> <ul style="list-style-type: none"> <li>○ Joint system member contribution: \$1200 per year to American Eagle (\$40 per agency and hospital).</li> <li>○ NCH contribution: \$4,750 paid to Rick Nosek in 2016 to post new entries or take down or archive old ones.</li> <li>○ Chief Malcolm provided the name of a web expert in their agency who can serve as a backup for Rick. Thanks, Chief!</li> </ul>
<b>Education Committee</b>	<ul style="list-style-type: none"> <li>• <b>Instation CE:</b> Great feedback on recent classes. It was understood that the SOP roll-out class was a fast introduction to the many changes. All System members are encouraged to read the full Changes and Rationale document provided as the November class handout. Important concepts will be reinforced again in detail throughout the spring CE classes. Example: January's class covered the expanded stroke assessments and transport decision tree and provided a detailed SOP Q&amp;A with further explanations on how to operationalize the new protocols.</li> <li>• <b>Advanced airway competency plan:</b> On December 2, 2016 instructions and forms were sent to all Chiefs, PEMSC's and hospital EMSC's regarding the quarterly airway assessments due at the end of January, 2017 pending the outcome of the Jan ED-sub meeting. A joint meeting of Provider EMSC's and the Education Committee was held in early January to discuss and approve a plan for the System to partner with EMS agencies to better maintain skill competency in performing intubations and King airway placement. Thanks to Susan Wood for leading the discussion.</li> </ul>

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	<p><b>Approved plan:</b> EMS Agencies shall conduct 4 quarterly scenario based assessments of intubation plus King insertion annually. For the 2016-17 academic year, the first quarterly assessment was waived. For the remaining quarters this year, all agency conducted assessments shall evaluate Drug Assisted Intubation with bougie using skill sheets provided in the procedure manual. Agency generated rosters shall be provided to their assigned hospital EMSC/educator each quarter to verify completion of the requirements. Individual skill sheets signed by the preceptor do not need to be submitted to the hospitals but must be retained by the agency and may be audited by the System. Verification of completion must be logged on each individual's CE page kept in the binders at the agencies and then forwarded to the hospital each year for a permanent record of that paramedic's annual CE hours and compliance with mandatory classes/requirements. The System shall conduct one mandatory practical testing class each November incorporating multiple skills in a Pit-crew cardiac arrest management station. During this assessment, paramedics will be evaluated on performing quality CPR, team leadership, rhythm interpretation, airway management, and drug administration in a team-based scenario. The PBPI Committee will continue to monitor and measure skill success rates to determine if further refinement to this plan is needed. The chiefs endorsed this plan.</p> <p>Note: Airway manikin quality is sometimes poor to the point where intubation cannot be readily accomplished. The System asked for the Chiefs' help in providing good tools for effective simulations.</p> <ul style="list-style-type: none"> <li>• We continue to gather information on blended learning processes and how to create on-line learning modules for the CE revision committee. Exploring possible platforms that System members can access as a Learning Management System for online work.</li> </ul>
<b>EMT class</b>	<ul style="list-style-type: none"> <li>• Fall EMT class ended in December. ~40 students approved to take the NREMT exam. Great job, Chris Dunn!</li> <li>• Spring class began in January with 52 students enrolled.</li> </ul>
<p><b>Paramedic/Trauma Nurse Specialist (TNS) and Emergency Communications Registered Nurse (ECRN) courses</b> Connie Mattera</p>	<ul style="list-style-type: none"> <li>• <b>Paramedic class:</b> CoA application for full accreditation submitted in December before deadline. Once the written materials are reviewed and accepted, we will be scheduled for a site visit. Anticipate that this will occur in late spring.</li> <li>• Congratulations to Mike Gentile and Jim Hughes for facilitating an impressive improvement in student satisfaction scores regarding class labs (see written report).</li> <li>• Jen Dyer has begun to visit students during their hospital clinical rotations to provide direct coaching. This has already resulted in measurably improved patient contacts and better documentation of activities in FISDAP. Great innovation, Jen!</li> <li>• Five <b>Preceptor courses</b> are scheduled for February. System memo 361 distributed in December announced class dates, times and details, along with the updated Preceptor application and agreement for 2017.</li> <li>• <b>Field Training Services Agreements</b> and accompanying documents updated for 2017-18: Handouts given to Chiefs who are hosting paramedic students during field internships. <u>DUE</u> to us by February 24, 2017. Electronic copies available upon request.