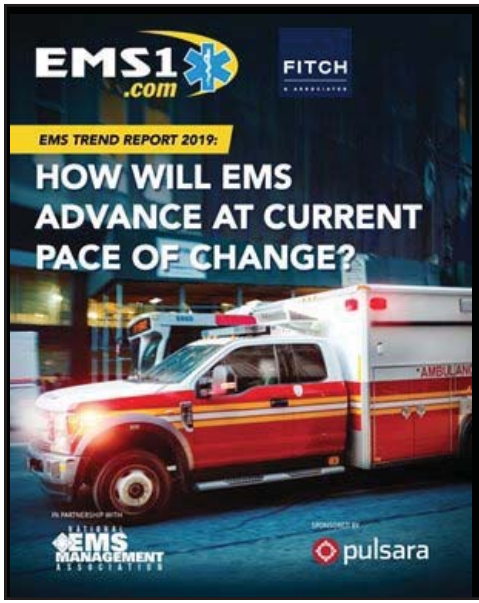
Northwest Community EMS System
NCH Paramedic Program
Report 9/19

"Partners in Innovation…
Education & Practice Excellence!

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972



Report following Pinnacle Meeting in July – great insights

EMT Class outcomes

NCH NREMT 1st attempt pass	Cumulative pass within 3 attempts	NREMT data
S16 97% (35/36)	**97%** (35 / 36)	1st attempt 78% 3rd attempt 81%
F16 87% (33/38)	**95%** (36 / 38)	1st attempt 71% 3rd attempt 78%
S17 85% (29/34)	**91%** (31 / 34)	1st attempt 73% 3rd attempt 78%
F17 97% (34/35)	**97%** (34/35)	1st attempt 69% 3rd attempt 79%
S18 **92.3%** (24/25)	Did not retest	1st attempt 73% 3rd attempt 77%
F18 **98%** (40/41)	Did not retest	1st attempt 75% 3rd attempt 78%
S19 89% (25/28)	96% (27/28)	

F18-S19 Paramedic Class Outcomes

S19: 29 started; 1 withdrew : 3% attrition
24 took NR exam; 4 took state exam
1 still outstanding for NR retest (8/22/19)

NCH NREMT results 1st attempt pass	NCH cumulative Pass within 3 attempts	NREMT data
S16 21/25 (84%)	24/25 **(96%)**	1st attempt: 75% Cum pass 3 attempts: **82%**
S17 24/26 (92%)	**26/26 (100%)**	1st attempt: 77% Cum pass 3 attpts: **84%**
S18 24/25 (96%)	**25/25 (100%)**	1st attempt: 79% Cum pass 3 attpts: **85%**
S19 19/24 (79%)	**23/24 (95.8%)**	1st attempt 73% Cum pass 3 attpts: **85%**

NCH State results 1st attempt pass	NCH cumulative Pass within 3 attempts	Ill State PM data
S18 2/2 (100%)	**NA**	1st attempt:
S19 4/4 (100%)	**NA**	**Not available**

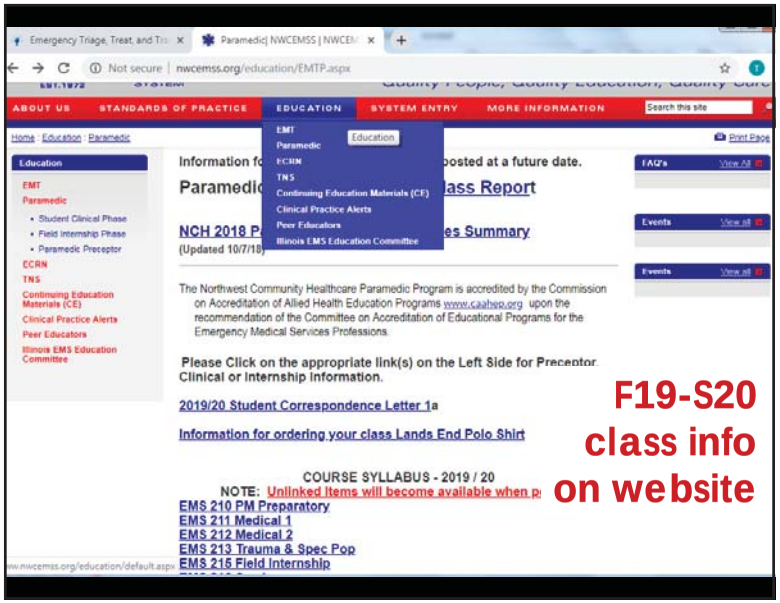
Paramedic class results year over year

Year Semester averages	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	EMS 213 Trauma; Sp. Pop.	EMS 216 Seminar	Cum GPA
F15 N=30	91.78	92.28	88.89	92.05	91.62	91.40
F16 N=29-28	91.9	91.25	89.4	92.15	92.42	91.42
F17 N = 27	91.16	91.72	88.95	92.02	92.59	91.23
F18 N=28	93	93.07	90.77	93.85	93.1	92.83

Year Mod Exam ave. scores	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	EMS 213 Trauma; Sp. Pop.	EMS 216 Seminar	Cum GPA written only
F15 N=30	93.3	91.34	91.62	92.52	90.41	91.84
F16 N=29-28	93	93.56	90.45	92.26	91.11	92.08
F17 N=27	93.3	93.56	91.96	91.13	92.27	92.44
F18 N=28	93.8	94.17	91.84	94.35	91.74	93.18

EMS 210 (EMS preparatory)

