


Northwest Community EMS System


NCH Paramedic Program



Report 9/19

*"Partners in Innovation...
Education & Practice Excellence!"*

CPR class for 90 teachers in Barrington









EMS TREND REPORT 2019:

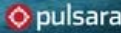
HOW WILL EMS ADVANCE AT CURRENT PACE OF CHANGE?



IN PARTNERSHIP WITH



SPONSORED BY



EMT Class outcomes		
NCH NREMT 1 st attempt pass	Cumulative pass within 3 attempts	NREMT data
S16 97% (35/36)	97% (35 / 36)	1 st attempt 78% 3 rd attempt 81%
F16 87% (33/38)	95% (36 / 38)	1 st attempt 71% 3 rd attempt 78%
S17 85% (29/34)	91% (31 / 34)	1 st attempt 73% 3 rd attempt 78%
F17 97% (34/35)	97% (34/35)	1 st attempt 69% 3 rd attempt 79%
S18 92.3% (24/25)	Did not retest	1 st attempt 73% 3 rd attempt 77%
F18 98% (40/41)	Did not retest	1 st attempt 75% 3 rd attempt 78%
S19 89% (25/28)	96% (27/28)	

F18-S19 Paramedic Class Outcomes		
S19: 29 started; 1 withdrew : 3% attrition 24 took NR exam; 4 took state exam 1 still outstanding for NR retest (8/22/19)		
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 attempts: 82%
S17 24/26 (92%)	26/26 (100%)	1 st attempt: 77% Cum pass 3 attpts: 84%
S18 24/25 (96%)	25/25 (100%)	1 st attempt: 79% Cum pass 3 attpts: 85%
S19 19/24 (79%)	23/24 (95.8%)	1 st attempt 73% Cum pass 3 attpts: 85%
NCH State results 1 st attempt pass	NCH cumulative Pass within 3 attempts	Ill State PM data
S18 2/2 (100%)	NA	1 st attempt:
S19 4/4 (100%)	NA	Not available

Paramedic class results year over year

Year	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
Semester averages	Prep	Resp/Card	Med Emerg	Trauma; Sp. Pop.	Seminar	
F15 N=30	91.78	92.28	88.89	92.05	91.62	91.40
F16 N=29-28	91.9	91.25	89.4	92.15	92.42	91.42
F17 N = 27	91.16	91.72	88.95	92.02	92.59	91.23
F18 N=28	93	93.07	90.77	93.85	93.1	92.83

Year	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
Mod Exam ave. scores	Prep	Resp/Card	Med Emerg	Trauma; Sp. Pop.	Seminar	written 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

EMS 210 (EMS preparatory)

Year	Quiz 1	Quiz 2	Quiz 3	Quiz 4	Quiz 5	Ave.
F16	92.0	93.1	90.8	89.7		91.4
F17	89.5	93.5	89.7	88		90.25
F18	95.3	94.3	93.2	89.6	90.9	92.66
F19	97.21					

Emergency Triage, Treat, and Transport

Paramedic | NWC EMS

Incoming class F19

Not secure | nwccems.org/education/EMTP.aspx

ABOUT US | STANDARDS OF PRACTICE | EDUCATION | SYSTEM ENTRY | MORE INFORMATION

Education

EMT
Paramedic
ECRN
TNS
Continuing Education Materials (CE)
Clinical Practice Alerts
Peer Educators
Illinois EMS Education Committee

Information for Paramedic
NCH 2018 P
(Updated 10/7/18)
The Northwest Community Healthcare Paramedic Program is accredited by the Commission on Accreditation of Allied Health Education Programs www.caahp.org upon the recommendation of the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions.
Please Click on the appropriate link(s) on the Left Side for Preceptor, Clinical or Internship information.
2019/20 Student Correspondence Letter 1a
Information for ordering your class Lands End Polo Shirt
NOTE: **COURSE SYLLABUS - 2019 / 20**
EMS 210 PM Preparatory
EMS 211 Medical 1
EMS 212 Medical 2
EMS 213 Trauma & Spec Pop
EMS 216 Field Internship

FAQ's
Events
Events

Northwest Community Healthcare Paramedic Program Academic Calendar F19 – S20					
Assumed Knowledge: Medical Terminology					
Week #1 Preparatory					
Date	Time	Topic	Pre-class prep	Class Activity	Faculty
8/30/19 Friday	0900-1200	Welcome! Orientation Start EMS 210	Student policies Release of academic Information Student learning contract Consent for invasive procedures Consent for photographs	Icebreaker activity, Election of squad officers; Sign & submit agreements, squad role plays	M. Gentile
	1200-1300	Lunch			
	1300-1400	Orientation cont'd.			
	1400-1700	Brilliant on the basics: Ready to sprint or stuck in the gate?		White board lightning rounds of EMT concepts	Chris Dunn
9/2/19					
9/3/19 Tue	0900-1100	EMS System communications: equipment, communication with other health care professionals; team communication & dynamics	Policies: C-9 Communications Policy O-1 Overview SOP: Radio Report Bledsoe textbook: Vol. 1: pp. 162-181	Role playing calling OLMC for a BLS patient	M. Gentile
	1100-1200	EMS Systems Standards of practice: SOPs: Policy manual Procedure manual Drug & Supply List	SOP: Introduction (p. 1) Policies: A-2 Use of Aeromedical Transport Vehicles; A-3: ALS vs. BLS Care/Scope of Practice; B-1: Hosp. Resource Limitation/ Bypass	SOPs & Policies found on System website: www.nwccems.org under Standards of Practice tab	C. Matters
	1200-1300	Lunch			
	1300-1500	EMS Systems cont.	Policies cont.: Req for State Licensure as an EMT-P; C2 CE C3 Crisis response plan; D7 EMDs; M-9 Med Engines/Alt Response Vehicles; R1: Relicensure; S-2: Specialized EMS Vehicles; S3: ALS/BLS Staffing; T-2: Pt Transport/Selection of a Rec. Hosp.		C. Matters

