

Planning and progress  
Opportunities and options

Northwest Community EMS System Report  
Jan 2024



EMT Class Report

- F23 46 students started EMS 111
- 31 graduated in December 2023
- Revised teaching strategies; added gaming & critical thinking scenarios
- Attending career events to recruit students
- 56 Admitted to S24 class



*Kudos to Chris Dunn!*

NCH EMT NREMT Exam Outcomes

NCH 1 <sup>st</sup> attempt pass rate	Pass in 6 attempts	NREMT data
S20 72% (18/25)	84% (21/25) (COVID)	69% / 78%
F20 82% (23/28)	89% (25/28) (COVID)	69% / 78%
S21 100% (13/13)		69%
F21 95% (20/21)	100% (21/21)	69%
S22 95% (21/22)		69%
F22 92.3% (24/26)	96% (25/26)	69%
S23 78% (14/18)	78% (14/18)	69.68% / 78%
F23 83% (25/30)		

Paramedic Class Report: F23-S24

- 30 new students started + 2 returning
- All passed EMS 210, 211, 217
- Midflight corrections...
- In EMS 212 & 218 now
- Plans for Mike's FLMA leave


THANK YOU faculty & preceptors!



PM class Mod/Final Exam results year/ year					
Year Mod Exam ave. scores	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216
	Prep	Resp/Card	Med Emerg	Trauma; Sp. Pop.	Seminar- Final written
F18-S19 N=28	93.8	94.17	91.84	94.35	91.74
F19-S20 N=30►24	92.1	92.65	91.68	92.11	90.12
F20-S21 N=18►16	92.6	93.7	91.3	93.2	89.75
F21-S22 N=24►20	93	89.1	88.8	91.9	89.33
F22-S23 N=24►21	89.9	88.9	88.67	89.3	87.02
F23-S24 N=32	89.8	86.2			

PM Semester Averages year over year						
Year Semester averages	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
	Prep	Resp/ Cardiac	Med Emerg	Trauma; Sp. Pop.	Seminar	
S18 N=27	91.16	91.72	88.95	92.02	92.59	91.23
S19 N=28	93	93.07	90.77	93.85	93.1	92.83
S20 N=30►24	93	91.94	92.72	92.51	90.12	92.29
S21 N=18►16	91.96	90.43	89.69	92.27	91.28	91.13
S22 N= 24►20	91.4	89.45	90.5	91.9	90.54	91.09
S23 N=24►21	91.58	90.41	90.7	92.23	89.23	91.14
S24 N=32	91.2	87.55				

NCH PM NREMT Exam Outcomes		
NCH NREMT results 1 <sup>st</sup> attempt pass	NCH cumulative Pass within 3 (*4) attempts	NREMT data
S18 24/25 (96%)	25/25 (100%)	1 <sup>st</sup> attempt: 79% Pass 3 atts: 85%
S19 19/24 (79%)	24/24 (100%)	1 <sup>st</sup> attempt 73% Pass 3 atts: 85%
S20 18/22 (82%)	22/22 (100%)	1 <sup>st</sup> attempt 71% Pass 3 atts: 83%
S21 15/17 (88%)	17/17 (100%)	1 <sup>st</sup> attempt 72% Pass 3 atts: 83%
S22 16/20 (80%)	*19/20 (95%)	1 <sup>st</sup> attempt 52% (IL) Pass 3 atts: 75%
S23 18/21 (86%)	21/21 (100%)	1 <sup>st</sup> attempt: 72.09% Pass 3 atts: 83.76%



Standards and Guidelines  
for the Accreditation of Educational Programs in the  
Emergency Medical Services Professions

Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, and 2023;  
and effective 1/1/2024.

Developed by  
Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

Endorsed by  
American Academy of Pediatrics  
American Ambulance Association  
American College of Cardiology  
American College of Emergency Physicians  
American College of Surgeons  
American Society of Anesthesiologists  
International Association of Fire Chiefs  
International Association of Fire Fighters  
National Association of Emergency Medical Services Educators  
National Association of Emergency Medical Services Physicians  
National Association of Emergency Medical Technicians  
National Registry of Emergency Medical Technicians

IDPH EMS Education Committee 8

NEW!





**CoAEMSP INTERPRETATIONS OF THE  
CAAHEP 2015 STANDARDS AND GUIDELINES**  
For the Accreditation of Educational Programs in the EMS Professions

This companion document contains the CAAHEP *Standards and Guidelines for the Accreditation of Educational Programs in the Emergency Medical Services Professions* with CoAEMSP interpretations adopted by CoAEMSP through policies. The interpretations are NOT part of the *Standards and Guidelines* document and are subject to change by CoAEMSP. Policy revisions may occur often, so this document should be reviewed frequently to ensure the most current version. Please refer to the Glossary for the definition of terms which is available at [www.coaemsp.org/policies](http://www.coaemsp.org/policies). Questions regarding the interpretations can be directed to the CoAEMSP Executive Office. [Standards interpretations first approved by CoAEMSP August 2010; revisions February 2011, August 2011, August 2012, February 2013, February 2014, August 2014, August 2015, February 2016, August 2016, February 2017, February 2018, July 2018, February 2019, July 2019, February 2020, November 2020, February 2022, **November 2023**]

**Description of the Profession (as per EMS Agenda for Future, NHTSA)**

The Emergency Medical Services Professions include four levels: Paramedic, Advanced EMT, EMT, and Emergency Medical Responder. CAAHEP accredits educational programs at the Paramedic and Advanced EMT levels. Programs at the EMT and Emergency Medical Responder levels may be included as exit points in CAAHEP-accredited Paramedic and Advanced EMT programs. "Stand-alone" EMT and Emergency



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Cooperative Agreement  
Northwest Community Healthcare  
And  
William Rainey Harper College  
Emergency Medical Services Education Program

This Memorandum of Understanding is to renew the Cooperative Agreement that created a sponsor for the Paramedic education program known as the Northwest Community Healthcare/ Harper College Paramedic Program hereinafter referred to as the "Program" between Northwest Community Healthcare (NCH) and William Rainey Harper College (Harper College) entered into this 17<sup>th</sup> day of January, 2024.

I. REASON FOR AGREEMENT

**Purpose:** The purpose of this agreement is to renew the Cooperative Agreement between NCH and Harper College to sponsor a Paramedic education program, including didactic, laboratory, hospital, and field internship learning experiences for paramedic students last executed in April 2015.

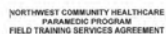
Whereas, both parties desire to jointly continue the Agreement between NCH and Harper College that permits the sponsorship of the Program in accordance with the *Standards and Guidelines for the Accreditation of Education Programs in the Emergency Medical Services Professions* ("Standards") of the Commission on Accreditation of Allied Health Education Programs (CAAHEP) that includes didactic, laboratory, hospital, and field internship learning experiences, thereby preparing competent entry-level Paramedics in the cognitive (knowledge), psychomotor (skills), and affective (behavior) learning domains.

Now therefore, in contemplation of this continued relationship between the parties and in consideration of the mutual covenants contained herein, the parties mutually agree as follows:

## II. JOINT RESPONSIBILITIES:

1. The governance of the Program shall be a six member Governance Committee, hereinafter referred to as "Committee" that shall be comprised of three representatives from NCH and three representatives from Harper College. The Committee shall meet at least annually and be responsible for:
  - (a) Approving the Goal(s) and Learning Domains of the Program in accordance with Standards II.A and 11.C.

All spring semester syllabi & NCH-Harper Cooperative Agreement Updated



THIS NORTHWEST COMMUNITY HEALTHCARE PARAMEDIC PROGRAM FIELD TRAINING SERVICES AGREEMENT (the "Agreement") is made as of this 30 day of January, 2024 and effective as of March 1, 2024 (the "Effective Date") by and between the VILLAGE OF ARLINGTON HEIGHTS ("Village") and NORTHWEST COMMUNITY HOSPITAL ("NCH"), an Illinois not-for-profit corporation that operates a hospital at 850 West Central Road, Arlington Heights, Illinois ("Hospital").