Year	Quiz 1	Quiz 2	Quiz 3	Quiz 4	Quiz 5	Ave.
F16	92.0	93.1	90.8	89.7		91.4
F17	89.5	93.5	89.7	88		90.25
F18	95.3	94.3	93.2	89.6	90.9	92.66
F19	97.21	93.5				



Northwest Community Healthcare Paramedic Program
Academic Calendar F19 – S20 Rev. 9-18-19

Assumed knowledge: Medical Terminology

Week # 1 Preparatory

Date	Time	Topic	Pre-class prep	Class Activity	Faculty
8/30/19 Friday	0900-1200	Welcome! Orientation Start EMS 210	Student policies Release of academic Information Student learning contract Consent for invasive procedures Consent for photographs	Icebreaker activity, Election of squad officers; Sign & submit agreements, squad role plays	M. Gentile
	1200-1300	Lunch			
	1300-1400	Orientation cont'd.			
	1400-1700	Brilliant on the basics: *Ready to sprint or stuck in the gate?*		White board lightning rounds of EMT concepts	Chris Dunn
9/2/19		Labor Day – No Class			
9/3/19 Tue	0900-1100	EMS System communications: equipment; communication with other health care professionals; team communication & dynamics	Policies: C-8 Communications Policy O-1 Override SOP: Radio Report Bledsoe textbook: Vol.1: pp. 162-181	Role playing calling OLMC for a BLS patient	M. Gentile
Education Committee	1100-1200	EMS Systems Standards of practice: SOPs, Policy manual Procedure manual Drug & Supply List	SOP: Introduction (p. 1) Policies: A-2: Use of Aeromedical Transport Vehicles; A-3: ALS vs. BLS Care/Scope of Practice; B-1: Hosp. Resource Limitation/ Bypass	SOPs & Policies found on System website: www.nwcemss.org under Standards of Practice tab	C. Mattera
	1200-1300	Lunch			
	1300-1500		Policies cont.: Req for State Licensure as an EMT-P; C2 CE C3		C. Mattera

Northwest Community Healthcare (NCH) PARAMEDIC PROGRAM

Squad and Agency Assignments 2019-2020

Thanks for hosting our students!!!

Squad 1	Squad 2	Squad 3	Squad 4	Squad 5
Akers, Michael AH	Dahl, Matt MP	Frisk, Patrick SCH	Acevedo, Brandon SUP	Montes, Arlen RM
Bosco, Benjamin MP	Dyer, Matthew SCH	Kennedy, Richard DP	Reich, Kayla BLFPD	Pioch, Eric AH
Bucciferro, Dominic PAL	Hohmeier, Michael BAFD	Miner, Adeline PAL	Martinelli, Mark SCH	Porter, Sean BLFPD
DeAvilla, Monique SCH	Hubberts, Anastasia EGV	O'Mahoney, Brian PAL	McLoughlin, Kane DP	Szymanski, Rafal EGT
DeJaynes, Jacob SCH	Lantrip, Jack HE	Scott, Devin LZ	Sincox, James BCFPD	Traxel, Bryan HE
VanDuch, Jonathan PAL	Moens, Scott HE	Wind, Cymon EGV	Sloan, Erik SCH	Walsh, Matt LZ

Hospital EMS Coordinator/Educator assignments:

Alexian Brothers Medical Center (Georgene Fabsits): A. Hubberts (EGV); K. Reich (BLFPD); S. Porter (BLFPD); R. Szymanski (EGT); C. Wind (EGV)

Advocate Good Shepherd Hospital (Beth Keane): M. Hohmeier (BAFD); D. Scott (LZ) J. Sincox (BCFPD); M. Walsh (LZFD)

NCH (Noreen Unti): M. Akers (AHFD); D. Bucciferro (PAL); A. Montes (RMFD); A. Miner (PAL); B. O'Mahoney (PAL); E. Pioch (AHFD); J. VanDuch (PAL)

nch Northwest Community Healthcare

Northwest Community Healthcare

PARAMEDIC PROGRAM STUDENT HANDBOOK

August 2019 - June 2020

The student, by virtue of applying for or accepting a position in the class, assumes the responsibility to conform to all applicable governmental laws, regulations, ordinances, policies, procedures, and protocols governing citizen conduct as well as those addressing students and licensed Emergency Medical Services (EMS) personnel including all Federal, state, local and program requirements.

These standards of conduct apply to

- applicants who become students, for offenses committed as part of the application process;
- applicants who become students, for offenses committed on the Northwest Community Healthcare (NCH) campus and/or while participating in program related events or activities that take place following a student's submittal of the application throughout his or her official enrollment; and former students for offenses committed while a student.

The statements and requirements in this handbook have been reviewed and approved by me for this academic year.

Matthew T. Jordan, MD, FACEP
Paramedic Program Medical Director

Rev. 7/20/2019

Advisory Committee reviewed and voted to approve 9-12-19

nch Northwest Community Healthcare

Northwest Community Healthcare
Paramedic Program
901 W. Kirchoff (EMS Offices)
Arlington Heights, IL 60005
Phone: 847-618-4480
Fax: 847-618-4459

August 22, 2019

Medical Director Attestations and Approvals
NCH Paramedic Program F2019-S2020

Initials	
MJ	I agree to review and approve the educational content of the Paramedic Program for appropriateness, medical accuracy, the inclusion of evidence-based standards, and performance agreement with the National EMS Education Standards.
MJ	I have reviewed and hereby approve the required minimum numbers for each required patient care contact and procedure as endorsed by the Paramedic Program Advisory Committee.
MJ	I agree to review, provide feedback as necessary, and approve the instruments and processes used to evaluate students in the didactic, laboratory, clinical and field internship components of the course.
MJ	I agree to participate in the review of each student throughout the program and assist in determining appropriate corrective measures when necessary.
MJ	I agree to attest to the competence of each program graduate in the cognitive, psychomotor, and affective domains as a result of multiple summative evaluations from a host of faculty and preceptors affirming that the candidate has demonstrated full achievement of course objectives.
MJ	I affirm that the Program Director and I engage cooperatively on an ongoing basis to lead and direct the activities of the NCH Paramedic Program.
MJ	I agree to ensure the effectiveness and quality of any Medical Director responsibilities delegated to another qualified physician.
MJ	I agree to advocate for ongoing educational interaction and cooperation of physicians with the paramedic students.

