

# Northwest Community EMS System Report 9/18

*"Partners in innovation...  
Standing in the gap for you every day!"*



NORTHWEST  
COMMUNITY  
EMERGENCY  
MEDICAL  
SERVICES  
SYSTEM



## Shout out to Des Plaines!



Hi Ed,

Des Plaines did an awesome job on the 6 week old today in acute respiratory distress, mottled, crackles, and history of TTN. It was a quick ETA to us, but as the baby's status changed enroute, they began to bag the child as indicated. The Physicians and staff were very complimentary as to their care of this patient, skill, assessments and their professionalism with this critical child. Great report on the radio and on the hand off. Just a great job by all of them.

The patient presented as EMS reported, respiratory distress, mottling.

### EMT Class

NCH NREMT 1 <sup>st</sup> attempt pass	Cumulative pass within 3 attempts	NREMT data
S16 97% (35/36)	<b>97%</b> (35 / 36)	1 <sup>st</sup> attempt 78% 3 <sup>rd</sup> attempt 81%
F16 87% (33/38)	<b>95%</b> (36 / 38)	1 <sup>st</sup> attempt 71% 3 <sup>rd</sup> attempt 78%
S17 85% (29/34)	<b>91%</b> (31 / 34)	1 <sup>st</sup> attempt 73% 3 <sup>rd</sup> attempt 78%
F17 94.4% (34/36)	<b>94.4%</b> (34/36)	1 <sup>st</sup> attempt 69% 3 <sup>rd</sup> attempt 79%
S18 92.3% (24/26)		1 <sup>st</sup> attempt 73% 3 <sup>rd</sup> attempt 77%

### F17-S18 Paramedic Class Outcomes

30 started; 2 dropped early; 1 ill; attrition rate: 10%  
 25 attempted NR exam; 2 attempted state exam  
 Net results: 100% candidates tested have passed

NCH NREMT results 1 <sup>st</sup> attempt pass	NCH cumulative Pass within 3 attempts	NREMT data
<b>S16 21/25 (84%)</b>	<b>24/25 (96%)</b>	1 <sup>st</sup> attempt: 75% Cum pass 3 attempts: <b>82%</b>
<b>S17 24/26 (92%)</b>	<b>26/26 (100%)</b>	1 <sup>st</sup> attempt: 77% Cum pass 3 atpts: <b>84%</b>
<b>S18 24/25 (96%)</b>	<b>25/25 (100%)</b>	1 <sup>st</sup> attempt: 79% Cum pass 3 atpts: <b>85%</b>
NCH State results 1 <sup>st</sup> attempt pass	NCH cumulative Pass within 3 attempts	III State PM data
<b>S18 2/2 (100%)</b>	<b>NA</b>	1 <sup>st</sup> attempt:

Year Semester averages	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
	Prep	Resp/Card	Med Emerg	Trauma Sp. Pop.	Seminar	
F15/S16 N=30	91.78	92.28	88.89	92.05	91.62	91.40
F16/S17 N=29-28	91.9	91.25	89.4	92.15	92.42	91.42
F17/S18 N 27	91.16	91.72	88.95	92.02	92.59	91.23

Year Mod Exam ave. scores	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA written only
	Prep	Resp/Card	Med Emerg	Trauma Sp. Pop.	Seminar	
F15/S16 N=30	93.3	91.34	91.62	92.52	90.41	91.84
F16/S17 N=29-28	93	93.56	90.45	92.26	91.11	92.08
F17/S18 N 27	93.3	93.56	91.96	91.13	92.27	92.44

Student feedback on CoA Paramedic Program Survey	S16	S17	S18
Cognitive domain	4.8	4.8	5
Psychomotor domain	4.8	4.9	5
Affective domain	4.8	4.8	4.8

Employer feedback on CoA Paramedic Program Survey	S16	S17	S18
Cognitive domain	4.8	4.7	
Psychomotor domain	4.8	5	
Affective domain	4.9	5	

