

**Northwest Community EMS System  
Education Committee Meeting  
MINUTES  
September 6, 2011**

Agenda item	Discussion
Call to Order Previous Minutes Review of Agenda	<ul style="list-style-type: none"> <li>• Call to order at 09:08</li> <li>• August minutes will be posted to website</li> </ul>
Introductions	<ul style="list-style-type: none"> <li>• Annie Moy: NWS Emergency Preparedness Coordinator</li> </ul>
Education Committee Meeting	<ul style="list-style-type: none"> <li>• <b>Video CE</b> - J. Schneidwind stated that the next set of videos was scheduled to be filmed 26 September. Connie is attending that day. J. Schneidwind asked for volunteers for the next set of skills since Schaumburg FD had already made the first set and recommendations for the next set of skills. D. Jeglum from PHFD volunteered and will ask for others from PH to assist. J. Schneidwind said a minimum of four people would be needed (2 per department). The filming should last about 3-4 hours depending on complexity of skills but the actual product for each skill would be approximately 10 minutes. C. Mattera would also like to use the films for system entry. J. Schneidwind asked about the status of the three videos that had been made. C. Mattera stated that Dr Ortinau has them and she will follow up on status.</li> <li>• <b>Federal Bucket List</b>- C. Mattera updated the committee about legislative events. One issue is the ongoing discussion at the federal level of where EMS will be housed (DOT, NHTSA, Homeland Security, or none of the above). The current future agenda for EMS was created in 1996 so a new agenda is being developed. The outcome will look at educational models; practice modalities based on evidence based practice, and independent EMS research.</li> <li>• <b>Image Trend</b>- Region 8 and 9 are working together on the Regional data downloads issues. IDPH will not accept data without 100% validity. C. Mattera identified that some of the reporting system is not accurate and the data being gathered is not always accurate. Some of the solutions require Image Trend involvement. Several education committee members identified that the documentation time remains prolonged and that expectation was that the time should have been shortened as crews became more familiar. C. Hudecek from SPFD asked if fewer data elements were possible. M.Ghawaly from MPFD stated that the users felt the system was cumbersome and that not all understood why there were some many items that needed to be documented. C. Mattera stated that IDPH determines the data elements that are required and that the System had no control of what IDPH mandates. C.Mattera encouraged agencies running into issues with Image Trend to give those to their CARS representatives so the issues can be addressed and resolved.</li> <li>• <b>Jan con ed following up</b>: D. Neubecker asked if the simulated runs had been completed post January education. Because of the lag between con ed and the rollout of field bridge in June, the documentation subcommittee had put together 6 simulated runs for PMs to practice documenting in the system with information learned in Jan con ed and the subsequent additional learning that would have occurred at the department level. Several EMS coordinators were in attendance at the educational committee and will bring this back check on the status.</li> <li>• <b>Con Ed</b>-K. Buchanan asked about con ed and how it was going. The new process will include student centered learning and chunking education into 20 minute blocks. The post test expectation is that at least one question will be from previous con ed. C. Mattera emphasized it will be non scripted to ensure that the system can demonstrate that enduring learning/higher learning has taken place and not just test and recall. Based on input from Education Committee, Nurse Educators, and Dr Ortinau, the unscripted question will come from SOPs. In the post test study question, the SOP that will be tested will be referenced. October's con ed is Pediatrics to include sports injuries. S. Wood is working with an AHFD PM who is also a trainer for sports injuries and the new IL legislation. The con ed will include a hands on portion and drug calculations (which had been requested by system members). S. Wood requested that PMs are reminded to bring SOPs to class since this year's entire con ed uses the SOPs as a reference. It was intended to emphasize and clarify information presented at the April SOP update. November con ed is the mandatory Airway and education on the new CPAP mask the system has selected. The new CPAP has an additional feature to enable the PM to give the patient's NTG tablets if indicated. K. Knop asked about implementation date and when hospitals would have to have in stock. Her concern was having the new mask available before all had been trained on</li> </ul>

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	<p>its use. C. Mattera said the implementation date would be 1 December and that the replacement would be covered by attrition rather than replacing all the CPAPs at once. D. Neubecker and S. Wood asked the group for suggestions for topics in the upcoming con ed year since the planning is being done now. Education Committee partners with PBPI and EMS representatives to address issues and concerns about practice and education which then are incorporated into monthly CE.</p> <p>P. Bilodeau from HEFD asked for clarification about post test study questions, CE questions, and packets being available on the website since that had been brought up in August's con ed. C. Mattera stated that is the intent but the process is not yet in place to put that material on the website. It is the intent of the System to be able to do that in the future.</p>
<p><b>System, Regional, and State updates</b></p>	<ul style="list-style-type: none"> <li>• <b>State events-</b> there are 19 sets of rules that will impact EMS. One of the rules involves charging for licensure/relicensure. Several other rules were: new durable power of attorney forms, new DNR form (looking at National approach), Critical Care Transport rules (agencies have approached NWS about hosting a CCEMT/Paramedic course), maintaining licensure of those convicted of a felony, Trauma Nurse Specialist (TNS) update, HIPPA legislation, and narcotics wastage. C. Mattera will provide more information when available.</li> <li>• <b>System-</b> C. Mattera is proposing a joint meeting between hospitals and EMS agencies about transmission of 12 leads. Moving forward, the AHA is looking at moving time line from onset to chest pain to balloon inflation in the cath lab to 60-90 minutes. In order to meet this guideline, there needs to be standardization in the expectation of transmission and the process. The System cannot dictate hospital practice so there still may be variances. P. Dyer stated that DPFED transports to 5 different hospitals so it is a challenge with multiple hospital expectations/modes. D. Neubecker had put out an invitation to learn about Zoll's non proprietary system on 6 October. C. Mattera is also proposing a joint meeting between EMS agencies, hospitals, and IT to resolve printing PCR's at hospitals. It is a legal requirement for EMS to leave a printed copy of the PCR with the hospital. C. Mattera also updated the group on the accreditation process for the EMT and Paramedic Programs. Part of the process will also include additional clinical rotations for students with two shifts in a skilled nursing facility for geriatric clinical and a return to the ICU as more critical care experience in necessary. Lesson plans are being updated to ensure student centered learning. Another component of the process is a six month post program evaluation. The preceptors from the 2010-2011 class will be completing evaluations of the students.</li> <li>• <b>Regional QI-</b>D. Neubecker stated that the regional success rates for intubation were 75%. The National Standard is 90%. D. Neubecker had looked nationally and 75% was consistent with what was being reported. The most common need was for cardiac arrest patients. Most went onto the King and were successful. The blade in the mouth counting as an attempt is an Anesthesiology standard. Discussion ensued about the reasons for the drop from when it was last measured. It appears to be multi factorial. K. Buchanan stated that some of the end users were unfamiliar with EMS and the difficult and challenging environment they practiced in so any explanations in the narrative would be helpful. C. Mattera stated that the NWS advocated leaving intubation in the scope of practice for this SOP update but nationally the trend is to remove this skill from the PM's inventory. D. Neubecker has also reviewed the 30 return of spontaneous circulation (ROSC) cases and the success rate for patient survival is 48% (up from 30-35%). C. Mattera stated that NWS was within 2% of the top EMS agency in the country (Seattle) for success rates.</li> </ul>
<p><b>Adjournment</b></p>	<ul style="list-style-type: none"> <li>• With no further business the meeting was adjourned at 10:48 Next meeting – October 4, 2011</li> </ul>