Matthew T. Jordan, MD, FACEP
Paramedic Program Medical Director

2018-2019 CoA Appendix G and Program Patient Contact and Skills with Stats
2019-2020 Patient Contact and Skills Recommendations

Adv. Comm. Approved 9-12-19

Field Experience, or Capstone	Minimum		Mode					
Trauma	30 Total	30 Total	28.6	29	Mult	18-43	30	
Trauma – Pediatric	6						6	Not reported 2018-19; begin Fall 2019
Trauma - Geriatric	6						6	Not reported 2018-19; begin Fall 2019
Pediatrics	18 Total	25	30.6	29	27	20-55	25	
Newborn	2	2	4.5	4.5	Mult	1-8	2	Likely observed assessment only
Infant	2	3	2.9	3	2	0-7	2	
Toddler	2	2	5.4	5	4	1-11	3	
Preschool	2	2	2.4	2	2	1-5	2	
School-age	2	3	5.7	5	5	2-11	3	
Adolescent	2	5	9.8	9	9	4-24	5	
Medical	60 Total	60	61.5	60	Mult	44-80	60	
Medical – Pediatric	12						12	Not reported 2018-19; begin Fall 2019
Medical – Geriatric	12						12	Not reported 2018-19; begin Fall 2019
Stroke / TIA	2	2	3.9	4	4	0-9	2	
Acute Coronary Syndrome	2						2	Not reported 2018-19; begin Fall 2019
Cardiac Dysrhythmia	2						2	Not reported 2018-19; begin Fall 2019
Resp Distress/Failure	2	20	17.3	18	Mult	8-26	15	
Hypoglycemia/DKA/HHNS	2						2	Not reported 2018-19; begin Fall 2019
Sepsis	2						2	Not reported 2018-19; begin Fall 2019
Shock	2						2	Not reported 2018-19; begin Fall 2019
Toxicological Event/OD	2						2	Not reported 2018-19; begin Fall 2019
Psychiatric	6	6	14.1	14	Mult	7-21	6	
Altered Mental Status	2	8	19.7	19	18	7-31	8	
Abdominal Pain (CC or Impr)	2	4	11.3	10	Mult	4-24	4	Chief Complaint or Impr
Chest Pain	2	8	13.5	12.5	8	6-29	8	This CC may also satisfy Impr of ACS
Skills								
IV Bolus Med Admin	20						20	Not reported specifically (total only); begin fall
IM or SQ Injection	2						2	Not reported specifically (total only); begin fall
Inhaled Med (MDI, Neb)	2						6	Not reported specifically (total only); begin fall
Team Leads in Capstone	20 Total	20	49.3	46	Mult	26-80	20	No CoA rqmt for ALS Team Leads. See p 4.
(Team Leads – ALS)	(N/A)	(15)	(27.7)	(26.5)	(Mult)	(15-48)	(15)	

CE Topics 2019-2020

7/19 Cardiac arrest mgt
8/19 ITC
9/19 Head/neck trauma
10/19 Chest/Abd/Ortho
*11/19 Cardiac arrest

1/20 Respiratory; Sp. needs
2/20 Chronic Neuro
3/20 Behavioral/Psych
4/20 Environmental Emerg
5/20 Legal/Ethical

