Meeting Attendees: *Recorded via ZOOM*

TOPIC	TIMELINE	RECOMMENDATIONS/ ACTIONS	FOLLOW-UP/ PERSON & DATE
Call to Order	@ 0900		J. Klein
Members / Guests	@ 0909	General Membership – Held via Zoom (meeting address on agenda) If you need an email update for your dept. notify CARS Chair.	
Agenda	@ 0909	Emailed on 8-10-22 for review	
Approve Minutes	@ 0910	The July minutes were emailed on 8-10-22 (early) and approved as read without corrections during August 10th meeting.	
Open Issues			
System wide CQI Task Force	@ 0911	The origin was through BGFD as they were using CQI for their own dept. and now want to branch out into a system wide CQI that could benefit and compliment the PBPI and the system as a whole. The CQI form would be on the resource hospital level and then pushed down to the agencies. Permissions should mirror Parent - *System* - Name – *Northwest Comm.*	S. Renshaw J. Klein C. Mattera
Kno2 Update	@ 0914	The system is looking to branch out their trial as matching logic has improved. All Advocate should be up to date with DM with Kno2. North Shore is also looking to get involved with Kno2 in order to align all NS hospitals on the same version of the Epic Software. Ascension Hospital is looking at Kno2 DM as well.	M. Rill

Connect Conference	@ 0920	Jay Huh was a CARS rep that had attended and P. Sennett had spoke briefly on the happenings at the conference. He has reported a decrease in exposure to vendors in the common area of the River Center in St. Paul which made talking to sales reps from companies that work with IT difficult. Other observations included IT's drive to sell new products (mostly CQI) while still having existing issues & underperforming tech. support. The upside to IT is the creation of an internal CQI team that will review their existing product. There will be a complete Report Writer rebuild with some parts being released in early 2023.	M. Spiro C. Mattera P. Sennett
MPR & Auto Narrative	@ 0928	Using the auto narrative for a best practice in given situation is a good idea but how to implement that practice so it is understood by everyone has yet to be adopted. If agencies are interested in using this feature, going to the IT University could help explain what is involved in setting it up. S. Parry several meetings back stated that SFD had adopted language with regard to the MPR.	
Orange for weight & weight-based medications	@ 0934	If there could be a way to tie zero point validation into a repeat patient data. P. Sennett stated that he could talk to Chris Ohlstein from IT if we could remove the weight from repeat data import. C. Mattera stated that this is especially important in pediatric patients, as well as different crews caring for the same patient and interpreting different weights. Maybe a list of what datasets are actually imported from repeat patients would help.	J. Klein
BEFAST Rule Change #1589	@ 0940	The rule had changed based off a crew's incident disposition (eDispo.12) and had Stroke = YES (stroke overall). Even though the crew did not do a BEFAST the old rule asked for them to do something they did not perform. Therefore a select few dispositions were removed from the rule in instances of initial responder on the scene was NT and time did not allow full assessment.	J. Klein

Decisional Capacity	@ 1003	One agency reported that they had a Seizure/Post-Ictal with AMS and were wondering why an "N/A" didn't exist for HI/SI. In cases where decisional capacity was needed to be assessed but the pt was not HI/SI. CM was under the impression that these were 2 separate worksheets as they are just one as of these minutes. It may come to a point where CARS may have to re-write these into 2 separate with different validation triggers. There may also have to be additional selections to acknowledge the pt was AMS but then regained consciousness/lucidity and was able to answer EMS questions later. A copy of the worksheet was made inactive on NCH for ease of editing.	
Ventilators (Procedure)	@ 1006	The new NCH ventilator RR, TV, FiO2 and PEEP should be able to be documented in the power tool. There is one ventilator field for non-critical care as a integer textbox. PS stated that he was going to talk to Chris at IT to see if we could add some of these CC fields to the non-CC lists.	
Supporting Agencies Clean-up	@ 1012	A brief tutorial was presented to help agencies that are struggling to sort their drop-down lists and make them more user friendly for field Personnel. If someone should want help with this feel free to contact the CARS Chair for further information.	
Housekeeping	@ 1020	Elegard Heads Up was made inactive, Dopamine to be removed soon. Ventilator PT was created but there are inconsistencies. Stroke national numbers for scene time have changed to 15 minutes. Would there be a way to trigger a flag for a scene time > than 15 minutes on a stroke call.	
PBPI Liaison	@ 1025	No report	

Northwest Community Hospital
CARS Meeting Minutes
Wednesday, August 10th, 2022
Virtual Meeting via ZOOM

Next Meeting	@ 1025	September 14th, 2022 (Black/1st)	
Adjournment	@ 1025	Motion to adjourn by Mandel. 2nd B. Eisner Minutes submitted by Secretary J. Klein	