

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, November 7, 2018**

Topic	Discussion	Actions/Follow-Up
Call To Order	Meeting called to order at 0905 hours.	
New Members & Guests	Roger Fyke – EMS coordinator from Palatine Rural.	
Minutes & Agenda	None. Motion to approve October minutes made by Joe, second by Dan. All in favor, motion approved, minutes passed.	
Old Business a. 2018 Sepsis screen b. 2018 Q3 Naloxone screen c. Ketamine case study	<p>a. 2018 Sepsis screen – There were 39 calls within this screen where the patient had an SBP less than 90 with no normal saline or Norepi given. Jason went through each of these calls and presented the post-analysis data. Overall, the consensus is that we still lack quality documentation. The narrative contained much information in many of these reports that was not documented in the procedure, meds, etc. sections. In the next few months there will be more education on the humeral head IO, which would be a good option for the handful of patients that needed fluids and an IV was unable to be established.</p> <p>b. 2018 Q3 Naloxone screen – 40 incidents where naloxone was mentioned in the narrative for this quarter. 12 mentioned that narcan was given prior to EMS arrival, but only 4 documented in the meds section, as opposed to only the narrative. We would like to get more information documented using the power tool for the sake of QI purposes. This is a general consideration for all care given prior to arrival. Overall, 69 calls this quarter where narcan was given. Jason presented the data he collected. Some discussion over the results. IN still the most popular route. Will continue to track data for the 4th quarter.</p> <p>c. Ketamine case study – As a committee, we identified one call last month where an elderly patient was given Ketamine. It was decided to do a case study on this call since it didn't fit the stereotypical "excited delirium" patient. Ryan compiled the case study to present to the group. Much discussion about when it is appropriate to use ketamine and when versed is more suitable to give. Discussed some contraindications to ketamine, that should be included in a differential diagnoses, especially when you have an elderly patient. The group conceded that in some of these situations, just due to the nature of the call, it is difficult to determine which medication would be best utilized. When presented to the system, we will present one case where ketamine was very appropriate (an obvious case of excited delirium), and then this one, where possibly versed would have been a better choice (but ketamine was not wrong). Both cases will be discussed at our next meeting, before presenting to the system for educational purposes.</p>	
New Business a. Advanced airway placement screen	<p>a. Advanced airway placement screen – Jason presented the screen parameters to the group for any feedback. The screen will be looking at a date range from 2009 – 2018. Connie is going to present this data to the region meeting in a few months. Jason will be pulling all this data with the screen he wrote in ImageTrend, so there is no need for each agency to compile their own data.</p>	

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<p>b. Screen schedule</p> <p>c. PBPI Charter and Plan</p> <p>d. ImageTrend CE hours records</p>	<p>b. Screen schedule -- Next month is advanced airway, and then December will be reverse stroke. January will be the naloxone screen for the 4th quarter of 2018. The remainder of the 2019-year will be determined at next month's meeting, with the potential for some of the screens to be aligned with upcoming education.</p> <p>c. PBPI Charter and Plan -- Jason would like to focus on the areas to study for 2019. Susan will email the CE plan for the year and we can discuss it next month if we'd like to have some overlap between what PBPI is looking at compared to the education calendar. Dr. Jordan suggested looking at versed (when administered for agitation/anxiety) to compare and contrast it against ketamine. Bring ideas to next month's meeting on screens for 2019.</p> <p>Adam has volunteered to be the PBPI rep at the Education Committee meetings. The Charter calls for terms to be voted on every 2 years. We did discuss last year offsetting some of the positions so that we would have an election of some sort on an annual basis. Some discussion about this, the consensus is to leave it as-is and then modify the 2019 charter to address any changes (possibly moving to a one year term).</p> <p><i>As a separate issue, Susan mentioned that there are some medics failing the EKG strip test this month (which is a post-education evaluation to see what we've learned from last months EKG review class). The question is what to do from an education standpoint to address this?</i></p> <p>d. ImageTrend CE hours records -- Joe stated that the EMS coordinators would like to move to electronic records for CE hours, instead of the traditional hand-written CE forms. Some discussion. This is more of a CARS issue. Just looking for a general consensus if members here would be in support of this or not. It was decided to leave it to the nurse educators and CARS to decide if this will work and how to implement it.</p>	
<p>System Updates</p>	<p>None.</p>	
<p>From the floor / Closing remarks</p>	<p>** January meeting will be moved to Tues, Jan. 8 **</p> <p>*** December 13th is the EMS breakfast -- all are welcome to attend ***</p>	
<p>Adjournment</p>	<p>Next Meeting – Wednesday, December 5, 2018.</p> <p>Motion to adjourn by Ryan, second by Chief Rogers. Motion granted, meeting adjourned at 10:56 am.</p> <p>Minutes respectfully submitted by: Nichole Junge, RN, EMT-P</p>	