

**Northwest Community EMS System  
PBPI Meeting Minutes  
Wednesday, February 1, 2023**

Topic	Discussion	Actions/Follow-Up
<b>Call to Order</b>	Meeting called to order at 0909 hours by Jason.	
<b>New Members &amp; Guests</b>	No new members or guests in attendance.	
<b>Minutes &amp; Agenda</b>	Motion to approve January minutes made by Markus, second by Susie. Motion granted; minutes approved. No additions to agenda.	
<b>Old Business</b> <b>a. Vascular Access Screen</b> <b>b. Advanced Airway Screen</b> <b>c. Naloxone Screen Q3 &amp; Q4 2022</b> <b>d. 2023 PBPI Plan</b> <b>e. Year-End Data report</b>	<p><b>a. Vascular Access Screen</b> – We looked at our numbers vs national data, which is a huge sample size, and we are over 10% lower at success rates than overall national data. Question remains as to why we are so much lower than the national numbers. Is it the catheters? Is it that we don't have ultrasound guidance? What are the variables that impact our numbers? Motion to approve the vascular access report by Markus, second by Nichole. Motion granted; report approved.</p> <p><b>b. Advanced Airway Screen</b> – Overall success rate for our system is 60.8%, while the national data shows a 67.9% success rate. First attempt pass rate is 63.3%. Lots of confusion of why we have dropped so far from our initial success rates around 90%. Some thought that the pandemic played a role, because we didn't intubate as much during that time, so skills somewhat eroded. Jason presented some DAI numbers. Connie is asking for more of a breakdown on pre-intubation sedation and post-intubation sedation. Jason will pull those calls and dissect the data.</p> <p><b>c. Naloxone Screen Q3 &amp; Q4 2022</b> – Naloxone Screen Q3 and Q4 of 2022 – Jason handed out the results. Some discussion. Increase in SOP compliance, in addition to an increase in medics obtaining lung sounds on these calls, which is encouraging data. However, we are still giving Narcan to patients that have adequate SpO2 and respiratory rate above 12, which isn't who should be getting Narcan. Jason is going to pull those calls specifically and send them to Kourtney, so we can try and pinpoint why this is happening and reeducate. Law enforcement consistently our highest rates of PTA administration. Looked at annual numbers from 2016-2022, and SOP compliance is our highest rate yet at 84.7%</p> <p><b>d. 2023 PBPI Plan</b> – tabled until next month's meeting.</p> <p><b>e. Year-End Data report</b> - Year-end Data Report – A slight inconsistency in numbers was noted from one page to another page, so a change needs to be made. Going to hold off on approval of final until document is reconciled across the board.</p>	<p>Jason will breakdown the pre-intubation sedation data from the post-intubation sedation data, and send to Connie.</p> <p>Jason going to send the calls to Kourtney where Narcan is being given to patients with RR &gt;12 and SpO2 WNL. Hoping to figure out why these patients are still receiving Narcan.</p>
<b>New Business</b> <b>a. February Screen</b>	<b>a. February screen</b> – Behavioral health Checklist – Jason is going to pull data on behavioral health calls – with a breakdown of those that are transported vs those that are refusals. Connie would like to see specific data on those patients that got sedation and the care and monitoring that follows that sedation. Data on that next month.	

<b>CARS Update</b>	No major updates from CARS.	
<b>Cardiac Arrest Committee</b>	Meeting next Tuesday. Putting out a document soon that details arrest reviews across agencies. A few points they are looking at are arrest to first Epi. Also looking at refractory or persistent V-fib. Suggested we look at the doses of Amiodarone that were given on those patients as well.	
<b>System Updates</b>	All updates posted to system website.	
<b>From the floor / Closing remarks</b>	<ul style="list-style-type: none"> <li>* Itasca fire dept sends their thanks to all departments for the support over the past few weeks and months.</li> <li>* Connie threw out the idea of having a “behavioral alert.” It might get the ball rolling for security to be on standby, extra staff, possibly law enforcement, etc. Some general discussion – more discussion to follow, but let’s see what we can do to mitigate risk to EMS, ER staff and patients.</li> <li>* Question asked to the group if BCs are going on behavioral calls? What are agencies doing? Some departments are moving toward having the BC’s routinely on these calls. They can have sort of a 50 ft view of the incident to make sure the call goes smoothly, can step in if things are escalating, or remove certain personnel, etc.</li> <li>* Some discussion about how to properly document some of these behavioral calls when the patient is barricaded, and possibly high risk, and law enforcement is unwilling to force entry. What should EMS’s role be? (We should not be forcing entry). How are we then documenting these calls?</li> </ul>	
<b>Adjournment</b>	<p>Next meeting March 1, 2023 – motion to adjourn by Markus second by Grant.</p> <p>Meeting adjourned at 1050.</p> <p>Minutes respectfully submitted by: Nichole Junge, RN, EMT-P</p>	