

**Northwest Community EMS System
Chiefs/Administrator's Meeting
MINUTES – September 16, 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 May 2016 were approved as written.
Provider Based Performance Improvement (PBPI) Committee Jason Brizzell	<ul style="list-style-type: none"> • The Image Trend conference in July went very well. The NWC EMSS reps learned lots of useful information that has been put into practice on behalf of the System as we prepare for go-live of NEMISIS 3 and Elite. Jason thanked the Chiefs for allowing him and Markus to attend. • Root cause analysis on advanced airways is still in progress. The number of evaluation forms turned in during the study period is not a full reflection of the number of advanced airways that were attempted or performed, so we will have incomplete data on which to make future decisions relative to retaining intubation as an ALS skill. • Cardiac arrest data collection continues. The committee continues to explore why amiodarone is not given per SOP. • An IV tip sheet has been created to remind paramedics to document that Normal Saline was given when an IV is started. • Naloxone: the June/July survey results are still being compiled. Interesting findings: Higher doses of naloxone are needed to achieve desired results. Will impact new SOPs.
Computer Aided Reporting System (CARS) Committee Connie Mattera	<ul style="list-style-type: none"> • October 3, 2016 is the go live date for rolling out the Image Trend Elite platform and the NEMISIS 3 datasets. • November 30th is the deadline by which we need to submit data to IDPH using NAEMIS 3. • HUGE thanks to Todd Novak (MPFD), Jason Brizzell (SFD), Markus Rill (PHts/LG), Adam Rothenberg (PFD), and Jim Klein (AHFD) and a host of others. Many hours were put in by all to make this transition successful. • User education is being done during the month of September at the agencies by their superusers. User manuals will be re-done to support the new processes. • The System's hospital IT departments are working on wireless printing solutions. • Once the approval process is completed with IDPH and Illinois Data Systems, data downloads to the state will become an automatic process. More information to come as the approval process is completed. • Year to date data download to IDPH reports provided to each agency.
Education Committee Connie Mattera	<ul style="list-style-type: none"> • The spring EMT-B class achieved great results on the NREMT exam with a 96% pass rate. • The F15/S16 Paramedic class had 28 out of 30 students take the NREMT exam. The cumulative pass rate within 3 attempts for NCH was 96%. The National average passing rate is 82%. (See written report) • The student Course Evaluations conducted by CoA gave the program a 4.8 out of 5 rating in all three domains of learning: cognitive, psychomotor, and affective. These are excellent results and will guide future program planning. • Previously the Chief's had voted on two occasions to require all graduating students to take the National Registry exam in order for them to be eligible to respond to national emergencies under the EMS Compact. The System highly supported that position. Jack Fleeharty (Chief, IDPH Division of EMS) informed us, that State EMS rules expressly give a student the option of taking the State or National Registry exam to gain licensure. The System can require members to have NREMT certification to gain practice privileges. Discussion ensued over the pros and cons of such a position. Motion was made and seconded for the Chief's to rescind their previous votes to mandate that the NR exam be required. Passed unanimously. This will impact 3 of the students in the last class who wish to either switch from the NREMT path to the state exam or to sit for the stake exam as an alternative to NREMT. Follow up; 2/3 have taken and passed the state exam. Our cumulative pass rate now for the last class is 100% for all who attempted a licensure exam.

