Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, June 4, 2014

Topic	Discussion	Actions/Follow-Up
Call To Order	Meeting called to order at 0900 hours.	
New Members	Jessica Warden, Schiller Park. Vic Tamosaitis, Arlington Heights (visitor)	
Minutes & Agenda	Members in attendance were presented with minutes from May. Motion to accept minutes made by Luke, second by Adam. Motion granted, minutes approved. No additions or changes to agenda.	
New Business: PBPI Implementing change Vice Chair Documentation	**PBPI Implementing change:** Susan discussed how hospital chief officers have been visiting with local EMS agencies as a "meet and greet." During these meetings they discovered that PBPI committee members (especially the board) have no formal training in PBPI or quality improvement. The CNO has offered up the help of hospital employees that specialize in quality control measures to assist PBPI in improving their process. There is a goal to change how PBPI is viewed across the system, and have quality control interpreted as a way of improving care, and not for finding problems for punitive action. We desire to implement a formal approach to the analysis of performance and systemic efforts to improve it. Moving forward we are going to be changing how our QI is performed and altering the composition of our meetings. Raw data will now be presented to members in attendance and breakout groups will be formed to analyze the data and compile summations and make recommendations based on their findings. Below is a link to an article regarding how this translates to EMS. www.emsworld.com/article/10319445/ems-quality-improvement **Vice Chair:** Ron Swidler has resigned. He was our Vice Chair, liaison to Advisory Board, and wrote queries for our screens. We want to thank Ron for his time and commitment to PBPI and appreciate all he has done for the committee and system. Jim has volunteered to help out with writing queries and Markus will help out with screen spreadsheets. Jason and Luke have volunteered to be our liaison to Advisory Board. Need to still have someone take over as Vice Chair **Documentation:** Discussed how to incorporate documentation education at each month's CE relevant to that CE topic. Could have the department super user be there to show medics or possibly have a video tutorial of how to document appropriately. Further discussion of this will continue.	Susan to follow up with hospital quality specialists to set up a meeting with PBPI. Any interested members should contact Joe for more information about the Vice Chair position.

Break-out Groups: Glucose Peds cardiac arrest Refusal Peds assessment	Breakout groups met to go over raw data for glucose, peds arrest, refusals and general peds assessment. One of the conclusions that came out of a breakout group was that we need to take a screen/topic and evaluate that information over a few months. Further data analysis can take place and limitations, final impressions and lessons learned will be compiled for the following month. **(a) Glucose:** Purpose of screen was to make a recommendation to R&D about meters. Raw data from this screen is in from hospital nurses. Glucose breakout group found there was no obvious trend to show a particular bad meter. Data needs to be tabulated as a percentage variance as opposed to a specific point differential. At this time there is no recommendation to make a change in meters because the data does not support a change at this time. Going forward, advise medics to check/evaluate their patient. If glucose reading does not necessarily correlate with how patient is presenting, take additional steps to obtain a more accurate reading and perform a more detailed assessment. In future we can do a study sent to agencies with a checklist of steps for a glucose check. Another option is to swap the glucose meters on ambulances with those used in the paramedic class. Have paramedic students use the "field" meters in a controlled setting where the process for taking a glucose sample is being evaluated by instructors. This process would ideally eliminate any variable in the process and truly establish if the meters are in malfunctioning or not. **(b) Peds arrest:** conclusions - there is room for improvement on documenting joules for pt. who were defibrillated. Additionally reeducation needs to take place regarding EtC02 use and documentation. **(c) Refusal:** limitations – only 20 refusals from each agency so a small sampling. Final impression – realized paper refusals are still utilized in system. Proper documentation of mental status and GCS needs improvement. Certain reports had patients that met criteria to be called into OLMC (i.e. impairments), but there was no correlation to see if these patients were called in what OLMC said, what the impairments were, etc. Lessons learned/follow-up: more education on assessing pt. mental status for refusals and additionally how to accurately document the patient's mental status/decisional capacity. (**d) Peds assessment:** no correlation between if assessments were appropriate based on patients age and presentation. In regards to Versed, need to have further analysis if Versed was needed (was patient actively seizing); therefore it is difficult to determine if there is a deficiency here.	Re-visit the glucose screen when next paramedic class is in session to determine if we want to implement the "meter swap" between ambulances and the paramedic class.
Education	No report.	
R&D	No report.	
CARS	They are working on new template (NEMSIS 3) and educational needs associated with that rollout.	
Advisory	No report.	
Chiefs / Admin.	No report.	
State / National	No report.	
CARS/PBPI subcommittee	No report.	

Closing/from the floor	None.	
Adjournment	Next Meeting – July 2, 2014. Motion to adjourn by Steve, second by Jessica. All in favor. Motion granted. Meeting adjourned at 10:40. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	