

**Northwest Community EMS System  
Chiefs/Administrator's Meeting  
MINUTES – March 20, 2015**

| Topic  | Discussion/conclusions   |
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| <b>Call to order</b>                         | Meeting called to order at 8:40 AM by Dr. John Ortinau, EMS Medical Director. There were no additions to the agenda and the agenda was approved as submitted. The minutes from January 2015 were approved as written. Two new members were introduced: Peter Chiodo, new Chief at Schiller Park, and Zack Riddle, Deputy Chief, Bloomingdale.  |
| <b>Advisory Board</b><br>Hank Clemmensen     | <ul style="list-style-type: none"> <li>The Advisory Board finalized their elections for new members and officers at their meeting on March 12, 2015. <b>Officers:</b> Chair: Chief Hank Clemmensen (PRFPD); Vice-Chair: Nathan Gac (EGFD); Secretary: Kyle Marcussen (SFD). For full listing of members and alternates for 2015, see the System website: <a href="http://www.nwcemss.org">www.nwcemss.org</a>.</li> <li>The Board received and approved reports from each of the System's standing committees. The detailed Education report given to the Board is included as a meeting handout.</li> <li>IDPH has decided against adopting the National EMS Compact. In the spirit of transparency, System leaders were asked again if they wished to affirm their vote to require National Registry testing for all new paramedic students, as eligibility to respond under the Compact was the catalyst for the original vote. <b>Motion made and seconded to affirm the original position in favor of NREMT testing</b> from last November. Passed unanimously.</li> <li>The Board updated their Charter; received a draft of bylaws changes for first reading; received a report on progress toward Mobile Integrated Healthcare pilots; and approved updates to System Policies A-1 and A-3 (included in meeting handouts).</li> </ul>  |
| <b>CARS</b><br>Markus Rill                   | <ul style="list-style-type: none"> <li>IDPH continues work on transitioning 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. <b>Image Trend is also transitioning to their Elite platform</b>. We are targeting completion of the new CARS template in July; <b>education to be done by agency Superusers</b> in August and September, with plenty of time for users to practice before going live. Please encourage your CARS reps to attend the monthly meetings to stay informed on these initiatives.</li> <li>CARS members continue to seek ways to effectively document a multiple agency response to a single patient.</li> <li>Agencies were reminded to please <b>continue downloading PCRs to IDPH</b>.</li> <li><b>Image Trend Conference funding options:</b> Connie reported on the charge given to her at the January meeting to offer funding options to send the chairs of the CARS and PBPI Committees to the Image Trend Conference in July. The combined projected cost is \$2400. Connie proposed three options: charge each agency based on their # of uploaded PCRs (variable); Charge \$2.00 for each EMS practitioner per agency (variable), or divide the costs equally among all 25 System agencies (fixed) resulting in a <b>projected fee of \$96.40 per agency</b>. After spirited discussion, a <b>motion was made and seconded to accept the fixed cost option. Motion carried by a majority of hand votes</b>. The System will issue invoices in August after all costs have been expensed and receipts received.</li> <li><b>Website:</b> Connie displayed updates to the System Website and encouraged all meeting participants to use it as the sole source of truth relative to System meetings, documents, standards, etc.</li> </ul> |
| <b>Education Committee</b><br>Connie Mattera | <ul style="list-style-type: none"> <li>Connie gave the Committee a detailed report on the Paramedic Class (see slides handout). <b>Graduation: Wed June 17<sup>th</sup> at 7:00 PM</b>.</li> <li>There was good turnout for the preceptor classes (thanks Chiefs!). Files have been updated for all preceptors this year.</li> <li>Connie continues work on the application for the Letter of Review from the Committee on Accreditation of EMS Programs.</li> <li>Chris Dunn and Connie continue work on a Curriculum Project submission to Harper College, updating all the course syllabi and expanding the credit hours for the EMT and Paramedic classes.</li> </ul>  |