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	<ul style="list-style-type: none"> The new F16/S17 paramedic class began September 12, 2016. There are 29 new students with one who is auditing the course again and will need to repeat the full field internship. The System is grateful for all the agencies that have agreed to host unaffiliated students in the field internship. A new TNS class with 23 nurses from throughout Regions IX and X, began on Sept.14th taught jointly by NCH and ALGH. It runs from 9/14 to 11/15. Connie will mentor a new ALGH TNS Course Coordinator so she can conduct classes at their site. This will allow NCH and ALGH along with NIMC to better meet Region IX and X needs for TNS education moving forward.
Research & Development (R&D) Committee Connie Mattera	<p><u>Tactical response bags:</u> Region IX received grant funding to distribute bags to all ambulances in the Region. This year, they were able to provide bags to four of the six Systems in Region IX. The NCH System was one that did not receive our bags this year due. This was fortunate, as our R&D Committee had investigated the best practice supplies to carry and they were inconsistent with the equipment originally ordered by the Region. Steve Baron at Sherman has agreed to work with us to stock the preferred supplies when funds become available in the next state budget cycle.</p> <p><u>Mechanical CPR devices</u> - At this time, 3 devices are approved by FDA. Two different brands were demonstrated at their meeting. There will be a trial of the Lucas device to be conducted at Schaumburg as soon as the study proposal is completed and approved.</p> <p><u>Video laryngoscopes</u> – Several committee members are interested in pursuing a field trial of these devices to see if they would improve first and second pass intubation success rates.</p> <p><u>Pediatric items</u> – a pediatric tourniquet is needed. Also we need to research better devices to secure children.</p>
Advisory Board Connie Mattera	<p>The Board spent significant time reviewing the Paramedic Program Annual Report from the last class and approving the policies and patient care contacts set forth for the incoming class in compliance with CoA guidelines.</p> <p>D4 Data Collection and Submission policy approved. Major policy points were discussed with the chiefs.</p> <p>ALS/BLS staffing policy – Based on changes to the EMT scope of practice in the new SOPs, selective amendments to allow one paramedic and one other EMT on lower acuity calls is being proposed. Provided as a draft for the Board to review; Will bring forward for a vote at the November meeting.</p> <p>The Board received full reports from each of the System standing committees, the progress in completing the new SOPs, System entry changes, and state and National updates.</p>
Old Business Connie Mattera	<ul style="list-style-type: none"> New SOP's – Will incorporate new IDPH scopes of practice as approved by the Region IX EMS MDs and multiple other guideline and practice changes from national organizations. Currently on draft 5 in discussion with Region IX partners. <ul style="list-style-type: none"> Print bids are being solicited for the large and reduced size editions. Order forms will go out to System members shortly. The hospital will order all printing centrally and invoice agencies for the cost of the reduced size version. There will be no charge for the full-size edition. Reminder: SOPs will be introduced during mandatory reviews in November. Due to the expansive nature of the changes, all System licensed EMTs, paramedics and ECRNs must attend. No portion of a class may be missed. Make up classes will be conducted in December. All practice changes for EMTs will be taught and tested at the agencies by Peer II, III or IV educators using curricular materials prepared by NCH. More information will be forthcoming. No EMT can perform any new skills without competency validation. Changing the SOPs has a major ripple effect on other System documents and procedures. Expect additional policy changes, updates to the Drug and Supply List, MedEngine inventories, and all System Entry documents. System Entry – The process has been changed to make it much more efficient with cost saving to the agencies. Accountability has been shifted to the candidates to be better prepared by viewing on-line materials in advance of coming to the lab. All stations are now done in one day. ECG strip tests have been updated with better results. Written exam blueprints have been published.

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	<ul style="list-style-type: none"> • In-station Program Review <ul style="list-style-type: none"> ○ Based on a request from the Chief's subcommittee, Connie presented an overview of how the In-station program began, its evolution and current state. See written handout. Slide deck handout is available on request. A SWOT analysis of the current program was also provided as a handout. ○ CE going forward: The committee is investigating best practice models for CE which will most likely include a blended approach to learning combining some on-line education in advance of the traditional live presentations that will emphasize student centered learning activities and application of theory to practice. As planning continues, no changes will occur in the current CE academic year. It is planned that options will be presented to the Chiefs in the spring. Depending on the selected options, any changes will be incrementally implemented in July 2017. ○ FY 2017 – 2018 proposed in-station budget: Two options were offered. Both reflected a cost reduction for the agencies as NCH is absorbing more of the costs, but redistributed fixed and variable cost percentages which changed the amount of reduction in each category. The chiefs debated both options and did a hand vote. The majority voted for Column G. (10 in favor of G, 6 in favor of H, 1 opposed (EGFD), and 1 abstained (BGFD). The column G figures will be billed for the last 3 quarters of the May 16-April 17 In-station fiscal year. Fixed cost fee: \$4335 (down from \$4422). This cost saving actually represents a substantial proportionate savings due to the loss of one System provider agency (Schiller Park) dividing these costs. Variable (per visit) fee: \$161 (down from \$208).
New Business Connie Mattera	The System Directory and organization charts have been updated. Please delete all old copies.
Dispatchers	There was no dispatcher meeting held this month.
Adjournment	With no other issues to be discussed, the meeting was adjourned at 10:37 AM. The next meeting will be Friday, November 18 at 8:30 AM in rooms LC 3 & 4.