

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, February 3, 2020**

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0902 hours.	
New Members & Guests	Guest: Sean Turbidy (LGH Resident).	
Minutes & Agenda	Modification to January minutes: Change month at end. Motion to approve minutes (with modification) by Markus, second by Steve. All in favor, motion granted, minutes approved. No additions to agenda.	
Old Business a. 2020 End of the Year Review b. 2020 Log Compliance c. Naloxone 2020 Q4	<p>a. 2020 End of the Year Review – Some of the data was cleaned up to get rid of errant calls/data and remove training runs. Additionally, pediatric data was added to the report. Connie had asked for future data, if we could somehow pull out our “time sensitive” calls and examine scene time on these particular calls. Minor discussion about the data. Motion to approve this report with the updated information made by Markus, second by Scott. All in favor, motion granted, final report approved.</p> <p>b. 2020 Log Compliance – Taylor updated members about glucometer and controlled substance log sheets. Seems very department specific on the delinquent entries for glucometer documentation; there really were no global issues. On the controlled substances, documenting the tag number seemed to be an issue, as well as the same person signing on multiple days. These issues appear prevalent over several departments. Connie would like to know for each agency, how many days out of 30 were they compliant or not compliant? There has been education and re-education. At this point, there is no further education, the system simply needs to report the data. It’s all or nothing – the entries are either exactly right, or they are not. Connie would like to see each agencies information, for every month, in a separate report for both the glucometer and controlled substance logs. Moving forward, all agencies will be required to report on a monthly basis what their compliance is.</p> <p>c. Naloxone 2020 Q4 – Jason presented the Q4 data. Overall, saw improvement in patient condition when we are SOP compliant. SOP compliance dropped a bit from previous quarter. Main route of Naloxone administration remains intranasal (IN), which is consistent with previous data. Various doses documented as prior to arrival, anywhere from 2mg – 16mg. Jason then ran data for all of 2020. Connie would like to break down the numbers based on agency and have an action plan put together for the agencies that are not consistent with SOP. Jason can go back and look at the data for each dept and see if they are documenting 1mg at a time or not.</p>	
New Business	None.	
CARS Updates	Markus provided an update about the app KNO2. With this app, we write the patient care report, then post it, and once we post it, the KNO2 app takes it and sends it to the hospital fax machine, where a hospital staff member grabs it and puts it with the patient’s chart.	

<p>CARS Updates cont.</p>	<p>The ultimate goal would be to have our reports on ImageTrend directly integrate with the hospital documentation system (EPIC).</p> <p>CARS is working on a qSOFA worksheet, to help make documentation of our septic patients easier. Also working on a multiple patient release worksheet, in addition to adding a worksheet for bus accidents. Updating exposure documentation as well. Education/training over the worksheets will follow once they become finalized.</p> <p>Connie discussed that the system is looking into administering vaccines. Currently, a program called EM Track is now the only approved documentation outlet for paramedics giving vaccines (still a work in progress).</p>	
<p>Cardiac Arrest Committee</p>	<p>Update: finalizing the 2020 data in the next few weeks. No additional updates. Susan would like to integrate the data from this group to add to upcoming CE in the next few months. If we can bring department specific data to the classes each month, it becomes much more real to the agencies instead of them being able to say “it’s not us.”</p>	
<p>System Updates</p>	<p>The EMT class is in session with 28 students. Paramedic class has 16 students, 12 of which are Barrington-countryside students. 2nd week of March they will come out to departments for field internships. Preceptor class for new preceptors. A modified class will be implemented for those that have been preceptors in years prior. All preceptors need to be at a minimum level of Peer II. Returning back to traditional phase 1 and phase 2 program; start out as team member, then team leader.</p> <p>Peer educator classes happening – medics come into a class and get to work with a student.</p> <p>CE – we have come to the end of our 2-year cycle. This month is pediatric respiratory, then we go into our “cardiac season.” The system is trying to video at least one of the classes, because they have found that even if it’s not a ‘live’ class, they get more out of it than just reading.</p> <p>Advisory board positions extended due to Covid, but will need new members sometime in the future.</p> <p>Vaccines – MABAS trying to put together a plan that would allow for mass vaccination centers as well as local hubs. It is a big undertaking. Connie is preparing a report to go to chiefs/coordinators about where things are at. EM Track is the documentation platform that will need to be used to document these vaccines, which no one is familiar with yet. People will need to register for vaccines. Still a lot to work out. How will those giving the vaccine get paid? Where will the syringes come from? Band-aids? Sharps containers, etc.</p> <p>Ambulance inspections still not happening, so we are still doing self-inspections. Connie is passing along the info to coordinators.</p> <p>Lead instructor course has transitioned to online. Same with DICO (all online now). Many updates on the system website.</p>	
<p>From the floor / Closing remarks</p>	<p>None.</p>	

Adjournment

Next meeting March 3. CEO of NWCH has requested all meetings remain in zoom, so we will continue that route for now. Motion to adjourn made by Tom, second by Nichole. Meeting adjourned at 10:19. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P