Northwest Community Healthcare (NCH) PARAMEDIC PROGRAM
Squad and Agency Assignments
2019-2020

Thanks for hosting our students!!!

Squad 1	Squad 2	Squad 3	Squad 4	Squad 5
Akers, Michael AH	Dahl, Matt MP	Frisk, Patrick SCH	Acevedo, Brandon SUP	Montes, Arlen RM
Bosco, Benjamin MP	Dyer, Matthew SCH	Kennedy, Richard DP	Reich, Kayla BLFPD	Pioch, Eric AH
Bucciferro, Dominic PAL	Hohmeier, Michael BAFD	Miner, Adeline PAL	Martinelli, Mark SCH	Porter, Sean BLFPD
DeAvilla, Monique SCH	Hubberts, Anastasia EGV	O'Mahoney, Brian PAL	McLoughlin, Kane DP	Szymanski, Rafal EGT
DeJaynes, Jacob SCH	Lantrip, Jack HE	Scott, Devin LZ	Sincos, James BCFPD	Traxel, Bryan HE
VanDuch, Jonathan PAL	Moen, Scott HE	Wind, Cymon EGV	Sloan, Erik SCH	Walsh, Matt LZ

Hospital EMS Coordinator/Educator assignments:

Alexian Brothers Medical Center (Georgene Fabsits): A. Hubberts (EGV); K. Reich (BLFPD); S. Porter (BLFPD); R. Szymanski (EGT); C. Wind (EGV)

Advocate Good Shepherd Hospital (Beth Keane): M. Hohmeier (BAFD); D. Scott (LZ) J. Sincos (BCFPD); M. Walsh (LZFD)

NCH (Noreen Unti): M. Akers (AHFD); D. Bucciferro (PAL); A. Montes (RMFD); A. Miner (PAL); B. O'Mahoney (PAL); E. Pioch (AHFD); J. VanDuch (PAL)



Need your vote!

Northwest Community Healthcare
PARAMEDIC PROGRAM STUDENT HANDBOOK
August 2019 - June 2020

The student, by virtue of applying for or accepting a position in the class, assumes the responsibility to conform to all applicable governmental laws, regulations, ordinances, policies, procedures, and protocols governing citizen conduct as well as those addressing students and licensed Emergency Medical Services (EMS) personnel including all Federal, state, local and program requirements.

These standards of conduct apply to:

- applicants who become students, for offenses committed as part of the application process;
- applicants who become students, for offenses committed on the Northwest Community Healthcare (NCH) campus and/or while participating in program related events or activities that take place following a student's submission of the application throughout his or her official enrollment, and former students for offenses committed while a student.

The statements and requirements in this handbook have been reviewed and approved by me for this academic year.



Matthew T. Jordan, MD, FACEP
Paramedic Program Medical Director

Rev. 7/20/2019



Northwest Community Healthcare
Paramedic Program

August 22, 2019

Medical Director Attestations and Approvals
NCH Paramedic Program F2019-S2020

Initials	Statement
MJ	I agree to review and approve the educational content of the Paramedic Program for appropriateness, medical accuracy, the inclusion of evidence-based standards, and performance agreement with the National EMS Education Standards.
MJ	I have reviewed and hereby approve the required minimum numbers for each required patient care contact and procedure as endorsed by the Paramedic Program Advisory Committee.
MJ	I agree to review, provide feedback as necessary, and approve the instruments and processes used to evaluate students in the didactic, laboratory, clinical and field internship components of the course.
MJ	I agree to participate in the review of each student throughout the program and assist in determining appropriate corrective measures when necessary.
MJ	I agree to attest to the competence of each program graduate in the cognitive, psychomotor, and affective domains as a result of multiple summative evaluations from a host of faculty and preceptors affirming that the candidate has demonstrated full achievement of course objectives.
MJ	I affirm that the Program Director and I engage cooperatively on an ongoing basis to lead and direct the activities of the NCH Paramedic Program.
MJ	I agree to ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician.
MJ	I agree to advocate for ongoing educational interaction and cooperation of physicians with the paramedic students.