		Graduation year – class of					Threshold	3 y total	5 yr total
		2020	2019	2018	2017	2016			
Enrollment		30	30	30	30	30			
Graduates			27**	28	27	25			
<b>Outcome assessments</b>									
Attrition			10%**	7%**	10%	<12%			
Retention			90%	93%	90%	≥88%			
Positive placement				28/28 100%	26/27 (96%)	90%			
NREMT written: % of grads attempting			25/27 (92.6%)	25/28 (92.8%)	25/27 (92.6%)	75%			
NREMT written: Pass rate			24/25 (96%)	25/26 (100%)	24/25 (96%)	≥94%			
NREMT practical: % of grads attempting			25/27 (92.6%)	25/28 (92.8%)	25/27 (96%)	75%			
NREMT practical: Pass rate success			100%	100%	100%	100%			
Comprehensive final written: % of grads attempting			27/27 (100%)	28/28 (100%)	27/27 (100%)	100%			
Comprehensive final written: Pass rate success			27/27 (100%)	28/28 (100%)	27/27 (100%)	100%			
State exam written: % of grads attempting			2/27 (7%)	2/28 (7%)	2/27 (7%)	25%			
State exam written: Pass rate success			100%	100%	100%	100%			
State exam practical: % of grads attempting				NA	NA	NA			
State exam practical: Pass rate success				NA	NA	NA			
Employer survey % returned				14/18 (77%)	12/13 (92%)	75%			
Employer survey cognitive success				4.71%	4.8%	3.5			
Employer survey psychomotor success				5	4.8%	3.5			
Employer survey affective success				5	4.9%	3.5			
Graduate survey % returned			100%	100%	100%	90%			
Graduate survey cognitive success			5	4.8	4.8	3.5			
Graduate survey psychomotor success			5	4.9	4.8	3.5			
Graduate survey affective success			4.8	4.8	4.8	3.5			

Northwest Community Healthcare (NCH) PARAMEDIC PROGRAM  
**Squad and Agency Assignments**  
 2018-2019

Squad 1	Squad 2	Squad 3	Squad 4	Squad 5
Kevin Leska SCH	Matthew Bakke PAL	Ashley Kuffner BAFD	William Lehnert AHFD	Nicholas Czerniak EGT
Nicholas Berghaus BLFPD	Tyler Brendle RMFD	Nick Chism BCFPD	Samuel Garcia SCH	Ryan Kasper HEFD
Ana Rosales (Tallon) HEFD	Brian Repple AHFD	Ryan Brueckert R8	Alexander Gard EGV	Robert Loverher SCH
Kristian Kalev LZFD	Shannon Walters PAL	Trevor Korinek BLFPD	<del>Max Driscoll</del> PHFPD	Jacob Thornton MPFD
Jim Bollenbacher BGFD	William Shanahan EGV	Daniel Awisha SCH	Rebecca Gaare HEFD	Jack Trujillo SCH
Adam Schallmoser PAL	Matthew Bohnen SCH	John McDermott MPFD	John Meyer DPFD	Kelsey Wittman DPFD

**Hospital EMS Coordinator/Educator assignments:**

**Alexian Brothers Medical Center (Georgene Fabsits):** William Shanahan (EGV); Alexander Gard (EGV); Nicholas Czerniak (EGT); Nicholas Berghaus (BLFPD); Trevor Korinek (BLFPD);

**Advocate Good Shepherd Hospital (Beth Keane):** Kristian Kalev (LZFD); Ryan Brueckert (R8); Ashley Kuffner (BAFD); Nick Chism (BCFPD)

