

**Northwest Community EMS System
Research and Development Committee
MINUTES February 1, 2017**

Topic	Discussion	Actions/Follow-Up
Call To Order	Meeting called to order at 11:18 hours.	
New Members	New Member: The group was introduced to Dr. Matthew Jordan, the new EMS MD	
Minutes & Agenda	Members had been sent minutes from November electronically prior to the meeting. Motion to accept made by Steve, second by Doug. Motion passed; minutes approved. No additions or changes to agenda.	
Old Business Lucas Trial Supraglottic airways	Steve from Schaumburg reported that the device has been used on a handful of pts thus far (~5-10) with varying outcomes. The goal is to have a large enough sample size to draw accurate conclusions from the data. Drew Hansen from AHFD reported findings of his product use research. There are several other devices available for pre-hospital use; however the ones with the most data available are the I-gel and King LTD. The limitation with the current King LTDs approved for System use is the lack of pediatric sizes. They exist, they just have not been approved. One other EMS System in our area has completed a review of extraglottic airways and has identified the I-gel as their preferred product. That decision is awaiting their EMS MD approval. Given the large number of extraglottic airways placed in the NWC EMSS, it is a good idea to relook at other possible options, gather data, and determine if we would like to conduct a field trial of the I-gel device.	Connie requested that all use reports be forwarded to her per the Trial Proposal so accurate data can be tabulated. Steve will forward. Drew offered to pull the research for I-gel, LMA and King LTD for the committee
Drug & Supply List	The Drug and Supply List and MedEngine supply list have been updated to be consistent with the new SOPs.	Completed
Glucometer Update	The system has signed a contract with Novo Biometrics for the new glucose meters which include the free acquisition of ~150 meters to stock the front line ambulances and med engines in our system just in the past 2 weeks. Additionally there is a pricing agreement for the testing solution and strips moving forward. Several questions have been posed to the Director of Purchasing for NCH relative to additional meter inventory, order numbers, and pricing. Once we are given that information and notified of the timeframe for distribution, a training module will be developed and the System will delegate to agency peer educators the responsibility for conducting roll-out education and measuring competency in using the new devices System wide.	Connie to continue pursuit of final contract terms with NCH purchasing.
New Business Video laryngoscopy	Discussion ensued regarding the major products used by EMS personnel including the CMAC, GlideScope, King Vision and McGrath. The CMAC and the GlideScope were determined not to meet our needs based on cost and/or operational features. The King Vision and McGrath are used by a variety of EMS systems in the area with pros and cons of each. The McGrath is approximately twice the price of the King vision. <div style="display: flex; justify-content: space-between;"> <div> <u>King Vision pros/cons</u> <ul style="list-style-type: none"> • Frees up a hand during procedure • Completely new skill • Can use with bougie • Uses AAA batteries with a battery indicator </div> <div> <u>McGrath pros/cons</u> <ul style="list-style-type: none"> • Acts like a mac blade • Familiar movement to field personnel • Not a rechargeable battery but new purchase • Replaceable battery is ~\$60 </div> </div>	Drew Hansen to work with King vision to set up a field trial. Requirements: Enroll 50-60 pts to achieve an adequate sample size; initial education conducted by manufacturer with Dr. Jordan on site for first offering; remaining education to be completed by Drew; monthly competency measurement of all personnel using the device; to be used as the front line tool for intubation during the trial with ETT preloaded with bougie;

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		<p>traditional laryngoscope blades and King airways must immediately be available if needed. All use reports to be returned to Susan Wood.</p> <p>EGV and Schaumburg also expressed interest in completing the trial. Will start with AH to see if any tweaks need to be addressed before adding additional personnel.</p>
Committee Charter and Reps	<p>An oversight has been recognized in the fact that this committee did not have a charter (as do all other standing groups and committees), therefore one has been created. The group reviewed and approved the charter as drafted with one exception.</p> <p>Elections for chair and secretary. The group nominated Ed Rogers as the committee chair. No other nominations were made and nominations were closed. The group nominated Drew Hansen as the secretary. No other nominations were made and were closed. Both elected unanimously by those present.</p>	<p><u>One update to the day and time being on the 1st Wednesday rather than the 2nd.</u></p> <p>Connie to update charter and have posted to website.</p>
Closing/from the floor: information sharing	<p>SCH recently had an RTF drill continuing to practice with police.</p> <p>DPFD received an IDPH Assistance Grant.</p> <p>MIH: Awaiting decision to underwrite funding by a third party vendor. Planning will move forward this spring for a late summer roll-out. Curriculum for community paramedics under review and creation.</p> <p>PEMSCs: creating a list of “resources” system wide. Will be a valuable reference tool for R&D.</p> <p>Go Bags: Region planners waiting for state grant funding for 2017 to be made available. Will stock bags with NWC EMSS-preferred products.</p>	
Adjournment	<p>Next Meeting – March 1, 2017.</p> <p>Motion to adjourn. All in favor. Motion granted. Meeting adjourned at 12:50.</p> <p>Minutes respectfully submitted by: Susan Wood, RN, EMT-P</p>	