New SOPs	On draft #6; four meetings held already with Region IX partners in August/ early Sept. <b>Major updates to document</b> . Brings us into compliance with National Model EMS Guidelines (NAEMSP), Region IX Trauma procedures; ITLS, updated guidelines issued by AHA, ACOG, AAP; ACS-COT; and recently published literature for stroke and sepsis. New language underlined. Will add Ketamine and norepinephrine; remove dopamine from NWC EMSS ambulances. TTD: Final draft due to Region Changes and rationale document; NWC EMSS edition; printing of full-size and reduced size documents; CE class materials Will teach these to our System in Nov. <b>Go-live December 1, 2016</b>
CARS Elite rollout and NEMSIS 3 database	IDPH has elected to hold to go-live deadline of Nov 30 <sup>th</sup> for data downloads using NEMSIS 3 database. We will transition to Image Trend Elite platform at the same time. <b>WE WILL MEET IDPH DEADINE on time.</b> We held TTT classes at end of August for over 40 supersuers who will teach new software and template at IS classes conducted this month. New PCR template created by Todd Novak (MPFD) and team; education created by Adam Rothenberg (PFD). (Susan Wood and I served as resource for work process teams) Have met twice with hospital IT reps to craft a wireless printing solution at each of the hospitals now that data entry can be done on a wide variety of hardware platforms. Good progress here. Will have universal options by go-live: October 3, 2016. TTD: Continue to work with Region 8 to craft elements of new template re: refusal signature, Powertools, and validation rules.
Paramedic class	<ul> <li>Great results from Paramedic Survey from last class.</li> <li>One student did not complete field internship successfully despite remediation; met with Dr. O; he is returning to class again this year. Only 1 did not pass NREMT exam after 3 tries; waiver granted to allow him to transition to state exam after extensive remediation.</li> <li>Have worked all summer on addressing areas showing opportunity</li> <li>Schedule redone to meet Harper semesters (Higher Learning Commission requirement) so students do not lose financial aid</li> <li>Lesson plans and class handouts being updated</li> <li>Labs being totally reconstructed to facilitate creation of student portfolios (new req from NREMT &amp; CoA) and become a better learning experience</li> <li>Health prereq requirements modified and transitioned to NCH Occ Med for testing; Holly has been great to work with.</li> <li>Hospital clinical instruction plans revised with amended evaluation forms</li> <li>Field internship modified slightly to place emphasis on phase 2; team leadership in compliance with CoA requirements</li> <li>Student handbook revised</li> <li>TTD: Full CoA application for Accreditation due by December.</li> </ul>
System entry revision	<ul> <li>With Diana leaving, it was a good time to look at pros and cons of System entry process</li> <li>Labs revised. Reduced from 3 full days to one day using multiple stations to reduce wait time and cost for providers. Standardized scheduling to same day each monthly.</li> <li>ECG strip test revised (largest past dissatisfier with candidates). Will monitor results. TTD: written exams will be redone as soon as new SOPs are in place.</li> </ul>
Planning to modify Instation CE TNS class	In-station calendars planned out farther in advance with educators taking more accountability for self-scheduling. Much better satisfaction from educators and field personnel. Met with subcommittee of chiefs *& educators twice this summer to begin planning for education evolution from all live to blended model. This will save providers overtime costs and hopefully result in better and enduring learning and higher competency of providers due to student-centered learning activities during all live portions of the class. Mentoring new educator at LGH. Class will be held every Wed for 11 wks