

Northwest Community EMS System
System Report 3/24/21

*Aiming at the heart of our mission...
Education & Practice Excellence!*



nch Northwest Community Healthcare
Part of **NorthShore**


**ORTHWEST COMMUNITY
EMERGENCY MEDICAL
SERVICES SYSTEM**
EST 1972

THE **3** KEYS TO OUR **SUCCESS**



- 1. Great teams!** Shared governance model
- 2. Standards and evidence-based** plans, practices, protocols and excellent outcomes
- 3. Focus on People:** community service, person-centered care, and improving the health, safety, and work life of our HCWs

THE **3** KEYS TO OUR **SUCCESS**



- 1. Who we are**
- 2. What we do, and how well we do it**
- 3. What we care about and what drives us to excellence every day**

Environment
driving change in
education &
practice

Updated standards...

Progress on Evidence-Based Guidelines For Prehospital Emergency Care

FOUNDATIONS OF EDUCATION
AN EMS APPROACH
THIRD EDITION
NATIONAL

HIGHLIGHTS
of the 2019 NASEMSO/NAEMT/NAEMSS/NAEMT/NAEMSS
GUIDELINES FOR CPR AND ECC
NATIONAL

2021 NATIONAL EMERGENCY MEDICAL SERVICES EDUCATION STANDARDS

NASEMSO National Model EMS Clinical Guidelines
January 2019 **VERSION 2.2**

NATIONAL EMS SCOPE OF PRACTICE MODEL 2019
The National Highway Traffic Safety Administration



NHTSA

2021 ADVOCACY AGENDA

Changing visions...

EMS AGENDA 2050
A People-Centered Vision

In 2050, EMS systems are designed to provide the best possible outcomes for patients and communities—every day and during major disasters. They collaborate with community partners and are integral to regional systems of care that are data-driven, evidence-based and safe. EMS clinicians have access to the resources, transportation, and training they need to succeed. To achieve this vision, EMS systems in 2050 must:

EMS1 BY LEANPULSE

2020 EMS TREND REPORT:
Heed industry warning signs, commit to change

2021 EMS PREDICTIONS
Going into 2021, it's time to gear up for a year of change and see if you will continue to thrive in the new EMS. Our EMS experts have compiled this report to help you see the most important trends in EMS in 2021 and how you can best prepare for them.

FITCH

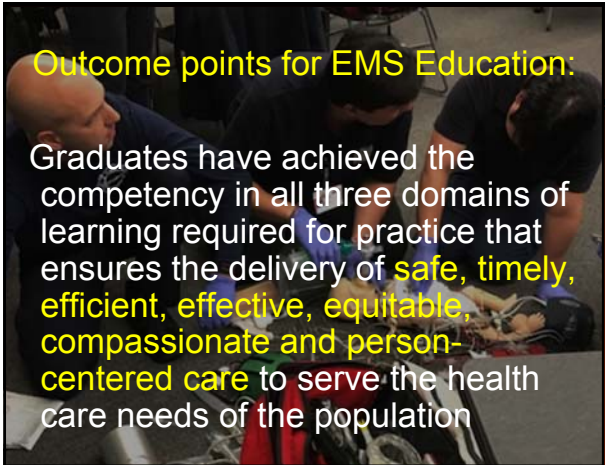
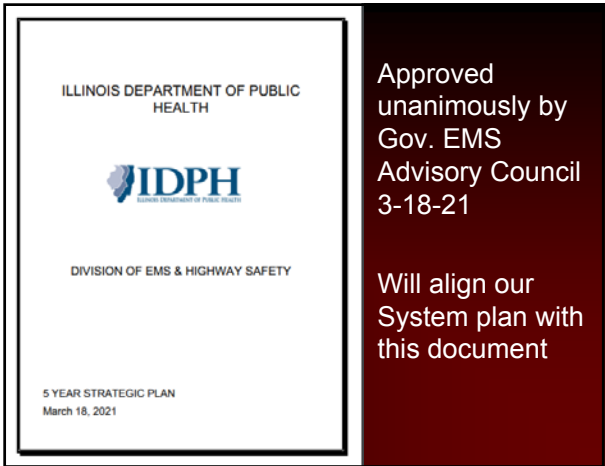
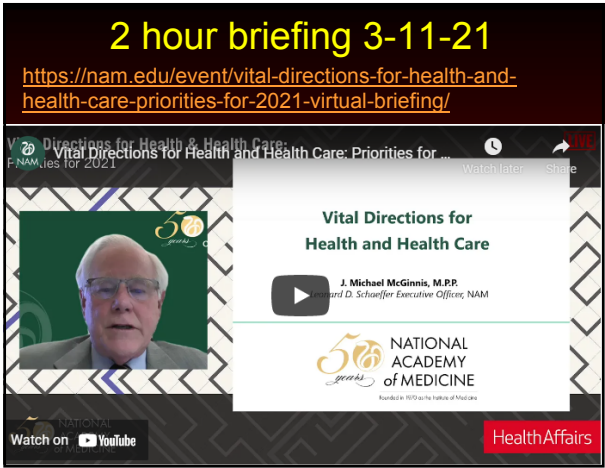
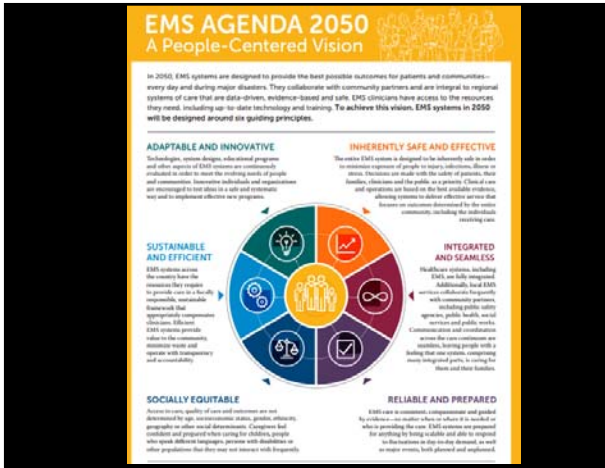
MPR
The Right Side of Education

Predictions in Medicine 2021: What Might We Expect?