WHEREAS, NCH, as part of its mission to promote the health of the community, arranges for the provision of a variety of services including operation of the Northwest Community EMS system (the "System");

WHEREAS, NCH, through the Syster offers a program of paramedic education (the "Students");

WHEREAS, under Illinois law, 210 supervised experience requirements Department of Public Health;

**WHEREAS**, a critical component of I  
internship in which students receive  
participating fine departments and art  
(“Field Internship”), as more fully set

**WHEREAS**, NCH and Village wish to

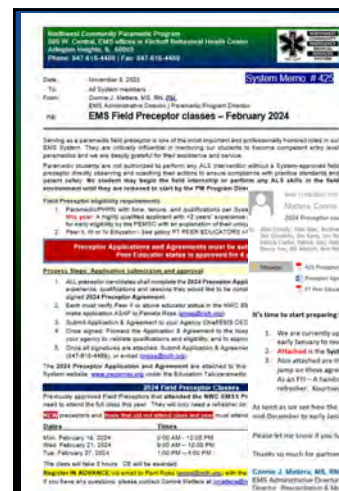
NOW, THEREFORE, in consideration  
described, NCH and Village agree as

## I. RESPONSIBILITIES OF NCI

Attached is the 2024 Field Training Services Agreement for the

- |     |   |   |
|-----|---|---|
| 1.1 | <p>NGI will provide to the Student a copy of the agreement that the 7 key components of the Emergency Medical Department of Public Health.</p> <p>NGI shall not allow any student program in <b>SCEDS</b> and the Student/Teacher Age.</p> <p>The parties acknowledge ("Stipend") shall be compensated the full value requested and the value of (2) half NGI shall not allow to Village or Village (or Village, for example, Stipend NGI shall not allow) Program.</p> | <p>The agreement is the same as the last several years, only only the 7 key components of the Emergency Medical Department of Public Health.</p> <p><b>Please see the chief or authorized agency representative as follows:</b></p> <ul style="list-style-type: none"> <li>You should have received the draft student agency in 2014.</li> <li>Begin to prepare your preceptor applications and send 2014.</li> <li>The Provider EMSCs were sent a copy of our database preceptor cover sheet addressed to him for ready review.</li> </ul> |
| 1.2 | <p>Stipend shall be compensated the full value requested and the value of (2) half NGI shall not allow to Village or Village (or Village, for example, Stipend NGI shall not allow) Program.</p>  | <p>Thanks so much for your willingness to host our students! <b>Information is great, but voluntary things realized, not money.</b></p>   |
| 1.3 | <p>Stipend shall be compensated the full value requested and the value of (2) half NGI shall not allow to Village or Village (or Village, for example, Stipend NGI shall not allow) Program.</p>  | <p>Please let me know if you have any questions, comments, or suggestions.</p>  |
| 1.4 | <p>Stipend shall be compensated the full value requested and the value of (2) half NGI shall not allow to Village or Village (or Village, for example, Stipend NGI shall not allow) Program.</p>  | <p>Looking forward to our continued partnership and are grateful for your support.</p>  |

Proposed student-agency matches sent  
Field Training Services Agreements &  
exhibits updated – sent to chiefs 1-2-24  
**ALL RETURNED | THANK YOU!**



2024 Preceptor Class dates  
Preceptor applications &  
agreements due by Feb. 16<sup>th</sup>

Northwest Community EMS System PEER EDUCATOR Application

Name:	Employer:	
Phone #:	E-mail address:	
Yrs of experience in EMS/ Emerg Care:	Yrs of experience teaching:	
Current professional license credentials: <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> RN <input type="checkbox"/> PHRN/PHAPRN		
Current certifications (submit copy of certificate, authorization) <input type="checkbox"/> Illinois Lead Instructor Exp. Date: <input type="checkbox"/> NWC EMSS Field Preceptor		
Current Peer Educator recognition: <input type="checkbox"/> None		
Applying for: <input type="checkbox"/> New <input type="checkbox"/> Peer I Exp. Date: <input type="checkbox"/> Peer III Reinstatement: Date left NWC <input type="checkbox"/> Peer II Exp. Date: <input type="checkbox"/> Peer IV EMSS: <input type="checkbox"/> Peer III Exp. Date:		
Prior teaching experience and additional certifications (Submit current card/license if applicable)		
<input type="checkbox"/> CPR instructor	<input type="checkbox"/> Lab preceptor: EMT	<input type="checkbox"/> Community educator
<input type="checkbox"/> ACLS, PHTLS, ITLS: Stop the bleed	<input type="checkbox"/> Lab preceptor Paramedic	<input type="checkbox"/> Agency-sponsored EMS skill labs
<input type="checkbox"/> PALS/PEPP instructor	<input type="checkbox"/> Field Preceptor PM	<input type="checkbox"/> Agency-sponsored EMS CE classes
<input type="checkbox"/> Other: Please list		
<input type="checkbox"/> Applicant: Attach a brief statement as to why you would like to be recognized as a Peer Educator.		

NCH grads will have option of taking old exam (written + practical) right after graduation or take new expanded written exam only after 7-1-24

States will determine if they will require a standardized local summative (final) practical exam & req. stations

### New Certification Examination For Paramedics and AEMTs Launches July 1, 2024

OCTOBER 06, 2023

#### IMPORTANT INFORMATION TO NOTE

- The new AEMT and Paramedic Certification Examinations will launch on July 1, 2024.
- All AEMT and Paramedic candidates will be required to take the new AEMT or Paramedic Certification Examination beginnings on July 1, 2024.
- The existing psychomotor examination will remain available until June 30, 2024; after that date, all candidates must take the new examinations.

Looking forward to fall Goal:

Admit qualified candidates w/o obstacles or bias; optimize outcomes; control costs

Updated F24 Admissions Requirements – posted to System and Harper websites

Updated preadmission exam blueprint, test, & process

2024 Paramedic Program Admission Requirements

Important Dates

Fall 2024 Paramedic Program Application Dates  
February 13, 2024 – June 24, 2024\*

Program Start: [September 9, 2024](#)

\*June 24, 2024 is the application deadline; all required documents must be submitted to Harper College by that date. (See exam date on page 2)

Check the program web site for information on the application status.  
Direct questions to [info@harpercollege.edu](mailto:info@harpercollege.edu)

Submit College Application and Fee

- If you haven't already applied to the College, you will need to do so before completing the following steps. You can apply online at: <https://harpercollege.edu/apply>

STEP 1

Schedule and take the EMT Validation Exam

- Applicants must demonstrate minimally acceptable EMT knowledge through written pre-testing to be accepted into the paramedic class. Contact Pamela Ross at 847-618-4482 or email [pam.ross@harpercollege.edu](mailto:pam.ross@harpercollege.edu) beginning January 2, 2024, to obtain the Validation Exam blueprint and email along with the email to the paramedic class. Completion of the Validation Exam is required for the receipt of the fall application form. Testing is conducted on the 2<sup>nd</sup> and 4<sup>th</sup> Tuesdays of the month of February from February 13<sup>th</sup> – 19<sup>th</sup> (June 10<sup>th</sup> - June 18<sup>th</sup>). Candidates scheduled for the last testing date of June 18<sup>th</sup> are also able to test.
- Questions about the exam can be answered at 847-618-4482.
- A score of 80% or higher is passing. Applicants have one opportunity to retake the exam if they score less than 80%. In the fall attempt to ensure eligibility for acceptance. Prior attempt scores are weighted in the rank order for class acceptance.
- Applicants who receive a score of 80% or higher on the pretest will receive the following form: [the EMS Official Knowledge Assessment Results](#)

Paramedic Program Application and need for Supporting Documents

Submit the following to Pamela Ross at Northwest Community Harper's EMS Office 847-618-4482 submitting the application for the Paramedic Program to Harper College:

- Proof of meeting minimum age requirement or 18 years; copy of driver's license, passport or state ID
- Current driver's license
- Current EMT or AEMT license
- Current Lifetime Heart Association (AHA) or Healthcare Professionals card
- The Paramedic Program Supplemental Information Form

2024-2025 Paramedic Program Information - Message (HTML)

Pretesting starts Feb. 13<sup>th</sup> for F24 PM class

2024-2025 Paramedic Program Information

2024 ems paramedic\_admission\_requirements.pdf (115 KB) 2 Essential job functions for an EMS Clinician.pdf (168 KB) 3 Supplemental Information Form 24-25.docx (25 KB) 4 Pre-Admissions Exam Blueprint F24.pdf (115 KB) 5 Map for testing 12-5-22.pdf (296 KB)

Hi!

Thank you for your interest in the 2024-2025 NCH Paramedic Program!

