

**Northwest Community EMS System
Chiefs/Administrator's Meeting
MINUTES – March 18, 2016**

Topic	Discussion/conclusions
Call to order	Meeting called to order at 8:35 AM by Dr. Ortinau. There were no additions to the agenda and the agenda was approved as submitted. The minutes from January 2016 were approved as written.
Advisory Board Hank Clemmensen	<ul style="list-style-type: none"> • Policies approved: Peer Instructor I - IV qualifications and duties • Officers Re-elected.
Computer Aided Reporting System (CARS) Committee Markus Rill	<ul style="list-style-type: none"> • At this time, IDPH will accept data using NEMSIS 3; but there are large invoices attached to multiple data download failure to Illinois Data Systems. The Region 8 & 9 consortium is trying to ensure good connectivity for first time data approval to avoid these costs. Thus, Patrick Sennett at Good Sam continues to work on testing validations under Elite and NEMSIS 3. • NWC EMSS CARS members continue work on creating our own template and education plan • Go live goal: October 1, 2016.
Education Committee Joe Tobiasz	<ul style="list-style-type: none"> • The Peer Educator I-IV table approved by the Education Committee and Advisory Board was distributed. Because these changes have financial implications for the agencies, it was also submitted to the chiefs for their review and approval. Motion to approve: passed unanimously. • Region 9 Education Conference will be held on Thursday, May 26 at Harper College. Cost: free; lunch provided. Topics of interest, Tactical Rescue teams; Capnography, Pediatrics; Legal: what Paramedics get sued for, Heroin and opiate overdoses. • Connie provided a detailed report about the paramedic and ECRN classes in writing. See meeting handouts.
Provider Based Performance Improvement (PBPI) Committee Jason Brizell Diana Neubecker/Dr. J. Ortinau	<ul style="list-style-type: none"> • Joe Albert helped set up dashboards for all the Associate Hospital EMSCs/educators and Dr. O at their Feb meeting. • PBPI members (Joe & Adam) did a fabulous job of reviewing 12 simulated runs from each of the paramedic students and provided timely feedback. They will continue this process during the Field Internship for those simulated calls. Joe attended all five preceptor courses and provided information on what is expected of good documentation from licensed personnel and students. The System offers their hearty thanks for his dedication and time. • Some provider agencies are beginning to manually download cardiac arrest data into the CARES registry. When the System moves to the Elite platform, we should be able to do this automatically. The Good Samaritan EMS System (Region 8) will join us to reduce Image Trend costs. We will be able to retrieve data to benchmark us against Illinois and the country. <p>Advanced airways – Root cause analysis</p> <ul style="list-style-type: none"> • Diana created a very detailed color graph report on our Advanced Airway performance. For 2014/2015, about 2/3's of our Paramedics have not attempted intubation. Success rates are cumulatively less than 75%, which is problematic. • Question on the table: should intubation be retained in paramedic scope of practice in this System? Information will be gathered from a detailed root cause analysis consisting of questionnaires to be completed by those attempting an advanced airway insertion and Committee members to gather their opinions and recommendation. All options will be explored, including videolaryngoscopy, stratified Advanced Airway privileges, and possible use of paralytic agents.
Research & Development (R&D) Committee Ed Rogers	<ul style="list-style-type: none"> • Products currently under review: Tactical Rescue Team supplies - bandages, chest seals, patient moving devices; Videolaryngoscopy; glucose meters • Mega Mover approved.

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<p>Mobile Integrated Healthcare (MIH) Hank Clemmensen</p>	<ul style="list-style-type: none"> • Pilot Program planning continues at a very deliberate pace. Education classes will begin this summer and the pilot will roll out in early October. • After six months of data, we will hopefully be meeting program goals and will expand to other agencies and hospitals within our System. • Reminder: MIH is purely voluntary. No agency will be forced to participate unless there is a change in state law, which is not anticipated at the present time. • There will be an IDPH summit in early April that Connie Mattera and Hank Clemmensen will attend. One of the speakers is an international expert on MIH and they hope to gain information that can enhance our planning. One key to program success is financial sustainability.
<p>Old Business Connie Mattera</p>	<ul style="list-style-type: none"> • Instation budget: State-wide questionnaire on how CE is conducted has been completed. It is time to convene the Chief/educator subcommittee to explore future direction and financial planning for the Instation program. Chief Clemmensen will confirm names of chief representatives and forward to Connie. • Trauma Surgeon scene response: Region 9 Trauma Committee approved a Field Surgeon Request policy/procedure; will incorporate portions into new SOPs • New SOPs: Roll-out date will likely change from summer to late fall based on System feedback..
<p>New Business Connie Mattera</p>	<ul style="list-style-type: none"> • Will be addressing Tactical EMS, Tactical Rescue teams, and active shooter incidents more fully based on meeting discussion and System request. • Will need to begin System-wide discussions on how to prepare us for EMS 3.0 (value-based and population-based healthcare) within our Strategic Plan
<p>Adjournment</p>	<p>The meeting was adjourned at 10:15 AM. The next meeting will be Friday, May 20 at 8:30 AM in rooms LC 3 & 4.</p>