Updates to making telehealth platforms more HIPAA compliant

eso

puls



EMT NREMT Exam Outcomes

NCH NREMT 1 st attempt pass rate	Cumulative pass within 6 attempts	NREMT data
S17 85% (29/34)	91% (31/34)	73% / 78%
F17 97% (34/35)	97% (34/35)	69% / 79%
S18 92.3% (24/25)	unchanged	73% / 77%
F18 98% (40/41)	unchanged	75% / 78%
S19 89% (25/28)	96% (27/28)	69% / 79%
F19 79% (23/29)	96% (28/29)	73% / 77%
S20 78% (11/14)	unchanged	69% / 78%
F20 85% (22/26)	unchanged	69% / 78%

PM NREMT Exam Outcomes

NCH NREMT results 1 st attempt pass	NCH cumulative Pass within 3 attempts	NREMT data
S16 21/25 (84%)	24/25 (96%)	1 st attempt: 75% Cum pass 3 atts: 82%
S17 24/26 (92%)	26/26 (100%)	1 st attempt: 77% Cum pass 3 atts: 84%
S18 24/25 (96%)	25/25 (100%)	1 st attempt: 79% Cum pass 3 atts: 85%
S19 19/24 (79%)	24/24 (100%)	1 st attempt 73% Cum pass 3 atts: 85%
S20 17/21 (80.9%)	20/21 (95%)*	1 st attempt 71% Cum pass 3 atts: 83%

*1 needs to retest; 1 needs to test 1st time

Northwest Community Healthcare (NCH) PARAMEDIC PROGRAM
Squad and Agency Assignments
2020-2021

Squad 1	Squad 2	Squad 3	Squad 4	Squad 5	Squad 6
Carnes, Benjamin AHFD	Amato, Joseph HEFD	Borkowski, Michael PAL	Peters, Sebastian SCH	Stocking, Richard PAL	Klamer, Ty PAL
Loverde, Daniel HEFD	Casey, Mathew MPFD	Landbo, Grant HEFD	Richert, Nicholas BCFFD	Michael Meier LZFD	Nordman, Jacob BCFFD
Prusko, Nicholas SCH	Petrik, Joseph BCFFD	Rubino, Anthony SCH			Suarez, Alexander SCH

Kennedy, Richard returning student riding with Barrington FD

Hospital EMS Coordinator/Educator assignments:

Alexian Brothers Medical Center (John Larsen; Co with Lisa Henson): (BLFPD)
Advocate Good Shepherd Hospital (Beth Keane): Meier, Michael (LZFD); Nordman, Jacob (BCFFD); Petrik, Joseph (BCFFD); Richert, Nicholas (BCFFD); Kennedy, Richard (BAFD)
NCH (Moreen Untz): Borkowski, Michael (PAL); Carnes, Benjamin (AHFD); Klamer, Ty (PAL); Stocking, Richard (PAL)
NCH (Susan Wood): Casey, Mathew (MPFD)
St Alexius Medical Center (Karin Buchanan): Amato, Joseph (HEFD); Landbo, Grant (HEFD); Loverde, Daniel (HEFD); Peters, Sebastian (SCH); Prusko, Nicholas (SCH); Rubino, Anthony (SCH); Suarez, Alexander (SCH)

Paramedic class Mod/Final Exam results
year over year

Year Mod Exam ave. scores	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	EMS 213 Trauma: Sp. Pop.	EMS 216 Seminar	Cum GPA cognitive only
F15 N=30	93.3	91.34	91.62	92.52	90.41	91.84
F16 N 29-28	93	93.56	90.45	92.26	91.11	92.08
F17 N=27	93.3	93.56	91.96	91.13	92.27	92.44
F18 N=28	93.8	94.17	91.84	94.35	91.74	93.18
F19 N 30-24	92.1	92.65	91.68	92.11	90.12	92.29
F20 N18-16	92.6	93.7	91.3	93.2		

PM Semester Averages year over year

Year Semester averages	EMS 210 Prep	EMS 211 Resp/ Cardiac	EMS 212 Med Emerg	EMS 213 Trauma: Sp. Pop.	EMS 216 Seminar	Cum GPA
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
F18-S19 N=28	93	93.07	90.77	93.85	93.1	92.83
F19-S20 N=30-24	93	91.94	92.72	92.51	90.12	92.29
F20-S21 N18-16	91.3	90.43	89.69	92.27		

Sailing ships into the future

Field Internship

Membership - Leadership

Phase 1 – Team Member

- Orient to agency
- Emphasis on improving assessments and skills as directed
- **MAY NOT** serve as team leader until phase 1 meeting approves that transition

John Moore/Getty Images

Phase 2: Capstone -
Team Leader

Must work with others to achieve goals
Team leader role crucial part of internship
Puts team success above own interest
Respect for all team members

Where are the forms?

