

Planning and progress  
Opportunities and options

Northwest Community EMS System Report  
November 2023



Approval of Sept minutes

Northwest Community EMS System  
ADVISORY BOARD

Date: September 14, 2023  
Time: 9:00 – 10:30 AM  
Place: 901 Conference room | Virtual via zoom

Meeting Minutes

I. Call to order ( Marcussen (SFD) called meeting to order at 0902); introductions; approval of MAY 2023 meeting minutes

1. Motion to approve May 11th, 2023, meeting minutes by Kane (WFPD)  
Second: Brizzell (SFD), motion carried.  
Dr. Rita Gura (Harper College)

2.

II. PM class Advisory Committee (Mattera):

A. S23 class: Review the formative report and outcomes [CAAHEP Standard 1.1.1 Outcome 1]

1. Outcomes Summary for website Report: Director dispatched support to do the Student Minimum Competency Assessment for S23 class. Attached supporting documents.


2. Student evaluations of program and photos of classes. Attached supporting documents.

3.

B. F23-S24 class

1. Application process, selection, and orientation for F23-S24 class began 9-11-23.

2. Mattera introduced Paramedic Student Class representatives to the Advisory Board meeting participants: Justin Babor (SFD); Nick Merrell (SFD)



Standards and Guidelines  
for the Accreditation of Educational Programs in the  
Emergency Medical Services Professions

Essentials/Standards initially adopted in 1978; revised in 1989, 1999, 2005, 2015, and 2023;  
and effective 1/1/2024.

Developed by  
Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions

Endorsed by  
American Academy of Pediatrics  
American Ambulance Association  
American College of Cardiology  
American College of Emergency Physicians  
American College of Surgeons  
American Society of Anesthesiologists  
International Association of Fire Chiefs  
International Association of Fire Fighters  
National Association of Emergency Medical Services Educators  
National Association of Emergency Medical Services Physicians  
National Association of Emergency Medical Technicians  
National Registry of Emergency Medical Technicians

NEW!

Paramedic Class Report: F22-S23

■ Final student just finished Field Capstone

■ Passed NREMT on 1<sup>st</sup> attempt

■ Will be more deliberate on mid-phase formative assessments and early intervention action plans in future internships

THANK YOU all preceptors and HEMSC-Es!

1

NREMT exam pass rates  
Jan-Oct 2023

Level	IL 1 <sup>st</sup> attempt	NREMT Ave 1 <sup>st</sup> attempt	IL 3 <sup>rd</sup> attempt	NREMT ave. 3 <sup>rd</sup> cumulative attempt	IL 6 <sup>th</sup> attempt	NREMT ave. 6 <sup>th</sup> cumulative attempt
AEMT	71.79%	58.01%	76.92%	70.43%	79.48%	71.03%
EMR	46.15%	58.15%	46.15%	63.1%	46.15%	63.1%
EMT	60.87%	69.68%	70.12%	78.03%	70.3%	78.28%
PM	62.5%	72.09%	76.38%	83.76%	76.62%	84.35%

NCH EMT NREMT Exam Outcomes

NCH 1 <sup>st</sup> attempt pass rate	Pass in 6 attempts	NREMT data
F19 79% (23/29)	96% (28/29)	73% / 77%
S20 72% (18/25)	84% (21/25) (COVID)	69% / 78%
F20 82% (23/28)	89% (25/28) (COVID)	69% / 78%
S21 100% (13/13)		69%
F21 95% (20/21)	100% (21/21)	69%
S22 95% (21/22)		69%
F22 92.3% (24/26)	96% (25/26)	69%
S23 82.35% (14/17)	82.35% (14/17)	69.68% / 78%

NCH PM NREMT Exam Outcomes

NCH NREMT results 1 <sup>st</sup> attempt pass	NCH cumulative Pass within 3 (*4) attempts	NREMT data
S18 24/25 (96%)	25/25 (100%)	1 <sup>st</sup> attempt: 79% Pass 3 atts: 85%
S19 19/24 (79%)	24/24 (100%)	1 <sup>st</sup> attempt 73% Pass 3 atts: 85%
S20 18/22 (82%)	22/22 (100%)	1 <sup>st</sup> attempt 71% Pass 3 atts: 83%
S21 15/17 (88%)	17/17 (100%)	1 <sup>st</sup> attempt 72% Pass 3 atts: 83%
S22 16/20 (80%)	*19/20 (95%)	1 <sup>st</sup> attempt 52% (IL) Pass 3 atts: 75%
S23 18/21 (86%)	21/21 (100%)	1 <sup>st</sup> attempt: 72.09% Pass 3 atts: 83.76%

NCH Paramedic Program  
OUTCOMES SUMMARY

Name of Paramedic Program: Northwest Community Healthcare  
CoAEMSP Program Number: 600790



	2023	2022	2021	2020	2019	2018	2017	Threshold
Enrollment	24	24	18 <sup>1</sup>	30	30	30	30	30 ► 24
Graduates	21	20	17 <sup>1</sup>	22	28	27 <sup>**</sup>	28	
Attrition	12.5%	17%	6%	26.7%***	7%***	10%**	7%	<30%
Retention	87.5%	83%	94%	73.3%	93.3%	90%	93.3%	≥70%
Confirmed Positive placement			14/17 (82%)	21/22 (95%)	21/28 (75%)	25/27 (92.5%)	28/28 100%	70%
NREMT written: % of grads attempting	21/21 (100%)	20/20 (100%)	17/17 (100%)	22/22 (100%)	24/28 (86%)	25/27 (92.6%)	26/28 (92.9%)	100% after 2020
NREMT written: Pass rate (by 3 <sup>rd</sup> attempt)	21/21 (100%)	18/20 (90%)	17/17 (100%)	22/22 (100%)	24/24 (100%)	25/25 (100%)	26/26 (100%)	70%
Pass rate by 4 <sup>th</sup> attempt	NA	19/20 95%						
NREMT practical: % of students attempting	21/21 (100%)	20/20 (100%)	17/17 (100%)	15/22 (68%)	24/28 (86%)	25/27 (92.6%)	26/28 (92.8%)	
NREMT practical: Pass rate success	100%	100%	100%	13/15 (87%)	100%	100%	100%	100%
Comprehensive final written: % of students attempting	21/21 (100%)	20/20 (100%)	17/17 (100%)	22/22 (100%)	28/28 (100%)	27/27 (100%)	28/28 (100%)	100%
Comprehensive final written: Pass rate success	21/21 (100%)	20/20 (100%)	17/17 (100%)	22/22 (100%)	28/28 (100%)	27/27 (100%)	28/28 (100%)	100%