Please read this message and the attachments completely as they provide key information about applying for the paramedic class that starts in the Fall of 2024!

STEP 1 READ attachments #2 2024 Harper College EMS Admission Requirements and #3 the Essential job functions for an EMS Clinician thoroughly to determine your eligibility!

If you meet the eligibility requirements!

STEP 2 Pamela Ross ([ross@nch.edu](mailto:ross@nch.edu) or 847-618-4482) to open a file and schedule an EMT Validation Exam test date!

- Testing is available by prior appointment only on the 2<sup>nd</sup> and 3<sup>rd</sup> Tuesdays of the month at 9 AM from February 13 until June 18, 2024!
- Space may be limited as testing capacity is shared with System entry candidates. Call or e-mail early to schedule a date!
- Submit to Pam prior to testing: Completed Supplemental Information form (Attachment #4). It is a fillable document in Word format so you can open, type in your responses, save and return the form electronically!

Also attach copies of your IDPH EMT or AEMT license, current CPR card, and driver's license.

Test Information!

- Structure: 100 multiple-choice questions written in a format similar to the NREMT exam. Treatment questions are keyed to the 2022 NWC EMSS SOPs available on the NWC EMS System website: [www.nwcems.com](http://www.nwcems.com) under the Standards of Practice tab.



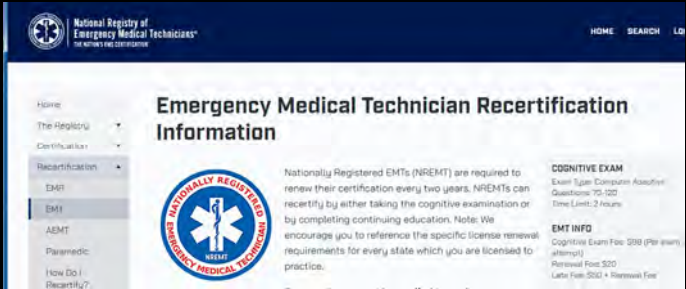
CE In-station Topics 2023-2024

7/23	Stroke   Assess   Scenarios	1/24	Infection   Sepsis   Abd Emerg
8/23	Neuro (Alzheimer's mandatory)	2/24	Out of hospital cardiac arrest
9/23	Emerg Ops   MPI drill	3/24	Wellness/Behavioral health emerg
10/23	HF   ECG interpretation	4/24	Trauma cases   Skill practice
11/23	NEMSIS V3.5 roll out	5/24	Chest wall Dx   Adv airway practice



NREMT renewals

- Optional to maintain NREMT certification
- If due in March: Enter CE on NREMT website; notify Dr. Jordan to approve; Agency training officer must link Dr. Jordan to your agency



Scenario Based Airway Mgt		Complete One per Quarter (enter date completed next to month)		Location (lab/ED/OR)	CE time	Educator Preceptor
# 1	DAI ETI (VL) <b>AND</b> iGel advanced airway	Jul	Aug	Sep	0.5hr	
# 2	DAI ETI (VL) <b>AND</b> iGel advanced airway	Oct	Nov	Dec	0.5hr	
# 3	DAI ETI (VL) <b>AND</b> iGel advanced airway	Jan	Feb	Mar	0.5hr	
# 4	DAI ETI (VL) <b>AND</b> iGel advanced airway	Apr	May	Jun	0.5hr	
Date	Mandatory Annual Topics (attach certificate/documentation)		Time		Instructor (print name)	
	CPR (BLS for healthcare provider)		(3 hr max)			
	Infection Control / Blood-borne Pathogens		(2 hr max)			
	Aggression mgt/Restraint competency		(1 hr max)			
	Chem Pack/EMS Stockpile		(1 hr max)			
	Mandated Reporter		(2 hr max)			
	Alzheimer Education if separate from Aug class		(1 hr min)			

Not too early to plan ahead – if you need online resources for any of the Mandatory Annual Topic education, please contact us

2024-2025  
CPR and Emergency Cardiac Care  
BLS Healthcare Provider CERTIFICATE  
Issued on alternate year from the AHA card

(PRINT Name) \_\_\_\_\_ (NWC EMSS Agency)

has successfully completed cognitive and skills assessment and competency verification in accordance with the requirements of the American Heart Association Basic Life Support (CPR & AED) Healthcare Provider Course based on 2020 AHA Guidelines Updates for CPR and ECC which includes:

- High-perfusion one rescuer CPR for adults, children, and infants
- Two rescuer CPR
- Use of an AED
- Effective ventilations with BLS airway adjuncts and using a bag and mask device
- Team resuscitation
- Relief of foreign-body airway obstruction (choking) for adults and infants

Verification of written exam and skills testing is on file with the CPR instructor and shall be made available to the EMS MD upon request.



Name AHA Certified CPR Instructor (PRINT) \_\_\_\_\_ Issue date: \_\_\_\_\_

Signature Certified CPR Instructor \_\_\_\_\_ Instructor ID number \_\_\_\_\_

Community Training Center (CTC) affiliation where instructor is on file \_\_\_\_\_  
(The Northwest Community EMS recognizes this certificate as valid for one year from date of issue)



Quality Assessment and Performance Improvement



Jim Klein (AHFD)

A resounding THANK YOU to **Jason Brizzell (SFD)** who is rotating off of the PBPI Chair position. His contributions to System quality management and service excellence are beyond description and we are so grateful for all his many contributions!

PBPI welcomes Adam Sielig (AHFD) as their new Chair and Taylor McIntyre (HEFD) as the Vice-chair

Northwest Community EMS System  
PBPI Committee Charter – 2024

**I. Committee origins**  
The Provider-Based Performance Improvement (PBPI) Committee evolved from the System Advisory Board. In June of 1991, Carol Carroll (CPFD) proposed a plan by which representatives would be chosen from EMS providers and hospitals to coordinate the System's quality assessment and performance improvement initiatives under the name of the Provider-Based Quality Improvement (PBQI) Committee. In June 1996, the committee changed its name to Provider-Based Performance Improvement to more accurately reflect its mission and goals.

**II. Committee Purpose/Scope**

A. Assess and improve the quality of EMS assessments, care, outcomes, and documentation throughout the System in conformity with laws, rules, evidence-based guidelines, and standards of practice in an effort to provide safe, quality patient care and prevent adverse events and provider/patient harm.

B. Create and implement the System's annual Quality Assessment and Performance Improvement (QAPI) plan and provide input to the QAPI section of the System Strategic Plan.

C. Monitor key performance measures (See QAPI plan and National EMS Quality Alliance Measures Set <https://www.nemsa.org/qapi/measures>). Focus on high-risk, high volume, and/or problem-prone areas and their effects on health outcomes, patient safety, and quality of care. Collect data from retrospective run reviews, concurrent monitoring, assessment results, and input/feedback from System stakeholders, consumers, and members.

D. Clean and re-code collected data as necessary, describe trends and gaps, and identify opportunities to improve performance and resolve identified problems or barriers. Recommend possible process changes and/or education designed to improve performance. Seek approval from the EMSHQ to implement these suggestions.

E. Once corrective action has been initiated, track progress towards meeting goals and performance targets and continually process through the Plan Do Study Act (PDSA) or repetitive cycle to determine the need for further action.

F. Establish pathways of communication between the Committee and System members. Provide verbal reports at System meetings and written summary reports for distribution to System leaders and members.

**NEMSQA**  
National EMS Quality Alliance

New 2023 Measure ID

**Superb sources to inform our QI plan**

- Airway-01** Percentage of EMS responses originating from a 911 request for who received successful advanced airway placement on first attempt without documented hypotension or hypoxia during the peri-intubation period.
- Airway-05** Percentage of intubation procedures performed during an EMS response originating from a 911 request in which adequate patient oxygen levels were achieved prior to intubation procedure.
- Airway-18** Percentage of successful advanced airway procedures performed during...


**FirstWatch**  
Helping the Helpers

Transforming Raw Data Into Actionable Information

FirstWatch turns data into decisions.

New York State Department of Health  
Bureau of Emergency Medical Services and Trauma Systems

**NYS Quality Improvement for Prehospital Clinicians: The New York State Manual**



health.ny.gov/emts

Northwest Community EMS System  
CARS Committee Charter 2024

**III. Committee Purpose/Scope**

A. The intent of the CARS Committee is to provide a forum for the collection, analysis, and dissemination of information regarding the quality of care provided by the System's EMS providers. The committee will focus on the identification of areas for improvement and the implementation of strategies to address these areas. The committee will also provide input to the System's quality improvement initiatives.

