

**Northwest Community EMS System  
PBPI Meeting Minutes  
Wednesday, April 4, 2018**

Topic	Discussion	Actions/Follow-Up
<b>Call To Order</b>	Meeting called to order at 0903 hours.	
<b>New Members &amp; Guests</b>	New Member: Jen Corneliuson – Elk Grove Township FD New Member: Taylor McIntyre – Hoffman Estates FD alternative	
<b>Minutes &amp; Agenda</b>	Motion to approve March minutes made by Ryan, second by Nichole. All in favor, motion granted, minutes approved.	
<b>Old Business</b> <b>a. EMS Compass Measures</b> <b>b. Cardiac arrest committee update</b> <b>c. Norepi data re-review</b>	<p><b>a. EMS Compass Measures</b> - Data was pulled for several categories, one of which is how often we go lights and sirens to a call, and then how often we go lights and sirens from the scene to the hospital. Dispatch algorithms have started to change, which has some potential implications for EMS in the coming months and years, in particular our response to the scene.</p> <p><b>b. Cardiac arrest committee update</b> – Dr. Jordan had the subcommittee meet last month for the first time. The next meeting is April 26<sup>th</sup>, around 10:30am, in the LC rooms where the coordinators meeting are held. Anyone can attend; it is an open meeting. The committee is looking to review calls later this year once CPR feedback becomes mandatory in June. Until then, PBPI will continue to review cardiac arrest calls. Some discussion about having the coordinators utilize real-time prompts so they are aware a cardiac arrest occurred in a more timely fashion.</p> <p><b>c. Norepi data re-review</b> - Norepi data that was submitted last month was re-reviewed. Specifically, the calls where norepi was indicated but not given were teased through. The data shows we are missing IVs and not attempting IOs (at least on non-cardiac arrest patients), therefore not treating hypotension either with fluids or norepi. The next breakdown of the data will be to look at those patients that <i>did</i> receive norepi to determine what their final pressures were...did we get them normotensive, or overshoot and they became hypertensive?</p>	<p>a. Joe will continue to review the compass measures.</p> <p>b. Next cardiac arrest subcommittee will be April 26<sup>th</sup> at 10:30am, LC rooms.</p> <p>c. Jason will analyze the subset of data where norepi was used and bring the results to next month's meeting.</p>
<b>New Business</b> <b>a. Naloxone 1<sup>st</sup> quarter 2018</b> <b>b. EMS Communication</b>	<p><b>a. Naloxone 1<sup>st</sup> quarter 2018</b> – We have been talking about doing a little more automation with our screens, to ease the burden for the screeners. Jason went through the screen elements with members for the automated version of the screen. This data will be sent directly to the PBPI chair, Jason, so he can compile it. The screeners will be responsible for any outlying calls, where there were discrepancies, or information is needed from the narrative. The non-automated version of the screen will pull any calls where Narcan or Naloxone is used in the narrative. These will be minimal. Connie is requesting to include a category looking at any unusual bleeding with this pt. population.</p> <p><b>b. EMS Communication</b> - There is an increasing need/desire to better facilitate the transition of patient information between pre-hospital providers and hospital staff. Connie brought up the idea of “apps” that provide streamlined notification to the hospital about patient information. For example, there is an app called <i>Twige</i>, which can send patient information (i.e. drivers license, insurance, EKGs, etc.),</p>	

<b>EMS communication (cont.)</b>	directly from the pre-hospital setting to the hospital, allowing ERs to pre-register critical patients so care can begin as soon as the patient enters the hospital. The question is, does this <i>app</i> or something similar meet that need? This project will be assigned to our R&D committee, and they will vet the program, to decide to move forward or not.	
<b>System Updates</b>	The system website has an abundance of information. Much information about the paramedic program listed there. King Vision will go live (mandatory) July 1, 2018. CPR feedback will be mandatory starting June 1, 2018. Pain medication shortage is a huge problem that is not going away anytime soon. Medics should become familiar with new pain mgmt SOP and the meds in it. Connie briefed us on what is happening on local, state and national fronts. The world of EMS is changing, and Mobile Integrated Health (MIH) will play a large role in this new era of EMS. The system's role out of MIH should take place in July 2018, beginning with the RPM trio. New SOPs out this fall....	
<b>From the floor / Closing remarks</b>	None.	
<b>Adjournment</b>	Next Meeting – May 2, 2018. Motion to adjourn by Scott, second by Joe. All in favor. Motion granted. Meeting adjourned at 10:37 am. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	