

RESOURCES

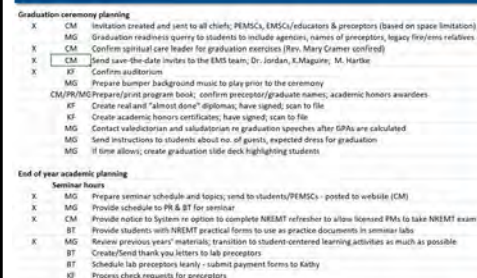
Respiratory failure is caused by inadequate rate, inadequate depth, or both. It is accompanied by an altered mental status (from anxiety to unresponsiveness). In test questions you may see words like "shallow" "slow" or "very rapid" to describe it. Remember that occasional "gaspings" respirations are different. This is agonal breathing and is treated like respiratory arrest.

JUNE 2023

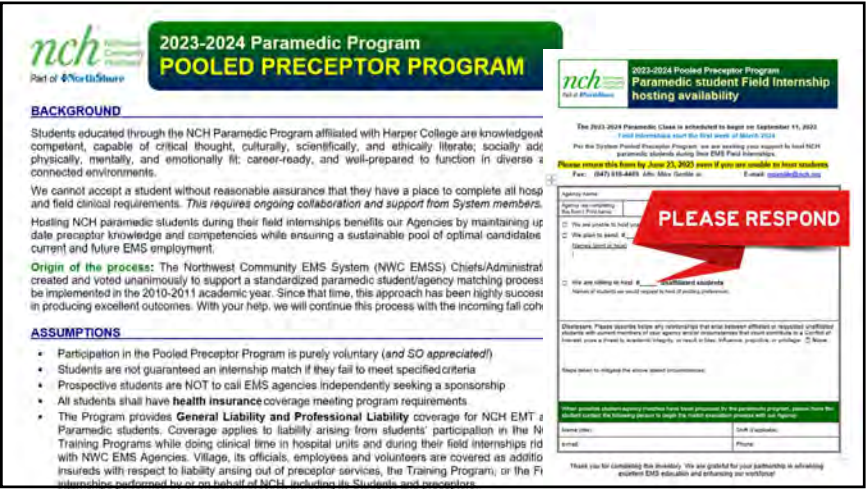
SUN	MON	TUE	WED	THU	FRI	SAT
29	29	30	31	1	2	3
	4	5	6	7	8	9
11	12	13	14	15	16	17
18	19	20	21	22	23	24
25	26	27	28	29	30	

Holidays and Observances: 14: Flag Day, 18: Father's Day, 19: Juneteenth

- | Dates | Times | Agenda |
|--------------------|-----------|---|
| May 25
Thursday | 0900-0930 | Case review; homework recap |
| | 0930-1000 | Student led discussion: field internship run critiques (<i>relating to the days subject</i>) |
| | 1000-1115 | <p><u>Didactic Review</u></p> <p>Gen Pathophysiology: Fluids/electrolytes Acid-base imbalances</p> <p>Pharmacology: Autonomic NS Principles, medication administration</p> <p>Shock and resuscitation: Physiological response, types, treatment</p> <p>Patient assessment: Scene, Primary, Secondary, Monitoring, Reassessment
 <i>(*include psychosocial aspects of age-related assessment and treatment modifications for the major or common diseases and/or emergencies associated with pediatric and geriatric patients)</i></p> |
| | 1115-1200 | Practice test questions: from content covered during didactic review |
| | 1200-1300 | Lunch |
| | 1300-1700 | <p>Labs: Practice for NREMT and Final Practical Psychomotor Exam.</p> <p><i>(Trauma Assessment, Oral A, Oral B, Dynamic Cardiac, Static Cardiac, Integrated Out of Hospital Scenario)</i></p> |



Arlington Heights, Illinois



NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM			
Annual CE due: June 30, 2023			
Date:	Name:		
Agency:	<input type="checkbox"/> Primary - Need 90 hrs (NWC EMSS-approved CE + competencies) 7/1/22 - 6/30/23 <input type="checkbox"/> Secondary: Need 15 hrs (NWC specific CE, all mandatory classes + competencies) + 15 additional hrs		
Annual Accounting of ALS Personnel CE hours: July 1, 2022-June 30, 2023			
CE COMPLETED		Incomplete / missing	
<input type="checkbox"/> All In-station CE completed per C2 policy		<input type="checkbox"/> 7/22 Pharmacology	
Class hours awarded:		<input type="checkbox"/> 8/22 Trauma SOP updates	
		<input type="checkbox"/> 9/22 MPIs; disaster mgt	
		<input type="checkbox"/> 10/22 New SOP review, ECG interp.	
		<input type="checkbox"/> 11/22 Stroke / OHCA	
		<input type="checkbox"/> 1/23 Special patient populations	
		<input type="checkbox"/> 2/23 Documentation & forms	
		<input type="checkbox"/> 3/23 OB & Peds	
		<input type="checkbox"/> 4/23 Airway, respiratory	
		<input type="checkbox"/> 5/23 SOP, Medical emergencies	
ANNUAL COMPETENCIES		Max Hrs	Hrs awarded
Advanced airways X 4: DAI (King vision w/ bougie) + i-gel	2		
Current AHA CPR card; Annual verification	3		
Infection control/bloodborne pathogens	2		
Decisional capacity assessment/risk assessment/Aggression mgt/Sedation/Restraint/Suicide screen/transport decision - (2023 procedure)	1		
ChemPack / EMS Stockpile	1		
Mandated reporter	2		
Subtotal hours awarded:			

CE Topics 2023-2024	
7/23 Stroke Assess Scenarios	1/24 Infection Sepsis Abd Emerg
8/23 Neuro (Alzheimer's mandatory)	2/24 Mental health/stress Skill practice
9/23 Emerg Ops MPI drill	3/24 Behavioral health emerg
10/23 HF ECG interpretation	4/24 Trauma cases Skill practice
11/23 Cardiac arrest practice	5/24 Chest wall Dx Adv airway practice

Vector Solutions: creating an enterprise quote to log, monitor, report CE completion



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Choose your industry to explore our solutions



PUBLIC SAFETY



EDUCATION




INDUSTRIAL



AEC



FIRE



LAW ENFORCEMENT

TRAIN. PREPARE. MANAGE.