Paramedic Class Report: F23-S24

- 30 new enrollees + 2 returning
- All passed EMS 210
- In EMS 211 now: Respiratory and Cardiac emergencies/ ECG recognition

THANK YOU faculty & preceptors!



PM class Mod/Final Exam results year/ year

Year Mod Exam ave. scores	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216
	Prep	Resp/Card	Med Emerg	Trauma: Sp. Pop.	Seminar- Final written
F18-S19 N=28	93.8	94.17	91.84	94.35	91.74
F19-S20 N=30►24	92.1	92.65	91.68	92.11	90.12
F20-S21 N=18►16	92.6	93.7	91.3	93.2	89.75
F21-S22 N=24►20	93	89.1	88.8	91.9	89.33
F22-S23 N=24►21	89.9	88.9	88.67	89.3	87.02
F23-S24 N=32	89.8				

PM Semester Averages year over year

Year Semester averages	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
	Prep	Resp/ Cardiac	Med Emerg	Trauma; Sp. Pop.	Seminar	
S18 N=27	91.16	91.72	88.95	92.02	92.59	91.23
S19 N=28	93	93.07	90.77	93.85	93.1	92.83
S20 N=30►24	93	91.94	92.72	92.51	90.12	92.29
S21 N=18►16	91.96	90.43	89.69	92.27	91.28	91.13
S22 N= 24►20	91.4	89.45	90.5	91.9	90.54	91.09
S23 N=24►21	91.58	90.41	90.7	92.23	89.23	91.14
S24 N=32	91.2					

Paramedic Class Report: F23-S24





EMS System Report: November 2023  
Connie J. Mattera MS, RN, PM

[illegible]

## 2024 Preceptor Courses & Process announced

## Peer Educator database updated 11-6-23 & distributed

NWC EMSS PEER Educators-LI-Preceptors 11-6-23															
2	Name	Agency	Licenses held	LI Exp	Ex date	Peer I date approved	Ex date	Peer I date approved	Ex date	Yield percent rates last attended	Peer II date approved	Ex date	Peer IV date approved	Ex date	email contact
3	Figueroa, John	Advtg	PM			08/15/2011		08/28/2011	06/30/2022						jfig@telnetmb.com
4	Brantley, Alan	PM	AH			02/02/2018		08/10/2018	06/30/2022		2022				alberts@nwcab.com
5	Brantley, James	PM	AH			08/10/2012		05/20/2012	06/30/2022						brantley@nwcab.com
6	Castillo, Reynald	AH	PM			04/03/2023	06/30/2022	04/03/2023	06/30/2022						rcastillo@nwcab.com
8	East, Les	AH	PM	X	06/30/2027										les@nwcab.com
9	Emerson, Colin	AH	PM			12/20/2021	06/30/2025	12/20/2021	06/30/2025						col@emerson@nwcab.com
10	Flynn, Kevin	AH	PM			02/01/2018		11/09/2017	06/30/2022		2018				kevin@emerson@nwcab.com
11	Glendinning, Ryan	AH	PM			01/09/2017		10/03/2017	06/30/2022						ryglendinning@nwcab.com
12	Grisper, Peter	AH	PM			10/10/2017		11/14/2017	06/30/2022		2022				johnson@nwcab.com
13	Grossman, Jonathan	AH	PM			01/10/2017		10/30/2013	06/30/2022		2023				grossman@nwcab.com
14	Hansen, Dine	AH	PM			09/27/2014		06/22/2009	06/30/2022						dhansen@nwcab.com
15	Klein, Jim	AH	PM			06/23/2009		06/23/2009	06/30/2022						jklein@nwcab.com
16	Krzeczkowski, Kazimierz	AH	PM	X	02/28/2024	05/20/2018		05/20/2018	06/30/2022						kkrzeczkowski@nwcab.com
17	Limbers, Scott	AH	PM			02/02/2017	06/30/2023								scott@limbers@nwcab.com
18	Lofus, Ryan	AH	PM			10/26/2014		06/06/2015	06/30/2023		2023				rlofus@nwcab.com
19	Losik, Rob	AH	PM			08/15/2011		08/26/2011	06/30/2022						rob@losik@gmail.com
20	McLean, Erin	AH	PM			12/06/2021	06/30/2025	12/06/2021	06/30/2025						ericlean@nwcab.com
21	Mikulski, Thomas	PM	AH			12/06/2021	06/30/2025	12/06/2021	06/30/2025						tmikulski@nwcab.com
22	Moran, Marty	AH	PM			10/26/2017		05/01/2018	06/30/2022						mmoran@nwcab.com
23	Oates, Matthew	AH	PM			04/03/2023	06/30/2022	04/03/2023	06/30/2022						moates@nwcab.com
24	Piccolo, Anthony	AH	PM			11/01/2021	06/30/2025	11/01/2021	06/30/2025		2022				apiccolo@nwcab.com
25	Picciotto, Marc	PM	AH			01/31/2018		06/30/2022							mpicciotto@nwcab.com
26	Ruszkowski, David	AH	PM			02/07/2022	06/30/2023	02/07/2022	06/30/2023		2022				druszkowski@nwcab.com
27	Selig, Adam	AH	PM			03/22/2018		06/07/2018	06/30/2022		2022				aselig@nwcab.com


[illegible]


NCH grads will have option of taking old exam (written + practical) right after graduation or wait & take new written only after 7-1-24


## New Certification Examination For Paramedics and AEMTs Launches July 1, 2024

OCTOBER 06, 2023

### IMPORTANT INFORMATION TO NOTE

 The new AEMT and Paramedic Certification Examinations will launch on July 1, 2024.