B. The committee will monitor and evaluate the quality of care provided by the System's EMS providers. This will include the collection and analysis of data related to patient outcomes, provider performance, and system processes. The committee will also provide input to the System's quality improvement initiatives.

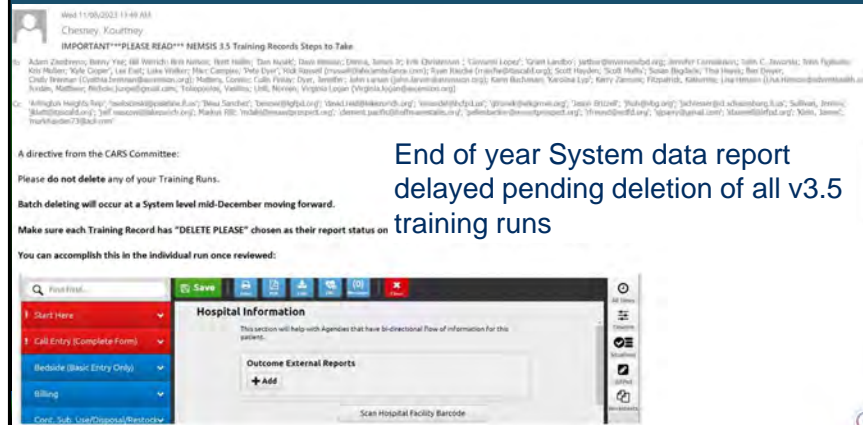
C. The committee will develop and implement strategies to improve the quality of care provided by the System's EMS providers. This will include the development of training programs, the implementation of new technologies, and the establishment of new protocols.

D. The committee will provide input to the System's quality improvement initiatives. This will include the identification of areas for improvement and the implementation of strategies to address these areas.

E. The committee will provide input to the System's quality improvement initiatives. This will include the identification of areas for improvement and the implementation of strategies to address these areas.

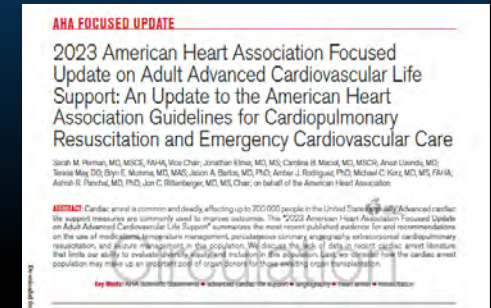


Updated instructions sent 11-8-23 regarding deletion of training runs



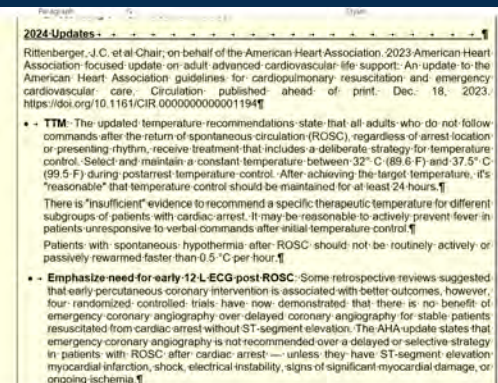
# CARDIAC ARREST

- Scrubbing data
- Comparing our outcomes to national guidelines
- Videos coming
- NWC EMSS SOP aligns w/ newly issued AHA Focused Update



CT Garcia (PFD), Chair

# CARDIAC ARREST



Added new info to 2022 SOP Changes & Rationale document – will post to website

## Research & Development



## King Vision aBlade roll-out Hit a snag due to lack of inventory - New plan & other news...



NORTHWEST COMMUNITY EMS SYSTEM - Drug/Supply/Equipment List			
Last revised: 1/9/24			
<b>KEY:</b> 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 stored and 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, Nelcor pulse oximeter.			
KEY	Min.	ITEM	PACKAGING
MEDICATIONS (Keep packaged in the original box if possible to facilitate correct identification)			
BLS & ALS	0	Acetaminophen (11ylenol) chewable tablets or liquid	160 mg (ait. amt. based on waiver)
ALS*	1 pilot agencies only	Acetaminophen inj. for IV infusion: Pilot agencies: AHFD, BGFD, INV, LRW, MPFD, PFD, PHTS, RMFD, Superior (NCH will stock & replace pilot agencies)	1000 mg / 100 mL (vials or premix bags)
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
ALS	0	Atropine sulfate	1 mg / 10 mL preload
ALS	1	Diphenhydramine for IVP	50 mg / 1 mL
BLS & ALS	2 tabs	Diphenhydramine for PO route	50 mg tablets

Northwest Community EMS System  
ADVISORY BOARD

Advisory Board

Seeking new members!

NORTHWEST COMMUNITY EMS SYSTEM  
EMS ADVISORY BOARD APPLICATION - 2024

Name: (Please PRINT)

Agency/ hospital

Current position (include rank if appl.):

Years in profession:  
Years in the NWCC EMS:

Phone #:

e-mail address:

Appointed POSITION desired (Check one)

Associate Hospital Administrator

Associate Hospital EMS Physician

Law enforcement

Public citizens

Emergency Medical Dispatcher


Elected POSITION desired (Check one)

Officer Paramedic

Paramedic non-officer

Paramedic non-officer

Kyle Marcussen (SFD) Chair



NORTHWEST  
COMMUNITY  
EMERGENCY  
MEDICAL  
SERVICES  
SYSTEM

EST 1972

POLICY  
MANUAL

2024

process

structure

risk

information

governance

privacy

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compliance

procedure

Northwest Community EMS System

POLICY MANUAL

Policy Title: SAFE AMBULANCE OPERATION:  
Use of Lights and Sirens

No. L-2

Board Approval: 11/9/23

Effective: 12/1/23

Supersedes: 4/1/04

Page: 1 of 4

This policy is taken almost entirely from Illinois statute. It is intended to provide legal and best practice position statements from multiple EMS organizations. It is not intended to be exhaustive from all current sources of information.

i. Patient Safety Considerations/National Model EMS Guidelines

A. Routine use of lights and sirens is not warranted.

B. Even when lights and sirens are in use, always limit speeds to level that is safe for the emergency vehicle being driven and road conditions on which it is being operated (NASEMSO, 2022, Model Clinical Guidelines Version 3)

ii. POLICY

A. Evidence tells us that NOT using red lights and sirens is the rule – and using them should be an exception. However, as a policy and protocol in EMS, we must ensure that we are not creating a false sense of urgency or a false benefit to patient care. And the only way to ensure that is to have a clear, consistent, and enforceable policy.

B. Reimbursement for EMS service via 911 shall be considered a bona fide emergency call using L&S without the use of lights and sirens. Standards for running in emergency mode.

C. If a responder is called to a scene via 911, they shall be considered a bona fide emergency call until notified by the EMS dispatcher. An EMS responder may choose to downgrade the response based on dispatch information or other facts known about the call.

D. Safety first: EMS personnel and patients shall always be properly restrained when inside a moving ambulance.

Great collaborative effort on behalf of Board, Chiefs, and System members!

8





### Improving Safety in EMS:

Reducing the Use of Lights and Siren



## Great NEW Resource

### EMS1

#### NEMSQA presents report on reduced use of 'running hot'

Findings from an analysis of over 5 million 911 calls offer a reduction in use of lights, siren for EMS personnel safety

January 17, 2024 05:02 PM



NWC EMSS Report 1-24 33

### Northwest Community EMS System

#### POLICY MANUAL

Policy Title:	STATE EMS DISCIPLINARY REVIEW BOARD	No.	G - 3
Board approval:	1/11/24	Effective:	1/11/24
Supersedes:	7/1/10	Page:	1 of 2

Reference: IDPH EMS Rules Section 515.440: State EMS Disciplinary Review Board (June 25, 1998)

I. **Function of the State EMS Disciplinary Review Board:** To review and affirm, reverse, or modify an EMS System Medical Director's (EMS MD's) orders to immediately suspend an individual, other individual provider, or other participant from participating within an EMS System.

II. **Opportunity to request a hearing**

A. Any individual, individual provider, or other participant who received an immediate suspension from the EMS MD may request the State Board to reverse or modify the suspension order.