Learning management technology, courses, and operational software **built for you.**

VIEW COURSES

Peer Educator renewal forms coming soon

Required teaching experience for renewal

1.

Peer I (BLS Skills): Teach at least one BLS skill session/class annually and at least four different skills over a four year period

2.

Peer II (BLS + ALS skills): Teach at least one ALS skill session/class annually and at least four different skills over a four year period.

3.

Peer III: Conduct at least one educational offering in each calendar year.

4.

Peer IV: Conduct at least 1 Instation CE class in 9 of the 10 months in each of the academic calendar years in the current recognition period.

5.

If the peer educator has not successfully fulfilled performance expectations as stated in the educator agreement, opportunities for improvement will be documented in writing in the form of a corrective action plan and provided to the individual, an administrative representative of their employer, the EMS MD, EMS Administrative Director, and CE Coordinator.


All educators are subject to unannounced assessments at least once a year, and more frequently for cause, by the EMS Administrative Director, CE Coordinator or EMS MD.



PBPI



Quality Assessment and Performance Improvement



PBPI Committee Screen Report

Cardiac—Bradycardia

January 1, 2022 — Dec 31, 2022

REPORT INTRODUCTION:

Incident reports were queried to find all incidents occurring in 2022 where a Bradycardic heart rhythm was documented more than once in the incident report. Analysis was more general in approach, focusing on basic demographics, impressions, procedures performed, and medications administered.

DATA ANALYSIS SUMMARY:

• 545 incidents included in the analysis.

• Average age was 72.35 years with a range of 12 to 103.

• 422 incidents (77.4%) completed a 12-lead on the patient.

• 73 different primary impressions chosen.

• Syncope was the most frequent primary impression at 11.4%.

• 228 incidents (41.8%) which documented an IV attempt.

• 272 total IV attempts with a success rate of 67.6%.

• 181 patients had a successful IV placed, a per patient rate of 79.4%.

• Average initial heart rate was 55.2, with a range of 24 to 143.

• Average first documented systolic blood pressure was 126.96mmHg, with a range of 40mmHg to 250mmHg.

• Two incidents documented Transcutaneous Pacing on a patient.

• Normal Saline was the most common medication administered.

• Atropine was administered 35 times.

• Norepinephrine was administered 9 times.

• Glucagon was administered 5 times.

4



Priority opportunities to enhance performance



StrokeHeart failure



CARS



- Policy D4; time to lock; permissions
- Airway options list revised
- Hyperlinked SOPs live
- Procedure sizes ticket
- NEMSIS 3.5 work continues
- Patrick Sennett working on trauma triage list options
- Website transitioning to https:

Thank you, Jim Klein (AHFD)!

Research & Development



Declined



Approved (Peds)



Declined



INNOVATE

Scott Renshaw (BGFD) Chair

NORTHWEST COMMUNITY EMS SYSTEM - Drug/Supply/Equipment List			
Last revised: 5/15/23			
KEY: ALS Required on all ALS vehicles unless specified otherwise. All other items are required on BLS and ALS vehicles. + Drugs identified by an asterisk (*) are controlled substances and must be 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, Nellcor pulse oximeter			
KEY	Min.	ITEM	PACKAGING
MEDICATIONS (Keep drugs packaged in boxes, in the original box to facilitate correct identification.)			
BLS & ALS	6	Acetaminophen (Tylenol) chewable tablets, or liquid	160 mg (all amt. based on waiver)
ALS**	1 pilot agencies only	Acetaminophen inj. for IV infusion: Pilot agencies: AHFD, BGFD, INV, LRW, MPFD, PFD, PHTS, RMFD (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	6	Atropine sulfate	1 mg / 10 mL, pre-load
ALS	1	Diphenhydramine for IVP	50 mg / 1 mL
BLS & ALS	2 tabs	Diphenhydramine for PO route	50 mg tablets
BLS & ALS	OPT	Calcium gluconate 2.5% (Calgonate) gel	25 Gm tube
ALS	2	Dextrose 10% (D10W) (see approved alt in shortage)	25 Gm / 250 mL

CARDIAC ARREST

Heart Attack and Stroke Symptoms Volunteer Learn CPR SHOP DONATE ONCE DONATE MONTHLY

Get With The Guidelines® Resuscitation

Taylor McIntyre (HEFD), Chair

Advisory Board

May 5, 2023

New Member

Laura Mangos, RN
Ascension Saint Alexius Medical Center
1555 N. Barrington Road
Hoffman Estates, IL 60169

Dear Laura,

Congratulations on your appointment to the System's EMS Advisory Board as an alternate member representing ECRNA! Your term extends from now to January 31, 2025. We encourage alternates to attend each meeting so they are informed regarding issues impacting System planning and/or operation and we welcome your participation in the discussions. Alternates are encouraged to vote if the member from your constituency group is unable to attend the meeting.

The Board meets on the second Thursday of odd numbered months at 9:00 AM via Zoom and/or at Northwest Community Hospital in rooms announced on the Board call and posted to the System website. They are presently reviewing updates to System policies and the 2023 strategic plan. We will provide you with copies of documents as they are drafted.