 All AEMT and Paramedic candidates will be required to take the new AEMT or Paramedic Certification Examination beginnings on July 1, 2024.

 The existing psychomotor examination will remain available until June 30, 2024; after that date, all candidates must take the new examinations.

States will determine if they will require standardized local summative (final) practical exam stations

EMT Class Report – F23

- 46 students started EMS 111
- 1 student returned for EMS 112 & 113 from last class
- 34 remain at launch of EMS 113
  - 7 voluntary withdrawals due to personal issues
  - 6 failed to meet minimum passing criteria
- Revised strategies; gaming & critical thinking scenarios
- Attending career events to recruit students



Kudos to Chris Dunn!

CE In-station Topics 2023-2024

- 7/23 Stroke | Assess | Scenarios

8/23 Neuro (Alzheimer's mandatory)

9/23 Emerg Ops | MPI drill

10/23 HF | ECG interpretation

11/23 NEMSIS V3.5 roll out
- 1/24 Infection | Sepsis | Abd Emerg

2/24 Out of hospital cardiac arrest

3/24 Wellness/Behavioral health emerg

4/24 Trauma cases | Skill practice

5/24 Chest wall Dx | Adv airway practice



Quality Assessment and Performance Improvement

PBPI

PBPI 2023 Trauma Query  
Level 1 Trauma Incident Review

Transporting patients to the appropriate hospital in order to receive the correct care is important to positive patient outcome. Serious trauma requires immediate interventions which, ideally, designated Level 1 trauma centers can provide. Specific to trauma patients, paramedics in the pre-hospital setting to ensure the patient is being transported to the appropriate level of care. To study how well the system as a whole is performing, we reviewed these criteria. A query was performed on all incidents from November 2023 until November 2023, a span of 10 months. These months were chosen due to the change in criteria that were released in November of 2023.

Our research on 10 months only, has identified the query criteria to be included within the report. Criteria included being transported to a hospital but not by a private ambulance, not being a traumatic arrest, having a primary of secondary impression that included the words "trauma" or "traumatic" and having an emergency service "trauma" in the question or in the patient's or our field notes or incident report.

Across the 10 months, the average patient age was 40 years old. Most patients are the patient's age can be found in Table 2. The table for the average patient age ranges can be found in Table 2.

High and low patient counts were reported to a significant extent by the various hospital agencies. The table for the number of patients transported to each of these hospitals. Northwest Community Hospital led the most transportations to the system, with approximately 140 patients. The number of patients transported to each hospital is listed in the table below.

Hospital	Count
Northwest Community Hospital	140
Northwest Community Hospital	130
Northwest Community Hospital	120
Northwest Community Hospital	110
Northwest Community Hospital	100
Northwest Community Hospital	90
Northwest Community Hospital	80
Northwest Community Hospital	70
Northwest Community Hospital	60
Northwest Community Hospital	50
Northwest Community Hospital	40
Northwest Community Hospital	30
Northwest Community Hospital	20
Northwest Community Hospital	10
Northwest Community Hospital	0


Undertriaging to Level I TC  
Updated SOP triage criteria not fully known

PBPI 2023 Trauma Query  
Level 1 Trauma Incident Review

Across the 10 months in the analysis, there was a total of 100 different patient cases for the injury. The top ten selected reasons for the injury are listed in Table 3. The table for the most common reasons for injury among these patients included in the analysis.

Reason for Injury	Count
Motor vehicle accident	15
Fall from height	10
Motor vehicle accident	10
Fall from height	10
Motor vehicle accident	10
Fall from height	10
Motor vehicle accident	10
Fall from height	10
Motor vehicle accident	10
Fall from height	10





**PBPI Committee Screen Report**  
**Advanced Airway—Deep Analysis**  
July 1, 2023 – September 30, 2023

Northwest Community Emergency Medical Services System is currently reviewing the system member's ability to successfully perform endotracheal intubations with the aid of a video laryngoscope. Analysis from the previous year demonstrated a success rate that was below expected performance. The system has set the goal of an overall success rate of 70% for each agency before remedial training will be conducted. To ensure there is complete accuracy in the data, each agency will be reviewing each incident with a documented endotracheal intubation to confirm the correct number of attempts and successful attempts.

This is a review of incidents included in the third quarter of 2023. Analysis of each incident resulted in a determined overall success rate of 61.79% across the system. The success rate per patient (the number of patients with a successful intubation divided by the number of patients with an attempted intubation) was 76.77% across the system.

The individual results for each agency in Q3 can be found in the table below.

	Total Patients	Successful Intubations	Failed Intubations	Total Attempts	Overall Success	Per Patient Success
Arlington Heights Fire	12	10	2	12	100.00%	100.00%
Barrington Countryside FPD	5	1	4	7	12.50%	20.00%
Barrington Fire Department	5	4	1	5	80.00%	80.00%
Bloomington FPD	3	2	1	3	66.67%	66.67%
Buffalo Grove Fire	1	1	0	1	100.00%	100.00%
Elk Grove Township FPD	1	0	1	1	0.00%	0.00%
Elk Grove Village Fire	9	8	1	10	80.00%	88.89%
Hoffman Estates Fire	5	3	2	5	60.00%	60.00%
Irving Park Fire Protection Dist.	10	0	10	10	0.00%	0.00%
Itasca FPD	1	0	1	1	0.00%	0.00%
Lake Zurich Fire / Rescue	2	1	1	2	50.00%	50.00%
Lincolnshire-Riverwoods FPD	6	6	0	6	100.00%	100.00%
Long Grove PD	3	3	0	3	100.00%	100.00%
Mount Prospect Fire	5	4	1	5	80.00%	80.00%
Palatine PD	9	7	2	9	77.78%	77.78%
Prospect Heights Fire	3	2	1	3	66.67%	66.67%
Rolling Meadows PD	2	2	0	2	100.00%	100.00%
Schaumburg PD	13	10	3	13	76.92%	76.92%
Wauconda FPD	8	4	4	8	50.00%	50.00%
Wood Dale FPD	4	4	0	4	100.00%	100.00%

Outstanding outcomes at some agencies – BRAVO!

