

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, July 5, 2023**

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0909 hours by Jason.	
New Members & Guests	No new members or guests.	
Minutes & Agenda	Approval of last month's meeting minutes will be postponed until next month. No changes or additions to agenda.	
Old Business a. May Screen – Peds: Croup / Epiglottitis / RSV b. Nitroglycerin c. 2023 Q1 Intubation Incident Review	<p>a. May Screen - Peds: Croup/Epiglottitis/RSV – a handful of updates. Changes made: looked at SpO2 (initial and final values) when a medication was administered. 45 total calls. 29 had an increase. 4 had a decrease, while 12 had no change at all. We also looked at what meds were given per primary impression, to see if we are compliant with protocol. There seems to be some inconsistency between what we think is happening with the patient (primary impression) and us treating appropriately per that protocol. Some discussion to follow regarding the discrepancy. Do we need to change protocol or change practice? We had discussion about the documentation on these respiratory calls, because our numbers for RSV were significantly lower than what we know to have been true during these past winter months. We already know that ImageTrend has a primary impression list that is very specific in some instances and also very broad, so we don't routinely pick an impression that fits what we are treating. Suggestion was made to add a question to ImageTrend to ask "what protocol were you following" so that it eliminates some of the ambiguity of the primary impression field, and gives us more concrete data. We also looked at 13 incidents where "blow-by" oxygen was administered, since it's not in protocol. We did look through narratives to see if there was any explanation as to why it was administered, but most just stated they gave it.</p> <p>**We will come back in 2024 and review peds respiratory data again (once education takes place), to see if there is some improvement in our care. **</p> <p>b. June Screen – Nitroglycerin – 915 total incidents for 2022. 38 different primary impressions across these incidents. 855 times we did a 12 lead on this patient (93.4% of the time). Some discussion followed regarding why we only called a cardiac alert/STEMI alert 51 times of these 915 calls. It seems reasonable to assume we had many more STEMI's than what were called in. Some discussion about the fact that it is not a validity field to select if you called in an alert. We also talked about the parameters for calling in a cardiac alert and that most medics will only call one if there are positive changes (ST elevation) on the 12-lead. There were over 600 calls where the pre arrival alert field was left blank. Assumption made that some of those might have actually been cardiac alerts called in, just not documented as such. Discussion about requiring that pre arrival alert be a validity point. Successful IV 62% of the time. Max number of nitro doses given on a call was 4. Majority of the time though, 1 nitro was given. Looked at BP prior to and after medication administration. Minor discussion about the timing of BPs after nitro was given. Avg time between doses was 6.7 minutes (on</p>	

	<p>multiple doses given). Discussion regarding times of events, and how we document these? It seems unrealistic for some of these skills to take place in the time documented. There was a breakdown of those patients being treated for ACS vs those treated for heart failure. We need to continue to re-emphasize the point that they don't need to have chest pain if we are giving the nitro for heart failure. Some discussion about IV nitro due to the non-compliance of giving multiple nitros sublingual (due to the reported logistics of giving it once the CPAP mask is in place).</p> <p>c. 2023 Q1 Intubation Incident Review – Each individual agency reported data. Overall success rate for the system is 58%. The success rate per patient is at 70% - so even if there was a failed attempt, 70% did get a successful intubation. Discussion followed regarding iGel vs intubation, and why different people choose the different skills, and how that impacts our success rates. We will continue to review the data for the remainder of this year, however there are several agencies we identify as needing some reeducation. Motion to approve draft of Q1 intubation data, from Dr. Jordan, second from Connie. All in favor, motion granted, report approved.</p>	
<p>New Business</p> <p>a. 2023 Q2 Intubation Review</p> <p>b. July Screen - Sepsis</p>	<p>a. 2023 Q2 Intubation Review – quarter is over so agencies will be getting their run information to complete and send back to Jason.</p> <p>b. July Screen – Sepsis – Taylor went over the data points for the sepsis screen. We will look at source of infection, plus qSOFA criteria. Connie said she can look at hospital data that gets sent to her and forward it to Jason so he can include how many septic patients come in vs how many EMS called in/identifies as sepsis.</p>	
CARS Update	No update, but we did discuss with the cars rep our desire to have “what protocol did you follow” added to ImageTrend.	
Sentinel Event Review	4 that occurred this past quarter. All were documented as mass casualty (documentation error on call number 1). Schaumburg call(s) explained and felt it met criteria for mass casualty. 4 th call also did not meet criteria, so documentation error.	
Region IX QI Committee Update	Nothing to report this month.	
System Update	Posted to website.	
Cardiac Arrest Committee Update	Working through making videos. Also trying to streamline documentation so there are not as many options for how to document.	
From the floor / Closing remarks	None.	
Adjournment	<p>Next meeting August 2, 2023 – motion to adjourn by Tina second by Trunek. All in favor, motion granted, meeting adjourned at 1057.</p> <p>Minutes respectfully submitted by: Nichole Junge, RN, EMT-P</p>	