Previous agendas and approved Board minutes are posted to the System website. Please go to www.NWCEMSS.org to view past Board activities. Policies approved at the meetings are distributed to Board members, forwarded to System members via numbered System memos and posted to the website.

We look forward to your participation in shaping the future of EMS in our System and to your attendance at the May 11th meeting. Watch for the final call to come out early next week!

With warmest regards,

Kyle Marcussen (SFD) Chair

Northwest-Community-EMS-System

POLICY-MANUAL

Policy Title: PREHOSPITAL-RN (PHRN), PHAPRN, PHPA recognitions	No. P-4		
Board approval: 5/11/23	Effective: 5/11/23	Supersedes: 12/1/21	Page: 1 of 5

Citation: Illinois EMS Administrative Rules; Amended at 44 Ill. Reg. 15619, effective September 4, 2020

DEFINITIONS

Advanced Life Support Services or ALS Services—an advanced level of pre-hospital and inter-hospital emergency care and non-emergency medical services that includes: basic life support care; cardiac monitoring; cardiac defibrillation; electrocardiography; intravenous therapy; administration of medications, drugs and solutions; use of adjunctive medical devices; trauma care; and other authorized techniques and procedures as outlined in the National EMS Education Standards relating to Advanced Life Support and any modifications to that curriculum or those standards specified in this Part. (Section 3.10(a) of the Act)

Emergency Medical Services Personnel or EMS Personnel—persons licensed as an Emergency Medical Responder (EMR), First Responder, Emergency Medical Dispatcher (EMD), Emergency Medical Technician (EMT), Emergency Medical Technician-Intermediate (EMT-I), Advanced Emergency Medical Technician (AEMT), Paramedic, Emergency Communications Registered Nurse (ECRN), or Pre-Hospital Registered Nurse (PHRN). (Section 3.5 of the Act)

Pre-Hospital Registered Nurse or PHRN—a registered professional nurse who has successfully completed supplemental education in accordance with the standards and who is approved by an EMS Medical Director to practice within an EMS System for pre-hospital and inter-hospital emergency care and non-emergency medical transports. (Section 3.80 of the Act) For out-of-state facilities that have Illinois recognition under the EMS, trauma, or pediatric program, the professional shall have an unencumbered license in the state in which he or she practices. (EMS Rules Section 515.100)

Northwest Community EMS System

POLICY MANUAL

Policy Title: PEER EDUCATORS I-IV / IDPH Lead instructors	No. P-7		
Board approval: 5/11/23	Effective: 5/11/23	Supersedes: 9/12/19	Page: 1 of 6

I. Definitions

A. Scope of practice—Defined parameters of various duties or services that may be provided by a person with specific credentials. Whether regulated by rule, statute, or court decision, it represents the limits of services a person may legally perform. Since the legal authority to practice can be obtained only from the State, the State licensure process provides a means for States to stop unlawful practice by unlicensed people. This affords the protection to EMS personnel that comply with State regulations, and protection of the public from people who have not met minimum standards. (National EMS Scope of Practice Model)

B. A person may only perform a skill or role for which that person is:

- EDUCATED** (has been trained to perform the skill or role); **AND**
- CERTIFIED** (has demonstrated competence in the skill or role); **AND**
- LICENSED** (has legal authority issued by the State to perform the skill or role); **AND**
- CREDENTIALLED** (has been authorized by the EMS Medical Director to perform the skill or role). (National EMS Scope of Practice Model)

II. Policy

A. An EMS education program shall only be conducted by an EMS System or an academic institution under the direction of the EMS System. The EMS MD shall attest on the application

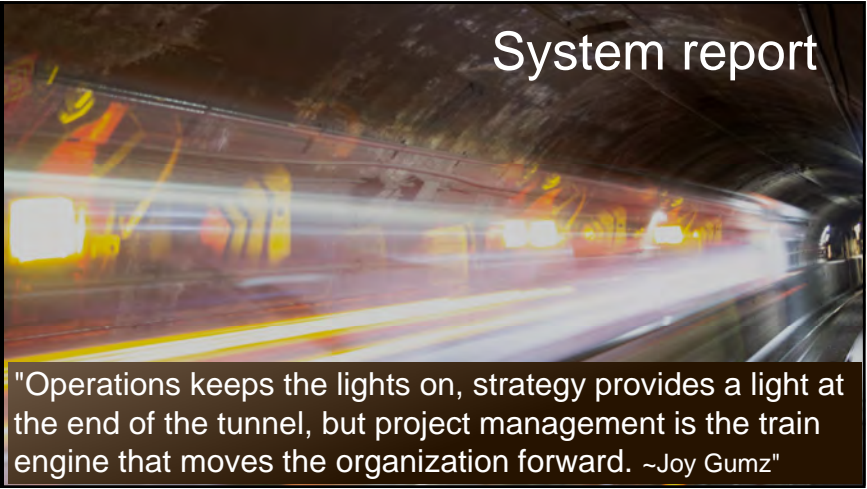
EMS System Report: May 2023
Connie J. Mattera MS, RN, PM