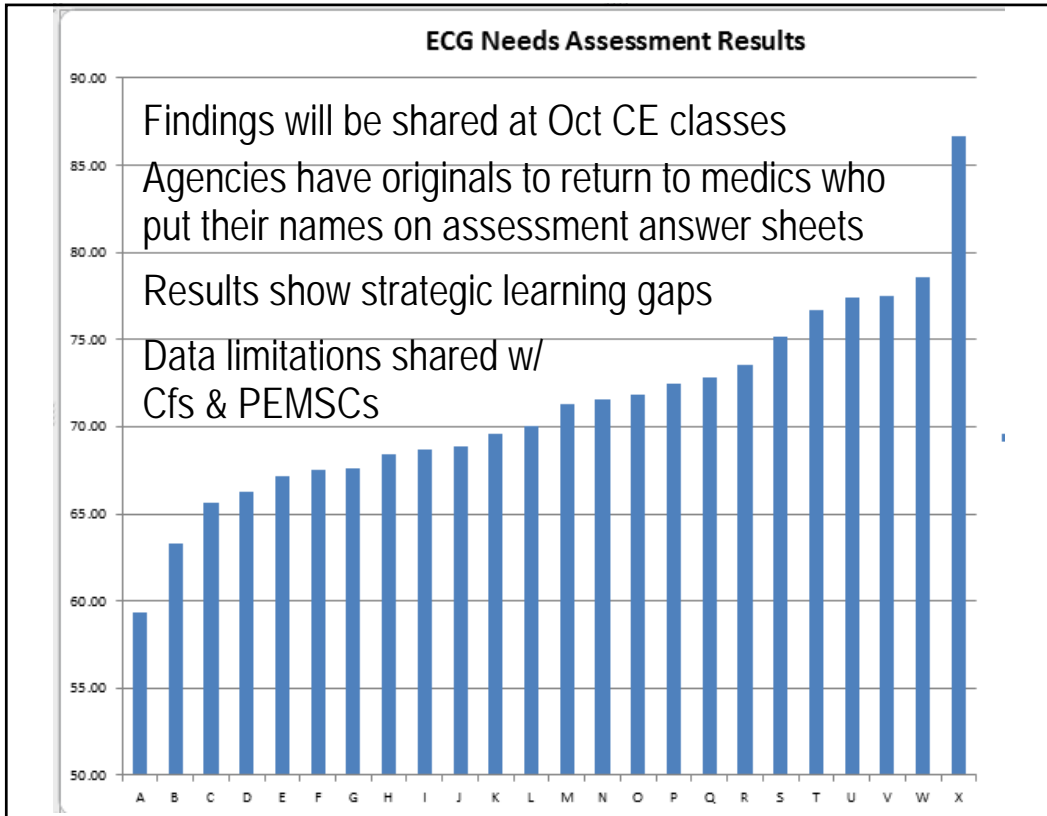
**NCH (Noreen Unti):** Adam Schallmoser (PAL); Matthew Bakke (PAL); Shannon Walters (PAL); Tyler Brendle (RMFD); Jim Bollenbacher (BGFD); Brian Repple (AHFD); William Lehnert (AHFD)

**NCH (Jen Dyer):** Max Driscoll (PHFPD)

**NCH (Connie Mattera):** John Meyer (DPFD); Kelsey Wittman (DPFD)

**NCH (Susan Wood):** John McDermott (MPFD); Jacob Thornton (MPFD)

**St Alexius Medical Center (Karin Buchanan):** Ana Rosales (Tallon) (HEFD); Rebecca Gaare (HEFD); Ryan Kasper (HEFD); Kevin Leska (SCH); Mathew Bohnen (SCH); Daniel Awisha; Samuel Garcia (SCH); Robert Loverher (SCH); Jack Trujillo (SCH)



### NORTHWEST COMMUNITY EMS SYSTEM - Drug/Supply/Equipment List

Last revised: 9/11/18

**KEY:** ALS Required on all ALS vehicles unless specified otherwise. All other items are required on BLS and ALS vehicles.  
 \* Drugs identified by an asterisk (\*) are controlled substances and must be accounted for per system policy.  
 \*\* System hospitals must replace all drugs, supplies, and equipment items EXCEPT those items indicated by a double asterisk (\*\*). These items must be purchased and/or maintained by the EMS provider agency.  
 IL required by IDPH administrative code section 515.830

- EMS agencies shall assign appropriate personnel to inventory ambulances daily at shift change to ensure complete par levels, intact packaging, current dates, and good working order. All controlled substances must be viewed and counted daily per policy.
- The EMS MD or designees will do random unannounced ambulance inspections to measure compliance with these standards.
- All EMS products exchanged at hospitals must be LATEX- FREE. All non-exchange items must be latex free unless a waiver has been granted and a latex-containing kit is maintained. Contain latex: Do NOT use without covering equipment or patient: BP cuffs, stethoscopes, Nellcor pulse oximeter.

