Northwest Community EMS System PBPI Meeting Minutes Wednesday, March 6, 2019

Topic	Discussion	Actions/Follow-Up
Call To Order	Meeting called to order at 0905.	
New Members & Guests	New Member - Scott Saflarski assistant EMSC from Superior Ambulance.	
Minutes & Agenda	No additions or changed to agenda. Motion to approve February's minutes made by Joe (with a change to the month paramedics hit the field – should say March instead of May). Second by Ryan. All in favor, motion granted, minutes approved.	
Old Business a. Naloxone: 4 th quarter and 2018 data review b. March screen: Fentanyl	 a. Naloxone: 4th quarter and 2018 data review - Brief discussion over the 4th quarter results. Connie asked to review the 6 calls where a 'paramedic' gave the naloxone prior to arrival (curious to know where paramedics are working/functioning that is not in the EMS system). Jason also presented the yearly Naloxone results, which showed a shift in the amount of naloxone given prior to EMS arrival. Otherwise most of the data is relatively consistent with years prior. Some discussion about how the next version of SOPs will be simplifying the dose (1 mg whether they are apneic or not). It is anticipated that we will have more compliance with dose (and documentation) once the new SOPs are in play. b. March screen: Fentanyl – Jason presented the screen items. One data point we are looking at that is different is 'was the fentanyl given for a medical or trauma' call. Additionally, looking at BP, RR, and EtCO2 documentation given after fentanyl administered. Also, wanted evaluate if Zofran was necessary in conjunction with the fentanyl administration. 	
New Business	There was no new business on the agenda, however Dr. Jordan mentioned at some point he wanted to look at trauma calls; specifically, if the patients that meet level 1 criteria are being transported to level 1 facilities, or are there a significant amount that are going to less capable trauma centers. Additionally, Connie would like to look at scene time for level 1 calls.	Joe will put together a preliminary screen that addressed these data points and present at next month's meeting.
System Updates	 Connie is receiving notification from the agencies that the I-gels are being trained on. The hospitals should be fully stocked by June for replacing KING-LTSDs with I-gels. Paramedics are out in the field for ride time. Testing has started for the incoming paramedic class. System plan updates are happening this spring. Mobile integrated healthcontracts are being finalized. 13 medics will be involved in the program rollout. Education is complete. Hope to have it up and running by summer. ET3 model – A 5-year pilot program is being initiated by the federal government, which will allow non-transports to be billed by Medicaid. This has never been possible before. The system will likely apply for this pilot program in the summer. As with most pilot programs, it will likely require a great deal 	

System Updates continued	of data to be submitted. One of the requirements (at this point) will be to video call a Medicaid approved physician from the scene of a refusal/non-transport for approval (not simply a call to OLMC). Many details to work out if we want (and are accepted to this pilot program). A secondary program being implemented is having a nurse practitioner in the dispatch centers that will help determine if the patient needs an ambulance or some other service. As a part of this program, there might also be an opportunity to transport patients to a non-hospital location (urgent care, doctors office, etc). On track to go live with new SOPs in May. Recent DICO class was very successful. Potential for advanced DICO class in Oct or Nov. There is a potential for us to take in some paramedic students from the McHenry system simply because they are not getting enough calls to complete their ride time. Many details to flesh out with	
From the floor / Closing remarks	 Dr. Jordan talked about his recent visit to the Eagles conference, and stated we (our system) is fairly cutting edge when it comes to practice/protocols, which is a good position to be in. Additionally, Susan commented about the Eagles conference and one of the seminars was about EMS being "4th responders" in mass casualty1st would be the bystanders who are there the moment it happens, then dispatch would be secondarypolice and EMS fall in as 3rd and 4th. With regard to the mass casualty preparedness, there is a great opportunity for community outreach – to find out what the schools in our areas are doing. Joe strongly recommended the National Fire Academy if anyone is seeking out classes or continuing education. He stated it is excellent for job preparedness, from both and EMS and fire perspective. 	
Adjournment	Next Meeting – Wednesday, April 3, 2019. Motion to adjourn by Scott, second by Joe. Motion granted, meeting adjourned at 10:20 am. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	