

**Northwest Community EMS System  
PBPI Meeting Minutes  
Wednesday, July 7, 2020**

Topic	Discussion	Actions/Follow-Up
<b>Call to Order</b>	Meeting called to order at 0907 hours.	
<b>New members/ Guests</b>	None.	
<b>Minutes &amp; Agenda</b>	Motion to approve June minutes by Luke second by Taylor. Motion passed. No additions to agenda.	
<b>Old Business</b> <b>a. Advanced Airway</b> <b>b. Vascular Access Screen</b>	<p><b>a. Advanced Airway</b> - Update – report writer only looks at new screen name, so it took Jason a bit to find out how to get it to see both the old and new name. Now known, he will pull data and present next month.</p> <p><b>b. Vascular Access Screen</b> – Data pulled from January 2020 through December 2020; looked at peripheral IV starts. Jason went through and removed a handful of calls due to criteria that fell out (prior to arrival, IOs, etc.). Total 7,615 attempts – with a success rate 66.4%. For first attempts the success rate was 67.3%. Our target success rate is 85%. Some discussion about looking at national numbers to see how we compare, to see if our “target” number is realistic, or if it needs adjusting. Data further broken down by weight (20kg) increments. Also delineated by location. Additional data broken down by the size of the catheter used, age of patient, and agency specific data. Some discussion followed, regarding the agencies that have higher success rates, if they have (in general) a handful of the same paramedics starting these IVs, or if they are spread across most of the members of their agencies. Some discussion about the variables that impact our success rates, and other tools (ultrasound guided IVs, etc.), that other EMS systems might be using that we can possibly implement here, in order to improve our success rates.</p>	
<b>New Business</b> <b>Cardiac Alert Reverse Screen</b>	<b>Cardiac Alert Reverse Screen</b> - These are calls where an ED physician called a cardiac alert. We will look at these runs to see what our impressions were, what the dispatch data was, how compliant with SOP we were, 12-lead interpretations where a STEMI was identified, how many of these we called into medical control with a cardiac alert, avg pain scores, IV success rates, etc. Connie will seek out national data metrics to see what data they pulled, so we can mimic their screen.	Connie will email Jason regarding national data metrics, so our screen can be comparable to national metrics.
<b>CARS Update</b>	Validation issue with controlled substances that is not updated yet. This is being worked on. KNO2 software programs continue to show success. The next step is to allow EMS reports to be directly uploaded to a patient's eFile on the hospital side of things, with no printing or scanning taking place. Some discussion about how and when this should take place.	
<b>Cardiac Arrest Comm</b>	No report	
<b>System Updates</b>	Connie will provide written report on System updates.	
<b>From the floor / Closing remarks</b>	Dr. Jordan asked where ketamine was on our screen schedule. Some discussion about how ketamine has been given incorrectly in some parts of the country. We are having trouble dosing the pain dose vs the sedation dose and our calculations are off, we need to use the dosing chart. We have trouble remembering that if we give it intranasally, we need to double the dose, etc.	
<b>Adjournment</b>	Next meeting August 4, 2021 – motion to adjourn by Susan, second by Ryan. Meeting adjourned at 1017. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	