Matthew T. Jordan, MD, FACEP
Paramedic Program Medical Director

2018-2019 CoA Appendix G and Program Patient Contact and Skills with Stats
2019-2020 Patient Contact and Skills Recommendations

Need your vote

Required Competencies	30 Total	30 Total	28.6	29	Mult	18-43	30	Notes
Trauma - Pediatric	6						6	Not reported 2018-19; begin Fall 2019
Trauma - Geriatric	6						6	Not reported 2018-19; begin Fall 2019
Pediatrics	18 Total	25	30.6	29	27	20-55	25	
Newborn	2	2	4.5	4.5	Mult	1-8	2	Likely observed assessment only
Infant	2	3	2.9	3	2	0-7	2	
Toddler	2	2	5.4	5	4	1-11	3	
Preschool	2	2	2.4	2	2	1-5	2	
School-age	2	3	5.7	5	5	2-11	3	
Adolescent	2	5	9.8	9	9	4-24	5	
Medical	60 Total	60	61.5	60	Mult	44-80	60	
Medical - Pediatric	12						12	Not reported 2018-19; begin Fall 2019
Medical - Geriatric	12						12	Not reported 2018-19; begin Fall 2019
Stroke / TIA	2	2	3.9	4	4	0-9	2	
Acute Coronary Syndrome	2						2	Not reported 2018-19; begin Fall 2019
Cardiac Dysrhythmia	2						2	Not reported 2018-19; begin Fall 2019
Resp Distress/Failure	2	20	17.3	18	Mult	8-26	15	
Hypoglycemia/DKA/HHS	2						2	Not reported 2018-19; begin Fall 2019
Sepsis	2						2	Not reported 2018-19; begin Fall 2019
Shock	2						2	Not reported 2018-19; begin Fall 2019
Toxicological Event/OD	2						2	Not reported 2018-19; begin Fall 2019
Psychiatric	6	6	14.1	14	Mult	7-21	6	
Altered Mental Status	2	8	10.7	10	18	7-31	8	
Abdominal Pain (CC or Impr)	2	4	11.3	10	Mult	4-24	4	Chief Complaint or Impr
Chest Pain	2	8	13.5	12.5	8	6-29	8	This CC may also satisfy Impr of ACS
Skills								
IV Bolus Med Admin	20						20	Not reported specifically (total only); begin fall
IM or SQ Injection	2						2	Not reported specifically (total only); begin fall
Inhaled Med (MDI, Neb)	2						6	Not reported specifically (total only); begin fall
Team Leads in Capstone	20 Total	20	49.3	46	Mult	26-80	20	No CoA right for ALS Team Leads. See p.4.
(Team Leads - ALS)	(NA)	(15)	(27.7)	(26.5)	(Mult)	(15-48)	(15)	


3



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EST 1972

The future of cardiac arrest...the process continues.




Northwest Community EMS continuing education in CA
July 2019 – Susan Wood, MSN, Paramedic



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EST 1972

Aug 2019
CE

**SOPs: Initial trauma care /GCS/RTS
Triage & transport criteria
Procedures: Trauma Assess / GCS / BP
Policies: A2 Aeromedical transport**




Objectives:
After completing the class and reading the referenced documents, each participant will do the following with a degree of accuracy that meets or exceeds the standards established for their scope of practice without critical error.
Cognitive: Explain the major provisions and rationales of the ITC, shock, and trauma triage SOPs and the A2 policy, so they are applied appropriately to patient situations.
Psychomotor: Accurately obtain an auscultated BP, calculate IV fluid needs, appropriately warm IV fluids, assess a GCS, and determine appropriate patient destinations for adult and pediatric trauma patients.
Affective: Advocate for scene safety, risk mitigation, prioritized and competently performed assessments, rapid detection/resuscitation of life threats, appropriately executed interventions, and safe and timely transport of trauma patients to appropriate healthcare facilities.

Goal: All EMO practitioners are well-informed about evidence-based updates to care and translate this knowledge into clinical practice.
Questions and comments welcome.
Direct to:
Connie Materna, MD, RN, LP
EMG Administrative Director

Slide deck saved to PEMSC drop box

Credit questions sent by e-mail and posted 8-21-19



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Quality People, Quality Education, Quality Care

ABOUT US | STANDARDS OF PRACTICE | **EDUCATION** | SYSTEM ENTRY | MORE INFORMATION

Education
EMT
Paramedic
ECRN
TNS
Continuing Education Materials (CE)
Clinical Practice Alerts
Peer Educators
Illinois EMS Education Committee

Continuing Education (CE)

"Attention: If any PP presentations are needed to complete packets for upcoming end of the year CE requirements, please contact your PEMSC who has access to them via the dropbox account."

[Blank CE Lesson Plan in WORD Format](#)

[C.E. Didactic Hours form for EMS](#)
[C.E. Didactic Hours form for EMSRN](#)

[Topics for the Current C.E. Year - 7/19 to 5/20](#)

August 2019
[CE Calendar](#) [CE Participant Handout](#)
[CE Credit Questions](#) [Hemorrhage Control Procedure](#)

July 2019
[CE Calendar](#) [SOP Q&A \(rev 6/30\)](#)