1 Checklist Posted 2/23/21
#2 EMS 215 Orientation Form Posted 2/23/21
#3 EMS 215 Phase 1 Evaluation Form Posted 2/23/21
#4 EMS 215 Phase 2 Phase 2 Capstone Evaluation Form Posted 2/23/21
#5 EMS 215 Run Critique Announcement Rev 2/23/21
#6 EMS 215 Run Critique Evaluation Form Posted 2/23/21
#7 EMS 215 Run Critique Evaluation Form Posted 2/23/21
#8 Drug Card Template Posted 2/23/21
#9 Drug Re...

www.NWCEMSS.org

How long will it take?

- Phase 1:** 4 weeks or less
Phase 2: Min 300 hours + contacts
+ competency attestations
Cannot end before 5-21-21



Goal: Done with EMS 215 by May 21, 2021

2021 JUNE

SUNDAY	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY
		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			

Final written

Graduation

NR Practical exam

NWC EMSS
Preceptor
Education
2021

Feb. 22, 24;
March 1 via zoom
Connie J. Mattera
PM Program Director

North 1000.com

Preceptor class attendance tracked

	A	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	Preceptor Class Attendance														
2	Albert, Joseph	EGFD													
3	Anderson, Chris			X											
4	Annen, Dan	SFD													
5	Bacino, Dave	RMFD				X							X		
6	Bagdade, Susie	MPFD												X	
7	Bajor, Mark		X												
8	Ball, Cory	SFD							X				X		
9	Bava, Vincent	HEFD												X	
10	Baygood, Jeff	LGFD			X		X		X						
11	Beutle, Lee	AHFD	X		X					X					
12	Brown, Tim														
13	Watts, Constance					X									
14	Way, Zachary	BOCPD											X	X	
15	Wecek, John	EGT								X					
16	Wardell, Jenna	SFD	X		X				X			X			
17	Wirtz, Brian	RMFD								X					
18	Wito, Arthur	SFD							X	X					
19	Wink, Phil	MPFD						X	X						
20	Woleben, Matt	MPFD													
21	Wolhausen, Travis	PFD											X	X	
22	Wood, Susan	NWC											X		
23	Wysocki, James	SFD											X		
24	Yegge, Matt	AHFD			X										
25	Zabloski, David	BOCPD													X
26	Zera, Al	AHFD	X												
27	Zoller, Tom														

Candidates

Welcome to the National EMS Certification Process

ATTENTION

No option for Illinois state exam - Must take NREMT written & practical exams to get IL license

NREMT trialing multiple response items starting Oct 20, 2020

"The benefit to adding multiple response item types is that we can offer higher fidelity. What that means is that we can more appropriately simulate the field," says NREMT Associate Examinations Program Manager Matt Ozanich in the video. "For example, as a paramedic, as I'm coming up to a cardiac arrest, I'm often thinking three things now and two steps in advance. Multiple response items lend themselves to be able to test that thought process more efficiently than multiple choice, where we might be doing one thing at a time."

Read more about multiple response exam items [here](#) and watch the video explainer from the NREMT below.

National Registry Introduces Multiple Response Items

National Registry News

National Registry Announces Update to Advanced Level Skill Sheets Effective March 17, 2021

ALS Skill Sheet UPDATE

<https://www.nremt.org/News/National-Registry-Announces-Update-to-Advanced-Lv>

Currently Licensed Paramedics in good standing in the NWC EMSS
Seeking NREMT Paramedic Certification: 2021

If your initial paramedic education program was completed more than two years ago and you are currently licensed as a paramedic in Illinois and are a NWC EMSS member in good standing, you may voluntarily seek NREMT registration via written and practical testing after submitting documentation verifying completion of a state-approved PM refresher course or 48 hours of equivalent CE approved by the EMS MD covering the NREMT's mandatory and flexible core content within the past 2 years (5-2019 to 4-2021).

You may complete state or CECBEMS (F1, F2, F3, F5) approved CE equivalent to a Refresher Course if one is not required by your state. You may count education received in lectures, standardized courses (such as ABLIS, AGLS, EMTACT, PEPP, PALS, PHTLS, ITLS, etc.), college courses, in-service training, case reviews, conferences, etc. You must ensure that you cover every topic within the four divisions of the mandatory core content. You must also cover each of the five divisions of the flexible core content; however, you are not required to cover each topic within the flexible core content. No limits during pandemic for Distributive Education hours (online, CECBEMS F3 video, magazine-based).

