

**Northwest Community EMS System  
Chiefs/Administrator's Meeting  
MINUTES – March 17, 2017**

Topic	Discussion/conclusions
<b>Call to order</b>	<p>Meeting called to order at 8:33 AM by Dr. Matthew Jordan. There were no additions to the agenda and the agenda was approved as submitted. The minutes from January 2017 were approved as written.</p> <p>Dr. Matthew Jordan chaired the meeting, and introduced himself to any Chiefs that had not met him previously.</p>
<b>Provider Based Performance Improvement (PBPI) Committee</b>  Joe Albert	<ul style="list-style-type: none"> <li>• QI screen on Cardiac arrest shows much improvement after July's Cardiac Arrest CE emphasizing BLS airway use.</li> <li>• An 85% increase in proper administration of Amiodarone was seen in 2016.</li> <li>• A decrease was seen in vasopressor administration. 76% of the time it was done properly. A review of runs found non-compliant was mistakenly marked. After correcting those runs, we should expect a good increase in compliance.</li> <li>• Airway confirmation documentation since moving to Elite showed only 48% documented correctly. CARS is working on a fix to increase compliance documentation standards and to increase ease of documenting.</li> <li>• Sepsis screen: determining if medics are correctly identifying patients who are septic. If yes, they are calling a septic alert and treating patients in septic shock appropriately.</li> </ul>
<b>Computer Elite &amp; NEMSIS 3 (CARS) Committee</b>  Jim Klein	<ul style="list-style-type: none"> <li>• Charter approved.</li> <li>• Template maintenance, validity rules, still trying to insure patients' names are not printing on the student reports. Boxes are turning red on the Medicare information section. A fix is in progress for a printing issue to make sure the patient's name appears on the bottom of each page.</li> <li>• A HIPAA risk has been identified with users using their own I-pads, tablets, and phones. These devices cannot load to Image Trend. Do not use them. If they are lost or information is printed, it is a violation. Also do NOT take any patient photos.</li> <li>• When the browser crashed recently, some PCR's became unrecoverable.</li> <li>• A cardiac arrest power tool is in progress, and the ectopy field will be renamed to ECG.</li> <li>• Website – maintenance is going on. The P/W prompt in the members only section has been removed. It took a full 35 hours to make all the corrections. We have already had the site for 8 years, there is a bid in for upgrades. All policy manual postings should now be easier to find.</li> </ul>
<b>Education Committee</b> <b>Joe Tobiasz &amp; Connie Mattera</b>	<ul style="list-style-type: none"> <li>• EMT class report – The Spring class began in January with 52 students.</li> <li>• Paramedic class – Started with 29 students, 1 returning, 1 dropped in January. No word yet on CoA application. See written report for greater details on preceptors, field internships, and the pretesting of the Fall 2017 class.</li> <li>• CE classes – Feedback was mostly positive. Some do not like the scenarios, however they reflect best practice evidence based models, and we will continue with increased support for educators. We will be adding to our educator pool.</li> <li>• The C2 continuing Education policy draft was approved unanimously.</li> <li>• Paramedics can now submit 4 credit packets a year vs. 2. TNSs, ECRNs, and medics may sit in on the Paramedic classes for CE credit. Please call to confirm a seat. Make up hours must match the missed CE topic.</li> <li>• The skills lab portion of System Entry was previously 16 hours to complete. It is now only 3 hours. EMSCs may award credits for practicing skills.</li> <li>• Paramedic students are out in the field now. Preceptors should be with them 100% of the time. We want to finish on time.</li> </ul>
<b>R &amp; D Committee</b> <b>Dr. Jordan</b>	<ul style="list-style-type: none"> <li>• The Charter has been approved.</li> <li>• A new trial has been launched for the King Vision video laryngoscope at Arlington Heights. We are hopeful there will be more success on first attempts.</li> </ul>

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	<ul style="list-style-type: none"> <li>There is a simulated ECG monitor that can be viewed on a touch screen computer for buttons and features.</li> </ul>
<b>Advisory Board</b> Nathan Gac	<ul style="list-style-type: none"> <li>Elections for seats have been held, but are still in need of a Secretary.</li> <li>The 2017 Strategic Plan was approved by the Board. The Bypass policy draft is being re-written.</li> <li>The C2 policy was reviewed for comments and changes. EMS Educators will review it first, prior to an electronic vote by the Board.</li> </ul>
<b>Old Business</b> Connie Mattera	<ul style="list-style-type: none"> <li>MIH – a presentation was given to United Healthcare, one of the biggest providers for Medicare. Hopefully we can get them to underwrite this venture. We will also be presenting to philanthropy groups for donations.</li> <li>By April 15<sup>th</sup>, Connie must have our application ready to send to Springfield.</li> </ul>
<b>New Business</b> Connie Mattera	<ul style="list-style-type: none"> <li>The System Strategic Plan was approved unanimously.</li> <li>Current National Standards are all being re-written. For the most current changes, go to <a href="http://www.ems.gov">www.ems.gov</a></li> </ul>
<b>Additional Comments Group</b>	<ul style="list-style-type: none"> <li>Arlington Heights wished to thank Dr. Jordan for his King Vision education presentation held in house.</li> <li>As you may be aware, NCH Leadership will be making more visits this year to meet and thank our EMS agencies.</li> </ul> <p>Real time CPR devices are a Class 1 recommendation by the Heart Association. They should have been in place by Dec. 2016 when the new SOPs went into effect. Please check your budgets. The System will conduct an inventory of purchase and deployment.</p>
<b>Adjournment</b>	The meeting was adjourned at 9:25 AM. <b>The next meeting will be Friday, May 19, 2017</b> at 8:30 AM in rooms LC 3 & 4.