TRAUMA: Head, Face, Neck & Spine

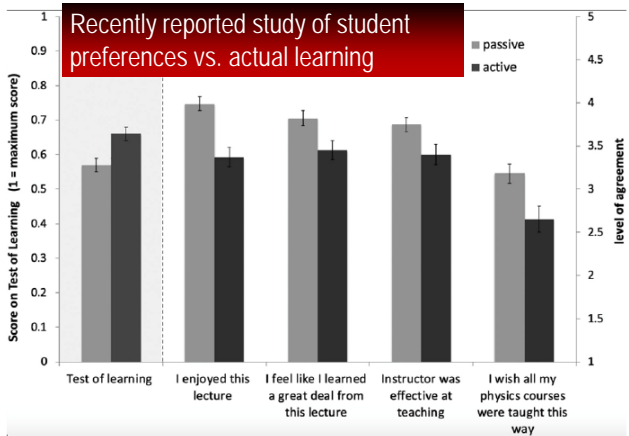


Journal of Neurotrauma
The Journal of the National Neurotrauma Society and the International Neurotrauma Society



Susan Wood, MSN Paramedic
NWC EMSS
September CE

Students like lecture; but LEARN from active engagement
We will continue to use interactive lecture; student-centered learning activities; policy review and skill practice in each CE



CE Topics 2019-2020

- 7/19 Cardiac arrest mgt
- 8/19 ITC
- 9/19 Head/neck trauma
- 10/19 Chest/Abd/Ortho
- *11/19 Cardiac arrest
- *Mandatory
- 1/20 Respiratory; Sp. needs
- 2/20 Chronic Neuro
- 3/20 Behavioral/Psych
- 4/20 Environmental Emerg
- 5/20 Legal/Ethical



3 recent updates



NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
POLICY MANUAL
2019

Northwest Community EMS System
POLICY MANUAL
8/1/19

* Minimum policies to have in each ambulance or accessible electronically

Policy No.	Title	Implemented
A-1*	Abandonment vs. Prudent Use of EMS Personnel	3/12/15
A-2*	Use of Aeronautical Transport Vehicles	1/1/14
A-3*	Helicopter request worksheet (attached to policy)	6/1/19
A-4*	ALS vs. BLS Services/Care/Scopes of Practice	6/1/19
A-4*	Use of Automated External Defibrillators	8/1/19
A-5*	Abandoned Newborn Protection	1/1/10
A-5*	Abandoned newborn protection checklist	1/1/10
A-5*	Forms to provide to relinquishing parent	1/1/10
B-1*	Hospital Resource Limitation/Ambulance Bypass	8/1/19
B-1*	Hospital & Dispatch center notification numbers	8/1/19
B-1*	Hospital Peak Census/Bypass Pre-alert form and Bypass Worksheet form	8/1/19
C-1	Requirements for State Licensure as an EMT-B or EMT-P	7/1/10
C-2	Continuing Education Policy	4/1/17
C-2	IDPH Training application (site code) form (IDPH EMS website)	4/1/17
C-2	CE Verification form (issued annually by Resource Hospital)	4/1/17
C-2	Continuing Education Report form (to be filled out by Educators pm)	4/1/17
C-3*	Crisis Response Plan	10/1/04
C-3*	System-wide Crisis Forms Resource & Associate Hospitals	10/1/04
C-6	Commodations/Certificate of Merit	4-1-13
C-6	Commodations/Merit award application 4/1/13	4-1-13
C-6*	Controlled Substances on EMS Vehicles	6/10/15
C-6*	Controlled substance log Ambulance (6/1/14)	6/10/15
C-6*	Controlled substance log Alternate Response Vehicles (12/1/16)	6/10/15
C-7*	Confidentiality of Patient Records (HIPAA compliance)	2/1/16
C-8*	Communications Policy	12/1/16
C-9	Documentation of EMS Communications Log	7/1/14
D-1	Due Process: System Disciplinary Action (Suspensions)	12/1/16
D-1	Final Written Warning template (12-15)	12/1/16
D-2*	Drug Replacement: soon to expire, outdated or damaged	5/1/05
D-3*	Admission/Issuing/Exchanging Drugs and Supplies	2/1/16
D-3*	Sample notice of ambulance restocking program	2/1/16
D-3*	Drug & supply list (Obtain latest edition from System website)	2/1/16
D-4	Data Collection & Submission using ePCR software	12/1/16
D-5*	Illinois POLST form and Advance Directive Guidelines	12/1/16
D-5*	IDPH POLST form 5-16 (Serves as evidence of DNR status)	12/1/16
D-5*	POLST form education slide deck 2017 (See ID POLST website)	12/1/16
D-5*	Advance Directives Act	12/1/16
D-5*	Durable Power of Attorney form (1/16)	12/1/16
D-7	Emergency Medical Dispatcher	7/1/10

Emergency Triage, Treat, and Transport | Policy Manual | NWCEMSS.org

Not secure | nwcemss.org/standards/policy.aspx

Home | News | Calendar | Documents | FAQ / Ask the EMS Manager

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ABOUT US | STANDARDS OF PRACTICE | EDUCATION | SYSTEM ENTRY | MORE INFORMATION

Home - Standards

Standards of Practice

- SOPs
- Policy Manual of the NWC EMS System
- Procedure Manual
- System Memos
- Drug & Supply List for Ambulances
- Drug & Supply List for Non-Transport Vehicles
- Strategic Plan
- Active Shooter Guide
- IDPH Ambulance Inspection Form
- IDPH License Information
- Drug & Supply Transport Vehicle
- Infection Control References
- IDPH Forms & Info
- Active Shooter Guide
- IDPH Ambulance Inspection Form
- IDPH License Information
- Infection Control References
- IDPH Forms & Info

Documents

page to find the policy number and then search by the

Link below to locate the policy number. After

screen.