Will trend over time to consider larger numbers, complete a root cause analysis to determine reason(s) for outcomes; and create action plans individualized per agency




Priority opportunities to enhance performance



Stroke



Heart failure



**Important Notice**

October 4, 2023

TO: EMS System Coordinators, EMS System Medical Directors, Illinois EMS Provider Agencies, IDPH EMS Division Personnel

From: Bobby Van Bebber, MSN, RN  
Division Chief, EMS and Highway Safety

RE: NEMSIS Version 3.5 Transition



Per the Emergency Medical Services Systems Act (210 ILCS 50) and supporting administrative code (77 IAC 5.515-350), all Illinois-licensed EMS vehicle transport providers are required to complete and transmit an electronic patient care run report for every inter-hospital transport and pre-hospital emergency call. Run report data must conform to the current version of the Illinois NEMSIS dataset (77 IAC 5.515-APPENDIX E).

Illinois has transitioned from Version 3.4 to Version 3.5 of the NEMSIS national standard for prehospital data. All EMS Providers should have converted or be in the process of the conversion.

As a reminder, after 12/18/2023 V3.4 data will no longer be accepted by the State. V3.4 run reports with a Unit Notified by Dispatch date later than 12/18/2023 will be considered non-compliant will not be accepted.

Questions about this transition should be directed to Dan Lee ([Daniel.lee@idph.state.il.us](mailto:Daniel.lee@idph.state.il.us)) or myself. Thank you.

EMS clinicians must be competencied on new v3.5 data entries & validation rules based on local software & templates



# CARS

Thank you, Jim Klein (AHFD), Kourtney & Nichole!

**Northwest Community Emergency Medical Services**  
100 W. Carroll Ave., Suite 100, Naperville, IL 60563  
Phone: 630-410-4400 Fax: 630-410-4401

Date: October 16, 2023  
To: All System Members  
From: Matthew T. Jordan, MD, FACEP  
EMS System Medical Director  
RE: NEMSIS 3.5 Documentation Implementation- November 2023 CE

Background: NEMSIS 3.5 is the national standard for EMS documentation. It is a standard that all EMS agencies must use to ensure consistency in data collection and reporting. The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version. The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version.

**EDUCATIONAL MATERIALS**

- The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version.
- The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version.
- The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version.


**EDUCATIONAL MATERIALS**

- The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version.
- The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version.
- The NEMSIS 3.5 standard is a significant improvement over the previous version, and it is important that all agencies are up to date on the latest version.

# Updated instructions sent 11-8-23 regarding deletion of training runs

# CARDIAC ARREST

- Scrubbing data
- Comparing our outcomes to national guidelines
- Collaborating on unified models to document cardiac arrest that will improve data accuracy



The screenshot shows the American Heart Association's 'Get With The Guidelines® Resuscitation' program page. The header includes the AHA logo, navigation links for 'Heart Attack and Stroke Symptoms', 'Volunteer', 'Learn CPR', and 'SHOPE', and two red buttons for 'DONATE ONCE' and 'DONATE MONTHLY'. The main content area features the text 'Get With The Guidelines® Resuscitation' over a background image of medical professionals in blue scrubs attending to a patient on a gurney.

Taylor McIntyre (HEFD), Chair



# System report

"Operations keeps the lights on, strategy provides a light at the end of the tunnel, but project management is the train engine that moves the organization forward. ~Joy Gumz"



## 8



### Region update: Regions 9 &10 Directory Created

#### EMS Regional and System Structure and Function in Illinois

Illinois EMS Regions and System structure and lines of authority are unique

- 11 EMS Regions separate the state geographically [~62 EMS Systems separate the state functionally]
- The EMS Systems Act and Rules define the responsibilities of Regions separately from those of EMS Systems
- EMS Systems are assigned by IDPH to one of the EMS Regions
- EMS Systems are approved by IDPH. Each System is led by one Resource Hospital
- Within each EMS System, the EMS System Medical Director has complete authority and responsibility for the total management of that System, including the enforcement of compliance with the System Program Plan by all participants within the System. This includes, but is not limited to, EMS governance, education, operations, quality assessment and performance improvement activities, clinical practice, transport services, and licensure and renewal of EMS agencies and clinicians within their System.
- EMS Agencies, Associate and Participating Hospitals may choose the System(s) to which they belong based on parameters within the Rules.

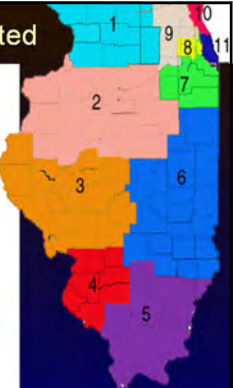
EMS Governance is invested within a Region based on a high level of voluntary collaboration among Systems. EMS Systems have complete authority via the EMS System MD on an operational basis.

**There are no independent or unaffiliated hospitals or EMS agencies within the State.**  
All must be affiliated with one or more EMS Systems and those lines of authority must be respected and followed.

All Illinois hospitals must hold one of three EMS designations:

- Resource** (highest level): There are six (6) Resource Hospitals (EMS Systems) within Region 9 - All are affiliate entities with their own authority and System members that affiliate with them. The NWC EMSS has authority over 1/6th of Region IX.