B. An individual, individual provider or other participant who received a non-immediate suspension order from an EMS MD which was affirmed or modified by a Local System Review Board, may request the Board to review and modify the Board's decision.

C. An EMS MD whose suspension order was reversed or modified by a Local System Review Board may request the Board to review and modify the Board's decision.

D. The State Board, upon receiving the request of a Local System Review Board and Division of EMS and Health Services, shall review the request and either affirm the Board's decision or the EMS MD's decision. The Board's decision shall be final.

III. **Composition of the State EMS Disciplinary Review Board:** The Governor shall appoint a State EMS Disciplinary Review Board composed of an EMS MD, an EMS System Coordinator, a Paramedic, an EMT-B, and the following members, who shall only review cases in which a party is from the same professional category: a PHRN, PHAPRN, PHPA, an ECRN, a TNS, an A-EMT, EMT-I, a representative from a public vehicle service provider, and an emergency physician who monitors telecommunications from and gives voice orders to EMS personnel.

Minor updates bring us into compliance with IDPH Rules

### Northwest Community EMS System

#### POLICY MANUAL

Policy Title:	INACTIVE STATUS (Inactivation and Reactivation requests)	No.	I - 1
Board approval:	1/11/24	Effective:	1/11/24
Supersedes:	12/1/16	Page:	1 of 2

Reference: EMS Rules, Section 515.600 Inactive status (Source: Amended at 42 Ill. Reg. 17632, effective September 20, 2018) and current IDPH Inactive Request Form, <https://dph.illinois.gov/content/dam/soi/en/web/dph/files/forms/eme-inactive-request-062116.pdf> <https://dph.illinois.gov/content/dam/soi/en/web/dph/files/forms/eme-reactivation-request-061416.pdf>

I. **POLICY**

A System member who meets eligibility criteria shall submit a request to be placed on Inactive Status prior to the expiration date of their current license if they intend to return to active duty in the future. Eligibility criteria for such a request include but may not be limited to personal (i.e., active military service, sabbatical), physical, mental or emotional reasons, or the inability to perform the essential functions of an EMS clinician within their license scope of practice persists longer than six months. During the inactive status, the EMS clinician's license shall not function as an EMS clinician at any level.

II. **Application**

A. A System member who wishes to be placed on Inactive Status must have the approval of their employer and submit the request and supporting documents to the EMS Administrative Director.

B. The EMS INACTIVE Request form prescribed by IDPH; signed by the individual (See link to go to the IDPH EMS website: IOCI 16-156) including the requestor's written request to the EMS MD for inactive status and verification that they will not function as an EMS clinician at any level during the inactive status; and

Adds links to new state forms

### Northwest Community EMS System

#### POLICY MANUAL

Policy Title:	TRIPLE ZERO/NON-INITIATION OF CPR	No.	T - 1
Board approval:	1/11/24	Effective:	1/11/24
Supersedes:	1/1/07	Page:	1 of 2

I. **PURPOSE**

The term "Triple Zero" clearly alerts online medical control (OLMC) personnel that a patient has suffered irreversible biological death. This trigger phrase indicates a patient who is unconscious, unresponsive, non-breathing, and pulseless, has no breath or heart sounds and exhibits one or more of the following long-term indications of death:

A. Decapitation or essential decapitation

B. Thoracic/abdominal transection

C. Massive cranial/cerebral destruction with brain extruded from open skull

D. Rigor mortis without profound hypothermia

E. Profound (widespread) dependent lividity

F. Skin decomposition (Mummification or dehydration, especially in infants) | Pulification

G. Incineration

H. Frozen state

I. Trauma where CPR is impossible

II. **POLICY**

A. If a patient meets any one of the above criteria for Triple Zero, do not start CPR. (See attached form for details.) If a patient meets any one of the above criteria and local link is not available, the patient is deceased and CPR is not to be initiated. If a patient meets any one of the above criteria and local link is available, the patient is deceased and CPR is not to be initiated. If a patient meets any one of the above criteria and local link is available, the patient is deceased and CPR is not to be initiated. If a patient meets any one of the above criteria and local link is available, the patient is deceased and CPR is not to be initiated.

Minor clarifications only – consistent with SOPs

IML

ILLINOIS MUNICIPAL LEAGUE

Issue of December 15, 2023

New Laws  
Taking Effect in  
2024

(Including select laws that take effect in 2025)

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IDPH EMS Education Committee 37

P.A. 103-0521 (HB 1595) (Rep. A. Williams, Sen. Cunningham)—EMS SYSTEMS - DISPUTE RESOLUTION

Amends the Emergency Medical Services (EMS) Systems Act. Provides that specified Advisory Committees shall include one representative from the labor organization recognized as the exclusive representative of specified entities' employees. Provides that an EMS Medical Director may only suspend any EMS personnel, EMS Lead Instructor, individual, individual provider or other participant considered not to be meeting the requirements of the Program Plan if the EMS Medical Director obtains agreement from the Department of Public Health. Allows arbitration meeting specified requirements as alternative dispute resolution procedures for EMS System licensing and makes conforming changes throughout the Act. Provides that a member of a fire department's or fire protection district's collective bargaining unit shall be eligible to work under a silver spanner program for another fire department EMS System that is not the full-time employer of that member, for a period not to exceed 12 months, without being required to test into the EMS System of the fire department or fire protection district. Provides that an individual interviewed or investigated by an EMS Director or the Department of Public Health shall have the right to a union representative or legal counsel of the individual's choosing present at any interview or investigation and that the union representative must comply with the requirements for confidentiality and protection of patient information presented during the proceeding. Provides that a member of a fire department's or fire protection district's collective bargaining unit shall be eligible to work under a silver spanner program for another fire department EMS System that is not the full-time employer of that member, for a period not to exceed two weeks (rather than 12 months), if the member satisfies specified requirement. IML opposed the legislation. Effective January 1, 2024.

IDPH EMS Education Committee 38

Northwest Community EMS System

POLICY MANUAL

Policy Title: GRIEVANCE RECOURSE:  
LOCAL SYSTEM REVIEW BOARD | Review Bd. List

No. G - 2

Board approval: 3/10/22

Effective: 1/11/24

Supersedes: 1/12/23

Page: 1 of 3

Reference: EMS Act (Section 3.40); EMS Rules Section 515.420 (a)-(k) Sept. 20, 2018.  
PA 103-521 (HB 1595): EMS Dispute Resolution (eff. 1/1/24)

Board list options attached

I. DEFINITION: L  
appeals from  
notification of s

II. POLICY  
An EMS MD r  
Instructor (LI).

D. FAIR AND OBJECTIVE HEARING CONDUCTED UNDER ESTABLISHED RULES

A hearing held by the System need not be formal in legal terms, nor need it adhere to established rules of evidence. The hearing shall be conducted in a fair and impartial manner under procedures outlined below:

1. Option of representation: Each party to the proceedings shall have the right to select a person to represent them and be present at the hearing at their own expense. This includes the right to a union representative or legal counsel of the suspended individual's choosing present at any interview or investigation and that the union representative must comply with the requirements for confidentiality and protection of patient information presented during the proceeding (PA 103-521). Any rights of participation, review or commentary extended to the Counsel for the EMS System will be similarly extended to the same degree to Counsel for the suspended participant.