Table of Contents

NEXT:

To search for a particular policy after locating it in the Table of Contents above, please enter the policy number without a dash between letter and number.

For Example: in the Table of Contents, A-1 is Abandonment vs. Prudent Use of EMS Personnel. Click on The Search link below and under the next window select **Policy Manual** under the category. Then type A1 in the search box.

Search for the document.

 <div style="display: inline-block; text-align: center;"> EMTS EMERGENCY TECHNICAL SUPPORT </div>		<h2 style="text-align: center;">System-Entry Authorization Form</h2> <p style="text-align: right;">(NIMC EMSG Policy E-3)</p> <p style="text-align: right;">Fax to 847-618-4489 or e-mail to Pamela.Ross p.ross@nmc.org</p>	
Date			
EMS Provider Agency			
Name of Paramedic(PHRN)			
Home Street Address			
City, State, Zip			
Phone Contact Number			
E-Mail Address			
Last EMS system Affiliation			
<u>OR SEE NEXT PAGE</u>		Submit letter of verification	
If Recent Orad:		Program: _____ Submit letter of verification from Program Director Date of graduation: _____	
Primary or secondary affiliation		Indicate which EMS System will be declared as the primary EMS affiliation <input type="checkbox"/> NIMC EMSG <input type="checkbox"/> Other (list) _____	
CE since licensure or last renewal		Submit verification of topics and hours	
IDPH PM/PHRN License (number and expiration date)		Submit copy	
AHA CPR/BLS Card		Expiration Date: _____ Submit copy	
Driver's License Number		Submit copy Required by EDPH	
Date of Birth		Required by EDPH	
Social Security Number		Required by EDPH	
Responsible Party System Entry Fee Payment:		<input type="checkbox"/> Provider Agency <input type="checkbox"/> Individual	
Provider Agency Representative:		Signature: _____ Title: _____	

01W 8/2019

GW 8/2019

Northwest Community EMS System 2019 SOP Self-Assessment FUNDAMENTALS	
Intro; Scopes of Practice; Assessment/IMC; Pain mgmt; POLST orders; Obese & Elderly pts, Airway obstruction, Basic & Advanced Airways; Tracheostomy/Laryngectomy, Respiratory Emerg, OB, & Peds SOPs	
Name (Print):	Date of submission
EMS Agency:	Date graded/feedback sent:
<div style="border: 2px solid red; padding: 2px;">PEMSC signature:</div>	Initial Score: _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable <input type="checkbox"/> Incomplete <input type="checkbox"/> Incorrect answers
EMS Educator signature:	Resubmission: _____ <input type="checkbox"/> Acceptable <input type="checkbox"/> Not acceptable

Instructions: Complete; discuss with your Provider EMS Coordinator; obtain their signature; SUBMIT to the NWC EMSS Office at least 1 week prior to date of System Entry written testing for this module

This document is designed to measure a candidates knowledge of important aspects of the June 1, 2019 NWC EMSS SOPs and assessments/interventions found in the System Procedure manual. Applicants are encouraged to also use the 2019 SOP Changes and Rationale document and SOP Q&A Document if needed (System website: www.nwcemss.org posted under 5/19 CE) as additional references.

INTRODUCTION; Scopes of Practice; GENERAL PATIENT ASSESSMENT and INITIAL MEDICAL CARE

- What does the notation *time sensitive* mean in the SOPs?
 - Load and go with no scene interventions
 - Drive as quickly as possible to the nearest hospital
 - Critical acuity, need for rapid interventions & short scene times
 - Abort all ALS care; provide BLS care only in favor of rapid transport
- What is meant by an Emergent level of patient acuity?

File Name

- ig-el comparison s
- Crossover LMA and ig-el s
- A comparison of the ig-el with the
- ig-el_User_Guide_English s
- IG-El Skill Sheet PDF Fillable s
- ig-el slides s
- 376-ig-el tutorial & competency
- MPFD KKK inspection new 7-19 s
- MPFD 8189-05 New ALS 7-19 s
- MPFD 8189-05 new 2019 s
- MPFD 8189-01 new KKK 7-2019 s
- MPFD 8189-01 New ALS 7-19 s
- MPFD 8189-01 NEW 7-2019 s

Under an audit now


Please be very careful to ensure compliance with all policies

Northwest Community EMS System - Supplemental ALTERNATE RESPONSE VEHICLE Inspection form		Date of inspection:
Provider Agency:		VIN number:
Level of care <input type="checkbox"/> ALS <input type="checkbox"/> ILS <input type="checkbox"/> BLS	Local ID number:	

State standard BLS, ILS, & ALS Supplies: **(USE IDPH NT inspection form)**
 System specific requirements: Note below