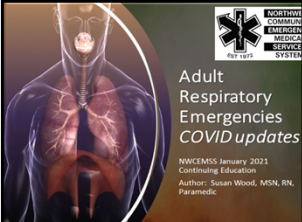
Complete this CE verification form and submit to cmatera@nch.org before making application to the NREMT

PRINT Name:		EMS Agency:	
DOB:	SS#: _____	PM license #:	
Email address:		License exp. date:	

NREMT Refresher Course Content				
Mandatory Required content 24 hrs	NCH Content	Date Offered	Date accrued	# hrs
Airway, Breathing and Cardiology • Provide ventilatory support for a pt • Attempt cardiac arrest resuscitation • Provide care to a pt who is experiencing CV compromise: cardiac arrest, post-resuscitation care, VADs	Cardiac scenarios ACS, ECGs	3-21		2
	12 L ECGs	4-21		2
	CA care bundles/ROSC care	5-19		1
	CA management	11-19		2


CE Topics 2020-2021

7/20 Stroke/seizures	1/21 Adult Resp/COVID-19
8/20 DM/Elderly/Obesity	2/21 Peds Resp/New ECC
9/20 Cardiac Arrest mgt	3/21 Cardiac cases/rhythms
10/20 Peds medical	4/21 12-Lead ECG
11/20 OB Comp.	5/21 OHCA/new ECC



Adult Respiratory Emergencies COVID updates

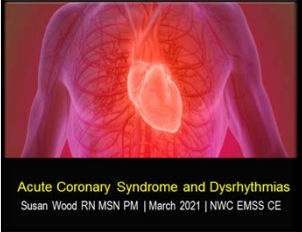
NWCEMS January 2021
Continuing Education
Author: Susan Wood, MSN, RN, Paramedic



PEDS BREATHING PROBLEMS

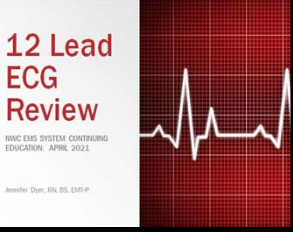
From cough to collapse, what does EMS bring to the table?

Cont. Ed. Feb 2021
Connie J. Mattera, MS, RN, PM
EMS Administrative Director NWC EMS



Acute Coronary Syndrome and Dysrhythmias

Susan Wood RN MSN PM | March 2021 | NWC EMSS CE




12 Lead ECG Review

NWC EMS SYSTEM CONTINUING EDUCATION APRIL 2021

Author: Don, RLS, BS, EMT-P

Work with assigned HEMSC/educator to complete CE hours / competency reconciliation for S21 by 7-15-21



Northwest Community EMS System
2010 S. Lincoln Road
Chicago, IL 60607
Phone: 617-415-4000 Fax: 617-415-4000

Accounting of CE hours, verification of competencies for Academic Year 2020-2021

CE Completed	CE hours completed
2-42 Inpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-43 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-44 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-45 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-46 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-47 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-48 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
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2-91 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-92 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-93 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-94 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-95 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-96 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-97 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-98 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-99 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke
2-100 Outpatient CE completed per CE policy (including web systems)	1-120 Stroke/Stroke

All EMRs/EMTs/PMs must be updated to 2020 AHA ECC Guidelines – 2021 AHA or System CPR card needed for CE reconciliation



2021-2022 CPR and Emergency Cardiac Care BLS Healthcare Provider CERTIFICATE

(PRINT Name) _____ (NWC EMSS Agency) _____

has successfully completed the cognitive and skills evaluations in accordance with the curriculum and 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 _____

Northwest Community EMS System

POLICY MANUAL

Policy Title: RELICENSURE/REINSTATEMENT/Dropping to lower level of licensure: EMT/PARAMEDIC/PHRN	No. R - 1
Board approval: 6/28/19	Effective: 7/1/19
Supersedes: 9/1/17	Page: 1 of 6

Reference: EMS Rules; Section 515.590 Amended at 42 Ill. Reg. 17632, effective September 20, 2018. **Italicized text is a direct quote from the EMS Rules.**

I. To be relicensed by IDPH (Department)

A. The licensee shall file an application for renewal, either written or on-line (fastest, preferred method), with the Department, using the format prescribed by the Department, at least 30 days prior to the license expiration date (see below under licensee requirements). Incomplete license applications submitted to the Department less than 30 days before the expiration may not be processed by the expiration date and may be subject to a late fee.

1. In addition to completion of the renewal application and payment of the renewal fee, a licensee who functions within an EMS System shall submit documentation of completion of CE requirements to his or her EMS System of primary affiliation at least 30 days before the expiration of his or her license. A licensee who does not function within an EMS System, and who seeks independent renewal, shall submit documentation of completion of CE requirements to the Department (Region IX IDPH Regional EMS Coordinator) at least 30 days before the expiration of his or her license.

2. A licensee who has not been recommended for relicensure by an EMS MD shall independently submit an application for renewal to the Department (Region IX IDPH Regional EMS Coordinator). The EMS MD shall provide a written

Northwest Community EMS System
IDPH EMS Licensure/Relicensure INSTRUCTIONS

IDPH will mail a renewal notice to each EMS licensee at the last known address in the state database at least 60 days prior to license expiration. If your name, address or other information is not correct, this can cause the renewal notice to be undeliverable.

Address changes must be made ONLINE in the IDPH database listed below.

Name changes must be processed with the IDPH EMS Division per the mail, submitting copies of legal documents acceptable to IDPH that verifies the name change. Contact the IDPH Springfield office at 217-785-2080 or at DPH.EMT@illinois.gov with questions or for more information.

Renewal STEPS:

1. To renew ONLINE. This is the fastest way to renew. GO TO:

<https://emslc.dph.illinois.gov/CLSuiteWeb/cliclients/illidohema/private/Shared/OnlineServices.aspx>

Individual licensees may use this site to pay initial EMS licensing fees, pay EMS renewal licensing fees and/or update address information. Contact the Division of EMS and Highway Safety at 217-785-2080 or at DPH.EMT@illinois.gov with questions or for more information.

NOTE: At this time, only Internet Explorer and Firefox on a desktop or laptop can be used when making an online fee payment. Other browsers and/or hand held devices may cause an error when making payment.