Updated to gain compliance with PA 103-521 (eff. 1-1-24)

System report

We continue together on a bullet train to uncompromising excellence; achieved vision, and fabulous outcomes

40

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EMS System Report: January 2024  
Connie J. Mattera MS, RN, PM

**News breaks fast and frequently!**

Check website for updates; committee, class, System entry into the system; SOPs, policies, procedures, forms; memos, resources, Drug & Supply list, DICOs, System Reports

[www.nwcemss.org](http://www.nwcemss.org)

**News breaks fast and frequently!**  
Check website for updates; committee, class, System entry info; SOPs, policies, procedures, forms; memos, resources, Drug & Supply list, DICOs, System Director

[www.nwcemss.org](http://www.nwcemss.org)

[illegible][illegible]



# INFECTION CONTROL EMERGING CONCEPTS, INC.

## Where can I find a DICO Course?

Saturday, January 20, 2006

HOME
TRAINING
EDUCATIONAL MATERIALS ▾
CONSULTING
ABOUT ▾
CONTACT ▾

### Quote For Services

Quote for Services is valid through December 2020.  
*Hosting Department/Agency will not be responsible for additional travel expenses.*

*Infection Control Emerging Concepts, Inc. also offers contract pricing for courses. If interested, please ask for a separate Quote. We would happy to assist.*

Proposed Course(s):	Fee: Per Person
Two Day   Basic Designated Infection Control Officer Training Course	\$ 425.00 * Catered lunch included
One Day   Advanced Designated Infection Control Officer Training	\$ 285.00 * Professional fee included

<https://www.ic-ec.com/>

### Upcoming Training Events

**Basic Designated Infection Control Officer Training Course - Online**

📅 01-30-2024 8:30 am

**Basic Designated Infection Control Officer Training Course - Topeka, KS**

📅 05-16-2024 8:30 am



Substantially updated

NWC EMS PROCEDURE MANUAL Jan 22, 2024

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**NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM**

**PROCEDURE MANUAL**

January 22, 2024

Northwest Community Hospital  
900 W. Central Ave. EMS offices in Behavioral Health Center  
Arlington Heights, IL 60005  
Phone: 847-618-4480 Fax: 847-618-4489

Date: April 10, 2023  
To: All System members  
From: Matthew T. Jordan, MD, FACEP  
EMS System Medical Director  
Connie J. Mattera, MS, RN, PM  
EMS Administrative Director  
RE: **Controlled Substance Log compliance data**

**System Memo: # 417**

Our sincere thanks to the PBPI committee for assessing and measuring our quality performance and compliance data in helping us achieve our EMS System goals and adherence to regulatory standards.

Attached to this memo are the **Controlled Substance Log data for 2022 and 2023 to date** so you have the needed information to affirm and celebrate best practices with your teams or to ask the right questions and set action plans in place where indicated.

**THANK YOU to all who have achieved 100% accuracy and timely report submission.** According to the data submitted so far, a few agencies have performance gaps, but we have full confidence that can be remedied. **We are asking for your help and cooperation in bringing us to full conformity ASAP.**

**Why is this important?**

Northwest Community Healthcare  
September 9, 2019

Several of you are new to your roles since the System experienced a Controlled Substance audit in 2019. They found 9 areas of risk identification. One was relative to **Controlled Substance Logs**.

Are all 2023 Controlled Substance Logs Reviewed Signed and Submitted?



**Starting in Feb**

**NWC/NLC MIH Pilot COMMUNITY PARAMEDICINE**

Northwest Community/Northern Lake County  
Mobile Integrated Healthcare  
Community Paramedics

**Pilot PLAN 2024**

Approved by:  
Connie J. Mattera, MS, RN, PM  
EMS System Administrative Director

Approved by:  
Matthew T. Jordan, MD, FACEP  
EMS System Medical Director

Approved by:  
James J. Smith, MD, FACEP  
EMS System Medical Director

Approved by:  
James J. Smith, MD, FACEP  
EMS System Medical Director

**5. Who will CPs visit in pilot?**

**Residential demographics**  
Wauconda FD; Greater Round Lake FPD; Libertyville FD; Countryside FPD; and the First Fire Protection District of Antioch

- High Utilizer Group (HUG)
- Targeted Managed Population
- Early readmission risks


NWC/NLC MIH Pilot



EMS System Report: January 2024  
Connie J. Mattera MS, RN, PM

[illegible]

Endeavor Health Northwest Community Hospital  
800 W. Central, EMS offices in Kirchoff Behavioral Health Center  
Arlington Heights, IL 60005  
Phone: 847-618-4482 | Fax: 847-618-4489



January 4, 2024

Scott A. Block MA, LCPC, CADC, CCJP, CCM  
Statewide Behavioral Health Administrator  
Administrative Office of the Illinois Courts  
222 North LaSalle Street, 13<sup>th</sup> Floor  
Chicago, IL 60601

Advocacy for BHE/  
SUD patients at risk

Dear Sir,

We are reaching out urgently seeking your expertise and direction as to how we can more effectively advocate for and address the needs of a homeless individual in Arlington Heights, Illinois with mental illness, behavioral health issues, and co-occurring alcohol substance use disorder.

**Brief background**

See the attached letter from Les East Jr, Division Chief Emergency Medical Services; Arlington Heights Fire Department providing patient demographic information and a synopsis of his medical history. The Department has responded to far more 9-1-1 calls for this person than the numbers cited in DC East's statement due to his persistent refusal to consent to care or be transported to a hospital.

NWC EMSS

# Region update: Regions 9 & 10 Directory Created

## EMS Regional and System Structure and Function in Illinois

Illinois EMS Regions and System structure and lines of authority are unique

- 11 EMS Regions separate the state geographically 1-10 EMS Systems separate the state functionally
- The EMS Systems Act and Rules define the responsibilities of Regions separately from those of EMS Systems
- EMS Systems are approved by IDPH as one of the EMS Regions
- EMS Systems are approved by IDPH. Each System is led by one Resource Hospital.
- Within each EMS System, the EMS System Medical Director has complete authority and responsibility for the total management of that System, including the enforcement of compliance with the System Program Plan by all participants within the System. This includes, but is not limited to EMS governance, education, operational quality assessment and performance improvement activities, clinical practice, transport policies, and licensure and renewals of EMS agencies and clinicians within their System.
- EMS Agencies, Associate and Participating Hospitals may choose the System(s) to which they belong based on parameters within the Rules.
- EMS Governance is invested within a Region based on a high level of voluntary collaboration among Systems. EMS Systems have complete authority via the EMS System MD on an operational basis.


**There are no independent or unaffiliated hospitals or EMS agencies within the State. All must be affiliated with one or more EMS Systems and know lines of authority must be respected and followed.**

All Illinois hospitals must hold one of three EMS designations:

- Resource (highest level): There are six (6) Resource Hospitals (EMS Systems) within Region 9 – All are discrete entities with their own authority and System members that affiliate with them. The NWC EMSS has authority over 1/6P of Region IX.
  - Northwest Community EMSS (NCH in Arlington Heights)
  - Greater Elgin Area EMSS (Sherman hospital in Elgin)
  - Lutheran General EMSS (Park Ridge)
  - McHenry Western Lake County EMSS (McHenry)
  - Saint Joseph Hospital EMSS (Elgin)
  - Southern Fox Valley EMSS (Ottawa hospital in Geneva)
  - NS-EEH
  - Advocate
  - Advocate
  - Northwestern Medicine
  - Ascension
  - Ascension St. Joseph's Meridian

Available upon request from Connie

<b>Resource Hospitals Region II</b> <b>Northwest Community EMS System</b> <b>Northwest Community Hospital (NorthShore)</b> 800 W Central Rd, Arlington Hs, IL 60005 Resource Hospital EMS Officers: 901 Kerckhoff Center (1st floor) Matthew T. Jordan, MD, FACEP (EMS System MD)   <a href="mailto:mjordan@nch.org">mjordan@nch.org</a> Connie J. Mattera, MS, RN, PM: Administrative Director, Emergency Services/EMS <a href="mailto:cmattera@nch.org">cmattera@nch.org</a>   (847) 618-4485      See System Directory for contact #	<b>EMS Agency Members</b> Arlington Heights FD Barrington FD Barrington Countryside Bloomington FPD Buffalo Grove FD Elk Grove Village FD Inverness FPD Itasca FPD Hoffman Estates FD Lake Zurich Fire Rescue Lincolnshire Riverwoods Long Grove FPD Mount Prospect FD Palatine PD Prospect Hts FPD Rolling Meadows FD Schaumburg FD Waukegan FD Wood Dale FD Advantage-Elite Amb. Sx A-TEC Ambulance Sx Superior Ambulance Sx
<b>Associate Hospitals</b> <b>UChicago Medicine   AdventHealth Glen Oaks</b> 701 Winthrop Ave   Glendale Hts IL 60130 Vytas Saulis, MD (EMS MD)   Lisa Henson, MSN, RN - EMSC <b>Advocate Good Shepherd Hospital</b> 450 W Highway 22: Barrington IL, 60010 Bradley Kutka MD (EMS MD)   Karolina Lyp, RN - EMSC <b>Ascension Alexian Brothers</b> 800 Beelerfield Rd, Elk Grove Village IL, 60007 Grant VanHauzbroek MD (EMS MD)   John Larsen, RN - EMSC <b>Ascension Resurrection</b> 7435 N Talcott Ave   Chicago IL 60631 Matt Jordan MD (EMS MD)   Virginia Logan MS, RN - EMSC <b>Ascension Saint Alexius</b> 1555 N Barrington Rd. Hoffman Estates IL, 60169 John Sullivan DO (EMS MD)   Karin Buchanan PhD, RN - EMSC	<b>Das Plaines FD</b> Glenview FD Morton Grove FD Niles FD NIPAS Em Sx team (TEMS) North Shore FPD Norwood Park FPD Park Ridge FD



Available upon request from Connie

**State of Illinois EMS Education Committee**  
Division of EMS Update | January 22, 2024  
Bobby Van Bebber, MSN, RN  
Division Chief, Emergency Medical Services and Highway Safety

**General:**


- EMS rules were published for first notice. Comments due by Feb 19<sup>th</sup>. We encourage all to submit comments during this public comment period. (See slide deck for information on submitting comments.)
- After these rules are adopted, IDPH begin the process of drafting new rules based on legislation signed into law by the Governor in 2023
- IDPH hosted a call with the EMS MDs on January 19, 2024 and will continue to host these calls on a quarterly basis.
- Dan Lee has resigned, and we are currently looking to fill that position. We do have a new Epi person in the Division: Jesse Nuss.
- Thanks to Katie for hosting "Office hours" to take questions on GL Suites and licensing. See slide deck for future dates.