# present	# needed	Products must meet the specifications listed on the EMS Drug and Supply list
	2	Bandages: Vaseline gauze 3" X 8"; plastic wrap; or vented/channeled chest seal (preferred)
<p>All NT vehicle inspections/renewals due by 9-30-19 Use System's ALS Alternate Response Vehicle Inspection form (sent 3-19-19) in addition to the IDPH NT BLS form. Form posted under Policy Manual section of website. Name: M9 NT Supplemental inspection form 2019</p>		
	2	Diphenhydramine 50 mg tablets
	Supplies for 2 injections	Epinephrine 1mg/1mL vial with (2) 0.5mL syringes (if available) or (2) 1mL syringes and (2) 21 or 23g needles for IM injection
	1	Glucagon 1 mg for IM or IO administration
	4 mg divided doses	Naloxone 2 mg/2 mL; with (4) 1 mL syringes; (4) 21 or 22 g needles; may give IM or IO
	1 bottle	Nitroglycerin 0.4 mg (1/150 g) tabs for suspected ischemic chest pain
	2	Medication atomization devices for mucosal drug delivery
	2	Ondansetron 4 mg ODT
Medications/Drugs/Supplies – ILS: Above plus the following:		

[illegible]



Northwest Community Emergency Medical Services System (NWC EMS)

Mobile Integrated Healthcare Community Paramedic Program

PATIENT INFORMATION

Goals

The purpose of the Mobile Integrated Healthcare (MIH) program is to assist eligible patients to safely transition from hospital to home by providing early visits by a Community Paramedic (CP) soon after discharge. This service is a special outreach of the NWC EMS System in partnership with Northwest Community Healthcare (NCH).

Safe transitions promote the best possible health outcomes, improve patient satisfaction, decrease preventable readmissions, and reduce costs and complications.

The MIH program is designed to work with a person and their healthcare team to provide the right care, at the right time, and in the right place with strong consideration for patient convenience, safety, and choice.

MIH visits are currently offered at NO COST to the patient

Services provided during an MIH visit include health status and understanding of discharge plans with the following:

- Physical examinations to determine if the patient is meeting their discharge goals.
- Ensuring the appropriate availability and use of medications, breathing treatments, wound care supplies, and recently assisted devices.
- Assessing the patient's ability to perform activities of daily living with or without assistance.
- Assessing understanding and compliance with diet, exercise, positioning, and pain management instructions plus the proper use of medical devices.
- The patient will be supported in making healthy choices to achieve their best possible state of wellness. Community resource and social services information will be provided as needed.
- A home safety check if authorized. CPs will offer installation of smoke and carbon monoxide detectors if needed.

Eligible Patients

18 years of age or older living in the EMS Service areas covered by the Paidtime Fire Department, Paidtime Rural Fire Protection District (Inverness) or the Rolling Meadows FPD.

Eligible Discharge Diagnosis

Heart attack, heart failure, pulmonary disease (COPD), a major joint replacement (hip)

Enrollment

Before discharge, eligible identified by NCH patient identified by diagnosis, city, ongoing healthcare, and see readmission risk and patient a if a patient is a candidate they or their healthcare agency positioner (PCP) will be the of the Community P. Both must consent to this Department of Public Health ;

Scheduling the first visit

If consent is given, the NCH and PCP will determine it recommended (1-3) and NCH schedule to request recommended timing follows

The MIH scheduler will cc their agent by email to the CP of the visit and provide information CPs who will be coming to be


Hours of operation, length

Non-Fri 8 AM to 5 PM; Sat 11 AM -1:15 hours, follow-up if transition services are required for "early communication"


How will you recognize the

Two CPs (initial visit) and c visits) will arrive in a specific (non-emergency) wearing an photo identification badge.


If there is a known language will be made to have a member affiliated with NCH a translator accompany the i include the use of an actor and interpreter while in the hon




Marc Campbell
Paidtime Fire Department




Matthew Christiansen
Paidtime Fire Department




Nicholas del Prado
Paidtime Fire Department




Christopher Farnsworth
Paidtime Fire Department




Roger Fyke
Paidtime Rural FPD




Carl Garcia
Paidtime Fire Department




Timothy King
Rolling Meadows FD




Mark Lindgren
Paidtime Fire Department




Seth Myers
Paidtime Rural FPD




Thomas Novak
Paidtime Fire Department



Pete Rattarolo
Paidtime Rural FPD




Adam Rothenberg
Paidtime Fire Department



Stephan Zurik
Rolling Meadows FD

Questions? Call 630-291019



422 South Fifth Street, Fourth Floor • Springfield, Illinois 62701-1824 • www.dph.illinois.gov

August 19, 2019

Connie J. Mattera, MS, RN, LP
EMS Administrative Director and System Coordinator
Director, Resuscitation Department
Trauma Nurse Specialist Course Coordinator
Northwest Community EMS System
Northwest Community Healthcare
800 W. Central
Arlington Heights, IL 60005

Dear: Ms. Mattera

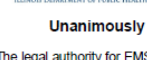
The letters of commitment along with required attachments for EMS System Participants that were submitted by you have been reviewed and approved. These letters, based on the EMS rules and regulations (Emergency Medical Services Systems Act (210 ILCS 50/3.40) and the Emergency Medical Services Trauma Center, Comprehensive Center, Primary Stroke Center and Acute Ready Hospital code) will be loaded into your individual CEMP instances as part of your revised EMS system plan.

If you have any questions, do not hesitate to contact me at (217) 557-1093 or your regional EMSC Joyce McNamara-Coughlin. We appreciate your ongoing commitment to EMS.

