Northwest Community EMS System Report 3/17

"Partners in innovation…
Standing in the gap for you every day!

NORTHWEST COMMUNITY EMERGENCY MEDICAL SERVICES SYSTEM
EST 1972

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

Alternate EMS MD for a decade
Emergency doc at RES & NCH
Contact at Mjordan@nch.org

System reports

Advisory Board
Provider based performance Improvement (PBPI)
Computer aided reporting system (CARS)
Education
Research & Development

EMS
ONE MISSION. ONE TEAM.

Shaping our future

Plan approved by Advisory Board and Chiefs at March meetings

Reaffirmed System Mission, Vision and Values

The NWC EMSS is a team of highly educated emergency specialists committed to providing quality emergency care to the communities we serve.

We strive for preeminence through a philosophy of total quality, continuous improvement, and advocating the appropriate use of technology and research to compassionately meet emergency care needs.

Vision

The System is viewed as the gold standard of quality by customers and colleagues

Values

We embrace excellence as a core value.

Patient-centered, efficient, humanistic and value-based care, student achievement, and customer satisfaction drive all processes.

Fiscal responsibility & careful stewardship of all resources is the cornerstone of business planning.

Fair and equitable collaboration governs all System endeavors.

Values cont.

Each person is accountable for their own actions

Each system member has equal value and an equal opportunity to contribute to system activities

The system conducts all business in adherence to applicable laws & its code of ethics

Quality education and a continuously learning health system is fundamental to professional growth and clinical excellence

What's driving changes in the System's strategic plan?

www.ems.gov

"The speed of technology expansion is exponential – moving faster than ever before in the history of mankind. Replacing generations of progress in months, weeks, and days."

Healthcare Trends and Challenges

Current US Healthcare System:

- Fragmented and disconnected care points
- Facility, payer and provider centric – not fully patient centered
- Procedure & illness oriented – not health outcomes-oriented
- Evolving to quality and value-oriented
- ACA began major disruption of healthcare system, now impending repeal adds more complexity and uncertainty
- Healthcare providers need to transition business models

Healthcare delivery models and priorities are evolving rapidly

PMs are key links from the out of hospital environment to the health care system

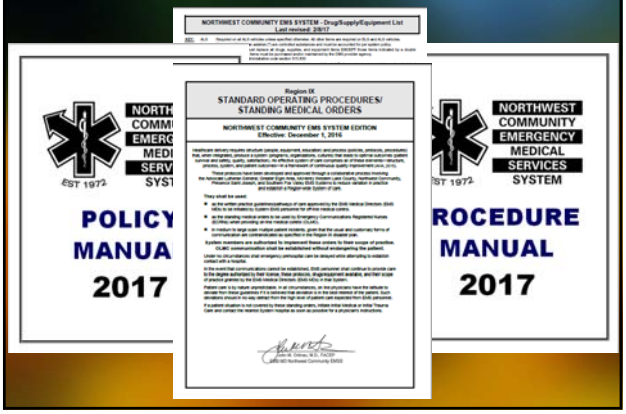
How are we preparing for this?

Coordinate care for all patients using multi-disciplinary teams including Mobile Integrated Healthcare (MIH) and Community Paramedics (CPs)

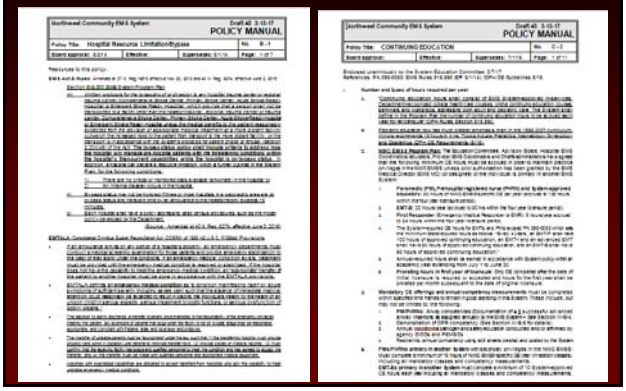
EMS Plan: Core Strategies

- Engaged & innovated workforce committed to optimal pt experience
- EMS Research: where is the evidence taking us?
- Legislation and regulation; Agenda & scope revisions
- Education systems; accreditation & blended learning
- Public ed; wellness and illness/injury prevention
- Partnerships across continuum; patient access & integrated care
- Clinical care: Performance optimization
- Optimizing technology to achieve exceptional outcomes
- Continued cost control & process improvement
- Human resources and workforce planning
- Medical Direction: Transformational leadership
- Focus on quality and patient safety
- WMD; Emergency Preparedness; RTF; TEMS

Practice standards all updated



Draft policies considered by board/stakeholders; revised; ready for electronic board vote 3/17



PBPI Committee

Excellent work continues on screens, sentinel events, evaluating student simulated runs; 2017 calendar of screen topics posted

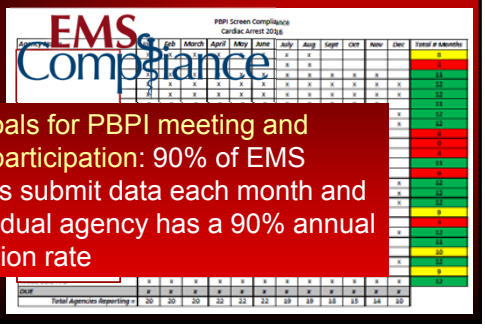
- Cardiac arrest 2016 vasopressor compliance
- Airway confirmation check
- Sepsis
- Cardiac Arrest Guide update