**EMS Regional Report**

- System Plan policy amendments are in their final review. Many have already received their approval letters. We are trying to rapidly finalize these amendments as additional policies and updates will need to be completed based on newly signed legislation.
- There is ongoing review of EMS System Letters of Participation, many have already been finalized. As a reminder these need to be updated every 4 years.
- Regional EMSCs are currently still receiving large numbers of 2024 Training Courses and annual CME applications and are in the review process.
- Bypass and resource limitation requests continue to be monitored in several regions throughout the State.

EMS License addresses and personal renewal requirement

IDPH reaffirmed clinician responsibility to self-file license renewals; listing primary residence; & completing CE



**Important Notice**

**MEMORANDUM**

TO: EMS System Coordinators  
Regional EMS Coordinators

FROM: Bobby Van Bebber, MSN, RN  
Division Chief, EMS and Highway Safety

DATE: January 18, 2024

SUBJECT: Individual Licensure Address


Effective immediately, all Illinois Emergency Medical Services (EMS) licensed personnel must have their primary residence address listed on their Illinois EMS licenses.

Licensure will no longer be able to list their employers address on their EMS licenses.

Illinois EMS licensed individuals are solely responsible for their licenses, licenses renewal and obtaining the correct hours of continuing education requirements.

Section 515.540 d) states: An EMT, A-EMT, EMT-I or Paramedic shall notify the Department within 30 days after any change in name or address. Notification may be in person or by mail, phone, fax or electronic mail. Addresses may be changed through the Department's on-line system.

If you have any further questions please feel free to contact the Department at [EMSreg@idph.state.il.us](mailto:EMSreg@idph.state.il.us)



**BREAKING NEWS**

Draft EMS Rules  
Please make comment

EMS proposed Administrative Rule changes have been published for 1<sup>st</sup> notice (45-day public comment period).  
Comment period: Jan 5<sup>th</sup> - Feb 19<sup>th</sup>

**EMS/Trauma changes start on p. 100 - 441**

Email comments: [dph.rules@illinois.gov](mailto:dph.rules@illinois.gov)

Mail to: Department of Public Health  
Attention: Tracey Trigillo, Rules Coordinator  
Lincoln Plaza  
524 South 2<sup>nd</sup> Street, 6<sup>th</sup> Floor  
Springfield, IL 62701

[register volume48 1.pdf \(ilsos.gov\)](#)



**2023 2024 2025 2026 2027 2028**

**EMS Continued Competency Agenda for the Future: A Systems Approach**

The EMS Continued Competency Agenda for the Future is a visionary document, written from various perspectives that gives a roadmap of where the EMS profession needs to go to advance how EMS systematically ensures continued competency of EMS clinicians. The EMS Continued Competency stems from the EMS Education Agenda for the Future: A Systems Approach. The EMS Education Agenda for the Future is a vision for the future of EMS education, and a proposal for an improved, structured system, to educate new out-of-hospital emergency clinicians. The EMS Education Agenda is based on the broad concepts for EMS education laid out by the 1996 EMS Agenda for the Future. The EMS Education Agenda for the Future builds on these concepts to create a comprehensive plan for an education system that will result in improved efficiency for the national EMS education process, enhanced consistency in education quality, and ultimately, greater entry-level student competence.

[https://nremt.org/getmedia/895d62e4-6079-4716-a7aa-e265ea32b9c3/NI\\_EMS-CCA-for-the-Future\\_10-23-2023.pdf](https://nremt.org/getmedia/895d62e4-6079-4716-a7aa-e265ea32b9c3/NI_EMS-CCA-for-the-Future_10-23-2023.pdf)

**What You Need To Know**

The EMS Continued Competency Agenda for the Future: A Systems Approach is a consensus visionary document that gives a roadmap for implementing new and better ways of ensuring continued competency of EMS clinicians, beyond the traditional "continuing education" only model.

**Key Takeaways**

- The EMS Continued Competency Agenda for the Future addresses the content that was NOT addressed in the EMS Education Agenda for the Future.
- The Continued Competency Agenda ADDS to the EMS Education Agenda in that it addresses the unique aspect of ensuring continued competency after initial education and verification of initial competency.
- The EMS Education Agenda specifically calls for a separate document to address the myriad of differences and complexities unique to continuing education and continued competency verification which is what the EMS Continued Competency Agenda will do.



EMS System Report: January 2024  
Connie J. Mattera MS, RN, PM



Illinois Department of Public Health  
Division of EMS & Highway Safety  
[www.idph.gov/topics-services/emergency-preparedness-response-recovery](http://www.idph.gov/topics-services/emergency-preparedness-response-recovery)

Emergency Medical Systems  
Continuing Education / Recertification Recommendations Draft #2 1-22-24



Continuing education for all EMS clinicians must meet or exceed the criteria listed in the IDPH EMS Rules Sections 515.561 EMT Continuing Education, 515.578 AEMT and EMT-I Continuing Education, 515.569 Paramedic Continuing Education, and 515.591 EMS Personnel License Renewal as well as CE that may be mandated by law, rule, or guideline for EMS clinicians (example: Advanced education).

Illinois Minimum CE hours required in 4 years: Paramedics: PHBIs, 100 (A-EMT/EMT-I, 30 (I-EMTs, 30 (ECRN, 30

**CE Approval:** Systems and agency-sponsored continuing education classes, seminars, or other programs shall be approved by the Department (IDPH) before being offered to EMS personnel. See EMS rules for application procedure (this code requires approval). Content must be consistent with the EMS education standards for the appropriate license level. Commercial CE, seminars, or seminars/conferences sponsored by other agencies and entities shall be approved by the EMS MD and shall have CE hours awarded by the Commission on Accreditation for Prehospital Continuing Education (CAPCE). See <https://www.capep.org/> for further official education credentialing center information.

The Continuing Education (CE) options below are NOT intended to be all-inclusive. A wide variety of educational offerings that are not listed may also meet the intent of national, state, and local standards for EMS continuing education and must be considered and approved by the local EMS MD and IDPH.

**Max hours per subject area:** May not exceed 20% of total hours for one general subject area. Educators may not get credit for presenting the same topic/multitude multiple times.

**Standard Documentation:** required to validate completion: CE certificate, course card, or paper or electronic roster verified by instructor or authorizing person to include name of participant, date, time, topic, number of CE hours awarded, Illinois site code, CAPCE, and/or medical or nursing accreditation body number. All CE hours awarded must be approved by the EMS Medical Director or IDPH.

**Local verification:** EMS personnel must verify the CE requirements within their EMS system(s) of affiliation. EMS System MDs may require their EMS personnel to obtain EMS CE above the minimum requirements outlined in Illinois EMS Administrative Code, Section 515.559.

**Optional/voluntary consideration:**

**National Continued Competency Program (NCCP)** (Required for NREMT recertification): The NCCP has three continuing education (CEU) requirement areas: National, State/Local, and Individual. The NREMT sets the requirements for the National portion. State/Local and individual credits must relate to EMS services or EMS patient care. The national component of the NCCP constitutes 50% of the total recertification requirements. Topics included in the national content reflect current trends in evidence-based medicine, scope of practice changes and position papers from numerous associations involved with EMS research. There is an additional focus on those patient presentations that have a low frequency but high criticality acuity. At least 10% of the National Component must be pediatric-focused content.