- The renewal notice contains a PIN # that is needed to renew your license online. If you lost or did not receive the renewal notice, contact IDPH at the phone number above or the Resource Hospital EMS Admin Director to get your PIN number.
- Select **renew license** (if currently licensed) or **Pay INITIAL fee** (if this is a new license)
- Answer the felony conviction and child support questions
- The Northwest Community EMS System number is 0907
- Pay fee by credit card. Renewal fee for paramedics: \$40; initial license fee: \$60.00
- The software is programmed to charge the correct fee for a particular license.
- Once you have completed your part of the renewal process, Contact your Provider

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. J to your agency w/ NREMT



National Registry of
Emergency Medical Technicians®
THE NREMT'S EMT CERTIFICATION

HOME SEARCH

Emergency Medical Technician Recertification Information

Nationally Registered EMTs (NREMT) are required to renew their certification every two years. NREMTs can recertify by either taking the cognitive examination or by completing continuing education. Note: We encourage you to reference the specific license renewal requirements for every state which you are licensed to practice.

COGNITIVE EXAM
Exam Type: Computer Adaptive
Questions: 70-100
Time Limit: 2 hours


EMT INFO
Cognitive Exam Fee: \$68 (per exam attempt)
Renewal Fee: \$30
Late Fee: \$90 + Renewal Fee

2021 EMS PROVIDER'S GUIDE
TO NATIONAL REGISTRY
RECERTIFICATION

What you need to know about CE requirements


BROUGHT TO YOU BY

EMS WORLD
COLUMBIA SOUTHERN
EMERGENCY MEDICAL SERVICES



See NWC
EMSS
website
for a copy
if desired






Northwest Community EMS System
Year-end Data for 2020

Northwest Community EMS System

Performance Improvement Plan

2021



PBPI Committee Screen Report
Naloxone Administration Screen

1/1/2020 TO: 03/31/2020

Total Number of Incidents in Query = 98
Naloxone Incident Count = 88
Paramedic Administration Incident Count = 73
Incident Refusal Count = 2

Average Patient Age PTA Only = 36.1
Average Patient Age Medic Only = 40.1
Patient Age Mode > 25
Average Patient Age = 38
Average Total Naloxone Administered (mg) = 9.0
n = 32

Patient Improvement (%) = 92.3
Improvement = 86
Demonstration = 88

SOP Completion (%) = 81.7
Improvement = 14
Demonstration = 71

Total Administration
Dose 1 30
Dose 2 24
Dose 3 24
Dose 4 24
Dose 5 9

Out Administration Route
N 86
A 14
M 2
O 4

Refusal Presentation
Asymptomatic 8
Non-Asymptomatic 10
N/A 2

Demonstration PTA Naloxone
Dose 1 24
Dose 2 1
Dose 3 1
Dose 4 1
Dose 5 1
Dose 6 1
Dose 7 1
Dose 8 1
Dose 9 1
Dose 10 1
Dose 11 1
Dose 12 1
Dose 13 1
Dose 14 1
Dose 15 1
Dose 16 1
Dose 17 1
Dose 18 1
Dose 19 1
Dose 20 1
Dose 21 1
Dose 22 1
Dose 23 1
Dose 24 1
Dose 25 1
Dose 26 1
Dose 27 1
Dose 28 1
Dose 29 1
Dose 30 1
Dose 31 1
Dose 32 1

Number of Incidents with PTA Naloxone Administration = 27
High Naloxone Admin Counts = 15
SPD for High Naloxone = 75.5
Long Search for High Naloxone = 8888
Improvement = 10
Demonstration = 8
No SPD = 0
No Long Search = 11


Our effectiveness is gauged by continuous & comprehensive evaluation of System:
Structures Patients Processes Outcomes

Naloxone Use Summary - Yearly Comparison


	2020	2019	2018	2017	2016
Total Number of Incidents Reported	387	333	272	308	269
Total Number of Non Terminated Cardiac Arrest Incidents	187	133	272	295	263
Total Number of Incidents Medics Administered Naloxone	315	251	204	251	244
Number of Incidents Medics Followed SOP	247	157	132	171	176
Percentage	72.4%	62.55%	64.73%	68.13%	72.13%
Number of Incidents Medics Admin. PTA Improved & SOP Followed	150	81	65	134	132
Average Dose Admin (mg)	2.7	2.62	3	1.75	1.34
Most Frequent Route for First Administration of Naloxone	IN	IN	IN	IN	IN
Number of Incidents with PTA Naloxone Administration	109	119	86	61	30

PRIVILEGED AND CONFIDENTIAL - PEER REVIEW DOCUMENT - PATIENT SAFETY WORK PRODUCT. Protected under the Patient Safety and Quality Improvement Act. Do not disclose unless authorized by the NWC EMS MD or his designee.


This report is not part of any patient's permanent medical record. All information provided, including any appended materials, is furnished as a report of quality management and is privileged and confidential, to be used solely in the course of internal quality control for the purpose of reducing morbidity and mortality and improving the quality of patient care in accordance with Illinois Law (735/CS 5/8-2004 et seq.).