<ul style="list-style-type: none"><li>Northwest Community EMSS (NCH in Arlington Heights)</li><li>Greater Elgin Area EMSS (Sherman hospital in Elgin)</li><li>Lutheran General EMSS (Park Ridge)</li><li>Madhery Western Lake County EMSS (McHenry)</li><li>Saint Joseph Hospital EMSS (Elgin)</li><li>Southern Fox Valley EMSS (DeKalb hospital in Geneva)</li></ul>	<ul style="list-style-type: none"><li>NS-EH (Associate)</li><li>Advocate</li><li>Northwestern Medicine</li><li>Ascension</li><li>Northwestern Medicine</li></ul>
---	--



Available upon request from Connie

#### Resource Hospitals Region 9

**Northwest Community EMS System**  
**Northwest Community Hospital (NorthShore)**  
800 W Central Rd, Arlington Hs. IL 60005  
Resource Hospital EMS Offices: 901 Knodoff Center (1st floor)  
Matthew T. Jordan, MD, FACEP (EMS System MD) | [mjordan@nch.org](mailto:mjordan@nch.org)  
Connie J. Mattera, MS, RN, PM: Administrative Director, Emergency Services/EMS  
[cmattera@nch.org](mailto:cmattera@nch.org) | (847) 618-4485 See System Directory for contact #

**Associate Hospitals**  
**UChicago Medicine | AdventHealth Glen Oaks**  
701 Winthrop Ave | Glendale Hts IL 60139  
Vytas Saulis, MD (EMS MD) | Lisa Henson, MSN, RN - EMSC

**Advocate Good Shepherd Hospital**  
450 W Highway 22; Barrington IL 60010  
Bradley Kutka MD (EMS MD) | Karolina Lyp, RN - EMSC

**Ascension Alexian Brothers**  
800 Biesterfeld Rd; Elk Grove Village IL 60007  
Grant VanHazebroek MD (EMS MD) | John Larsen, RN - EMSC

**Ascension Resurrection**  
7435 W Talcott Ave | Chicago IL 60631  
Matt Jordan MD (EMS MD) | Virginia Logan MS, RN - EMSC

**Ascension Saint Alexius**  
1555 N Barrington Rd; Hoffman Estates IL 60169  
John Sullivan DO (EMS MD) | Karin Buchanan PhD, RN - EMSC


**Advocate Lutheran General Hospital (ALGH) EMS System**  
**Advocate Lutheran General Hospital**  
1775 W Dempster | Park Ridge 60066  
David Hassard, MD (EMS System MD) | [David.Hassard@algh.org](mailto:David.Hassard@algh.org)  
Robyn Mazzolini, BSN, RN (EMS System Coord.) | [Robyn.Mazzolini@algh.org](mailto:Robyn.Mazzolini@algh.org)

**Associate Hospitals**  
Ascension Resurrection | NorthShore Skokie Hospital | NorthShore Glenbrook Hospital


#### EMS Agency Members

Arlington Height FD	Itasca FPD
Barrington Countryside	Hoffman Estates FD
Bloomington FPD	Lake Zurich Fire Rescue
Buffalo Grove FD	Lincolnshire Riverwoods
Elk Grove Village FD	Long Grove FPD
Inverness FPD	Mount Prospect FD
Palatine FD	Prospect Hts FPD
Rolling Meadows FD	Schaumburg FD
Wauconda FPD	Wood Dale FD
Advantage-Elite Amb Sx	A-TEC Ambulance Sx
Superior Ambulance Sx	

Das Plaines FD  
Glenview FD  
Morton Grove FD  
Niles FD  
NIPAS Em Sx team (TEMS)  
North Maine FPD  
Norwood Park FPD  
Park Ridge FD



Sample page



**BREAKING NEWS**

IDPH affirmed need for clinicians to self-file license renewals listing home addresses

**State of Illinois EMS Education Committee**  
Division of EMS Update | October 30, 2023  
Bobby Van Bibber, MSN, RN  
Division Chief, Emergency Medical Services and Highway Safety

**General:**


- EMS System Plan amendments are being reviewed by staff. Some systems have been given extensions for submission of policies but those are coming due.
- Letters of Participation for the systems are due by November, Oct 31st.
- Comments have been received from the EMS Council on our proposed EMS rules revision. Next step will be publishing these rules for 1st notice Public Comment.
- IDPH EMS Division Staff have participated in trainings for Medical Response to Terrorist Bombings, Springfield.
- Cane Hospital EMS System site Survey conducted on 10/25 and 10/26 at Chicago.
- Decatur Memorial Hospital is working to become a new Resource Hospital.
- Division continues to work on multiple complaint investigations.
- We have a new person that started last week. Ann Davis is an Epidemiologist from CDC. That will be working with all our EMS data bases and looking at trends and outcomes.

**Data**

- Illinois is now listed among the states in the green category on the NEMSIS Version 3.5 (data submission portal), meaning that our state has begun receiving valid v3.5 ePCR data from some of our providers and is successfully transmitting that to the NEMSIS national repository.
- The deadline for providers to switch to v3.5 is December 18th.** We highly recommend that agencies get the ball rolling on this now and not wait until the last minute, just in case they hit a snag or two during the switchover.

**Licensing**

- Licenses and Renewal Notices should be mailed to the individual that holds the license. The individual's employer address should not be listed as an individual's address.
- When an individual goes online to renew their license, they should be doing it themselves. IDPH asks personal history questions that only the individual licensed can answer. Employers or anyone else should not be completing renewals for someone.
- When a PRFB course is complete, please send readers to Kathryn Lokalis.
- Typical processing times are between 2-3 weeks. Please let me know if you've sent something to our department and your forms have not been processing in GL after 3 weeks from when you send IDPH an application for licensure.



## Assessing The Burden of Cardiovascular Accidents in Illinois

Arti Barnes MD MPH  
Chief Medical Officer  
Illinois Department of Public Health  
11/9/23

Emphasizing importance of thrombectomy capable hospitals and coverage for downstate stroke deserts

# IDPH EMS Education Committee Report

Connie J. Mattera, MS, RN, PM

Aiming at the heart of our mission...  
Education & Practice Excellence!



