

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, May 3, 2023**

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0902 hours by Jason.	
New Members & Guests	Guest: Jim Klein, Arlington Heights FD, chair of CARS committee. No new members.	
Minutes & Agenda	Motion to approve April minutes made by Adam, second by Bill. All in favor, motion granted; minutes approved. No changes or additions to agenda.	
Old Business a. April Screen - Cardiac (WCT / Brady) b. 2022 Intubation Deep Review Results c. 2023 Q1 Intubation Incident Review	<p>a. April Screen - Cardiac (WCT / Brady) - We only focused on bradycardia this month. Must have at least 2 documented findings of bradycardia. 77.4% of the time we did a 12-lead on these patients. 2 patients had pacing documented as a procedure. Since we have the head of CARS here, some discussion about how pacing is documented. Jim informs the group that ImageTrend has a new feature called <i>procedure size</i> (for example if someone documents an IV start, the gauge sizes for the IV catheter will be selectable instead of fill in the blank, in an attempt to reduce chances for documentation errors). Once it is fully functional, it can be tailored for the pacing procedure as well. Moving our attention back to the bradycardia screen, Connie would like to look at the 5 calls where glucagon was given, just to confirm that they were, in fact on beta blockers. She would also like a breakdown of what these rhythms were – sinus brady, junctional, a block, etc. Jason will parse out that data. In addition, we want to look at the patients that received Norepi – and verify if they had an antecubital IV started. Looking for educational points to take away from this data – cannot put Norepi through a peripheral IV. Jim presented the two different ways that medics can document a pacing procedure. Due to the fact that there are 2 ways to document it, discussion about streamlining (or encouraging medics) to use only one of those methods, so we get more consistent data. Also, within the tool, some of the options are not validation rules, so there are likely many times when data is missing. The general consensus of the group was to document pacing within the monitor power tool. And within the tool, we would like to have validation tied to the rhythm they are treating, the rate (BPM), the energy where you had electrical and mechanical capture (mA), and if you did achieve mechanical capture. Jim Klein will work on the monitor tool to reflect the changes we'd like to implement.</p> <p>b. 2022 Intubation Deep Review Results - These are the results from the coordinators after they went through each intubation. Initial success rate was 60.8% and the final (scrubbed) data showed a success rate of 61.8%, so an increase of 1%. This helps us know that our original data is fairly accurate and does not reflect gross documentation errors. Connie discussed that the national data is going to require us to document if there was a success on first attempt, success on second attempt, and then success using an extra-glottic airway.</p> <p>c. 2023 Q1 Intubation Incident Review - only 5 of 24 agencies reported their data back to Jason. Discussion about how the chiefs need to be holding the members accountable to make sure this data gets reviewed and reported back to Jason.</p>	<p>Jason will review the glucagon calls, as well as those where Norepi was given. In addition, he'll add a rhythm section to the screen and present the updated information next month.</p> <p>Jim Klein will update the monitor power tool to reflect the changes discussed today.</p> <p>Jason will follow up and email the chiefs, coordinators and the PBPI rep for each agency that is not compliant.</p>

New Business a. May Screen – Peds: Croup, Epiglottitis/RSV	a. May Screen – Peds: Croup/Epiglottitis/RSV -- Taylor presented the screen components. He looked at the SOP and pulled data points from there to assess. Basically, lung sounds, did we treat appropriately, was an advanced airway required, etc. Just big picture look here. Age group would be kids 12 and under. Adjust the date to include January.	
CARS Update	Jim presents to the group some CARS updates. He specifically goes through the list of procedures that are visible to the agencies and asks the group if there are any additional procedures we'd like to remove. Discussion followed. Also, some discussion on the primary impression lists and how limited they are. One solution was to add <i>behavioral health emergency</i> to the impression list. Jim informed the group that with NEMSIS 3.5, they are removing the patient disposition field, and it will be populated with another field, and that will change what becomes visible on the remainder of the PCR. Additionally, Connie would like to have somewhere that we can find on the run report if the crews left a short form at the hospitals (during covid), and then went back and wrote a full report later. We simply want to know if the temporary/short forms can be linked to the regular PCR.	
Sentinel Event Review	We had a few calls that were marked as mass casualty. After review, these were not mass casualty calls, they were mis-documented, and need to be corrected. The other events were also found to be documentations mistakes. Jason will email coordinators to have them adjust the ePCRs.	
System Updates	None.	
From the floor / Closing remarks	None.	
Adjournment	Next meeting June 7, 2023 – motion to adjourn by Adam second by Matt. All in favor, motion granted, meeting adjourned at 1102. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	