Northwest Association of Provider EMS Coordinators
MINUTES
September 26, 2013

Topic	Discussion/Conclusions
Call to Order **Previous Minutes** **Review of Agenda**	Call to order at 09:02 by Pete Dyer Minutes approved (motion Johnson, second Nosek)
Introductions	Greg Fuchs was introduced to the group as the new PEMSC for Lake Zurich.
Treasurer's Report	None
Meeting Topics	**CARS Committee** Nosek Provided the report. Nosek advised the group that he reported to the chiefs that nearly half of all providers had modified their Fieldbridge configurations in a way that caused the powertool and master medication lists to have discrepancies. The powertools should not be modified by individual agencies; they should only be modified through the CARS committee. Medication lists should be reset to the default master drug list. Agencies were asked to reconsider who has administrative privileges; partial (not full) administrative privileges can be granted to users (contact Nosek, Senet, or Imagetrend for details). Nosek reminded that group that personnel should never be deleted from a provider's roster, instead they should be inactivated. Removal takes personnel off of all past medical records in the Imagetrend system. The NWCEMSS has inactivated the ability to remove personnel going forward. Nosek commented that procedures such as extrication are not being documented in Imagetrend, and response at the CARS committee level to begin doing so was met with little interest. The general belief being that procedures like extrication can be assumed to be performed on many calls. The transition from NEMSIS 2 to NEMSIS 3 will introduce an additional 182 data points to potentially be collected. The CARS committee will again be required to invest considerable effort to integrate the changes into our operation. The system will be required to run two databases to accommodate the two systems, there will be no additional cost to the system for doing this. Illinois has not decided on a switch over date. Not all of the additional data points will be required for Illinois validation, but we are not sure which will. A new guide for using the NEMSIS 3 based template will have to be developed as a resource for the paramedic report rooms. New HIPPA regulations went into effect on 9/23/13. Among many changes, Nosek reminded the group that provisions for electronic patient care record transfer using encryption must be made at all provider agencies. Adobe Acrobat's 128-bit encryption is sufficient to meet this requirement. All instances of Fieldbridge and Servicebridge must be logged out of at the conclusion of report creation. Windows computer locking is not a sufficient replacement for this procedure. **Research and Development** None **Education** Beginning 1/1/2014, the hours required by IDPH for renewal at the paramedic, intermediate and basic levels have been changed to 100, 80 and 60 hours respectively every four years. The new requirements are 20 hours below the national registry requirements. EMTs may have their scope of practice expanded to include what are commonly considered paramedic skills at some time during the very near future; in light of this, the Education Committee decided that the NWCEMSS will continue to mirror the national registry's renewal requirements. The August ECG post test revealed a rather

	prevalent weakness in system paramedics; nearly half of test takers would not have passed the ECG portion if it was given as a stand alone. The Education Committee decided that all upcoming CE classes should include an ECG review component (time permitting). The committee suspects that many medics are relying too heavily on cardiac monitor interpretation of ECGs, thereby allowing their own interpretation skills to degrade. Mattera reminded the group that monitors excel at interpreting ischemia, but are not nearly as accurate when interpreting rhythms. Any medic who does not pass the October ECG post test will receive a remediation packet to assist in developing ECG proficiency. Mattera stressed that the approach is not intended to be punitive. Incoming paramedic class will utilize a more rigid structure, at the request of several PEMSCs. Students will deliver more presentations during class. Jen Dyer is the clinical coordinator for the class, a class schedule will be distributed within the next several business days. Palatine FD has agreed to have their ambulance crews stage a series of call simulations throughout the training program as a tool for demonstrating to students the pace and prioritization that should be emulated in their own practice. A prerequisite to field internship requirement will be added to this year's program, encompassing many of the skills formerly developed during the first phase of the field internship. Multiple Patient Management Protocol training appears to be going well. Many agencies reported that their in house IC training has proven valuable thus far. Drew Smith suggested that providing a vest with all required tools for a particular assignment is under consideration at Prospect hts. **PBPI** Joe Albert provided the same report given to the chiefs on 9/20, slightly edited minutes of which follow. Detailed reports were given on the results of two recent screens on OPA/NPA use and Airway/Capnography. The reports identified limitations of the studies, areas where the system met benchmarks, and areas where we need to improve practice. All System members need to be aware of these results. The committee also presented preliminary data on whether the introduction of the new Field Bridge template resulted in service time savings. On its face, the data was inconsistent from agency to agency because everyone defines back in service time differently. Several challenges with the Image Trend queries were identified. The total number of calls reported exceeds the number of runs done in a typical month by almost three times, thus the data accuracy at the moment is questionable. The subcommittee will look into possible causes of the variations. It was also determined that perhaps the time period measured was too close to after the go-line date and System members were still learning the software. They will run the study again at a later time to see if more time savings have been achieved. This committee has worked diligently all summer to improve their ability to create screens, collect and report on System practice. The System highly values their contributions and thanks them for their efforts. Dr. O applauded the agencies that participated in sending in their data, but expressed concern that up to ¼ of the System had failed to participate in the two reported studies. It is important that we monitor the whole System and that we report fully on our collective performance. The chiefs can ask their CARS rep if they submitted data or not. That information is also logged by the Committee chairs and can be provided by them. Please take advantage of your agency's PBPI representatives for any data queries you may need. The results of the hypoglycemic screening will be issued shortly.
Emergency Preparedness	Annie Moy is assuming other responsibilities within NCH.
System and State	The system would like to have a summit in conjunction with law enforcement to address active shooter and concealed carry

Updates	issues. The system is involved in the state subcommittee developing possible models for Mobile Integrated Health Care (MIHC) and reduction of health care cost. Several models are proposed, including immunization programs, wellness/compliance checks on patients in their residential settings (may involve in-field consultations with physicians), programs specifically tailored to chronically ill frequent users of EMS systems. In communities where similar models are currently being explored, emergency vehicles are not used (replaced by staff type vehicles). Work with the federal government to secure funding for non-transport service delivery is continuing; such funding appears to be critical to successful comprehensive MIHC program implementation. The Illinois Poison Center is in danger of closing, which could translate into additional call volume for providers.
Correspondence	• None
Old Business	• None
New Business	• 12-lead transmission will be required in the near term in order for hospitals to meet quality standards for patient care, and receive reimbursement; a solution (or set of solutions) must be developed as part of our activities. • Airway testing (mandatory CE) will take place in May instead of November.
Next Meeting **Adjournment**	• Next meeting – October 24, 2013 09:00 • 11:25. Motion by Johnson, second by Walker