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|                                     | <ul style="list-style-type: none"> <li>The Education Committee is finalizing their updated charter and revisions to the Education section of the System strategic plan.</li> <li>The Committee discussed the requirements for currently state licensed paramedics to take the National Registry Exam; they were introduced to the Gathering of Eagles as a body from which cutting edge EMS information is discussed and disseminated; recent CE offerings were praised for their student engagement and usefulness to practice; and the current position on post-tests was clarified.</li> <li>Several chiefs had questions about the weekend <b>amnesty program for FISDAP</b>. Inconsistencies were found when conducting an initial reconciliation between the hospital clinical forms and the patient care contacts/skills entered by each student into FISDAP. It was unclear if these represented intentional academic dishonesty or sloppy record keeping. The documents must match exactly. Students were given the benefit of the doubt and have been given three days to correct their FISDAP accounts. After that, the records will be locked and all future entries during the field internship will be expected to match perfectly to the ALS critique forms or the student will be subject to course disciplinary policies as specified in the student handbook.</li> </ul>   |
| <b>PBPI</b><br>Joe Albert           | <ul style="list-style-type: none"> <li>PBPI continues to have <b>inconsistent participation</b> by System agencies in submitting screens and Dr. O thanked those who have faithfully participated as the information we get is critical. He then asked for the Chief's full support in allowing their screeners time to complete the reports and attend the meetings if possible.</li> <li>Documentation, and in some cases, patient care, continues to be inconsistent with System policies. The March in-station class is a study of multiple trauma calls that provide excellent illustrations of the opportunities to improve in both areas.</li> <li>The refusal screen continues to show pockets of <b>non-compliance in calling in BLS refusals</b> for children and elderly to on-line medical control. The Chiefs and Provider Coordinators had been asked last year to frequently run reports on all of their refusals and to provide targeted remediation to those that were non-compliant with System policy. The Committee will now run more detailed queries to determine individual noncompliance. The System has sent out Tips of the Month, included the data in In-station classes, and provided reports at every System meeting, seeking voluntary compliance, and it has not yielded the desired results. Dr. Ortinau has stated that the System will need to establish corrective action plans for those that will not follow policy as persistent noncompliance places the System and Provider agencies at risk.</li> <li>Joe provided PBPI members with a <b>tutorial on how to run queries</b>. Your PBPI representative should be able to run queries and provide data for your agency.</li> <li><b>Grant request findings:</b> A PBPI subcommittee investigated whether they could request IDPH grant funding to offset the cost of a consultant to write queries for the System and those Region members that use Image Trend. IDPH responded that the grant funds must be used for durable goods and not salaries or stipends.</li> <li>The committee continues to review all <b>cardiac arrests</b>. The results appear to show noncompliance in giving amiodarone; but it is unclear if this is a practice or documentation issue. They will continue to refine the screen to get clean data. Connie reminded everyone that <b>cardiac arrest saves are showcased on the website</b>. Provide a photo of the crew and a brief write up of the save.</li> <li>Future screens: IV attempts and advanced airway success rates.</li> </ul> |
| <b>R &amp; D</b><br>Diana Neubecker | <p>The <b>bougie</b> was added to the Drug and Supply List after the January education and is currently a hospital exchange item.</p> <p><b>Disposable laryngoscope blades</b> – Reminder: June 1, 2015 is the due date for using disposable blades as the primarily tool for intubation. Nondisposable blades will be used as a back-up only. See January 2015 Chiefs minutes for full description of change. The high-level disinfection policies created by two of our agencies will be distributed. The disposable blades need to be stored in a crush proof container to prevent breakage. Non-disposable blades must be stored in a manner that preserves their high-level disinfection and may not be placed open and unprotected in airway kits.</p>   |

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|  | <p><b>Items still being reviewed:</b></p> <ul style="list-style-type: none"> <li>• <b><u>Glucometers</u></b>. It was discovered that other hospitals were paying between \$00 - \$125.00/meter. NCH was offered a price of over \$200.00/per unit for System members. Connie is still negotiating to receive better System pricing. Current target go live date is June 1<sup>st</sup> if a purchase agreement can be approved by then.</li> <li>• <b>Spine motion restriction</b>: When applying spine motion restriction by securing the head with tape to the stretcher, sticky residue is remaining on exposed mattress and the cot. It was suggested using another type of tape, such as a painter's tape to avoid damage to the mattress and cots. R&amp;D will investigate further.</li> <li>• <b><u>Real-time CPR feedback devices</u></b>: As a reminder, it is anticipated that the AHA Guidelines to be issued in October will strongly recommend real time CPR feedback devices. See Chiefs' minutes from March 21, 2014 and Nov. 21, 2014 regarding these devices. Diana has scheduled a real-time CPR feedback information session on Thursday, April 23, 11a-12p @ NCH.</li> </ul>   |
| <b>Dispatchers</b><br>Connie Mattera                   | The System continues to strengthen our outreach to all agencies that dispatch for NWC EMSS members. They have a member on the Advisory Board and we are seeking an alternate. The EMDs will meet after the chiefs/administrators meetings.  |
| <b>System/State/National Reports</b><br>Connie Mattera | <ul style="list-style-type: none"> <li>• <b>Charter 2015</b> – A motion was made and seconded to approve the Chief/Administrators Charter as proposed. Motion passed unanimously.</li> <li>• <b>Mobil Integrated Healthcare</b> – IDPH is expected to approve the final draft proposal by the State MIH Committee very shortly. The chiefs from Palatine, Pal Rural and Rolling Meadows are meeting with Steve Scogna (NCH CEO), Kim Nagy (NCH CNO), Dr. Ortinau and Connie on March 24 to further discuss the evolving business plan for our pilot project. All System leaders will be kept informed as discussions evolve.</li> <li>• <b>Ambulance Emblems and Markings</b>: A motion was made and seconded to request a System-wide waiver. Motion passed unanimously. Connie will request.</li> <li>• <b>Stroke rules</b>: A state subcommittee of subject matter experts has finished work on revisions to the stroke rules based on legislation passed last year. They have been submitted to the IDPH legal department. We do not anticipate a change to our SOPs at the present time.</li> <li>• <b>EMS Rule Revisions</b>: A state subcommittee of subject matter experts (SMEs) has been working with Jack Fleearty since 9-11-14 to go through hundreds of pages of EMS Rules to propose changes based on legislation passed last June that transitions the State to the National EMS Education Standards and Scope of Practice model as amended by IDPH. It is anticipated that the subcommittee will complete their work sometime in May and the draft will go to IDPH legal and then to the Gov. Office for review.</li> <li>• The changes requested by the SMEs at the December 2014 Item Writing meetings for the EMT and Paramedic <b>State Exams</b> have been implemented. We will closely follow the outcome data.</li> <li>• <b>National report</b>: See written handout.</li> </ul> |
| <b>Adjournment</b>                                     | The meeting was adjourned at 10:00 AM. The <b>next meeting will be Friday, May 15, 2015</b> at 8:30 AM in rooms LC 3 & 4.   |