KEY	Min.	ITEM	PACKAGING
<b>MEDICATIONS (Keep drugs packaged in boxes, in the original box to facilitate correct identification.)</b>			
ALS	3	Adenosine	6 mg / 2 mL
BLS & ALS	3	Albuterol	2.5 mg / 3 mL (0.083%)
ALS	3	Amiodarone	150 mg / 3 mL amp
BLS & ALS	4 tabs	ASA chewable	81 mg / tablet

Real-time CPR Feedback: Req. 6-1-18  
 King Vision: Req. 7-1-18  
 CPR devices: 3 approved (opt)  
 New Microdot glucose meters deployed  
 Peds bougie approved



**Northwest Community EMS System  
Provider EMS Coordinator  
Guidelines - 2018**

Provider EMS Coordinators (PEMSCs) collaborate with the Resource Hospital EMS staff to plan, organize, implement, and evaluate Northwest Community EMS System (NWC EMSS) activities. This document shall serve as a reference guide for all PEMCS in the NWC EMSS. It will be amended as necessary.

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DIRECTORY Sept 24, 2018**

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**BRADYCARDIA with a PULSE**

HR < 60 w/ S&S (dysrhythmia, AMS, chest pain, HF, seizure, syncope, shock, pallor, diaphoresis) and/or evidence of hemodynamic instability  
Functional or relative bradycardia (inappropriate or insufficient rate for condition)

1. Assess for rate, rhythm, pump, or volume problem; hypoperfusion and cardiorespiratory compromise  
**Goal:** Maintain adequate perfusion; treat underlying cause per appropriate SOP:  
**Differential:** AMI, hypoxia, pacemaker failure, hypothermia, athletes (normal), increased ICP, stroke, spinal cord lesion w/ neurogenic shock, sick sinus syndrome, AV blocks, hyperkalemia with wide complex bradycardia; toxin exposure (beta-blocker, calcium channel blocker, organophosphates, digoxin), electrolyte disorder  
**If hypotensive & bradycardic:** Correct rate problem first unless VT/VF (see those SOPs)
2. **IMC:** Secure airway as needed; O<sub>2</sub> if hypoxic to maintain SpO<sub>2</sub> at 94% [BLS]  
**Cardiac monitor:** ECG rhythm; 12L per ACS SOP (don't delay therapy); oximetry  
**If AMS:** Assess blood glucose; treat hypoglycemia per SOP  
**IV/IO access,** consider IVF challenges if hypotensive and lungs clear [ALS]
3. **If possible ACS & alert with gag reflex:** Treat per ACS SOP: Ischemia: ASA; pain (if SBP ≥ 90 (MAP ≥ 65): fentanyl (NTG contraindicated due to slow HR)

**LOWER ACUITY:** Stable symptomatic bradycardia

SOPs will have a new look based on System feedback  
**NO MANDATORY** roll-out in November  
 Will provide new date (2019) as soon as revision is complete

**EMERGENT to CRITICAL:** Bradycardic periarrest  
**Moderate to Severe cardiorespiratory compromise**  
 Decompensated state with progressive instability related to slow HR and SBP < 90 (MAP < 65) AND acute AMS, chest discomfort or pain, SOB, poor peripheral perfusion, weakness, fatigue, light headedness, dizziness and presyncope or syncope, pulmonary congestion, HF or pulmonary edema, escape beats, or frequent PVC. Require emergent therapy to avert progression to full arrest.

Time sensitive pt

And here's our newest innovation

# NWC EMSS

## COMMUNITY PARAMEDIC

**Mobile Integrated Healthcare**  
Using  
**Community Paramedics**  
**Pilot PLAN – Phase 1**  
**2018**

Prepared by:  
Connie J. Mattara, M.S., R.N., EMT-P  
NWC EMSS Administrative Director  
Approved by:  
Matthew T. Jordan, MD, FACEP  
NWC EMSS Medical Director

