

**Northwest Community EMS System  
PBPI Meeting Minutes  
Wednesday, April 3, 2024**

Topic	Discussion	Actions/Follow-Up
<b>Call to Order</b>	Meeting called to order at 0904 hours by Taylor.	
<b>New Members &amp; Guests</b>	None.	
<b>Minutes &amp; Agenda</b>	Motion to approve February minutes made by Tina, second by Jason. All in favor. Motion granted; minutes approved. No changes or additions to agenda.	
<b>Old Business</b> <b>a. February Screen: DAI 2023 Final results</b> <b>b. March screen – Stroke (postponed until May)</b>	<p><b>a. February Screen - DAI 2023 Final results:</b> This screen was first presented at March’s meeting. Data has been scrubbed for final results. Total incidents were 72 where an advanced airway was placed in conjunction with sedation medication. ET tube was attempted 77 times, 51 being successful. I-Gel was attempted 25 times, 24 successful. Ketamine administered 45 times.</p> <p><b>b. March Screen – Stroke:</b> postponed until May.</p> <p><i>Discussion about the National EMS Quality Alliance. This organization publishes national standards and guidelines for QI purposes. One of the goals of the PBPI committee is to have our screens pull data that matches national models. As such, moving forward we will be modeling our screens and data points to mimic those recommended by NEMSQA.</i></p>	
<b>New Business</b> <b>a. April Screen - Diabetes</b> <b>b. 2023 Q4 and Annual Intubation Incident Review</b>	<p><b>a. April Screen – Diabetes:</b> Taylor discussed briefly that the “old” format of the screen will not be used this month, as we are attempting to transition to the NEMSQA model. The new screen was presented and discussed briefly. One point that was noted was in a few data points, there were AND/OR statements. Jason informed the group that they need to be AND or OR for the sake of writing a query. This information will be relayed to Adam, as he and Jason are the ones who pull the data or these screens.</p> <p><b>b. 2023 Q4 and Annual Intubation Incident Review:</b> Significant amount of data gathered throughout 2023 in an attempt to answer the big question of “do we have a first attempt success rate high enough to justify continuing with ETI as a skill in our system.” We need to start collecting data points on what SpO2, BP and capnography were prior to intubating. The data is irrefutable regarding the poor outcomes when we attempt an intubation in a hypoxic or hypotensive patient. Much discussion regarding the results of our analysis from 2023. We have improved over the past year but we still have several agencies with poor numbers. The data from this screen is final and will be sent to chiefs and coordinators. One of the reasons identified that contribute to the poor numbers is that when we do our quarterly intubations, if we are using improper technique (which has been recognized as a major cause of unsuccessful intubations), then one is simply practicing/perfecting a wrong technique.</p>	<p><b>* Note to Jason and Adam:</b> for the purposes of the diabetes screen, on the data components that mention a qualifier of ‘and/or’ (i.e. AMS and/or glucose &lt; 70, stroke and/or glucose &lt; 70, etc. we need the condition to be OR, as we are looking to not only capture the calls where glucose was less than 70, but also the calls where a glucose should have been checked.)</p>

<b>Sentinel Events</b>	Nothing specific to sentinel events monitoring this month, but it was brought up that we are trying to automate the controlled substance logs to remove errors during manual entries. Pete Dyer from Schaumburg has successfully been utilizing a feature in Vector Solutions to accomplish this. It is a recent transition for their agency, so there is still a learning curve associated with it, but the general impression is that it is successful in addressing issues they were seeing prior, with hand-written logs. A few questions came up from the group during discussion, mainly focused around if the software accommodates all the requirements of documentation, including tracking when a controlled substance is used mid-shift (i.e. documentation of the run number that the medication was used on), a place to document a lot number as well as expiration dates.	At the last coordinators meeting, Pete discussed the Vector solutions feature that allows for controlled substance logs to be tracked by the software. The additional features are being looked into and will be shared at with the system.
<b>CARS Update</b>	They continue to work on a generic MPR narrative. DAI power tool removed per PBPI request, and advanced airway power tool updated to reflect if DAI was performed. Continue to work on dosage/units/routes for certain medications, to streamline the data. Working on adding a RASS score, as requested by PBPI to be able to document a sedation score on calls where sedation was used. There was a recent issue regarding the student printout missing chest assessments. This has been resolved and they are now printing appropriately.	
<b>Region IX QI Committee Update</b>	None.	
<b>System Update</b>	EMT students doing well. Paramedic students moving from phase I to phase II. New COA guidelines on what is defined as a team lead. Connie will be updating system documents and emailing out to agencies to match these new guidelines. April CE is trauma and case studies. May will wrap up our calendar year with Airway. Specifically, we will be looking at our numbers over the past year as well as the latest national guidelines to influence our airway procedures/education. PEER educators – coordinators will be getting notified if they have any PEER educators that will be up for renewal. Connie went through the updated drug and supply list as there were multiple changes the past month. MIH is in its final stage of training and will be rolling out soon. System website has any additional relevant and up to date information.	
<b>Cardiac Arrest Committee Update</b>	Reviewed the cardiac arrest report card; in general, it was well received. Goals/time frames were left alone as they aligned with our current SOPs/goals. Pediatric arrest worksheet was discussed.	
<b>From the floor / Closing remarks</b>	Some quick discussion on measles. A warning to EMS personnel to cautious on a “fever/runny nose” kind of call. Cases are over 50 now in our area and several in the northern suburbs.  An additional question was posed to Dr. Jordan regarding our IM dose of Ketamine being maxed out at 300mg. There was an agency that felt like maybe that was too low of a dose for patients that are larger and acting violently and need to be sedated. Dr. Jordan felt like it was an appropriate dose for most patients and confirmed that is what he uses in the ER. On a rare occasion you may need a higher dose, it is within your protocol to contact OLMC and request more.	
<b>Adjournment</b>	Next meeting May 1, 2024. Motion to adjourn meeting made by Nichole, second by Tina. Motion granted, meeting adjourned at 1035.  Minutes respectfully submitted by: Nichole Junge, RN, EMT-P	