NWC EMSS PEER EDUCATOR ROLES, QUALIFICATIONS, RESPONSIBILITIES			
In each location where NWC EMSS personnel and/or students are assigned for didactic or clinical instruction or supervised practice, there shall be instructional faculty designated to coordinate supervision and provide frequent assessments of the participant's progress in achieving System performance standards. General qualifications: The faculty must be knowledgeable and competent in the content to be taught and effective in teaching their assigned subjects, and capable through academic preparation, training and experience to teach the courses or topics to which they are assigned (CoA).			
Peer I (BLS skills)	Peer II (ALS skills)	Peer III (Conduct classes)	Peer IV (Institution educators)
Roles/Scope of teaching			
Teach and/or measure competency of BLS Skills included in the National EMS Scope of Practice Model (2019) as adopted for the State of Illinois and Region IX and as delegated by the EMS MD under the supervision of a LI and in compliance with the NWC EMSS SOPs and Procedure Manual. This level required for the following: <ul style="list-style-type: none">• EMT and PM class lab preceptors assigned to BLS skill stations• Agency educators assigned to teach/verify competency for BLS skills including the annual Restraint competency validations.	Peer I plus ALS skills This level required for the following: <ul style="list-style-type: none">• PM student lab preceptor for ALS skills• Agency educator delegated to conduct System-required quarterly away competencies and/or agency-conducted ALS skills reviews• Agency educator delegated to assist with current ALS skills/simulations or scenarios before, during or after in-station classes• Agency educators authorized to teach new ALS skills using materials prepared by the Resource: Hospital after competency measurement and EMS MD authorization (Ex: new glucose meters, i-gel full-out)• PM student Field preceptors	This level required for the following: <ul style="list-style-type: none">• LIs of System-approved entry level EMT and PM classes• Creators of agency-sponsored EMS-related CE requiring a site code that supplements the in-station CE Program• Assist with System entry labs within their professional scope of practice and as approved by the EMS MD or designee.• Present lecture content for entry-level EMT or PM courses unless they hold specialty credentials that qualify them to teach discrete content (DICO, haz-mat, etc.)	This level of authorization is required for the following: <ul style="list-style-type: none">• Institution educator• Conducting mandatory reviews introducing new System standards of care exceeding the addition of an isolated skill.• Strongly recommended for entry level paramedic class LI.
Eligibility and qualifications			
EMT, PM, or RN with current unencumbered license; NWC EMSS CE up to date. Must be knowledgeable in performing, teaching, and measuring	PM or RN with current unencumbered license; NWC EMSS CE up to date. Must be knowledgeable in performing, teaching, and measuring competency for specific BLS and ALS skills;	Peer II plus: <ul style="list-style-type: none">• Subject matter expert in academic content specified in the National EMS Education Standards and the NWC EMSS SOPs and all skills included in the current National EMT Scope of Practice	Peer III plus: Unencumbered RN + IL LI licenses (EMS credential strongly recommended) (Waiver: approved IS educator prior to 1-2019 with documentation of EMT, NREMT, or NRP)

Northwest Community EMS System PEER EDUCATOR Application

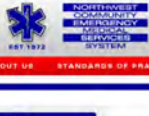
Name:	Employer:	
Phone #:	E-mail address:	
Yrs of experience in EMS/ Emerg Care:	Yrs of experience teaching:	
Current professional license credentials: <input type="checkbox"/> EMT <input type="checkbox"/> Paramedic <input type="checkbox"/> RN <input type="checkbox"/> PHRN/PHAPRN		
Current certifications (submit copy of certificate, authorization) <input type="checkbox"/> Illinois Lead Instructor Exp. Date: <input type="text"/> <input type="checkbox"/> NWC EMSS Field Preceptor		
Current Peer Educator recognition: <input type="checkbox"/> None		
<input type="checkbox"/> Peer I Exp. Date: <input type="text"/>	Applying for: <input type="checkbox"/> New	
<input type="checkbox"/> Peer II Exp. Date: <input type="text"/>	<input type="checkbox"/> Peer I <input type="checkbox"/> Peer III	
<input type="checkbox"/> Peer III Exp. Date: <input type="text"/>	<input type="checkbox"/> Peer II <input type="checkbox"/> Peer IV	
<input type="checkbox"/> Reinstatement: Date left NWC EMSS: <input type="text"/>		
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="text"/>		
<input type="checkbox"/> Applicant: Attach a brief statement as to why you would like to be recognized as a Peer Educator.		

Northwest Community EMS System		Draft #1 3-14-22	
POLICY MANUAL			
Policy Title:	SAFE AMBULANCE OPERATION: Use of Lights and Sirens	No.	L - 2
Chiefs At:	Northwest Community EMS System	Draft #1	
Stat amb	POLICY MANUAL		
A.	Policy Title: TRANSPORT DECISION/SELECTION OF RECEIVING FACILITY	No.	T - 2
Board approval	Northwest Community EMS System	Draft #1 5-11-223	
I. Purpose: authorize then the r	POLICY MANUAL		
II. Definition	Policy Title: Consent / Dissent to care REFUSAL OF SERVICE	No.	R - 6
A. A	Board approval: 1/11/18	Effective:	Supersedes: 3/9/18
B. B		Page:	1 of 11
C. C	PURPOSE		
D. D	To describe the procedure to be followed by EMS and on-line medical control (OLMC) personnel when confronted with a patient who is an adult, <u>majora minor</u> , or emancipated minor who is refusing to be assessed, treated and/or transported by EMS personnel; and/or to provide guidance in situations where parents, guardians, surrogate decision makers, or others are refusing service for anyone who appears to be in need of emergency assessment, care and/or transportation.		
E. E	DEFINITIONS for the purpose of this policy		
F. F	A. Adult – Person who has attained the age of legal majority (18 years)		
G. G	B. Autonomy: Derived from the Greek <i>autos</i> ("self") and <i>nomos</i> ("rule"). In healthcare terms, autonomy refers to the obligation of healthcare providers to empower adults and emancipated minors to direct their own clinical care as much as possible. This includes consenting to assessment and treatment as well as directing the nature of their care. The right to self-determination in healthcare is contingent on the patient's legal capacity and their ability to make informed decisions (decisional capacity).		
H. H	Autonomy is limited when its exercise causes harm to someone else or may harm the patient. When harm to others is sufficiently grave, it overrides the principle of autonomy. Once		



"Operations keeps the lights on, strategy provides a light at the end of the tunnel, but project management is the train engine that moves the organization forward. ~Joy Gumz"