Sincerely,

Gary Bettenhausen

Gary Bettenhausen, RN, BSN, EMT-P
Regional Section Chief
Office of Preparedness & Response



EMS Scope of Practice Model Proposed Rev.

IDPH Division of EMS and Highway Safety

Unanimously approved by State EMS Education Committee: July 22, 2019

The legal authority for EMS personnel to practice is established by State legislative action and EMS Rules. Licensure authority prohibits anyone from practicing a profession unless they are licensed and authorized by the State, regardless of whether or not the individual has been certified by a nongovernmental or private organization (NREMT).

“Scope of practice” is a legal description of the distinction between licensed health care personnel and the lay public and among different licensed health care professionals. It describes the authority vested by a State in individuals that are licensed within that State. In general, scopes of practice focus on activities that are regulated by law (for example, starting an intravenous line, administering a medication, etc.). This includes technical skills that, if done improperly, represent a significant hazard to the patient and therefore must be regulated for public protection. Scope of practice establishes which activities and procedures that would represent illegal activity if performed without a license and restricts the use of professional titles to persons that are authorized by the state. In addition to drawing the boundaries between the professionals and the layperson, scope of practice also defines the boundaries among professionals, creating either exclusive or overlapping domains of practice” (*National EMS Scope of Practice Model, 2018*).

An individual 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 medical director to perform the skill or role).

Scope of Practice versus Standard of Care

Scope of practice does not define a standard of care, nor does it define what should be done in a given situation (i.e., it is not a practice guideline or protocol). It defines what is legally permitted to be done by some or all of the licensed individuals at that level, not what must be done. See National EMS Scope of Practice Model (2018) for a full explanation of these distinctions.

The 2018 National EMS Scope of Practice model defines the various levels of EMS licensure; their education requirements, primary role, type of educational setting (vocational, technical, or academic), the amount of critical thinking and level of supervision required.

The *Scope of Practice Model and Education Standards* assume a progression of the three domains of learning (cognitive, affective, and psychomotor) that affects EMS practice from the EMR through the Paramedic level. Licensed personnel at each level are responsible for all knowledge, judgments, and skills at their level and all levels *preceding* their level. The *Scope of Practice Model* also assumes that EMS personnel not only receive requisite knowledge, but they can

must submit a research proposal or Pilot Project proposal to IDPH before expanding the scope of practice for any EMS personnel. IDPH will review the proposal but is not obligated to approve the proposed study nor accept any recommendation to amend the scope of practice.

LEGEND:
NTL – National Scope of Practice
I – Illinois amended curriculum for initial education, must teach concepts even if not included in local protocols
I* – Not in national scope, optional by IDPH; EMS MD-approved training required; optional to incorporate into practice

No.	I. Airway, Ventilation, Oxygenation	EMR	EMT	AEMT	Paramedic
1	Airway - nasal	I	NTL	NTL	NTL
2	Airway - oral	NTL	NTL	NTL	NTL
3	Airway - supraglottic			NTL	NTL
4	Bag-valve-mask (BVM)	NTL	NTL	NTL	NTL
5	CPAP (BiPAP, PEEP (I))		NTL	NTL	NTL
6	Chest decompression - needle			I	NTL
7	Chest tube placement - assist only				NTL
8	Chest tube - monitoring and management				NTL
9	Cricothyrotomy (needle and surgical)				NTL
10	End tidal CO ₂ monitoring and interpretation of waveform capnography		I	NTL	NTL
11	Gastric decompression - NG or OG tube				NTL
12	Monitoring of NG/OG tube already in place		I	I	NTL
13	Head tilt - chin lift	NTL	NTL	NTL	NTL
14	Endotracheal intubation and extubation			I	NTL
15	Rapid sequence intubation using paralytic agents				I
16	Jaw-thrust	NTL	NTL	NTL	NTL
17	Mouth-to-barrier	NTL	NTL	NTL	NTL
18	Mouth-to-mask	NTL	NTL	NTL	NTL
19	Mouth-to-mouth	NTL	NTL	NTL	NTL
20	Mouth-to-nose	NTL	NTL	NTL	NTL
21	Mouth-to-stoma	NTL	NTL	NTL	NTL
22	Airway obstruction - dislodgement by direct laryngoscopy			I	NTL

EMS Update - Collaborating to I- x EMS Education Standards x

ems.gov/projects/ems-education-standards.html

National Updates

HOMEPROJECTSINITIATIVESFICEMSNEMSACNEWS & EVENTS

PROJECTS

Evidence Based Guidelines

Opioid Crisis

Nomenclature

EMS Education Standards

CPR LifeLinks


EMS Agenda 2050

Provider & Patient Safety

Stop the Bleed Initiative

NEMSIS

EMS Education Standards



The National EMS Education Standards have helped educators, certification bodies and regulators ensure EMS providers receive an education that prepares them to perform their roles. This initiative to revise the National EMS Education Standards will align them with the recently completed revision to the National EMS Scope of Practice Model and will update the standards to reflect the latest evidence and current EMS practice.

RECEIVE EMAIL UPDATES

The draft National EMS Education Standards are open for public comment from August 16 - September 20. View the draft document and provide your input [here](#).