4 recent updates

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM

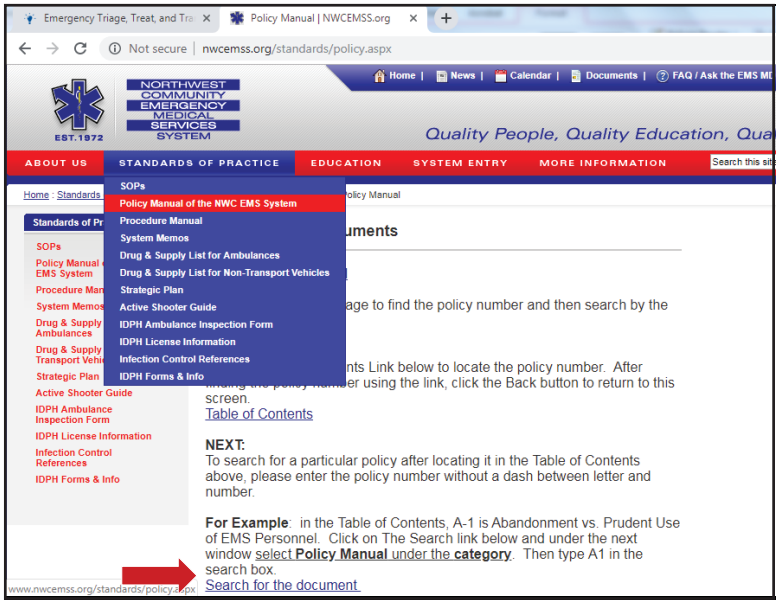
POLICY MANUAL
2019

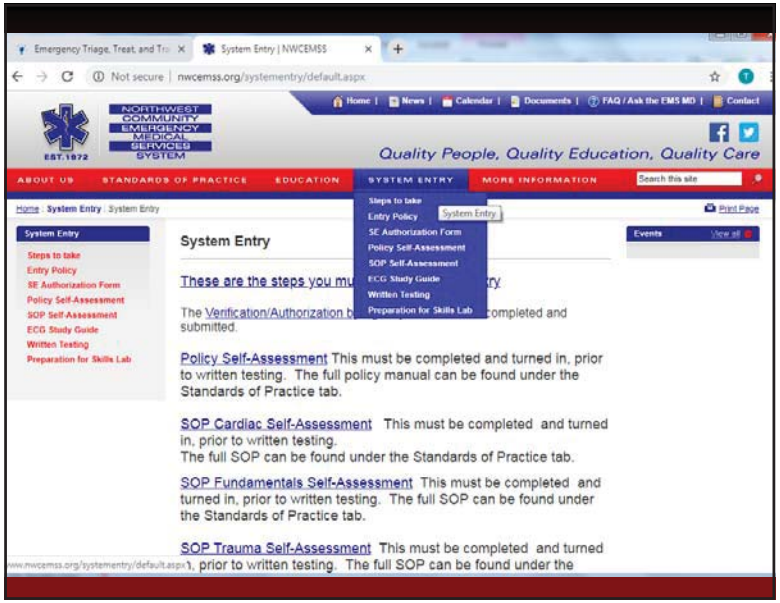
Northwest Community EMS System
POLICY MANUAL
8/1/19

* Minimum policies to have in each ambulance or accessible electronically

TABLE OF CONTENTS

Policy No.	Title	Implemented
A-1*	Abandonment vs. Prudent Use of EMS Personnel	3/12/15
A-2*	Use of Aeromedical Transport Vehicles	1/1/14
	Helicopter request worksheet (attached to policy)	
A-3*	ALS vs. BLS Services/Care/Scopes of Practice	6/1/19
A-4	Use of Automated External Defibrillators	8/1/15
A-5*	Abandoned Newborn Protection	1/1/10
	Abandoned newborn protection checklist	
	Forms to provide to relinquishing parent	
B-1*	Hospital Resource Limitation/Ambulance Bypass	8/1/19
	Hospital & Dispatch center notification numbers	
	Hospital Peak Census/Bypass Pre-alert form and Bypass Worksheet form	
O-1	Requirements for State Licensure as an EMT B or P	7/1/10
O-2	Continuing Education Policy	4/1/17
	IDPH Training application (site code) form (IDPH EMS website)	
	CE Verification form (issued annually by Resource Hospital)	
	Con Ed Direct Patient Care form	
	CE class report form (to be filed out by Educators prn)	
O-3*	Crisis Response Plan	10/1/04
	System-wide Crisis forms Resource & Associate Hospitals	
O-5	Commendations/Certificate of Merit	4-1-13
	Commendation/Merit award application 4/1/13	
O-6*	Controlled Substances on EMS Vehicles	6/10/18
	Controlled substance log Ambulance (6/1/14)	
	Controlled substance log Alternate Response Vehicles (12/1/16)	
O-7*	Confidentiality of Patient Records (HIPAA compliance)	2/1/16
O-8*	Communications Policy	12/1/16
O-9	Documentation of EMS Communications Log	7/1/14
D-1	Due Process: System Disciplinary Action (Suspensions)	1/1/16
	Final Written Warning template (12-15)	
D-2*	Drug Replacement: soon to expire, outdated or damaged	5/1/05
D-3*	Approving/Issuing/Exchanging Drugs and Supplies	2/1/16
	Sample notice of ambulance restocking program	
	Drug & supply list (Obtain latest edition from System website)	
D-4	Data Collection & Submission using ePCR software	12/1/16
D-5*	Illinois POLST form and Advance Directive Guidelines	12/1/16
	IDPH POLST form 5-16 (Serves as evidence of DNR status)	
	POLST form education slide deck 2017 (See II POLST website)	
	Advance Directives Act	
	Durable Power of Attorney form (1/16)	
D-7	Emergency Medical Dispatcher	7/1/10





Extensively updated trauma sections in July

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

PROCEDURE MANUAL

7-24-2019

NWC EMSS PROCEDURE MANUAL July 24, 2019

NORTHWEST COMMUNITY EMS SYSTEM - Drug/Supply/Equipment List
Last revised: 7/1/19

KEY: ALS — Required on all ALS vehicles unless specified otherwise. All other items are required on BLS and ALS vehicles.
* Drugs identified by an asterisk (*) are controlled substances and must be accounted for per system policy.
** System hospitals must replace all drugs, supplies, and equipment items **EXCEPT** those items indicated by a double asterisk (**). These items must be purchased and/or maintained by the EMS provider agency.
IL — required by IDPH administrative code section 515.830

- EMS agencies shall assign appropriate personnel to inventory ambulances daily at shift change to ensure complete par levels, intact packaging, current dates, and good working order. All controlled substances must be viewed and counted daily per policy.
- The EMS MD or designees will do random unannounced ambulance inspections to measure compliance with these standards.
- All EMS products exchanged at hospitals must be LATEX- FREE. All non-exchange items must be latex free unless a waiver has been granted and a latex-containing kit is maintained. Contain latex: Do NOT use without covering equipment or patient: BP cuffs, stethoscopes, Nellcor pulse oximeter.