PBPI Data Review
2020 Pain Management Query



PBPI Data Review
2020 Peds Sepsis Query



PEDS SEPSIS and SEPTIC SHOCK

Pain Management Incident Count

Incident	Count
Buzzy Device	1
Cold Pack	606
Splinting	541
Fentanyl	2548
Ketamine	174
Nitrous Oxide	34

Peds Sepsis Incident Count

Incident	Count
Number of Incidents	100
Average Pain Change	2.13
Average Peds Pain	8.81
Medication Pain Change	13.87

Peds Sepsis Incident Count

Incident	Count
Number of Incidents	100
Average Pain Change	2.13
Average Peds Pain	8.81
Medication Pain Change	13.87

Controlled Substance compliance report

Day of the Month	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	Individual Rig Compliance
Agency Total																																
Agency Name																																

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7

2021 ESO EMS INDEX

INSIGHTS AND BEST PRACTICES FOR EMS AGENCIES

EDITORS
BRENT WHEELER, MD, EMT-P (Medical Director, ESO)
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PAUL A. CRIVELLO, PhD, MEd, EMT-P (University of Illinois at Chicago)
ANTONIO PARRAGUEZ, PhD, MEd
RESEARCH ASSISTANT: ESO

KEY FINDINGS

- 84% of EMS agencies reported a decrease in patient volume
- 83% of EMS agencies reported a decrease in patient volume
- 92,740 EMS agencies reported a decrease in patient volume

- Stroke assessment
- Lights and siren transport
- % of patients with suspected OD
- COVID-19 and Influenza-Like Illness (ILI) impressions
- Ketamine administration with patient wt recorded
- Non-transport dispositions

TABLE OF CONTENTS

ImageTrend Collaborate™ Report: EMS Incidents During a Modern Day Pandemic


2018 - 2020 Data
Volume 1
Published February 2021

Introduction
About Collaborate
Report Overview
Methodology & Limitations
ImageTrend's Clinical & Research Services Team

Data Overview

- Topic: COVID-19 & Influenza
- Topic: Traffic-Related
- Topic: Behavioral Health
- Topic: Alcohol & Suspected Drug Use
- Topic: Pediatric
- Summary/Key Findings
- Appendix A: Reference Guide

Authors
Morgan K. Anderson & Douglas G. Butler, Jr.
Clinical & Research Services
ImageTrend, Inc.



Cardiac arrest

comes.
e.

- Seeking rep from each agency; updating charter, filling positions; need website page
- Scrubbing 2020 data to present in May CE
- Send great cases to S. Wood for CE
- Planning microlearning videos for CA components
- Considering mandatory CARES reporting by all
- Recommend use of CA worksheet in CARS
- QI: track common errors/challenges for future CE classes

CARS

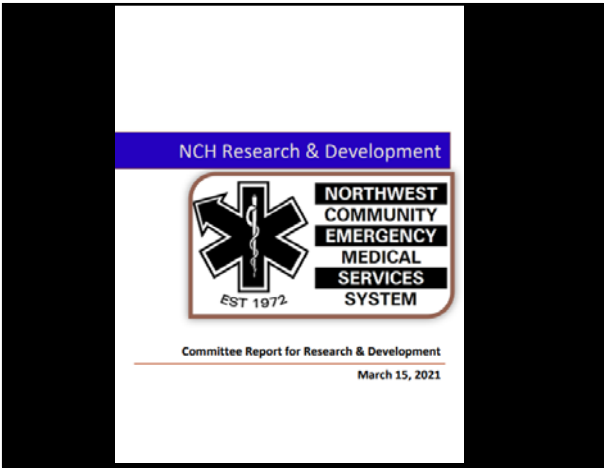


CARS Report 3-21

- Kno2** pilot going well with PHTs faxing reports to ALGH, Glenbrook & NCH upon arrival to ED; BCFPD will join pilot, adding GSH & SAMC
- Provider impressions updated** to address gaps identified in 2020 Data Report
- qSOFA worksheet approved** – Committee will send CE tutorial with screen shots to Connie for distribution in a System memo

R & D





Principles of responsible innovation:

- Clearly identified need
- Continuous reflexive evaluation
- Balancing safety and efficacy
- Coordinated interdisciplinary action
- Generating robust evidence
- Effective and proportionate oversight

Drug & Supply List standardized Elegard Unit adopted as OPTIONAL

NORTHWEST COMMUNITY EMS SYSTEM ADVISORY BOARD MEMBERS AND ALTERNATES March 11, 2021

MEMBER	TERM EXPIRATION
RESOURCE HOSPITAL ADMINISTRATOR	
Member: Eileen Glasgow, CHD Exec VP Patient Services & CHD Northwest Community Healthcare e-mail: eglasgow@nchw.org	Open ended
ASSOCIATE HOSPITAL ADMINISTRATOR	
Member: Judith M. Scott, RN (1 st term) Administrative Director of Critical Care and Emergency Services Aurora Health 12 Aurora Medical Center Hoffman Estates 1555 N. Barrington Road Hoffman Estates, IL 60169 e-mail: jm.scott@aurora.org Phone: 847-912-1159	January 31, 2023
ASSOCIATE HOSPITAL PHYSICIAN	
Member: C. Grant Van Haperowick, DO (1 st term) Aurora Health Medical Center 800 Butterfield Road Evanston, IL 60201 e-mail: grant.van.haperowick@aurora.org Phone: 847-538-8332	January 31, 2022
ASSOCIATE HOSPITAL NURSE	
Member: Virginia Logan, RN (4 th term) EMT Coordinator Resurrection Medical Center 7435 W. Touhy Ave. Chicago, IL 60631 e-mail: virginia.logan@resurrection.org Phone: 773-762-5255	January 31, 2022

2021 BOARD

Affirmed new members need alternate ECRN and officer PM

In 2020, we majored on the majors

Relief Act Will Let CMS Pay for Treatment in Place During COVID

Good thing we did...

