Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, April 7, 2021

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0903 hours.	
New Members & Guests	No new members or guests.	
Minutes & Agenda	Motion to approve March minutes by Markus, second by Adam. All in favor, motion granted, minutes approved. No additions to agenda.	
Old Business **a. Controlled Substance Log Compliance** **b. Naloxone 4th Quarter** **c. Stroke Screen**	**a. Controlled Substance Log Compliance -** members should have received email with spreadsheets to complete log compliance information. Taylor said data collection is going well, have about 10 agencies that have submitted data. According to the FDA, our benchmark really needs to be 100% compliance, however the system can acknowledge that an occasional day where a number gets written down correctly, or a signature is illegible, etc. Taylor will continue to work the data to get it to a point where the system can send it out to coordinators and chiefs. **b. Naloxone 4th Quarter** – SOP non-compliance – we wanted to re-visit our Q4 data since we had such poor SOP compliance. Overall, we had 29 cases where the incorrect dose of Narcan was administered. A few were explained in the narrative. Some had no explanation. Some were "old SOP" doses. Some discussion about the unknown factor concerning what the cops are giving (their dose). Seems to vary from town to town, and most police do not know what they are giving. We are asking us (EMS) to look at the packaging on a call when police give Narcan, to get accurate documentation of what is actually being given by police. Some discussion about how we follow up with this data to get some improvement in our numbers. A few suggestions, one was to present agency specific data at con-ed every month so they can see their numbers as opposed to just system-wide data, where it is easy to dismiss the data and say "that's not our department." **c**. **Stroke Screen** – data from Sept 2020 – Feb 2021. 664 patients total in that time frame. Looked at all the metrics we traditionally look at for stroke calls. Some minor discussion about the results. Some stroke worksheets completely blank, which is curious. Brief analysis of the specifics of the BEFAST stroke scale. Some discussion about IV's on scene vs en-route. We want them to look to start large bore IVs in the AC so they can get to CT faster once at the hospital. At this point, we are not doing a ton of IV's in general, let alone in the AC. More education needs to happen regarding this particular aspect of care. Dr. Jordan said it is pretty highly encouraged that most stroke alerts have a large bore IV started if it does not delay scene times. Overall, we are really looking for those few handful of questions answered (i.e. last know well time, call back number) and good stroke assessment and scene time less than 10 min. One solution is to have the department alerted whenever they have a stroke to verify if they had callback number documented and last known well time. Jason is going to remove some of the data that we feel are not accurate and should not be reported (i.e. – no treatment/transport required) – these are probably not true stroke calls.	

New Business **Advanced airway screen**	**Advanced airway screen** – Jason presented the screen for everyone to review. One of the issues right now is that we have too many options for an advanced airway, when really there should just be one – ET with bougie and KING-vision. Right now, we are dependent on the medics choosing the correct selection, until the other options are removed. Jim Klein working to remove the other options. We need to know what drugs were used if it was a DAI call, and what the doses are that were used. Lastly, we need to know if they got some kind of airway (ET or iGel) before they got to the hospital.	
CARS Update	The provider impressions of 'No abnormal findings' and 'Feared complaint unfounded,' removed from list of possible impressions (if a patient is transported). New PPE added (ballistic vest and helmet). New sepsis worksheet added. Still needs approval from Connie before it goes live.	
Cardiac Arrest Committee	Meeting on the 14th. They are finalizing their data on some points of the arrest, as well as finalizing their 2020 data. Elegard still being field trialed to determine if it will be valuable as a tool during an arrest.	
System Updates	Most paramedic students in the field, moving out of phase one and into phase two. Dr. Jordan asked what screens we have on the agenda coming up. Cardiac alert reverse screen on the agenda over the next few months, the ongoing Narcan screen, pediatric cardiac arrest, and possibly sepsis to be added to the list. Dr. Jordan would like to look at our ketamine use. Much discussion about the upcoming months of education.	
From the floor / Closing remarks	None.	
Adjournment	Next meeting May 5, 2021 – motion to adjourn by Markus, second by Tom. Meeting adjourned at 10:53. Nichole Junge, RN, EMT-P	