KEY	Min.	ITEM			PACKAGING
MEDICATIONS		***(Keep drugs packaged in boxes, in the original box to facilitate correct identification.)***			
BLS & ALS	**OPT	Acetaminophen (Tylenol) 650 mg PO (≥13 years)			tablets
ALS	3	Adenosine			6 mg / 2 mL
BLS & ALS	3	Albuterol			2.5 mg / 3 mL (0.083%)
ALS	3	Amiodarone			150 mg / 3 mL amp
BLS & ALS	4 tabs	ASA chewable			81 mg / tablet
ALS	6	Atropine sulfate			1 mg / 10 mL preload
ALS	1	Diphenhydramine for IVP			50 mg / 1 mL
BLS & ALS	2 tabs	Diphenhydramine for PO route			50 mg tablets
Opt		Calcium gluconate 2.5% (Calgonate) gel			25 Gm tube
ALS	2	Dextrose 10% (D10W)			25 Gm / 250 mL
ALS	10	Epinephrine 1 mg/10 mL (1mg/mL vials with NS diluent (9 mL) OK during drug shortage; extended use dating on preloaded syringes during drug shortage)			1 mg / 10 mL preload
BLS & ALS	4	Epinephrine 1mg/1mL VIAL			1 mg / 1 mL
ALS	40 mg	Etomidate			40 mg / 20 mL
ALS	3 if able*	Fentanyl	*CONTROLLED SUBSTANCE In LOCKED CONTAINER	YES NO	100 mcg / 2 mL (ampule pref, keep padded)
	(2)	OR Morphine 10 mg (if able) – if fentanyl unavailable; keep in controlled substance container			

Under an audit now
Please be very careful to ensure compliance with all policies

EMS Replenishment Internal Audit Request Listing

Requested Documentation	Selection/Date	Sample Size	Process Owner/ Responsible Person	Date Requested	Due Date
Please provide the date of the last new ALS Vehicle that was added at NCH.	N/A	N/A	Connie Mattera	08/09/2019	08/16/2019
Please provide evidence of reivew of the Drug, Supply, and Equipment Listing for the following months: January, February, April, June, & July	January, February, April, June, & July 2019	5	Connie Mattera	08/09/2019	08/16/2019
Please provide a listing of all new drugs, supplies, or equipment that were approved by EMS from 1/1/19 - 7/31/19. *(From this listing, PM will select a sample of 5 new products for testing)*	TBD	5	Connie Mattera	08/09/2019	08/16/2019
Please provide a listing of all controlled susbtance disposals from 1/1/19 - 7/31/19. *(From this listing, PM will select a sample of 5 disposals for testing)*	TBD	5	Connie Mattera	08/09/2019	08/16/2019

Updated org chart & System Directory on website (About us tab)

Northwest Community EMS System Organizational Chart

Steve Scogna
President & CEO NCH

Eileen Gillespie, DNS
Exc VP Patient Services & CNO

Matthew T. Jordan, MD, FACEP
EMS System Medical Director

John M. Ortiseu, M.D., FACEP
Alternate EMS MD

Connie J. Mattera, MS, RN, PM
EMS Administrative Director and System Coordinator
Director, Resuscitation Department
Director Mobile Integrated Healthcare
Paramedic Program Director
TNS Course Coordinator

Resource Hospital EMS System Educators:
Kourtney Chesney, PM (PM class lab coordinator)
Chris Dunn, AAS, PM (EMT Lt)
Jennifer Dyer, BS, RN, PM (Educator & PM Clin Coord)
Michael Gentile, BA, PM (Paramedic class Lt)
Susan Wood, MSN, PM (CE Coord)

Secretaries: Kathy Fitzpatrick, Pamela Ross

CTC Coordinator: Dara Sordo

NCH ED EMSC: Noreen Unit, MS, RN

EMS Provider Agency Hospital Assignments

Alexian Brothers	Good Shepherd	Glen Oaks Hospital	NCH ED	NWC EMSS	Resu
Georgene Fabrello	Beth Keane	Lisa Henson	Noreen Unit	J. Dyer - Prospect Heights; C. Mattera - Des Plaines - Superior; S. Wood - Mount Prospect - Lincolnshire RW	Virgil Cindy - Adam
- Bloomingdale - Elk Grove Rural - Elk Grove Village - Ferndale - Itasca - Wood Dale	- Al Tec (pending) - Barrington - BCFPD - Lake Zurich - Long Grove		- Arlington Heights - Buffalo Grove - Palatine - Palatine Rural - Rolling Meadows		

NCH EMS contact information:

EMS MD	Matt Jordan	mjordan@nch.org
EMS Administrative Director	Connie Mattera	cmattera@nch.org
CE & System Entry Coordinator	Susan Wood	swood@nch.org
PM Class Clin Coord/CE Educator	Jen Dyer	jdyer@nch.org
PM Class Lead Instructor	Mike Gentile	mgentile@nch.org
PM Class Lab Coordinator	Kourtney Chesney	kchesney@nch.org
EMT Class Lead Instructor	Chris Dunn	cdunn@nch.org
EMS Admin supports System; TNS/ECRN	Kathy Fitzpatrick	kfitzpat@nch.org 847-611
Supports CTC, System entry/EMT/PM/CE	Pamela Ross	pross@nch.org
Community Training Center Coordinator	Dara Sordo	dsordo@nch.org 847-611
NCH ED EMS Coordinator	Noreen Unit	nunit@nch.org

IDPH Regions 8 & 9 EMS Coordinator: Joyce McNamara-Coughlin, M.Ed., RN
Illinois Department of Public Health Division of EMS & Highway Safety
Phone: 630-293-6805
345 W. Roosevelt Road, Building 5, West Chicago, IL 60185
E-mail: Joyce.McNamara-Coughlin@illinois.gov
7-9-19

Northwest Community EMS System DIRECTORY August 6, 2019

Northwest Community Hospital
800 W Central Rd, Arlington Hts. IL 60005
847.618.1000