</li> <li>• <b>Fall 2017/18 Paramedic Class</b> application instructions updated and posted to System and Harper websites. Paramedic Program intake form for pretesting and possible Field Internship match requests also updated.</li> <li>• 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.</li> <li>• Returning to Harper Curriculum Committee to split EMS 214 (Hospital Clinical) into two segments to divide between fall and spring semesters in compliance with Harper scheduling needs. This will not change the total number of clinical hours required of any student.</li> <li>• <b>TNS:</b> Spring class (March – May on Wed) is filled with a waiting list. Class agenda is posted on the System website. Paramedics needing trauma CE hours are welcome to audit selected dates and topics.</li> <li>• <b>ECRN:</b> Spring class will be held on Thursdays in April and May. The class calendar will also be posted to the System website.</li> </ul>
<b>R &amp; D Committee</b> Ed Rogers	<ul style="list-style-type: none"> <li>• We are in the final stages on the new glucose meter contract negotiations thanks to Kim Nagy! At the present time, our understanding is that meters will be provided free of charge for each ambulance and non-transport vehicle included in an EMS Agency's plan. Strip and testing solution pricing and expected delivery date of the meters will be provided as soon as that information is received. An educational module will be created and distributed to the Peer II and above educators, to roll out at each agency.</li> </ul>

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	<ul style="list-style-type: none"> <li>• A field trial of the automated CPR Lucas device is being conducted at Schaumburg.</li> <li>• We anticipate that a field trial of a video laryngoscope will be approved soon.</li> <li>• MAD Devices: See System Memo 362 issued Dec.15<sup>th</sup> for instructions on continued use of recalled lots.</li> </ul>
<b>Advisory Board</b> Nathan Gac	<ul style="list-style-type: none"> <li>• Approved their updated charter; affirmed members returning for a second term; held elections of several new members. Remaining openings will be solicited and filled at the March meeting along with election of officers.</li> <li>• The major project now is to review and provide input into the draft strategic plan. An updated draft is included as a meeting handout. Sweeping changes are being discussed relative to healthcare and EMS at the National level. System members are invited to engage in several of these processes. See National News section of the System report.</li> </ul>
<b>Old Business</b> <b>New SOP's and their accompanying documents</b>	<ul style="list-style-type: none"> <li>• Nov. roll-out education completed and make-up classes conducted in December. Very few still need class. Make up options being discussed.</li> <li>• Drug and Supply list updated: Ambulances and Med Engines should be stocked per new Drug &amp; Supply List and M9 policy</li> <li>• New controlled substance logs implemented for Med Engines.</li> <li>• Procedure manual updated and posted.</li> <li>• SOP and Policy manual self-assessments updated and posted to System Entry page of the website. Encourage the use of these documents as study tools for current members.</li> <li>• Updated Letter of Verification template forwarded to hospital EMSCs incorporating new drugs and skill designations as ALS/BLS.</li> </ul>
<b>System Entry revisions</b>	<ul style="list-style-type: none"> <li>• 4 written exams all updated to new SOP's and are being used with great outcomes.</li> <li>• System Entry authorization form updated; removed requirement for diplomas and transcripts to save time and cost when completing a file.</li> <li>• System Entry letter to Paramedic updated to better clarify expectations and content of exams.</li> <li>• System practical exam process further refined to test critical skills in an integrated format and scalable student: instructor ratio based on number of candidates. Practical exams are usually capped at 10 candidates, but may accept more based on urgent agency need and instructor availability. Prepared candidates should be done in 3 hours. If not prepared, they will be sent back to their EMS agency for remediation. Testing forms were updated as part of the Procedure Manual revision. Many thanks to Susan and Jen for their willingness to try new approaches all fall to arrive at our final solution.</li> </ul>
<b>New Business</b> Connie Mattera	<ul style="list-style-type: none"> <li>• Renewing work on MIH. We are seeking an alliance with an insurance company to underwrite the cost of visits.</li> <li>• Expanding work on Rescue Task Force/TEMS.</li> <li>• Discussion was held relative to the new mobile CT scanner ambulance rolled out by the Central Du Page EMS System and how it may impact NWC EMSS Provider agencies.</li> <li>• State and National updates: See written report.</li> </ul>
<b>Adjournment</b>	<p>The meeting was adjourned at 10:02 AM. <b>The next meeting will be Friday, March 17, 2017</b> at 8:30 AM in rooms LC 3 &amp; 4</p>