Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, March 1, 2023

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0905 hours by Jason.	
New Members & Guests	Jacob Dejaynes (Elk Grove Village) – new member. No guests.	
Minutes & Agenda	Motion to approve February minutes made by Adam, second by John. Motion granted; minutes approved. Addition to agenda - Kourtney will review previously discusses Narcan calls that we had questions on.	
Old Business **a. Naloxone reviewed calls** **b. February screen – behavioral health** **c. End of year data report**	a. Naloxone reviewed calls – 23 calls reviewed from last quarter where there were outstanding questions related to care. 5 of the 23 were deemed appropriate treatment. 2 had OLMC ordered to give Narcan. The remainder were SOP deviation. Seemed to be a theme of AMS, drug paraphernalia on scene and pinpoint pupils. More education should take place on the indications for naloxone. Also need to tailor the screen to pull vitals throughout the call, not just the first set of vitals. b. February screen – Behavior Health Checklist – Year of 2022. Total of 1,672 runs. Primary impression of behavioral or psychiatric in nature. Some discussion about the results. The number one impression was mental disorder. Discussed that this might not be the most accurate impression, but the list of options is not all encompassing and does not have one that better fits. NEMSIS 3.5 coming on ImageTrend which will hopefully give us better options to select for certain fields like impression, signs/symptoms, etc. We completed a behavioral worksheet 20.8% of the time. However, majority of these calls are private ambulances transporting from one facility to another. It was decided that we should take out the private ambulances that are just doing BLS transports and focus on the calls that are generated by 911 calls. Discussion about the risk involved with these patients, especially those not getting transported. The Decisional capacity/behavioral risk worksheet is our best defense for why we would bring someone against their will, or allow them to refuse transport. Still room for education on those patients that we chemically restrain. We are not fully compliant with full monitoring (i.e. EtC02). Talked about vitals after physical restraints as well. Jason will pull the data to see if we are monitoring these patients. Side discussion – have the bodycams prevented any of these violent calls, or changed practice? It does not appear as though it is preventing these instances, but they are validating that the calls are happening and providing evidence of poor treatment and improper care. c. End of year data report – version 3.4 should have all the correct data. Quick review of the data for final approval. Motion to approve by Nichole, second by Taylor. All in favor, motion granted, year-end data approved!!!	

New Business **a. Stroke screen**	**a. Stroke Screen -** We want to look at BEFAST + LVO. We want to make sure EMS is catching the LVOs. Our charting gets heavily reported by stroke centers. LKW, onset of symptoms, scene times and callback numbers, with physical assessments – all get reported with hospital stroke data. Discussion about how we document LKW time – as it stands right now in ImageTrend, you have to input a time. There is no option for "unable to obtain." This needs to get fixed in ImageTrend. We also want to see IV data – we have to see that we are attempting 18g AC attempts.	
CARS Update	Some updates on the intubation selections. As it is right now, there are too many options for advanced airway (intubation) procedure. Our intubation numbers have drastically declined over the past few years. Connie asking the group if we think it's a documentation issue, or a skill issue or both. Overall, we felt like it is a combination of both, but everyone was in favor of having retraining on the skill as we did when video laryngoscopy rolled out. April is advanced airway month, so some discussion about what specifically needs to happen during (around) this month, in terms of teaching, testing competency, etc. Also, what is our measurable goal of improvement by X time? We need defined goals and measurable outcomes. Jason will talk to Drew (AHFD) about how he scrubbed the data to get some improvement in his numbers. We need to look at the intubations on a call-by-call basis, to see if the narrative explains why there was a missed intubation, or contradicts other areas of the report. Each agency needs to have a representative pull each of these calls and go through them to fine tune the data. Suggested that once we decide what we want for quality improvement, the agencies need to show this measured improvement and if they do not, then they will be charged for a re-education where Dr. Jordan and Drew come out and re-educate on intubation. Connie is looking for a plan that she can bring to the March chiefs meeting. Kourtney will be working on the plan details. The high-level view will be something along these lines: Q1 – reevaluate/scrub the data (analysis of data) Q2 – reeducate and measure for competency, set goals of what we want to see for improvement Q3 – reevaluate intubations for data improvement Q4 – charge agencies for more thorough reeducation of numbers don't improve.	
Cardiac Arrest Committee	Last year data was entered manually; this year there is an attempt to have data entered automatically. One data point that was measured was on scene to first epi, being within 5 min (which is great data).	
System Updates	Website has many updates; look there for the most up to date information. - Kathy Fitzpatrick (EMS secretary) is retiring – will remain on a part time basis for next month until a replacement can be hired. - All the emergency rules during covid are now permanent, so we need to make sure our policies reflect those rules. - Paramedic students are headed out to field next week.	
From the floor / Closing remarks	None.	
Adjournment	Next meeting April 5, 2023 – motion to adjourn by Adam second by Taylor. Meeting adjourned at 1057. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	