**National Component Requirements:**  
Expiration dates through Sept. 30, 2025: Download the 2025 NCCP Model (PDF)  
Expiration dates after March 31, 2025: Download the 2025 NCCP Model (PDF)  
(National Continued Competency Program | National Registry of Emergency Medical Technicians | nremt.org)

Courses that cannot be applied towards NREMT recertification requirements include duplicate courses, clinical rotations, EMS instructor courses, management/leadership courses, participation of duty/preceptor hours, serving as a skill examiner, (1) (2) (3) (4) (5) (6) (7) (8) (9) (10) (11) (12) (13) (14) (15) (16) (17) (18) (19) (20) (21) (22) (23) (24) (25) (26) (27) (28) (29) (30) (31) (32) (33) (34) (35) (36) (37) (38) (39) (40) (41) (42) (43) (44) (45) (46) (47) (48) (49) (50) (51) (52) (53) (54) (55) (56) (57) (58) (59) (60) (61) (62) (63) (64) (65) (66) (67) (68) (69) (70) (71) (72) (73) (74) (75) (76) (77) (78) (79) (80) (81) (82) (83) (84) (85) (86) (87) (88) (89) (90) (91) (92) (93) (94) (95) (96) (97) (98) (99) (100) (101) (102) (103) (104) (105) (106) (107) (108) (109) (110) (111) (112) (113) (114) (115) (116) (117) (118) (119) (120) (121) (122) (123) (124) (125) (126) (127) (128) (129) (130) (131) (132) (133) (134) (135) (136) (137) (138) (139) (140) (141) (142) (143) (144) 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Activity	Documentation	Max hours Recommended	Comments
College courses: Health-related courses that relate to the role of an EMS professional (A&P, assessment, physiology, biology, chemistry, microbiology, pharmacology, psychology, sociology, nursing/PA courses, etc.)	Syllabus or catalogue description of course and evidence of successful completion (minimum grade of C on official transcripts or evidence from school)	High: 1 college credit = 8 CEU	May not exceed 20% of total hours for one subject area. Should be considered on a case by case basis for any topics in EMS education standards.
Participation/observation in surgery, physical therapy, childbirth, autopsy, etc.	Written statement from preceptor or physician validating attendance	High: up to max of 5 hrs/ licensure period	Max 5 hours; must be part of an approved educational experience or include defined educational objectives.
Seminars/Conferences: EMS related education approved by CAPCE or medical or nursing accrediting body	Copy of agenda/program plus certificate of attendance	High: to max content hrs	May not exceed 20% of total minimum required hours in one subject area, e.g., cardiac, trauma, rescue, etc.
Commercial CE: Electronic digital media, journal articles with publication dates of 5 years or less prior to the date of CE completion. Approved by CAPCE or medical or nursing accrediting body	Standard	High: to max content hrs	May not exceed 20% of total minimum required hours in one subject area, e.g., cardiac, trauma, rescue, etc.
Trauma Nurse Specialist or TNS Review Courses: May audit for CE with prior approval of TNS Course Coordinator to ensure space availability	Standard	High: to max content hrs	May not exceed 20% of total minimum required hours in one subject area. Course covers multiple areas of A&P, fluid & electrolytes, acid base balance, shock, pathophysiology and systems trauma appropriate for PMs and PHRNAs for full credit.
ECRN Course (apart from Life Support courses): May audit for CE with prior approval of Course Lead Instructor to ensure space availability	Standard	High: to max content hrs	May not exceed 20% of total minimum required hours in one subject area. Course may cover multiple areas of the spectrum of EMS appropriate for PMs and PHRNAs for full credit.
On-line options: Webinars and on-line offerings with subject matter found in the EMS Education Standards (e.g., sponsored by a governmental agency (infectious diseases, emergency preparedness), legal experts (documentation), HIPAA), organizations or commercial offerings	Standard	High: to max content hrs	May not exceed 20% of total minimum required hours in one subject area.

The below table outlines Illinois recommendations of Core Content breakdown during each licensure period for Paramedics (hours for AEMT, EMT-I and EMT should be calculated accordingly):  
Note: EMS System Medical Director may require their EMS personnel to obtain EMS Continuing Education above the minimum requirements as outlined in Illinois EMS Administrative Code, Section 515.900 (EMT Licensure Renewal). **NEEDS REVIEW**

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Suggested IL CE Hr distribution (optional – subject to local EMS MD approval)						
Topic area	PM	AEMT	EMT	ECRN	PM NR	PM NR %
Airway, Respiratory	20	16	12	6	6/30	0.2
Cardiology	23	19	14	8	7/30	0.233
Medical	27	21	16	8	8/30	0.267
Trauma	17	13	10	6	5/30	0.167
Operations	13	11	8	4	4/30	0.133
Total Hrs IL	100/4 yrs	80 / 4y	60 / 4y	32 / 4y	NREMT 30/ 2 yrs	

IDPH EMS Education Mtg. 1/22/24 (>90 attending)

Unanimous vote to approve!

Goes next to Governor's EMS Advisory Council

<https://www.iStockphoto.com/photobur-of-a-group-of-coworkers-with-their-arms-raised-in-the-thumbs-up-gesture-gm1318452685-485579054>

National Association of EMS Educators

Where can I find an EMS Lead Instructor class?

About

Educational Courses & Exams

2024 Symposium

National EMS Resources

Career CTR

Online Store

NEW INSTRUCTOR COURSE DATES ADDED

Register Now

New instructor course dates are available through July! Be sure to register soon as classes fill up quickly.

VIEW COURSES

Level 1 Instructor Course - Chicago, IL March 22-24, 2024

3/22/2024 » 3/24/2024

Location: Chicago, Illinois

Online Level 1 Instructor Course - April 5-7, 2024

4/5/2024 » 4/7/2024

Time: 9am - 6pm Eastern Time

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FEDERAL REGISTER

The Daily Journal of the United States Government

Vol. 88, No. 197/Friday, October 13, 2023/Notices

71081

DEPARTMENT OF TRANSPORTATION

Revisions coming to EMS Education Agenda for the Future. Are we ready?

Emergency Medical Services Education Agenda 2050: Request for Information

AGENCY:

National Highway Traffic Safety Administration (NHTSA), U.S. Department of Transportation (DOT).

ACTION:

Notice of Request for Information (RFI).

SUMMARY:

This notice announces a RFI. The NHTSA Office of Emergency Medical Services (EMS) is seeking comments from all sources (public, private, academic, professional, public interest groups, and other) on the planned re-envisioning of the 2000 EMS Education Agenda. The purpose of this document is to solicit comments from all sources (public, private, government, academic, professional, public interest groups, and other interested parties) on the planned re-envisioning of the 2000 EMS Education Agenda for the Future.

DATES:

It is requested that comments on this announcement be submitted by October 20, 2023.

- The National EMS Information System data, evidence-based research, and practice analyses should be sourced in developing evidence-based guidelines and curriculum.
- Mobile Integrated Healthcare has received considerable attention from the EMS Community. This and other alternative community-based healthcare delivery models (of the future) should evoke an expanded foundational knowledge and critical thinking capabilities that will poise future EMS practitioners to be able to evolve with the changing healthcare system or rapidly adjust to emerging healthcare crises.
- EMS educators should begin a career in academia with expertise in adult learning, educational theory, curriculum development, and competency evaluation but also possess experiential knowledge in evidence-based care.

COURAGE!

“Times of crisis, disruption, or constructive change are not only predictable but desirable. They mean growth.”

WAYS POSITIVE LEADERS LEAD

“Optimism is something you manufacture from your attitude. Inspiration is something someone else manufactures from your optimism.”

Andrew LaCivita [support@milewalk.com](mailto:support@milewalk.com)

“Cooperation is working together for the good of all. It is the willingness to stand side by side and use the different gifts each of us have to offer. We seek common goals in service of a unified vision. We blend our abilities to create something none of us could achieve alone. Conflict and contention drain us. Cooperation can fuel our dreams. With cooperation, we help another to share the load. We willingly do tasks that others ask of us. We look for ways to be helpful and ask for help when we need it. We do not isolate or harbor our loneliness. Together, we accomplish greater things.”

- The Virtues Project

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