

Northwest Association of Provider EMS Coordinators
MINUTES
March 28, 2013

Topic	Discussion/Conclusions
Call to Order Previous Minutes Review of Agenda	Call to order at 09:07 by Pete Dyer Minutes approved (motion Johnson, second Kingsmill)
Treasurer's Report	Dyer reported for Ed McGarry; current balance of \$7404.15. No activity on the account since the 2/28/13 meeting.
Meeting Topics	<p><u>CARS Committee</u> Dyer provided the report. The NWC 413 template passed its validation test with the state. Agencies that did not send a representative to the train the trainer class on the new template should contact Markus Rill to arrange to attend one of his presentations prior to teaching the class. The April NWCEMSS CE class will be taught exclusively by provider instructors. There will be no post-test in April. Each licensed EMT at any level (Bs and Ps) will submit two completed training run reports to their EMSC in lieu of the post test. EMSCs will be required to certify that the training runs were completed. EMSCs must archive the training reports for system auditing purposes. All training runs must be completed using Field Bridge; Service Bridge runs will not be accepted. Connie Mattera reminded the group that Field Bridge is the only software that should be used for doing actual patient care reports under normal circumstances, and is the only software that may be used for the CE training reports. Service Bridge may be used for actual patient care reports only when Field Bridge is unavailable. Current paramedic students must complete this training as well, since they were taught the 2012c template in class. A system attendance roster should be used by agencies for the April CE.</p> <p>The system will begin sending 2013 electronic PCR data to the state in the near future, and work backwards through January, 2012. Matera would like EMSCs to inform her via email when their 2013 data through March is achieving 100% validity.</p> <p>Mattera encouraged the coordinators to have their personnel enter more descriptive paramedic impressions on PCRs. The "No apparent injury / illness" impression was the second most common category entered in 2012; a significant number of those patients were transported. She reminded the group that those transports typically would not be eligible for insurance reimbursement when coded in this manner.</p> <p>Web Site Development: The web site continues to improve its quality of service. Users are encouraged to contact Nosek to notify him of any outdated documents or other irregularities noticed on the website.</p> <p><u>Advisory Board</u> Pete Dyer provided the report. Several system policy changes were approved:</p> <ul style="list-style-type: none"> • A3: language barring transport of patients on ventricular pumps was removed • C5: Dyer informed the group that many Advisory Board members expressed the opinion that many potentially commendable events actually were simply examples of our typical work product, and were not extraordinary. Mattera expressed the opinion that recognition is a key component of job satisfaction, and that she would welcome expanded appropriate achievement recognition. She emphasized that recognition is not initiated by the system, but rather by providers. • C6: Change in language to require a double-count process with on-coming and of-going personnel present, when possible.

	<ul style="list-style-type: none"> • I2: New DICO forms are available on the system website • M8: Medical device failures must be reported to the FDA and the system • All agency employees must have a completed DCFS Acknowledgement of Mandated Reporter Status form on file with their employer. <p>Dyer advised that Steve Johnson would not be eligible to serve as a PM officer on the Advisory board because he is an EMSC. Two positions are open on the board:, ECRN alternate and paramedic officer.</p> <p><u>Research and Development</u> Dr. Ortinau provided the update. Video ET scopes have been reviewed. Good scopes exist, but are difficult to cost justify in the field environment.</p> <p>Mattera updated the group on the supply model used in our system. All system hospitals have agreed to restock specific models/brands/packaging of equipment and drug. This dictates a minimalist approach to required supplies for vehicles.</p> <p>Dr. Ortinau encouraged the group to come forward with any error reduction methodologies that they believe will assist in patient care. He also stated that our system allows drugs to be used for up to one year past their expiration date, provided that package integrity has not been compromised, and that the drug appears normal in every way.</p> <p><u>Education</u> April CE update covered in CARS committee section.</p> <p><u>PBPI</u> The system will participate in a STEMI care national database. Upcoming CE will provide guidance to medics on how to properly document calls in order to generate high quality data for submission to the database.</p>
System and State Updates	<p><u>Emergency Preparedness</u> The subcommittee is creating a train the trainer program, which will likely take place in early May. The Subcommittee is meeting on 4/2/13.</p> <p><u>IAFC/IDPH</u> Several persons have had their licenses expire during the transition period to a license fee model. Dyer reminded the group to remain vigilant for upcoming expirations, and to be sure to contact Connie when the child support statement and payment have been completed.</p>
Correspondence	<ul style="list-style-type: none"> • None
Old Business	<ul style="list-style-type: none"> • Dyer reminded the group that lights and siren policies are “trumped” by the SOPs. • We still do not have a definitive answer on the status of the HIPPA business agreement that the system has with Imagetrend, particularly whether all providers need to execute a new, individual agreement with them.
New Business	<ul style="list-style-type: none"> • None
Next Meeting Adjournment	<ul style="list-style-type: none"> • Next meeting – April 25, 2013; 9:00AM, LC 7&8. • With no further business the meeting was adjourned at 11:17 (motion by Walker, second by Johnson)