Slide deck report available upon request



## EMS Continued Competency Agenda for the Future: A Systems Approach

The EMS Continued Competency Agenda for the Future is a visionary document, written from various perspectives that gives a roadmap of where the EMS profession needs to go to advance how EMS systematically ensures continued competency of EMS clinicians. The EMS Continued Competency Agenda stems from the EMS Education Agenda for the Future: A Systems Approach. The EMS Education Agenda for the Future is a vision for the future of EMS education, and a proposal for an improved, structured system, to educate new out-of-hospital emergency clinicians. The EMS Education Agenda is based on the broad concepts for EMS education laid out by the 1996 EMS Agenda for the Future. The EMS Education Agenda for the Future builds on these concepts to create a comprehensive plan for an education system that will result in improved efficiency for the national EMS education process, enhanced consistency in education quality, and ultimately, greater entry-level student competence.


[https://nremt.org/getmedia/895d62e4-6079-4716-a7aa-e265ea32b9c3/NI\\_EMS-CCA-for-the-Future\\_10-23-2023.pdf](https://nremt.org/getmedia/895d62e4-6079-4716-a7aa-e265ea32b9c3/NI_EMS-CCA-for-the-Future_10-23-2023.pdf)

### What You Need To Know

The EMS Continued Competency Agenda for the Future: A Systems Approach is a consensus visionary document that gives a roadmap for implementing new and better ways of ensuring continued competency of EMS clinicians, beyond the traditional "continuing education" only model.

### Key Takeaways

- ✳ The EMS Continued Competency Agenda for the Future addresses the content that was NOT addressed in the EMS Education Agenda for the Future.
- ✳ The Continued Competency Agenda ADDS to the EMS Education Agenda in that it addresses the unique aspect of ensuring continued competency after initial education and verification of initial competency.
- ✳ The EMS Education Agenda specifically calls for a separate document to address the myriad of differences and complexities unique to continuing education and continued competency verification which is what the EMS Continued Competency Agenda will do.



Illinois Department of Public Health  
Division of EMS & Highway Safety  
[www.idph.illinois.gov/topics-services/emergency-preparedness-response-recovery](http://www.idph.illinois.gov/topics-services/emergency-preparedness-response-recovery)

Continuing Education / Relicensure Recommendations Draft #1 10-30-23

Continuing education for all EMS clinicians must meet or exceed the criteria listed in the IDPH EMS Rules Sections 515.560 EMT Continuing Education, 515.570 AEMT and EMT-I Continuing Education, 515.580 Paramedic Continuing Education, and 515.590 EMT-P Paramedic License Renewal as well as a CE that may be mandated by law, rule, or guideline for EMS clinicians (Example: Alzheimer education).

**CE Approval:** System and agency-sponsored continuing education classes, seminars or other programs shall be approved by the Department (IDPH) before being offered to EMS personnel. See EMS rules for application procedure (aka course request process). Content must be consistent with the EMS education standards for the appropriate license level. Commercial CE, webinars, or seminars/conferences sponsored by other agencies and entities shall be approved by the EMS MD and should have CE hours awarded by the Commission on Accreditation for Postgraduate Continuing Education (IAPCE). See <https://www.iapce.org/> for more information.

The Continuing Education (CE) options below are NOT intended to be exhaustive. A wide variety of educational offerings that are not listed may also meet the intent of national, state, and local standards for EMS continuing education and must be considered and approved by the local EMS MD and IDPH.

**Max hours per subject area:** May not exceed 20% of total hours for any general subject area. Educators may not get credit for presenting the same topic/recurse multiple times.

**Standard Documentation:** required to validate completion. CE certificate, course card, or paper or electronic roster verified by instructor or authorizing person to include: name of participant, date, times, topics, number of CE hours awarded, Illinois site code, CAPCE and/or medical or nursing accrediting body number. All CE hours awarded must be approved by the EMS Medical Director or designee.

Calculating hours for AEMT/EMT-I and EMT: The hours listed in this document are for Paramedics (based on a minimum of 100 hours in 4 years).  
AEMT and EMT-I: Multiply required hours for Paramedics by 0.8 (minimum of 80 hours in 4 years).  
EMT: Multiply required hours for Paramedics by 0.6 (minimum of 60 hours in 4 years).

NOTE: EMS personnel must verify the CE requirements within their EMS System(s) of affiliation. EMS System MDs may require their EMS personnel to obtain EMS Continuing Education above the minimum requirements outlined in Illinois Administrative Code, Section 515.590.

Optional/voluntary consideration:  
**National Continued Competency Program (NCCP) (Required for NREMT recertification):** The NCCP has three continuing education (CE) requirement areas: National, State/Local, and individual. The NREMT sets the requirements for the National portion. State/Local and individual credits must relate to EMS Services or EMS patient care. The national component of the NCCP constitutes 50% of the total recertification requirements. Topics included in the national content reflect current trends in evidence-based medicine, scope of practice changes and practice patterns from workshops associated with EMS research. There is an additional focus on those patient presentations that have a low frequency but high criticality acuity. At least 10% of the National Component must be pediatric focused content.

**National Component Requirements:**  
Expiration dates through Sept. 30, 2025: [Download the 2016 NCCP Model \(PDF\)](#)  
Expiration dates after March 31, 2026: [Download the 2024 NCCP Model \(PDF\)](#)  
(National Continued Competency Program) National Registry of Emergency Medical Technicians ([www.nremt.org](http://www.nremt.org))

Courses that cannot be applied towards NREMT recertification requirements include duplicate courses, clinical rotations, EMS instructor courses, management/leadership courses, performance of duty, preceptor hours, serving as a skill examiner, and volunteer time with agencies. If you have questions on accepted education, please review the NREMT Recertification Guide ([link above](#)).

## 2023 FIRST DRAFT

Aligns with current standards for completing CE (expands options)  
Discussion prior to vote at Jan '24 IDPH Education Comm mtg.