EMS System Report: May 2023
Connie J. Mattera MS, RN, PM



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Recent News

Quality People. Quality Education. Quality Care

ABOUT USSTANDARDS OF PRACTICEEDUCATIONSYSTEM ENTRYMORE INFORMATION

Search this site

Committees

Authority Board

Chief / Administrators

Computer Aided Reporting System (CARS)

Education

Emergency Preparedness

Hospital EMS Coordinators

Education

Illness EMS Education Committee

Integrating Integrated Health Care

Provider Based

Performance Improvement

Provider EMS Coordinators

Research & Development


Region 9

NWCMSS System Reports

CPM Announcements

Welcome to the Northwest Community EMS System

The Northwest Community System is composed of 6 Healthcare Hospitals, five associated hospitals, and twenty-four provider agencies covering the northwest suburbs of Chicago. Our EMS system has the distinction of being the first advanced life support system in the State of Illinois and the first multi-jurisdictional EMS system in the country. We enclose over 60,000 entries per year. Learn more about us.



Upcoming Meetings & Classes

Chiefs/Administrators Meeting

May 18, 2023 @ Virtual (Zoom Meeting)

View Details

Provider EMS Coordinator Meeting

May 23, 2023 @ Virtual (Zoom Meeting)

View Details

www.nwcemss.org

View Details

PBPI Committee Meeting

June 07, 2023 @ Virtual (Zoom Meeting)

View Details

CARS Committee (Monthly) Meeting

June 14, 2023 @ Virtual (Zoom Meeting)

View Details

Provider EMS Coordinator Meeting

June 21, 2023 @ Virtual (Zoom Meeting)

View Details

READ AHEAD NEWS

Impending End of COVID-19 Emergency Declaration

04/26/2023

The National Public Health Emergency Declaration for COVID-19 will end on May 11, 2023. The NWCMSS is returning to operational capacity effective immediately. Read More...

READ AHEAD NEWS

System Memo 417 Controlled Substance Log Compliance Data

04/10/2023

The NWCMSS PBPI committee has been assessing and measuring quality performance and compliance data in an effort for the System to achieve adherence to regulatory standards. Read More...


READ AHEAD NEWS

Wanted! EMT & Paramedic Students

04/04/2023

Looking for EMT & Paramedic students to join our team and launch a rewarding career. Change lives! Great education helps development in knowledge, skills & professionalism. Collaborating goes into ideas and on NREMT exams. Give us a call or contact us by e-mail. We'd love to talk with you about your education and career goals. Michael Gentile BA, PM - PM Course LI (547) 615-4498 mgentile@nwc.org Christopher Covey AAS, PM - EMT Course LI (547) 615-4452 covey@nwc.org Read More...

Check frequently for breaking news; committee meetings (agendas, minutes, reports), class & System entry info; SOPs, policies, procedures, forms; memos, resources, Drug & Supply list, DICOs, System Directory



Certificate of Merit

The NWCMSS System presents this award in recognition of exceptional service and outstanding care that surpassed the call of duty while characterizing our System values of integrity, commitment, compassion, empathy and accountability.

On May 1, 2023, members of the Lincolnshire Riverwoods FPD were presented with scores of persons in two skilled nursing facilities without adequate licensed healthcare personnel. They made swift notifications and remained onsite for hours, advocating for these vulnerable residents and ensuring their health and safety. In a spectacular multidisciplinary team approach, they collaborated with NCH, IDPH, and others to prevent a catastrophic event.

From the Lincolnshire Riverwoods FPD

Chief Tom Krueger
DC Michael D. Brown
DC Scott Krueger
LT Tyler J. Pappas, PM
FF Paul J. Sweeney, PM
FF Scott R. Smith, PM
LT John R. McWilliams, PM
FF Steven Gurnea, PM
FF Sergio Cervantes, PM
FF Ramon J. Gomez, PM
FF Theodore Kline, PM

From Northwest Community Healthcare
Hester, LMS, MS, TC206


Awarded on May 18, 2023

Michael J. Covey, MD, FACEP
EMS Medical Director


Connie J. Mattera, MS, RN, PM
EMS Administrative Director

The NWCMSS presents this award for exceptional service and outstanding care that surpassed the call of duty while characterizing our values of integrity, commitment, compassion, empathy and accountability.

On May 1, 2023, members of the LRW FPD were presented with scores of persons in two skilled nursing facilities without adequate licensed healthcare personnel. They made swift notifications and remained onsite for hours, advocating for these vulnerable residents and ensuring their health and safety. In a spectacular multidisciplinary team approach, they collaborated with NCH, IDPH, and others to prevent a catastrophic event.



Itasca Active Assailant Drill




Creative Exercise Award

The Northwest Community EMS System presents this award to recognize the persons responsible for planning, organizing, and implementing a unique and innovative multidisciplinary emergency preparedness exercise that was held in Itasca on May 1, 2023.

The active assailant simulations included onsite dispatchers, injured patients presented by a volunteer from the community, law enforcement officers, community volunteers, friends and family of agency personnel, authentic environmental distractions such as smoke, visible weapons, and sound effects that replicated a typical restaurant. The realistic fire drill team engagement that provided opportunities for higher order thinking, problem solving, and command control in a realistic and complex series of scenarios. Their performance was observed and evaluated by an EMS System educator at the request of the dispatcher.

