

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, August 2, 2023**

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0905 hours by Jason.	
New Members & Guests	No new members or guests.	
Minutes & Agenda	Motion to approve July minutes made by Susie, second by Bill. All in favor. Motion granted; minutes approved. Change on agenda for next month's meeting to say September 6.	
Old Business a. 2023 Q2 Intubation incident review b. July screen: Sepsis	<p>a. 2023 Q2 Intubation incident review – 69.49% success rate system wide for Q2. Some agencies have shown great improvement over the last quarter. Motion to approve this Intubation report made by Susie, second by Ryan. Motion granted. Jason will send the final report to Connie with the draft watermark removed.</p> <p>b. July Screen: Sepsis - (Jan 1 2023 – June 30 2023). Primary impression of Sepsis or Septic Shock. Total of 203 incidents. Age range of 13 – 102. Of the 203 calls, there was only one that had one set of vitals, all the other calls had at least 2 sets of vitals. Looked at EtC02. 191 had at least one documented EtC02. There were 12 calls that did not have capnography documented, those need to have re-education. A few other findings where follow up with crews is necessary. Overall success rate of IV starts was 56%. We only attempted IVs 60% of the time, when our SOPs clearly state that an IV should be attempted that on anyone we feel is septic. Additionally, when we have a septic patient, they can, very quickly, go into septic shock. Therefore, we should only be starting large bore IVs and in large, straight veins; the forearm or AC. Hand IVs and a 22g are just not sufficient. NorEpi was given on 9 different incidents. When we select a primary impression of sepsis or septic shock, we have to answer the question of “do you suspect the patient has infection?” There were 25 calls that did not suspect there was an infection, so Connie would like follow up with those 25 calls because if they did not think there was an infection, they should not have a primary impression of sepsis or septic shock. Some discussion followed about if the crews that are calling in “alerts” to the hospital are meeting hospital staff that are upset about the alert being called. There was a general consensus that this happens more with the stroke alerts than other alerts (cardiac or sepsis).</p>	<p>Jason will circle back to the agencies that did not have a known source of infection documented, to get clarification as to why the primary impression was sepsis or septic shock.</p>
New Business a. August screen – Bariatric patients	<p>a. August Screen – Bariatric Patients – Jason going to pull calls where the weight was 130kg or more. Due to how we document, there are some limitations in figuring out bariatric patients. Taylor discussed the screen metrics they will be pulling on this patient population. One data point we will look at are our top 3 impressions, and then how are we treating them per protocol. Suggested we breakdown the weights in 20kg increments because how we handle a 300lb patient is much different than how we handle a 600lb patient. Suggested to add a blood sugar metric to the screen.</p>	<p>Jason and Taylor will make suggested changes to the screen and bring the data to next month's meeting.</p>

CARS Update	Moving toward trying to get 3.5 live this summer. We need to be there by December, so it would be ideal to have it by this fall, so we have time to work out kinks.	
Sentinel Event Review	3 or 4 that had mass casualty selected. Jason will report back on this next month.	
Region IX QI Committee Update	Met a few days ago. Summer is a bit slower. 2 nd quarter we were 87.6% compliance for glucose checks on peds seizures. An increase from Q1 of 82%. Once a larger portion of the region is represented, they'll look at other topics.	
System Update	Many system memos have been sent out, and there needs to be some confirmation that the medics have read them and have implemented them into daily practice.	
Cardiac Arrest Committee Update	Met yesterday. Talked about how to move forward with gathering some of the data they'd like to obtain. Working on a CQI module where they can pull all cardiac arrests, as they are having trouble getting data from the agencies. Still working through the details. So far this year, as a system we are averaging 37 arrests a month. Taylor is going to start looking at those calls, and hopefully, disperse some of these calls over 5-6 people. Automation is the goal; they are just not there with the nuances they are looking to accomplish. Discussion about having a patient disposition change for cardiac arrest, so there are not so many confusing options. The committee will put out a "best practice" alert for what they would like to have selected as a disposition. The findings from this committee will be incorporated into education in the fall.	
From the floor / Closing remarks	One of our skilled nursing facilities was reported by our system medics for concerns about the care being rendered there. An external audit was performed at that facility and all of the accusations were found valid, and the facility is now undergoing further investigation and overhaul of daily operations. Kudos to our medics for looking out for the welfare of the patients at that facility.	
Adjournment	Next meeting September 6, 2023 – motion to adjourn by Ryan second by Bill. All in favor, motion granted, meeting adjourned at 1009. Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	