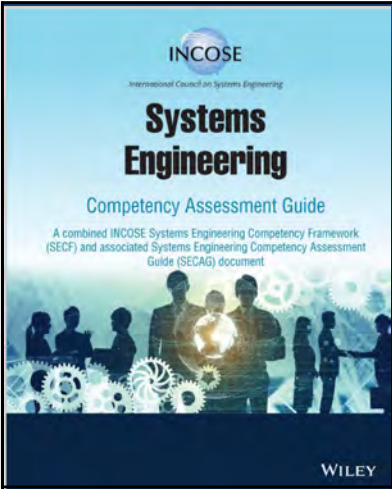
NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM

## POLICY MANUAL

2023



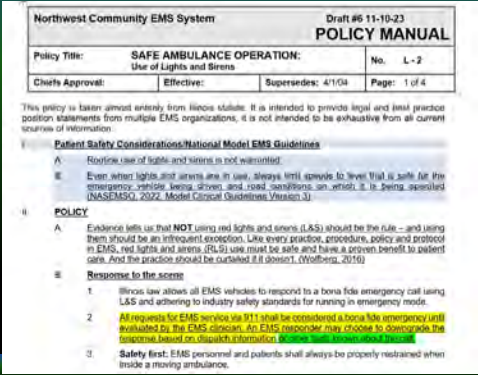




Will anchor our policies to this new guide



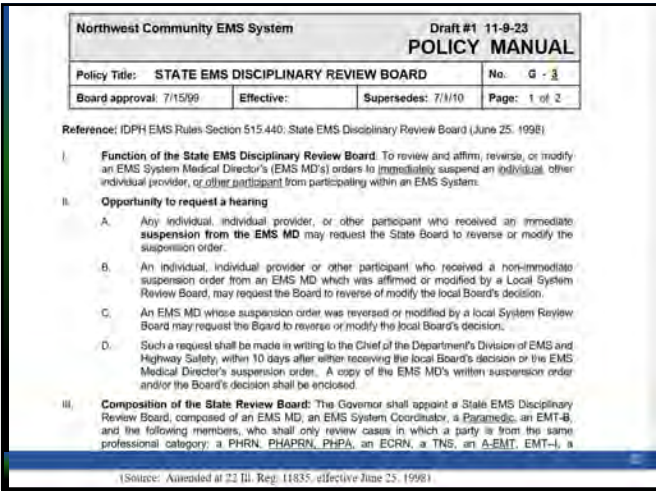
## Advisory Board



Great collaborative effort on behalf of Board members!

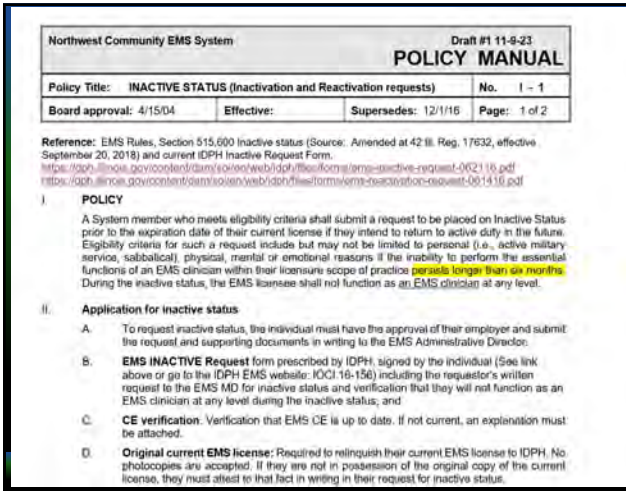
Final draft will go to the chiefs for their review and consideration

Kyle Marcussen (SFD) Chair



Submitted for Board review based on rule updates or change in System practice (no longer offer exams as part of CE)

Discussion to be held at Jan '24 meeting



Adds link to new state forms

Northwest Community EMS System		DRAFT #1 11-9-23	
Policy Title: TRIPLE ZERO/NON-INITIATION OF CPR		No. T-1	
Board approval: 9/18/03	Effective:	Supersedes: 1/1/07	Page: 1 of 2
<b>I. PURPOSE</b>			
The term "Triple Zero" clearly alerts online medical control (OLMC) personnel that a patient has suffered irreversible biological death. This trigger phrase indicates a patient who is unconscious, unresponsive, non-breathing, and pulseless, has no breath or heart sounds and exhibits one or more of the following long-term indications of death:			
A. Decapitation or essential decapitation			
B. Thoracic/abdominal transection			
C. Massive cranial/cerebral destruction with brain extruded from open skull			
D. Rigor mortis without profound hypothermia			
E. Profound (widespread) dependent lividity			
F. Skin decomposition   Mummification or dehydration, especially in infants   Putrefaction			
G. Incineration			
H. Frozen state			
I. Trauma where CPR is impossible			
<b>II. POLICY</b>			
A. If a patient meets any of the above criteria for Triple Zero, DO NOT start CPR. Do not attach cardiac monitor leads if the person is clearly deceased and local law enforcement, medical examiner or coroner's office personnel request that the body not be touched.			
B. If a patient does not meet the criteria for Triple zero or non-initiation of CPR per SOP, and does not have a legitimate legal or medical reason to withhold resuscitation, CPR is to be initiated immediately and continued until one of the following occurs:			
1. Effective spontaneous circulation and ventilation have been restored.			