Stephen Scogna President and CEO x 5007
Eileen Gillespie DNS x 5040
Executive VP Pt Services and CNO
EgillespieE@nch.org fax 847.618.5009

Resource Hospital EMS Offices
901 Kirchoff Center (1st floor)
847.618.4480 fax 847.618.4489

Matthew T. Jordan, MD, EMS MD #4480
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Connie J Mattera, RN - EMS Admin Dir #4485
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Christopher Dunn PM - EMT Course Lt #4492
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Jennifer Dyer RN - EMS Educator #4494
jdyer@nch.org
Susan Wood RN – In-station Coordinator #4486
swood@nch.org
Kathy Fitzpatrick - Admin Assistant #4480
kfitzpat@nch.org

Associate Hospitals

Amita Alexian Brothers Medical Center
800 Biesterfield Rd, Elk Grove Village IL 60007
847.437.5500 ED 847.981.3599
OLMC 847.437.8118 Adm fax 847.981.5570
ED fax 847.981.2002 EMS fax 847.981.3531
Dia Nichols, CEO/President 847.981.3519
Rick Stephani MD ED Med Dir x 3527
Grant VanHazebrouck MD EMS 847.981.3599
Julie Sconzo RN ED Dir x 6093
Georgene Fabrello RN - EMSC 847.981.3628
pgr 847.753.0041

Amita Glen Oaks Hospital
701 Winthrop Ave, Glendale Heights IL 60139
630.545.8000 ED 630.545.5700
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Advocate Good Shepherd Hospital
450 W Highway 22, Barrington IL 60010
847.381.9600 ED 847.842.4444
OLMC 847.381.9525 Adm fax 847.381.8074
ED fax 847.842.4247 EMS fax 847.842.4339
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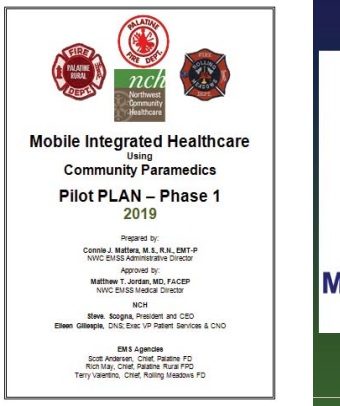
Kerry Smith RN EP Coord
Elizabeth Keane RN - EMSC 847.842.4218

NCH/NWC EMSS partnership MIH Pilot poised to start



Mobile Integrated Healthcare
Using
Community Paramedics
Pilot PLAN – Phase 1
2019

Prepared by:
Connie J. Matters, M.S., R.N., EMT-P
NWC EMSS Administrative Director

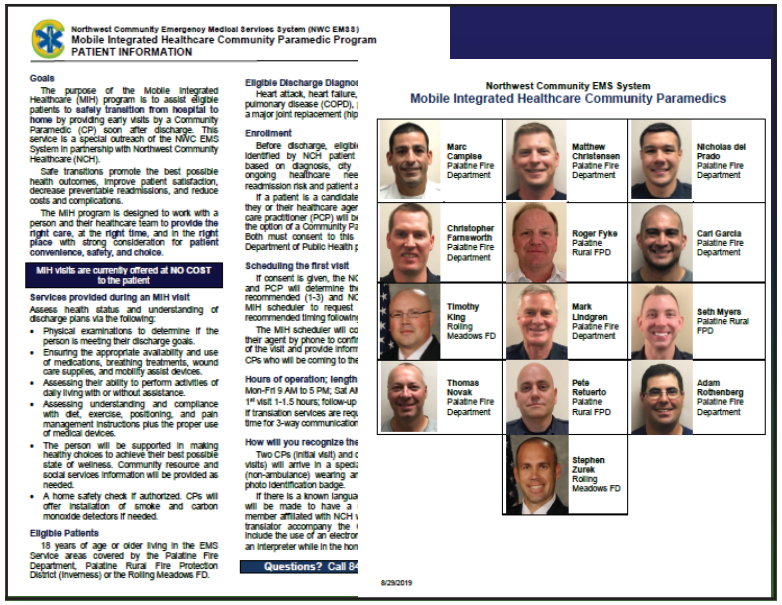
Approved by:
Matthew T. Jordan, MD, FACEP
NWC EMSS Medical Director

NCH
Steve Scogna, President and CEO
Eileen Gillespie, DNS, Exec VP Patient Services & CNO

EMS Agencies
Scott Andersen, Chief, Palatine FD
Rich May, Chief, Palatine Rural FPD
Terry Valentino, Chief, Rolling Meadows FD

Northwest Community EMS System

Mobile Integrated Healthcare
Community Paramedics



Northwest Community Emergency Medical Services System (NWC EMSS)
Mobile Integrated Healthcare Community Paramedic Program
PATIENT INFORMATION

Goals

The purpose of the Mobile Integrated Healthcare (MIH) program is to assist eligible patients to safely transition from hospital to home by providing early visits by a Community Paramedic (CP) soon after discharge. This service is a special outreach of the NWC EMS System in partnership with Northwest Community Healthcare (NCH).

Safe transitions promote the best possible health outcomes, improve patient satisfaction, decrease preventable readmissions, and reduce costs and complications.

The MIH program is designed to work with a person and their healthcare team to provide the right care, at the right time, and in the right place with strong consideration for patient convenience, safety, and choice.