[emsworld.com/press-release/1225655/relief-act-will-let-cms-pay-ems-treatment-place-during-covid](https://www.emsworld.com/press-release/1225655/relief-act-will-let-cms-pay-ems-treatment-place-during-covid)

Leadership/Management
03/12/2021
Page, Wolfberg & Wirth

Print
PRESS RELEASE

Must have No Transport policy in place for pandemic to bill

President Joe Biden has signed the American Rescue Plan Act of 2021. Among the many provisions within the 550-page law is new CMS waiver authority that would provide reimbursement to ambulance services for treatment in place during the public health emergency. Specifically, this

STARTING TODAY, all residents of Illinois in eligible categories, INCLUDING CHICAGO, EVANSTON AND SKOKIE, can register for vaccination sites in suburban Cook County run by the Cook County Department of Health.

- You can register online TODAY at <https://vaccine.cookcountyil.gov> or call **833-308-1988** M-F 7am-7pm CT.
- This includes mass vaccination sites, including Des Plaines, Tigle Convention Center, South Suburban College, and Triton College.
- People who need assistance booking an appointment can use the Illinois Vaccine Appointment Hotline at **833-621-1111** 9am-12am CT, 7 days a week. The hotline is also TTY ready.
- Hotline agents will help individuals who do not have access to online services navigate the various registration sites. However, if the individual does not have access to online services or is unable to navigate the site, the agent will make an appointment on their behalf. Individuals will need to provide the agent with their name, address, email (if available), mobile phone number, date of birth, and ability to complete a registration on their behalf.
- REGISTRATION TODAY, because tomorrow at Noon, Friday, March 19, Cook County will release another batch of appointments to people who are considered...**
- On Monday, March 22nd, Cook County will enter Phase 1B+ for vaccine eligibility.**
 - This category includes all Illinois residents age 16 years and older with comorbidities and underlying conditions, as well as individuals with disabilities.

Demand Outpacing resources

Vaccinator approval

Mass Vaccination Required Training

Just in Time Training Resources for EMT SARS-CoV-2 Vaccinators

HHS.gov

Biden Administration Increase Number

Vaccination Administration Plan

NEW

A study found that more than **30% of 177 participants** had **COVID-19 symptoms** that persisted for as long as **9 months**. These long-term effects have been given a **new acronym**.

There's always something new with COVID-19!

**Post
Acute
Sequelae of
SARS-CoV-2**

Medscape

Source: doi:10.1001/jamanetworkopen.2021.0830

reference.medscape.com/viewarticle/947023_print

Trending Clinical Topic: PASC

Ryan Syrek

March 12, 2021

Each week, we identify one top search term, speculate about what caused its popularity, and provide an infographic on a related condition. If you have thoughts about what's trending and why, share them with us on Twitter or Facebook. Find the latest COVID-19 news and guidance in Medscape's Coronavirus Resource Center.

At a recent White House briefing, Anthony Fauci, MD, introduced a new acronym for what had been called "long COVID." PASC is the new term used to describe long-lingering effects of COVID-19 (see Infographic below) and is this week's top trending clinical topic.

At the briefing, Fauci stressed that even patients with moderate cases of COVID-19 can develop PASC. "New symptoms sometimes arise well after the time of infection, or they evolve over time and persist for months," he explained. "They can range from mild or annoying to actually quite incapacitating." Fauci noted that the National Institutes of Health recently launched an initiative to further study the phenomenon.

The most common symptoms of PASC include fatigue, gastrointestinal problems, mental health issues, sleep difficulties, impaired lung capacity, and what has been called COVID brain fog. Loss of smell is also a well-recognized long-term effect, especially for healthcare workers. New research has found that more than 50% of those in medicine who had COVID-19 say their sense of smell has not returned to normal an average of 5 months after infection.

PASC has been reported in all age groups, including children. A recent preprint posted on medRxiv, which has yet to be peer reviewed, provides preliminary evidence that children may also have symptoms that last for months after their initial SARS-CoV-2 infection. Researchers surveyed caregivers of 129 patients younger than 10 years in Rome, Italy, who had a confirmed COVID-19 diagnosis. More than 50% of the children had at least one symptom that persisted 4 months or longer, with nearly a quarter (22.5%) reporting three or more such symptoms.

Doctors say they are seeing more and more cases of PASC. This is leading to questions about best practices for

Looking forward



Align strategic plan and all programs with EMS Agenda 2050 and Ed Standards

Update policy manual


Prep for return to a post-COVID world

Strengthen intra & inter-Region alliances

Mentor all to thrive in turbulent times!

What's the next cloud on the horizon?