IN OTHER NEWS

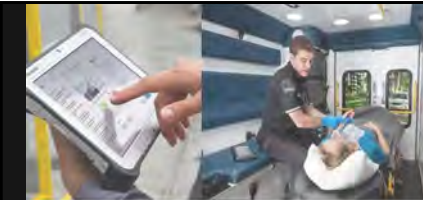


November 08, 2023



CDC Expects 'Tripledemic' Hospitalizations to Remain High This Year vs Prepandemic Levels

Be vigilant in appropriately using PPE

FIRST RESPONDER PPE CHART						
	Standard Precautions	Contact Precautions	Droplet Precautions	Droplet + Contact Precautions	Airborne Precautions	Airborne + Contact Precautions
Diseases & Infestation Types	HIV, AIDS, hepatitis, scabies	C. Difficile, CPO, MRSA, Lice, Scabies, VRE, RSV, Norovirus	N. Meningitis, Mumps, Pertussis	Influenza, Invasive Group A Streptococcus	Tuberculosis (TB), Measles	SARS-CoV-2, shingles, monkeypox, chickenpox
Syndromic Precautions	Fever, night sweats, swollen lymph nodes, swollen skin, & inflamed with pain.	Fever, cough, wheezing, draining wound, diarrhea, vomiting, infestation	Stiff neck, fever, headache, AMS, wheezing cough, vomiting	Malaise, acute cough, sore throat, runny nose, fever, toxic shock syndrome	Fever, weight loss, cough, night sweats, skin rash	Fever, headache, rash, disseminated rash, rash similar to pimples or blisters
Responder PPE						
PPE Reminders	Use eye protection for airway procedures + gown for splash and liquid procedures	Use eye protection for airway and liquid procedures	Use a gown for splash and liquid procedures		Use eye protection for airway procedures + gown for splash and liquid procedures	
Patient Mask Needed						
<small>*Use an impervious patient gown whenever you will be contact infectious bodily fluids, if possible.</small>						
<small>Definitions: AIDS = Acquired Immunodeficiency Syndrome CPO = Carbapenemase-producing Organisms HIV = Human Immunodeficiency Virus MRSA = Methicillin-Resistant Staphylococcus Aureus RSV = Respiratory Syncytial Virus VRE = Vancomycin-Resistant Enterococci</small>						



PCR Data QuickGuide:  
FAQs on Owning, Amending, Retaining and Sharing Patient Care Report Data



GREAT RESOURCE

Introduction

Typical Life Cycle of ePCR Data

Legal Status of PCR

Does the EMS agency legally own PCR data?

When does a PCR become a "legal document"?

Who is legally responsible for handling requests for PCR data?

If I sign the PCR, am I "legally responsible" for everything?

Is there a legal definition of a "closed" PCR?

Amending PCRs

Why should we amend PCRs?

When should a PCR be amended?

Who can amend a PCR?

What should be included in an amendment?

Do agencies have to inform third parties about amendments?

Is the EMS practitioner responsible if someone else later amends the PCR?

Can a state EMS office doing quality improvement instruct the EMS agency to update an ePCR record missing required data elements?

Should ePCR software track amendments to the PCR?

Retention of PCRs

Is there a Federal PCR record retention requirement?

What is a best practice for retention length?

When an EMS agency goes out of business, what are the legal duties concerning PCRs?

Is the record retention length for EMS agencies the same as for state EMS offices?

PCR Data QuickGuide NEMSIS and PWW 2023.pdf





**INNOVATIVE RECRUITMENT STRATEGIES**  
for EMS Agencies

PRODUCED BY  
**FIRSTNET**  
FEBRUARY 2022

## GREAT RESOURCE

[Recruitment Strategies 06.24.2022.pdf](#)



**GETTING STARTED**

- 1. Understand your agency's needs
- 2. Develop a recruitment strategy
- 3. Create an online job description
- 4. Develop a recruitment budget
- 5. Create a recruitment timeline
- 6. Develop a recruitment plan
- 7. Develop a recruitment strategy
- 8. Develop a recruitment budget
- 9. Create a recruitment timeline
- 10. Develop a recruitment plan



U.S. Department of Health and Human Services  
**Office of Inspector General**

[Submit a Complaint](#)

About OIG | Reports | Fraud | Compliance | Exclusions | Newsroom | Careers | COVID-19 Portal

**Important info to know!**

## General Compliance Program Guidance

The General Compliance Program Guidance (GCPG) is a reference guide for the health care compliance community and other health care stakeholders. The GCPG provides information about relevant Federal laws, compliance program infrastructure, OIG resources, and other information useful to understanding health care compliance.

The GCPG is voluntary guidance that discusses general compliance risks and compliance programs. The GCPG is not binding on any individual or entity. Of note, OIG uses the word "should" in the GCPG to present voluntary, nonbinding guidance.

You may download the guidance in whole, or access individual sections below.


[Download Complete Guidance](#)



**General Compliance Program Guidance**  
November 2023



<https://www.gemr.org/app>



**GLOBAL EMERGENCY MEDICAL REGISTRY**

[REGISTRY SEARCH](#) [REGISTER](#) [LOGIN](#)


Major point of discussion & debate

HOME | INFORMATION & REFERENCE | ABOUT US | CERTIFICATION & ENDORSEMENT | STORE

### ADVANCED PRACTICE PARAMEDIC (APP)

WHAT IS AN ADVANCED PRACTICE PARAMEDIC (APP)?

The Advanced Practice Paramedic is physician extender, capable of extensive, advanced patient care interventions in critical and emergent patients. This individual possesses the complex knowledge and advanced interventional skills necessary to provide physician extension to the patient's side, allowing their physician medical program director (MPD) the ability to have physician level care extended to the scene of any emergency, through the hand, eyes, and ears of the APP. Advanced Practice Paramedics are the pinnacle of a comprehensive EMS response, under medical oversight. Advanced Practice Paramedics perform interventions and patient care management with the advanced and diagnostic equipment typically found in an advanced response vehicle, on an advanced practice ALS ambulance, or in an emergency department. The Advanced Practice Paramedic is a tertiary link from the scene into the tertiary health care system, serving as advanced responders, critical care transport providers, aeromedical providers, and in atypical care.



## Our Board at its Best

"Cooperation is working together for the good of all. It is the willingness to stand side by side and use the different gifts each of us have to offer. We seek common goals in service of a unified vision. We blend our abilities to create something none of us could achieve alone. Conflict and contention drains us. Cooperation can fuel our dreams. With cooperation, we help another to share the load. We willingly do tasks that others ask of us. We look for ways to be helpful and ask for help when we need it. We do not isolate or harbor our loneliness. Together, we accomplish greater things." - The Virtues Project