Background

National EMS Education Standards PUBLIC COMMENT
REVISION DRAFT - Version 1.3 - 14 August 2019
For Review and Comment - Do Not Quote or Cite

Section 1 – National EMS Education Standards

	EMR	EMT	AEMT	Paramedic
Preparatory	Uses simple knowledge of the EMS system, safety/well-being of the EMT, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies fundamental knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Integrates comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
EMS Systems	Simple depth, simple breadth • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement	EMR Material PLUS: Simple depth, foundational breadth • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • History of EMS • Patient safety • System of care	EMT Material PLUS: Fundamental depth, foundational breadth • Quality improvement • Patient safety • System of care	AEMT Material PLUS: Fundamental depth, foundational breadth • History of EMS • Complex depth, comprehensive breadth • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • Patient safety • System of care
Research	Simple depth, simple breadth • Impact of research on EMR care • Data collection	EMR Material PLUS: Simple depth, simple breadth • Evidence-based decision making	Same As Previous EMT Level	AEMT Material PLUS: Fundamental depth, foundational breadth • Research principles to interpret literature and advocate evidence-based practice

ems.gov

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HOMEPROJECTSINITIATIVESFICEMSNEMSACNEWS & EVENTS

MAY 2018

Paramedics Access Patient Outcomes

Dashboard Shares EMS Data


AACN Data Improves Care

New MCI Triage Instructional Guidelines

Return to Newsletter


NEW GUIDELINES FOR TEACHING MASS CASUALTY INCIDENT TRIAGE SUPPORT UNIFIED EMERGENCY RESPONSE

The Office of EMS introduces addendums to the Instructional Guidelines for all provider levels in responding to mass casualty incidents



Mass casualty incidents usually don't adhere to jurisdictional boundaries and response often involves multiple agencies, regions and states. The Model Uniform Core Criteria for Mass Casualty Incident Triage (MUCC) were created to help ensure that every responder is using triage protocols that follow similar evidence-based standards. Now, the National Highway Traffic Safety Administration (NHTSA) has also released new materials to help EMS instructors educate providers of all levels about MUCC.

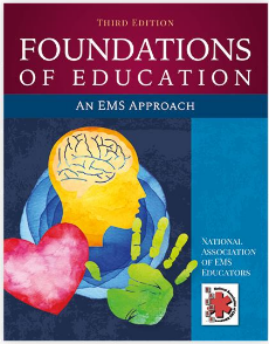
We do not meet eligibility criteria – will continue to watch



The screenshot shows the CMS.gov website with the following content:

- Header: CMS.gov, Centers for Medicare & Medicaid Services
- Navigation: Home | About CMS | Newsroom | Archive | Share | Help | Print
- Search: type search term here
- Menu: Medicare, Medicaid/CHIP, Medicare-Medicaid Coordination, Private Insurance, Innovation Center, Regulations & Guidance, Research, Statistics, Data & Systems, Outreach & Education
- Breadcrumbs: Innovation Center Home > Innovation Models > Emergency Triage, Treat, and Transport (ET3) Model
- Section: Emergency Triage, Treat, and Transport (ET3) Model
- Text: Have questions about the ET3 Model? Visit our FAQ page for answers.
- Text: Do you want to participate in the ET3 Model? Apply by going to the Request for Applications (RFA) online portal. The deadline for applications is September 19, 2019 at 11:59 PM.
- Text: Emergency Triage, Treat, and Transport (ET3) is a voluntary, five-year payment model that will provide greater flexibility to ambulance care teams to address emergency health care needs of Medicare beneficiaries following a 911 call. Under the ET3 model, the Centers for Medicare & Medicaid Services (CMS) will pay participating ambulance suppliers and providers to 1) transport an individual to a hospital emergency department (ED) or other destination covered under the regulations, 2) transport to an alternative destination (such as a primary care doctor's office or an urgent care clinic), or 3) provide treatment in place with a qualified health care practitioner, either on the scene or connected using telehealth. The model will allow beneficiaries to access the most appropriate emergency services at the right time and place. The model will also encourage local governments, their designees, or other entities that operate or have authority over one or more 911
- Model Summary:
 - Stage: Announced
 - Number of Participants: N/A
 - Category: Initiatives to Accelerate the Development and Testing of New Payment and Service Delivery Models
 - Authority: Section 1115A of the Social Security Act
- Milestones & Updates:
 - Aug 19, 2019
 - Updated: August 6 model application tutorial webinar recording posted

Foundations of Education: An EMS Approach
Third Edition
National Association of EMS Educators (NAEMSE)



Published in August
Excellent resource for educators
Jones & Bartlett

The book cover features a blue background with a yellow brain, a red heart, and a green handprint. The title 'FOUNDATIONS OF EDUCATION' is in white, and 'AN EMS APPROACH' is in yellow. The NAEMSE logo is in the bottom right corner.



SAVE THE DATE!

NWC EMSS
HOLIDAY
BREAKFAST
DECEMBER 12, 2019

Invitations coming later this fall

cmattera@nch.org
mjordan@nch.org
www.nwcemss.org

Questions?
Comments?
Concerns?
Suggestions?
Send us a note
(e-mail)