For extreme ingenuity and dedication to the best practice models of educational excellence, we commend the following:

Chief John Schwendend
Members of the Itasca Fire Department
The supporting cast and crew



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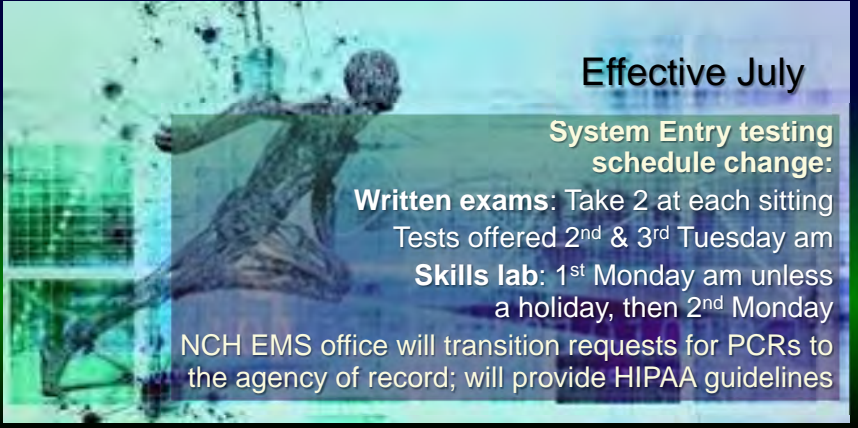
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Chief John Schwendend
Members of the Itasca Fire Department
The supporting cast and crew

Photos: Kourtney Chesney

Finding efficiencies - running a better race



Effective July

System Entry testing schedule change:

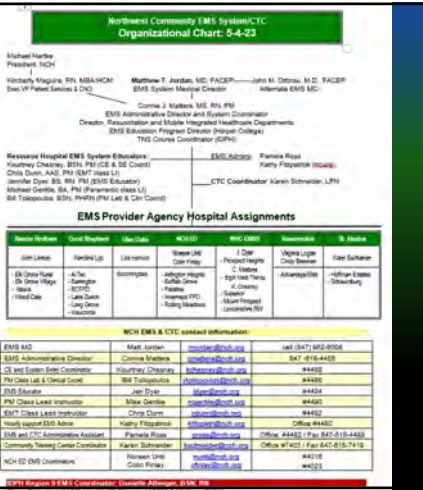
Written exams: Take 2 at each sitting
Tests offered 2nd & 3rd Tuesday am

Skills lab: 1st Monday am unless a holiday, then 2nd Monday

NCH EMS office will transition requests for PCR to the agency of record; will provide HIPAA guidelines

8

<p>BNIC EM&I Profile Agencies</p> <p>Advantage Advertising Inc./ Elite Ambulance 10000 Highway 100, Suite 100 Phone: 347-471-1133 Fax: 347-458-0662 E-mail: info@advantageadvertising.com Adv: 2007 Advertiser: BNC, DCM, F&M, K&N Ad Salesperson: EBA 1733 Madison Ave. New York, NY 10019 Website: www.advantageadvertising.com</p>	<p>ES Group Creative/ Thompson/Hill 1425 Lexington Road, Arlington Heights, IL 60015 Phone: 847-394-7400 Fax: 847-394-7401 E-mail: info@esgroupcreative.com Adv: 2007 Advertiser: Eschewer Ad Salesperson: Jennifer L. Sweeney 1425 Lexington Road Arlington Heights, IL 60015 Website: www.esgroupcreative.com</p>
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[illegible]

3. Send verification of education & understanding to Resource Hospital EMS Office by **May 15, 2023**

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

Northwest Community Hospital
EMERGENCY
HEALTH SERVICES
SYSTEM

Date: March 28, 2023

System Memo: # 416

To: All System members, Region IX EMS partners

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

Cornie J. Mullera, MS, RN, EM
EMS Administrative Director

RE: **Northwest Community Hospital returns to Comprehensive Stroke Center effective immediately**


We have just received news that Northwest Community Hospital has been renamed as a Comprehensive Stroke Center by Del Norske Veritas (DNV) for the dates extending from February 21, 2023 to February 21, 2026.

This change in status has been affirmed by Michelle Lear RN, HSVI/Stroke Program Coordinator Division of EMS & Highway Safety Illinois Department of Public Health and the increase in status has been posted to the IDPH stroke website.

EFFECTIVE IMMEDIATELY:

EMS personnel are authorized to bring patients with acute stroke who meet the criteria for transport to a Comprehensive Stroke Center under the NWC EMSS SOPs, to Northwest Community Hospital again. The SOPs have been updated and the hyperlinked edition has been sent to Acid remap for posting.

Northwest Community Hospital
 800 W. Central Ave. EMS offices in Behavioral Health Center
 Arlington Heights, IL 60005
 Phone: 847-615-4480 Fax: 847-618-4489



**NOTHING BUT
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

Date: April 10, 2023

To: All System members

From: Matthew T. Jordan, MD, FACEP
 EMS System Medical 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
established 1979


EMT Dispatch Center
CONTROLLED SUBSTANCE

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**

EMS System Report: May 2023
Connie J. Mattera MS, RN, PM

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



Date: April 26, 2023

To: All System members

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

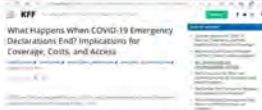
Connie J. Mattera, MS, RN, PM
EMS Administrative Director


RE: **Impending end of Covid-19 Emergency Declaration**
Return to Conventional Capacity | Change in masking guidelines


System Memo: # 418

This message supersedes the email sent to all Chiefs, Provider EMSs and hospital EMSs on March 30, 2023.
Subject line: Face mask policies at area hospitals.

