

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, April 3, 2019**

Topic	Discussion	Actions/Follow-Up
Call To Order	Meeting called to order at 0905.	
New Members & Guests	Tina Heyes – new Buffalo Grove EMS coordinator.	
Minutes & Agenda	No additions or changes to agenda. Motion to approve March's minutes made by Joe, second by Scott. All in favor, motion granted, minutes approved.	
Old Business Fentanyl screen	Fentanyl screen - Jason presented the results. Not much discussion about the results. Minimal discussion about administering Zofran in conjunction with Fentanyl, and minor discussion regarding the utilization of capnography for those patients receiving Fentanyl.	
New Business a. 2019 1st quarter Naloxone use b. Pediatric respiratory screen c. Preliminary Trauma Data d. ESO Index e. Imagetrend	<p>a. 2019 1st quarter Naloxone use – Jason will collect all the data for first quarter and present at next month's meeting</p> <p>b. Pediatric respiratory screen – Discussion regarding what we want this screen to look like. One suggestion was to cover pediatric asthma; another was to broaden the screen to incorporate a wider range of patients. Some discussion about this. Main concern is that we are not sure what our end goal is with this screen so it is hard to give the screen direction. Joe looked at ImageTrend to see if we can find the number one pediatric respiratory primary impression and possibly modify our screen to accommodate those calls. Due to the large number of peds calls and difficulty wading through the impressions, for now, we decided to focus the study on pediatric asthma.</p> <p>c. Preliminary Trauma Data – Calls were pulled where the primary impression was some trauma component and the pt. was transported (in 2018). The "hospital contacted" drop down is not being utilized, as it should for a transport. Of those calls, it was broken down by GCS less than 13, then by BP < 90. Many factors go into these calls, one in particular is when you call OLMC and they tell you to just come 'here' and it is a level 2, hard to argue with those calls. Much discussion about how many moving parts factor into where a patient should go and we can only do the best we can on our end, we can't always control those other factors. Dr. Jordan recommended focusing on the calls where BP<90 because that is a concrete finding with less room for variation than the GCS finding. The results will be modified and finalized by May/June so the results can be incorporated in the August trauma con-ed.</p> <p>d. ESO Index – another ePCR software program. They have collected data from all the users of their software, on a national level. Connie sent it out so we can see, for comparison, some of the points that they are measuring. Some discussion about pulling our numbers to see where we measure up on a national platform. At some point later in the year we may tackle this project.</p>	

	<p>e. Imagetrend - is having a local training class on May 23 from 9-3 at Good Samaritan Hospital. Two of our biggest obstacles with obtaining data are that there are so many ways to input the information and there is interpretation by each reviewer when analyzing the call. This training class may shed some insight on how ImageTrend works and the limitations.</p>	
System Updates	<ul style="list-style-type: none"> - Paramedic students are out in the field, riding with departments. - Just received draft 2 of the SOPs, which are currently being reviewed by region. - Apps are being worked on to get SOPs on our electronic devices (tablets, phones, etc). 	
From the floor / Closing remarks	Some discussion about this month's con-ed (new protocol for cardiac arrest), and how the departments are receiving it thus far.	
Adjournment	<p>Next Meeting – Wednesday, May 1, 2019.</p> <p>Motion to adjourn by Ryan, second by Steve. Motion granted, meeting adjourned at 10:47 am.</p> <p>Minutes respectfully submitted by: Nichole Junge, RN, EMT-P</p>	