HEALTH ADVISORY

JB Pritzker, Governor

Ngozi Ezike, MD, Director

3-4-2021

Summary and Action Items

- To provide information on monitoring of travelers from areas where Ebola is circulating to health care providers and local health departments (LHDs)

Background

The Centers for Disease Control and Prevention (CDC) has announced that travelers returning from some areas within Guinea and the Democratic Republic of Congo will be screened at six airports in the U.S., including Chicago O'Hare, due to ongoing Ebola outbreaks in areas within these countries. Please monitor the areas of concern (<https://www.cdc.gov/eid/ebola/outbreaks/index-2018.html>) as the geographic locations of the outbreaks are changing. Currently, there are no travel restrictions for the travelers. CDC is also monitoring for Ebola in travelers from Guinea, the following states: California, Colorado, Connecticut, Delaware, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maryland, Massachusetts, Michigan, Minnesota, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, and Wyoming. Cook and Rock Island counties have more than one traveler who has been diagnosed with Ebola (Evanston, Lake and Cass). All jurisdictions should be prepared but the top three jurisdictions listed above should pay particular attention to readiness. CDC will provide the Illinois Department of Public Health (IDPH) with the names and contact information for passengers who have returned from these areas if their final destination is Illinois. The traveler will be given a card to remind them to monitor their health for 21 days and to contact their local health department if they experience illness. Although CDC is not requiring this, IDPH has developed a REDCap project for exposure evaluation and monitoring for these travelers. This action will provide awareness for the local health department about the traveler and allow the traveler to know who to call if they should become ill. The IDPH Communicable Disease (CD) program will notify LHDs when a traveler is arriving in their jurisdiction and will enter their basic information in REDCap. At that time the LHD will be provided information about the response needed and asked which of their employees they want to have added to the REDCap project.

Basic Information on Ebola



If not Ebola, these surely are...



Ketamine Controversy



National Association of EMS Physicians®
4401 College Boulevard, Suite 200, Cleveland, OH 44131
Phone: (914) 221-9634 • 800-333-3477 • info@naemts.org • www.naemts.org

Clinical Care and Restriction of Agitated or Combative Patients by Emergency Medical Services Practitioners

Emergency Medical Services Practitioners (EMSPs) have long been recognized as the primary medical providers for patients in need of acute care. The National Association of EMS Physicians (NAEMSP) has had a previous interest in patient restraint since 2002, which was updated in 2015. This document updates and refines those previous interests and is a joint position statement with the National Association of State EMS Officials (NASO), National EMS Management Association (NEMSA), National Association of Emergency Medical Technicians (NAEMT) and the National Fire Protection Association (NFPA).

The National Association of EMS Physicians (NAEMSP) and NFPA recognize that emergency medical services (EMS) personnel may be required to restrain or restrain patients, who require clinical restraint and management. These situations are often complicated by difficult size, culture, age, or mental health issues. When clinical assessment and treatment are indicated, these factors should not be a barrier.

When such assessment occurs, patients, the public, and all emergency responders are at risk for injury. Furthermore, restraint addition is associated with continued patient agitation or struggling, with or without physical restraint, such as respiratory compromise, hypoxemia, hyperkalemia, rhabdomyolysis, and cardiac arrest. In these situations, rapid patient assessment, rapid de-escalation, and rapid transport may prevent these adverse and life-threatening conditions and potential patient death.

Concerning the use of these patients, the NAEMSP, NEMSA, NEMSA, NAEMT and NFPA believe that:

- **Patients:** EMS is a government response to protect against, minimize, or reduce patient harm resulting from acute medical conditions. EMS should have specific protocols for dealing with agitated, violent, or combative patients. Such protocols may be developed in consultation with EMS system administrators, EMS physicians, local medical community stakeholders, and local law enforcement representatives. The medical director, "the state 'standard'" to end throughout the document to define a written form of oversight provided by the medical director to direct patient assessment and treatment, including the use of physical force and the use of physical force, should be provided, including policies or procedures on use.
- **Emergency Medical Services:** EMS practitioners must quickly recognize the situation and respond.

Proposed legislation

HEMOPHILIA MEDICATION - [HB1904](#)
Emergency personnel may assist a patient with a rare blood disease (Hemophilia) in emergency situations to administer patient-carried medication.

MENTAL HEALTH-EMERGENCY - [HB2784](#) (see [SB2117](#))
Summary only. Applies to every unit of local government, including home rule, which provides or coordinates emergency medical response. DHS makes a community emergency services and support committee in each EMS region to develop two plans to set regional standards for providing mobile mental and behavioral health care. Provide mobile response service for mental health emergencies. Hospital diversion or incarceration prevention. Include the option of on-site care without transport. Provide transportation to the least restrictive setting in the community, such as to the individual's home or chosen location. Provide guidance for prioritizing calls for assistance and maximum response time. Provide for police to request responder assistance whenever police engages mental health emergency. If police would typically request EMS assistance when it encounters an individual with a physical health emergency, police shall similarly dispatch responders if necessary. For full synopsis of pending bills discussed at Gov. Council meeting, contact Connie for handout.

For full synopsis of pending bills discussed at Gov. Council meeting, contact Connie for handout.



EMS on the Hill

Virtually April 13-15, 2021

(each state has a day and time)

Major issues:

- Extending Medicare add-on payments for another 5 years
- Increasing SIREN grant appropriations in FY 2022
- Securing permanent reimbursement for treatment in place
- Increasing pandemic relief funding for EMS

\$40 registration fee; closes March 26, 2021

Go to: www.naemt.org/events/register

So, what does EMS bring to the table?

Exemplary service, superior EVB clinical practice, quality and safety;

Integrity, commitment to each other and those we serve with compassion for all in need;

Empathy, kindness, respect, and accountability;

Cultural humility, inclusion and fairness;

Willingness to change and advance our knowledge and collaboration into places yet unseen!



In a word...

MAGNIFICENCE