MIH visits are currently offered at NO COST to the patient

Services provided during an MIH visit

Assess health status and understanding of discharge plans via the following:

- Physical examinations to determine if the person is meeting their discharge goals.
- Ensuring the appropriate availability and use of medications, breathing treatments, wound care supplies, and mobility assist devices.
- Assessing their ability to perform activities of daily living with or without assistance.
- Assessing understanding and compliance with diet, exercise, positioning, and pain management instructions plus the proper use of medical devices.
- The person will be supported in making healthy choices to achieve their best possible state of wellness. Community resource and social services information will be provided as needed.
- A home safety check if authorized. CPs will offer installation of smoke and carbon monoxide detectors if needed.

Eligible Patients

18 years of age or older living in the EMS Service areas covered by the Palatine Fire Department, Palatine Rural Fire Protection District (Inverness) or the Rolling Meadows FD.

Eligible Discharge Diagnoses

Heart attack, heart failure, pulmonary disease (COPD), a major joint replacement (hip

Enrollment

Before discharge, eligible identified by NCH patient based on diagnosis, city ongoing healthcare nee readmission risk and patient a

If a patient is a candidate they or their healthcare ager care practitioner (PCP) will be the option of a Community Pa Both must consent to this Department of Public Health p

Scheduling the first visit

If consent is given, the NC and PCP will determine the recommended (1-3) and NC MIH scheduler to request recommended timing followin

The MIH scheduler will co their agent by phone to confir of the visit and provide inform CPs who will be coming to the

Hours of operation; length

Mon-Fri 9 AM to 5 PM; Sat Al 1st visit 1-1.5 hours; follow-up If transition services are requ time for 3-way communication

How will you recognize the

Two CPs (initial visit) and c visits) will arrive in a specia (non-ambulance) wearing ar photo identification badge.

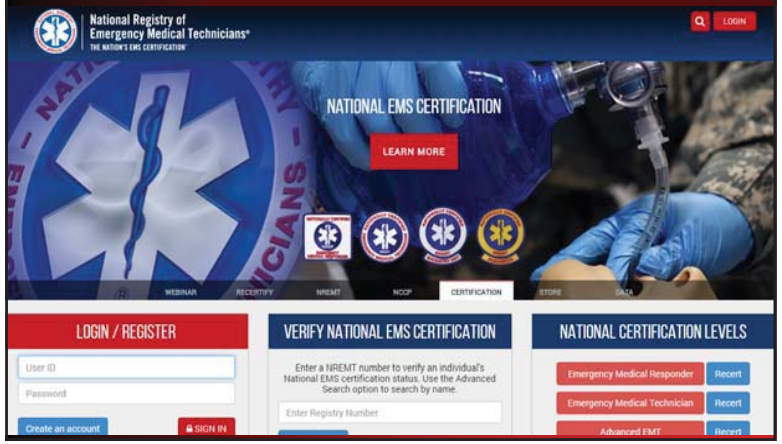
If there is a known langua will be made to have a member affiliated with NCH translator accompany the Include the use of an electron an interpreter while in the hon

Questions? Call 84

8/29/2019

Northwest Community EMS System
Mobile Integrated Healthcare Community Paramedics

IDPH moving to NREMT testing for all entry level graduates as path to licensure 4-1-20



EMS Scope of Practice Model Proposed Rev.

IDPH Division of EMS and Highway Safety

Unanimously approved by State EMS Education Committee: July 22, 2019

Approved by EMS Gov. Council 9-19-19

The legal authority for EMS personnel to practice is established by State legislative action and EMS Rules. Licensure authority prohibits anyone from practicing a profession unless they are licensed and authorized by the State, regardless of whether or not the individual has been certified by a non-governmental organization (NREMT)

an intravenous line, administering a medication, etc.). This includes technical skills that, if done improperly, represent a significant hazard to the patient and therefore must be regulated for public protection. Scope of practice establishes which activities and procedures that would represent illegal activity if performed without a license and restricts the use of professional titles to persons that are authorized by the state. In addition to drawing the boundaries between the professionals and the layperson, scope of practice also defines the boundaries among professionals, creating either exclusive or overlapping domains of practice" (National EMS Scope of Practice Model, 2019)

An individual may only perform a skill or role for which that person is:
EDUCATED (has been trained to perform the skill or role), **AND**
CERTIFIED (has demonstrated competence in the skill or role), **AND**
LICENSED (has legal authority issued by the State to perform the skill or role), **AND**
CREDENTIALED (has been authorized by medical director to perform the skill or role).

Scope of Practice versus Standard of Care

Scope of practice does not define a standard of care, nor does it define what should be done in a given situation (i.e., it is not a practice guideline or protocol). It defines what is legally permitted to be done by some or all of the licensed individuals at that level, not what must be done. See National EMS Scope of Practice Model (2018) for a full explanation of these distinctions.

The 2018 National EMS Scope of Practice model defines the various levels of EMS licensure; their education requirements, primary role, type of educational setting (vocational, technical, or academic), the amount of critical thinking and level of supervision required.

The *Scope of Practice Model* and *Education Standards* assume a progression of the three domains of learning (cognitive, affective, and psychomotor) that affects EMS practice from the EMR through the Paramedic level. **Licensed personnel at each level are responsible for all knowledge, judgments, and skills at their level and all levels *preceding* their level.** The *Scope of Practice Model* also assumes that EMS personnel not only receive requisite knowledge, but they can

must submit a research proposal or Pilot Project proposal to IDPH before expanding the scope of practice for any EMS personnel. IDPH will review the proposal but is not obligated to approve the proposed study nor accept any recommendation to amend the scope of practice.