The **National Public Health Emergency Declaration** for Covid-19 will end on **May 11, 2023**.
The NWC EMS will generally revert to pre-COVID operation on that date at 0700 unless updated EMS laws, rules, or System policies are in place, or select pandemic waiver provisions are extended or modified by national, state, regional, or local authorities. **We encourage System members to register for the PWW webinar on May 1st for specific information relative to EMS practice implications.** See slide below. Link: [Registration \(gotowebinar.com\)](#)









Northwest Community EMS System DICO LIST - May 18, 2023				
AGENCY	DICO	Contact information	Work	Cell
Arlington Heights	AdvantageElite Amb	John Figlioulo jfig@eliteamb.com	(773) 851-2646	
	Lindsey Dohse, RN	ldohse@vah.com	(847) 368-5771	
	DVC David Roberts	droberts@vah.com	(847) 368-5457	(847) 207-5533
	DVC Richard Manthly	rmanthly@vah.com	(847) 368-5461	(847) 302-5944
	DC Les East (PEMSC)	Least@vah.com	(847) 368-5461	(847) 894-7882
	Lt. William Rodgers	wroddgers@vah.com		(847) 274-0747
	PM Jason Wachal	jwachal@vah.com	(847) 368-5450	(847) 707-8870
	PM Jim Braniff	jbraniff@vah.com	(847) 368-5450	(847) 890-9625
	PD CDR Ed Commers (Coord)	ecommers@vah.com		
	Shawn Gyorke AHPD	sgyorke@vah.com	(847) 368-5300	
A-Tec	PO Michael Butler	mbutler@vah.com	(847) 368-5300	(847) 652-3487
	PO Jeffery Heffernan	jheffernan@vah.com	(847) 368-5300	(630) 776-4812
Barrington FD	Karl Kuester	kkuester@atecambulance.com	(224) 291-2052	
Barrington Countryside FPD	Beau Sanchez	bsanchez@barrington-il.gov	(847) 254-3507	
	Cf Scott W. Motisi	smotisi@bcfpd.us	(224) 250-7865	
	BC Brett Haller	bhaller@bcfpd.us	(224) 848-4872	

Northwest Community EMS System
Mobile Integrated Healthcare Community Paramedic Pilot





Wauconda & friends

<https://openhealthe.org/semoncultivate-the-right-kind-of-fear/>

Region IX update

- Region policies continue review and revision process
- Next meeting June 13, 2023





Illinois Fire Service Conference
*Coming Together Driven by Leadership
Service & Dedication*

June 14-17 2023
Peoria, IL

*The 1st Annual IFSC 2023
Presents an opportunity for
Fire Service Leaders & EMS Professionals
to attend, learn, and network*

*The EMS educational programs listed below have been arranged for your professional development
and are presented by professionals from the industry.*

Wednesday, June 14

- **Keynote: Future of Fire & Emergency Services**, Dr. Denis Onieal, Deputy US Fire Administrator (Ret.)
- **Retirement: Decisions, Transitions and Plans**, Dr. Denis Onieal, Deputy US Fire Administrator (Ret.)
- **IDPH Recruitment and Retention**, Anthony Cellitti NRP, ATF, Sherman Hospital

Thursday, June 15

- **Keynote: When Passion Becomes Practice**, Benjamin May, Center for Public Safety Excellence


BREAKING NEWS

For more info and Conference registration visit your Association website www.IllinoisFireChiefs.org or www.IAFPD.org

IDPH license activity 1/1/23 – 4/20/23

Level	Status	Total
A-EMT - Advanced Emergency Medical Technician	Active	11
ECRN - Emergency Communications Registered Nurse	Active	292
EMD - Emergency Medical Dispatcher	Active	245
EMR - Emergency Medical Responder	Active	624
EMT - Emergency Medical Technician	Active	1,619
EMT-I - Emergency Medical Technician - Intermediate	Active	12
LI - Lead Instructor	Active	83
Paramedic	Active	868
PEMR - Provisional Emergency Medical Responder	Active	14
PHRN - Pre Hospital Registered Nurse	Active	35
TNS - Trauma Nurse Specialist	Active	76

Unknown how many are currently practicing – some may be retired or working in education, administration, or alternate positions
Need a workforce analysis to determine the active labor pool



Illinois Department of Human Services
J.B. Pritzker, Governor | Grace B. Hou, Secretary

Customers Providers About News Contact

IDHS > Providers > Provider Information by Division > Mental Health Provider Information > Open Meetings > 2020-2022 > 989 Suicide & Crisis Lifeline Planning Page >

Community Emergency Services and Support Act (CESSA) Information

Community Emergency Services and Support Act (CESSA) Information

On August 25, 2021, Illinois Governor J.B. Pritzker signed into law the Community Emergency Services and Supports Act (CESSA), also known as the Stephon Watts Act. This new legislation requires emergency response operators such as those at 911 centers, to refer calls seeking mental and behavioral health support to a new service that can dispatch a team of mental health professionals instead of police. This marks a significant change in policy.

The implementation details for this new law have been tasked to the Secretary of the Department of Human Services, who will work in concert with the 911 Administrator at the Illinois State Police, the EMS administrators under the purview of the Illinois Department of Public Health, and Statewide and Regional Advisory Committees to be established through appointment by the Secretary.

More information about these Committees can be found at the links below:

- CESSA - Statewide Advisory Committee
- CESSA - Statewide Advisory Subcommittees
- CESSA - Regional Committees
- CESSA - Expert Consulting Group (ECG)
- CESSA - Frequently Asked Questions (updated 6/2/2022)
- CESSA - Myth Buster: Communications Regarding CESSA Misinformation (updated 11/14/2022)
- CESSA - Clarifications for Law Enforcement and Emergency Responders (12/21/2022)

<https://www.dhs.state.il.us/page.aspx?item=145227>

Go live deferred to July 2024

Please review with your teams

POLICY MANUAL

Policy Title: Patients in Law-Enforcement Custody	No. L-1
Board Approval: 9/14/17	Effective: 10/1/17
Supersedes: 0	Page: 1 of 4

PURPOSE:
To establish guidelines whereby local, county, state and federal law enforcement jurisdictions and correctional institutions collaborate with EMS in the provision of medical care to prisoners/inmates and patients in law enforcement custody.