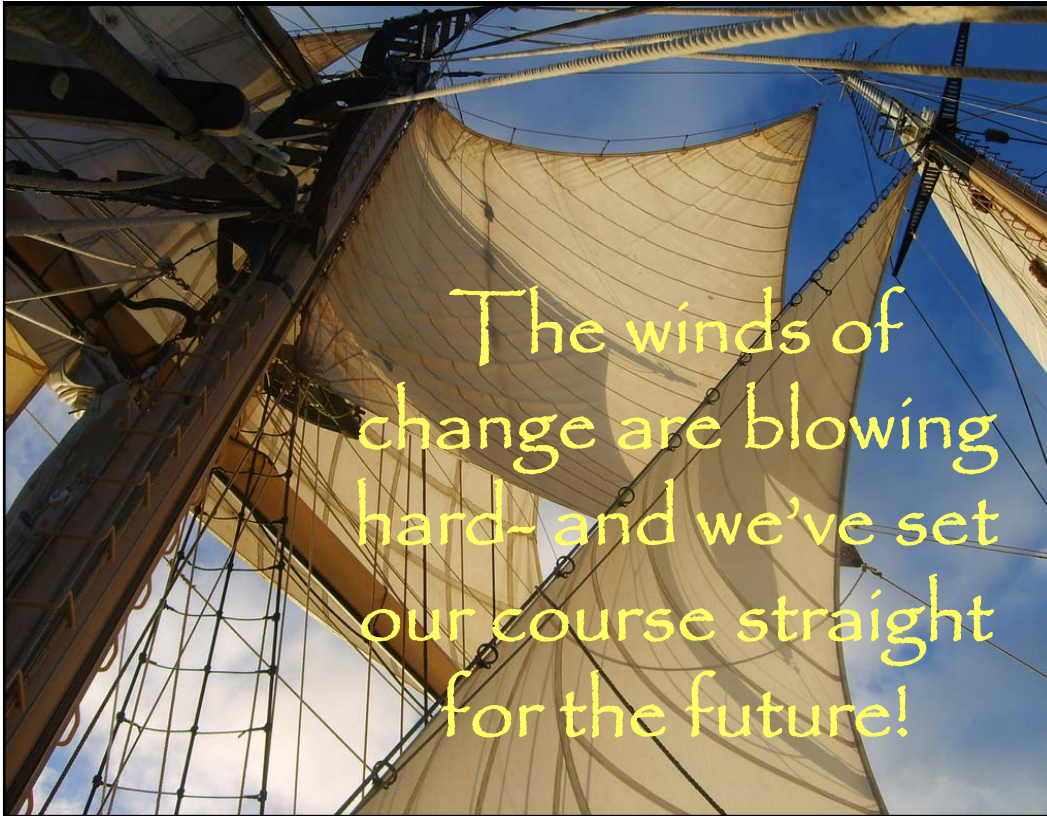
NCH  
Steve. Soigna, President and CEO  
Kim Naggy, RN, MSN, NEA-BC, Executive VP and CNO  
Dina Lipowich, RN, MSN, NEA-BC, Ex Director, Care Coord.

EMS Agencies  
Scott Anderson, Chief, Palatine FD  
Rich May, Chief, Palatine Rural FPO  
Terry Valentino, Chief, Rolling Meadows FD

Suburban Chicago's Information Source

**Off-duty Palatine paramedics will make house calls to check on certain patients released from Northwest Community Hospital in Arlington Heights as part of a new pilot program involving two other agencies. This Palatine ambulance arrived at the hospital late Monday afternoon.**  
( Bob Susnjara | Staff Photographer )

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EMS Agenda 2050 is a collaborative and inclusive two-year project to create a bold plan for the next several decades. EMS Agenda 2050 will solicit feedback from members of the EMS community to write a new Agenda for the Future that envisions innovative possibilities to advance EMS systems.

## **National Implementation Forum**

*Spaces Limited, RSVP By September 10th*

On September 20<sup>th</sup>, the EMS Agenda 2050 [Technical Expert Panel](#), project team and Federal sponsor agencies will be hosting the EMS Agenda 2050 National Implementation Forum in Washington, DC. Join leaders from EMS, healthcare and public safety who are coming together to learn more about the vision for the future of EMS set forth in the new agenda for the future.