LEGEND:

NTL– National Scope of Practice
I – Illinois amended curriculum for initial education, must teach concepts even if not included in local protocols
I* - Not in national scope, optional by IDPH; EMS MD-approved training required; optional to incorporate into practice

No.	I. Airway, Ventilation, Oxygenation	EMR	EMT	AEMT	Paramedic
1	Airway - nasal	I	NTL	NTL	NTL
2	Airway - oral	NTL	NTL	NTL	NTL
3	Airway - supraglottic			NTL	NTL
4	Bag-valve-mask (BVM)	NTL	NTL	NTL	NTL
5	CPAP [BiPAP, PEEP (I)]		NTL	NTL	NTL
6	Chest decompression - needle			I	NTL
7	Chest tube placement – assist only				NTL
8	Chest tube – monitoring and management				NTL
9	Cricothyrotomy (needle and surgical)				NTL
10	End tidal CO_2 monitoring and interpretation of waveform capnography		I	NTL	NTL
11	Gastric decompression – NG or OG tube				NTL
12	Monitoring of NG/OG tube already in place		I	I	NTL
13	Head tilt – chin lift	NTL	NTL	NTL	NTL
14	Endotracheal intubation and extubation			I	NTL
15	Rapid sequence intubation using paralytic agents				I
16	Jaw-thrust	NTL	NTL	NTL	NTL
17	Mouth-to-barrier	NTL	NTL	NTL	NTL
18	Mouth-to-mask	NTL	NTL	NTL	NTL
19	Mouth-to-mouth	NTL	NTL	NTL	NTL
20	Mouth-to-nose	NTL	NTL	NTL	NTL
21	Mouth-to-stoma	NTL	NTL	NTL	NTL
22	Airway obstruction – dislodgement by direct laryngoscopy			I	NTL

National Updates

EMS Update - Collaborating to I... | EMS Education Standards | ems.gov/projects/ems-education-standards.html

HOME | PROJECTS | INITIATIVES | FICEMS | NEMSAC | NEWS & EVENTS

PROJECTS
- Evidence Based Guidelines
- Opioid Crisis
- Nomenclature

First drat comment period now closed – will review, revise and open for 2nd comment period in October

EMS Education Standards

The National EMS Education Standards have helped educators, certification bodies and regulators ensure EMS providers receive an education that prepares them to perform their roles. This initiative to revise the National EMS Education Standards will align them with the recently completed revision to the National EMS Scope of Practice Model and will update the standards to reflect the latest evidence and current EMS practice.

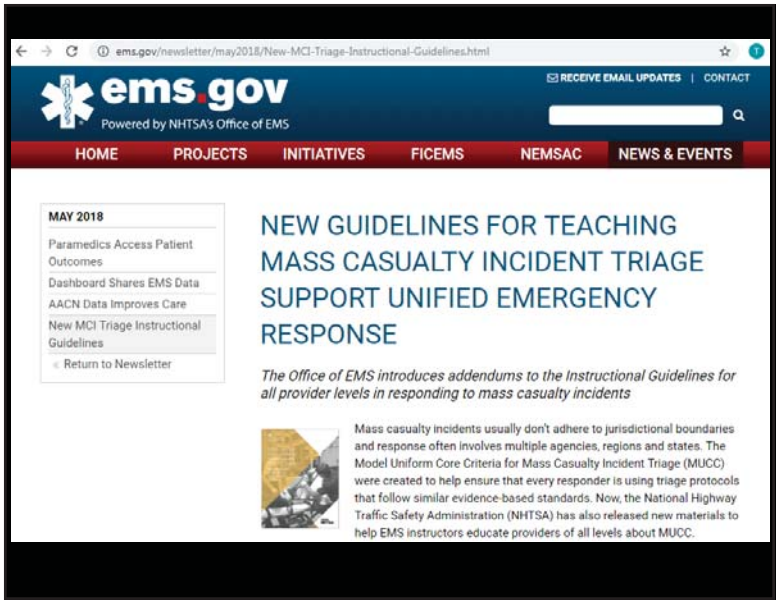
The draft National EMS Education Standards are open for public comment from August 16 - September 20. View the draft document and provide your input here.

Background

National EMS Education Standards PUBLIC COMMENT
REVISION DRAFT – Version 1.3 – 14 August 2019
For Review and Comment – Do Not Quote or Cite

Section 1 – National EMS Education Standards

	EMR	EMT	AEMT	Paramedic
Preparatory	Uses simple knowledge of the EMS system, safety/well-being of the EMR, medical/legal issues at the scene of an emergency while awaiting a higher level of care.	Applies fundamental knowledge of the EMS system, safety/well-being of the EMT, medical/legal and ethical issues to the provision of emergency care.	Applies fundamental knowledge of the EMS system, safety/well-being of the AEMT, medical/legal and ethical issues to the provision of emergency care.	Integrates comprehensive knowledge of EMS systems, the safety/well-being of the paramedic, and medical/legal and ethical issues which is intended to improve the health of EMS personnel, patients, and the community.
EMS Systems	Simple depth, simple breadth • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement	**EMR Material PLUS:** Simple depth, foundational breadth • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • History of EMS • Patient safety • Systems of care	**EMT Material PLUS:** Fundamental depth, foundational breadth • Quality improvement • Patient safety • Systems of care	**AEMT Material PLUS:** Fundamental depth, foundational breadth • History of EMS Complex depth, comprehensive breadth • EMS systems • Roles/ responsibilities/ professionalism of EMS personnel • Quality improvement • Patient safety • Systems of care
Research	Simple depth, simple breadth • Impact of research on EMR care • Data collection	**EMR Material PLUS:** Simple depth, simple breadth • Evidence-based decision making	Same As ~~Previous~~ EMT Level	~~AEMT~~ EMT Material PLUS: Fundamental depth, foundational breadth • Research principles to interpret literature and advocate evidence-based practice



We do not meet eligibility criteria – will continue to watch