POLICY


I. **Workplace violence definition:** Act of aggression directed towards persons at work or on duty and ranges from offensive or threatening language to homicide. Workplace violence is commonly understood as any physical assault, emotional or verbal abuse or threatening, harassing, or coercive behavior in the work setting that causes physical or emotional harm (EPA, 2010).

Workplace violence response policy: Ideally, the workplace should be free of violent threats or actions and staff should feel safe while at work. Violence against any healthcare worker is not permitted and will not be tolerated. Assaults are not considered part of the job or acceptable behavior. Report all violent incidents to employer and to EMS MD as soon as possible.


Universal Precautions for Violence: Violence should be expected but can be avoided or mitigated through preparation. All EMS personnel shall understand the importance of maintaining a culture of respect, dignity, and active mutual engagement in preventing workplace violence.

EMS agencies shall take reasonable precautions to prevent workplace violence against their personnel. If responding to a person in custody, they shall take steps to provide adequate EMS staffing and PD security, good lighting; eliminate sight and communication barriers, and when possible respond to areas with surveillance and alarm systems (OSHA).

Procedures should ensure ongoing identification of workplace hazards and risk evaluation; tracking of progress in implementing controls; formal post-incident evaluation and after action reviews (OSHA roadmap). EMS personnel should undergo education on hazard recognition and control and steps to take during emergency situations involving persons in law enforcement custody.



Not an EMS restraint



FoundationCareersLog

WSEvents

Excellent site to search for legislation

Database Notes

You can search legislation by year, state, topic, keyword, year, status or primary sponsor. New legislation is added weekly by NCSL staff.

EMS LEGISLATIVE DATABASE

For faster performance, please use the fields below to filter your results. If you select nothing, the default search will pick up all topics and states in the most recent session year available. The full text of bills is available by clicking on the bill number.

TOPICS

Clear

☐ All Topics

☐ Administration-EMS as an Essential Service

☐ Administration-Quality Assurance


STATES

Clear

☐ All States

☐ Alabama

☐ Alaska



FoundationCareersLog

ResourcesNewsEvents

<https://www.ncsl.org/health/ems-legislative-database>

Expand All

EMS Administration, Plans, Boards & Commissions

EMS Funding and Appropriations


EMS Rules and Regulations

EMS Systems of Care

EMS Workforce

IN OTHER NEWS

Hospitals must still notify EMS if they transported a COVID-19 positive patient under the Ryan White Act



ILLINOIS DEPARTMENT OF PUBLIC HEALTH

422 South Fifth Street, Fourth Floor • Springfield, Illinois 62701-1624 • www.idph.org

Memorandum

TO: EMS Medical Directors
EMS System Coordinators
Illinois Hospitals

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

DATE: May 16th, 2023

RE: Notification of Positive COVID-19 Patients *** Clarification***

Yesterday I sent out a memorandum notifying stakeholders that due to the end of the COVID 19 disaster declaration, hospitals no longer had to do mandatory reporting of positive COVID patients to EMS responders.

Even though there is no reporting based on the end of the pandemic, that does not release the responsibility of hospitals to notify emergency responders for any potentially life-threatening infectious diseases through contact.


Below is the link to the Ryan White Act that identifies all the infectious diseases, including COVID, that requires notification.

<https://www.cdc.gov/niosh/topics/ryanwhite/default.html>

IDPH EMS Education Committee Report


Connie J. Mattera, MS, RN, PM

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



Available upon request

13



PCR Data QuickGuide:
FAQs on Owning, Amending, Retaining and Sharing Patient Care Report Data

NEMSIS BETTER DATA. BETTER CARE.

Page Wolfberg & Wirth
The National EMS Industry Law Firm

GREAT RESOURCE

Introduction 5

Typical Life Cycle of ePCR Data 5

Legal Status of PCRs: 7

Does the EMS agency legally own PCR data? 7

When does a PCR become a "legal document"? 10

Who is legally responsible for handling requests for PCR data? 13

If I sign the PCR, am I "legally responsible" for everything? 15

Is there a legal definition of a "closed" PCR? 17

Amending PCRs: 19

Why should we amend PCRs? 19

When should a PCR be amended? 21

Who can amend a PCR? 22

What should be included in an amendment? 24

Do agencies have to inform third parties about amendments? 25

Is the EMS practitioner responsible if someone else later amends the PCR? 25

Can a state EMS office doing quality improvement instruct the EMS agency to update an ePCR record missing required data elements? 26

Should ePCR software track amendments to the PCR? 27

Retention of PCRs: 28

Is there a Federal PCR record retention requirement? 28

What is a best practice for retention length? 29

When an EMS agency goes out of business, what are the legal duties concerning PCRs? 31

Is the record retention length for EMS agencies the same as for state EMS offices? 33

[PCR Data QuickGuide NEMSIS and PWW 2023.pdf](#)

Do not negotiate who you are!

In the absence of data, we always make up stories

Braving is the tool that helps us manage the wilderness

BRAVING

Boundaries

Reliability

Accountability

Vault: Keep confidences

Integrity: Courage over comfort

Non-judgmental

Generosity: Assume positive intent

<https://www.recreation.gov/permits/445859>

Brené Brown Leaves the Audience SPEECHLESS | One of the Best Motivational Speeches Ever – YouTube



<https://emsweek.org>

EMS WEEK

Where Emergency Care Begins

May 21-27, 2023



Sunday - Mental Health
Monday – Education
Tuesday - Safety

Wednesday - EMSC Day
Thursday - Save-A-Life (CPR & Stop the Bleed Challenge)
Friday - EMS Recognition Day