

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, June 6, 2018**

Topic	Discussion	Actions/Follow-Up
Call To Order	Meeting called to order at 0902 hours.	
New Members & Guests	New Member: Steven Burnell from Linconshire	
Minutes & Agenda	Motion to approve May minutes made by Ron, second by Joe. All in favor, motion granted, minutes approved.	
Old Business Cardiac Arrest 1st Quarter 2018	Cardiac Arrest, 1st Quarter 2018 – Jason presented the cardiac arrest data from the first quarter of 2018. Some discussion over the results. Dr. Jordan says these numbers are a good benchmark of where we are currently. The cardiac arrest subcommittee is going to have the ability to start pulling the data from each agency’s monitor in order to see exactly what we are doing in the field. Ultimately, the plan is to add “event” buttons to the monitors so that when a skill or task takes place, the corresponding event button can be pushed to time stamp that event (i.e. when intubation takes place, or when an IO is inserted, etc.). The overall goal is to improve our care and hopefully save some of the patients that have an increased potential to be resuscitated. Once the cardiac arrest subcommittee starts to analyze this data, they will be able to parse out the numbers in more detail than what PBPI has been able to do in the past. After the data is gathered and analyzed, the system will be able to make changes and/or recommendations to improve care. Connie commented that the new SOPs would incorporate some engineering controls in an effort gain compliance with cardiac arrest management.	
New Business Sepsis Screen	Sepsis Screen – The next screen PBPI is focusing on will be Sepsis Recognition. Jason outlined the instructions and screen details with the group today. ImageTrend has been modified to now <i>require</i> the medic to state if they think the patient has an infection if 2 or more of the qSOFA criteria have been met. The capnography reading that should prompt the medics to call in a Sepsis alert is a confusing area of the SOPs. This will be cleared up in the next version of protocols, but for the purpose of the screen, we will look at any capnography readings of 31 or less. Connie would like to examine how much fluid we are giving before we move to Norepinephrine. We are looking at 2 separate things here, <i>sepsis</i> and <i>septic shock</i> . We want to identify patients that are septic, but have not necessarily declined to the point of septic shock. Much conversation over how the sepsis SOP is written and how it is confusing and should be modified in the next version of the SOPs so that it is clear on what the care should be. Considerable discussion about how we can get the medics in the field to identify these septic patients WHILE they are on the call and not after the fact. Many ideas tossed out as to how the SOPs can be organized better to facilitate identification and treatment of sepsis/septic shock.	Jason will modify the screen and instructions based on the discussion today. He will send out to group once finished. Members should complete screen and send back to Jason by end of month.
System Updates	<ul style="list-style-type: none"> • SOPs are in the process of being updated. More information on that will follow in the next few months. • New glucose meters are coming; training on them will be held in July. Accuracy with these monitors is within 5%, compared to 15% with our old monitors. 	

	<ul style="list-style-type: none"> • IV Zofran is in short supply, may not be restocked currently. • There will be a DICO class in September, on a Tues/Wed/Thurs, stay tuned for additional information on this class. Katherine West will be the presenter. 	
From the floor / Closing remarks	None.	
Adjournment	<p>Next Meeting – Tuesday, July 10, 2018 (note change in date!) Motion to adjourn by Joe, second by Rob. All in favor. Motion granted. Meeting adjourned at 10:45 am. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P</p>	