

Northwest Association of Provider EMS Coordinators
MINUTES
September 25, 2014

Topic	Discussion/Conclusions
Call to Order Previous Minutes Review of Agenda	Call to order at 09:10 by Pete Dyer Minutes approved (motion Schebel, second Walker)
Introductions	None
Treasurer's Report	Ed McGarry reported a balance of \$8025.15
Committee Reports	<p><u>CARS Committee</u> Did not meet. Marcus Rill has volunteered to chair the committee, filling the position left vacant by Rick Nosek's retirement; the matter will be considered at the October meeting. Rill stated that Illinois' NEMSIS 3 rollout has been delayed until a currently undetermined date.</p> <p><u>Research and Development</u> A device to move obese patients was reviewed by the committee; the conclusion was that the device was expensive relative to its benefits. The committee is also awaiting the results of the systems glucometer survey.</p> <p><u>Advisory Board</u> Some confusion exists among providers with respect to EMS delivery at active shooter incidents. The NWCEMSS policy under development will be a generic document focused on medical provision; the structure will be similar to the infection control policy. All providers should individually be developing specific policies with their local law enforcement agencies. The EMS focus should be on removing and caring for patients at incidents; law enforcement does not typically have a structured IC system that will integrate well with fire/EMS ICS. Law enforcement is converging on using a hot-warm-cold zone model to define areas of operation. It's anticipated that EMS personnel will receive patients in the warm zone. The goal is to begin treating victims within a structured patient management system as soon as scene safety allows.</p> <p>The Board is in the process of creating and filling a full voting position (with an alternate) for law enforcement. A call for volunteers is anticipated to go out soon. A discussion of the specific qualifications required for consideration seemed to indicate a preference for having a representative from a NWCEMSS affiliated agency.</p> <p><u>Education</u> The time constraint of current CE classes may be making higher order learning strategies difficult to implement effectively. Creation based methods are causing many students to devote their attention nearly exclusively to their assigned presentation topic, potentially limiting their learning on other topics presented during the class.</p> <p>The state EMS council meeting in September may provide insight into future CE requirements necessitated by scope of practice changes.</p>

	<p>October CE will address implementation of the immobilization guidelines contained in the current SOPs. Specific equipment requirements for the class will be sent to coordinators.</p> <p><u>PBPI</u> The recent glucometer screen did not provide definitive actionable results. Further testing, utilizing tighter control of variables, is required. Pediatric arrest screen found that electrical energy levels are not being properly documented (this was a very small sample set). The shock screen are being reworked to create higher quality data. Refusal screen found that LOC is not being properly documented. Many refusals for patients aged <18 and >64 are still not being reported to OLMC. Unless this situation is corrected immediately, we are risking losing the privilege of not having to call in all patient refusals. Many PCR's are still listing No illness/ No Injury as the primary impression for patients that are transported; this should not be the case. Dyer will bring to the Advisory Board the issues of having law enforcement transport EtOH patients to the ED, and leaving such patients at home with a decisional (not intoxicated) person.</p>
Emergency Preparedness	None
System and State Updates	<ul style="list-style-type: none"> • EMT class is underway; taught at the national standards level. Students will all take the National Registry exam. • A liability agreement between NCH and field internship host agencies is nearing completion. • All paramedic students in the upcoming class, including agency personnel, will be required to complete and document field experience prior to the start of class. • NASEMSO proposal would limit authorization for paramedics and EMTs to practice in remote states to those whose home state requires use of the National Registry (NREMT) exam as a condition of initial license. This poses a serious problem for Illinois, a non-NREMT state. • If the scope of practice for EMTs in Illinois changes, education will be required for any additional skills, even if the skills are not practiced due to specific system privileges. • Disagreement between IDPH and fire chiefs continues for those chief's whose personnel are in paramedic programs that do not sufficiently prepare the students. The NCH/Harper program does not fall into that category.
Correspondence	None
Old Business	<ul style="list-style-type: none"> • A reminder that the Imagetrend to billing agency HIPPA agreement does not take the place of an Imagetrend to agency agreement. • Agencies should be testing glucometers regularly; the life expectancy of glucometers is 5 years (at which point they should be replaced) • AED feedback will become a system requirement in the future • The system holiday breakfast will return this year.
New Business	None
Next Meeting Adjournment	<ul style="list-style-type: none"> • Next meeting – Oct. 23, 2014 @ 09:00 • Adjourned at 10:58 AM. Motion by Schebel, second by Johnson