NWC EMSS Data

January 1st-December 31st	2016	2015	2014
25→24 Agencies	70,141	69,061	68,733
Female	53%	53%	53%
Male	45%	45%	47%
Average age	58	57	58
Largest age group	80-89 (17%)	81-90 (17%)	81-90 (18%)
ALS w transport	33,221 (52%)	31,947 (46%)	30,622 (44%)
BLS w transport	19,985 (28%)	20,986 (30%)	23,712 (34%)
Refusals	13,184 (19%)	12,855 (19%)	11,584 (17%)

Our effectiveness is gauged by continuous & comprehensive evaluation of System:

Structure Processes Outcomes

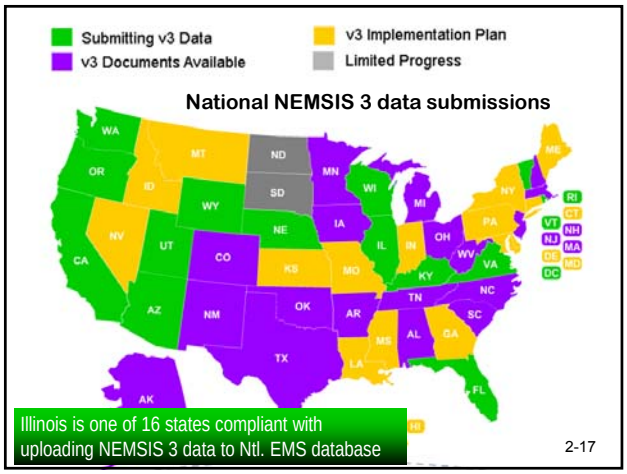


2017 Goals for PBPI meeting and screen participation: 90% of EMS Agencies submit data each month and an individual agency has a 90% annual submission rate

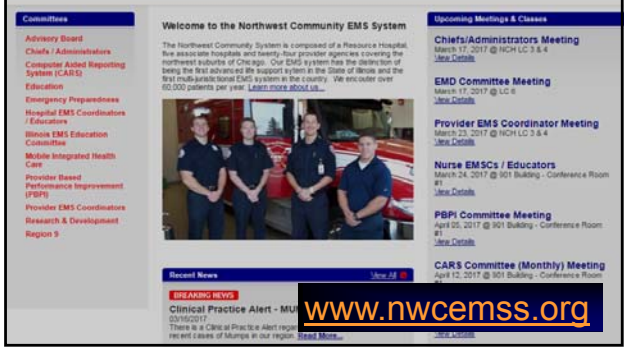
CARS Committee

Continues work on incidents; service requests and enhancement requests

- Lists: added needed options/eliminated redundancies
- Patient name printing on every page of PCR
- Blinded print copy of PCR for PM students
- Enhancements to Power tools
- Multiple release template
- Multiple PCRs found on the cloud; agency fix issued
- Prep for auto downloads to IDPH
- Clinical decision support added through validity rules prompting users if entries fall out of acceptable ranges



Pop up box asking for password removed
Seeking a cost bid to upgrade software and design as current site is 8 years old and using outdated technology



EMT Class

2 classes/year; Tue/Thurs evenings taught on site at NCH *(Kudos to Chris Dunn!)*

Spring 17 class began in January with 52 students enrolled. So far…so good!

All take NREMT exam w/ outstanding results

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%

Accreditation evaluates programs relative to standards and guidelines developed by national communities of interest

Entry level competence assured by curricula standards, *national* accreditation, testing

We are under a Letter of Review; full application filed 12/16

Waiting to hear when site visit will be scheduled

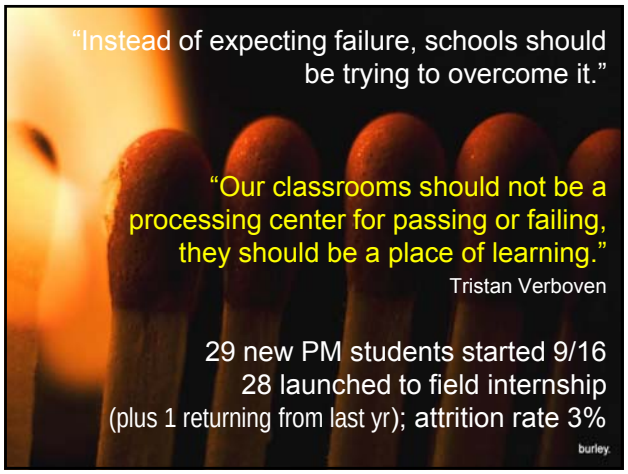
Course affiliations with Harper College

		Credit hours
EMS 110	EMT Education	9
Paramedic CERTIFICATE Program		
EMS 210	Preparatory (fall)	10
EMS 211	Med. Emerg I (fall)	5
EMS 212	Med. Emerg II (spring)	7
EMS 213	Trauma, special populations	6
EMS 214	Hospital Internship (fall)	3
EMS 215	Field Internship (spring)	4
EMS 216	Seminar (summer)	3
Total PM Certificate hours		38

In addition to EMS 110 and PM certificate coursework:
Required general education and support courses for the Associate in Applied Science (AAS) Emergency Medical Services Degree:
A grade of C or better in all BIO, EMS, (EMS 214 and EMS 215 with a grade of P), and NUR courses is required for all students.

BIO 160	Human Anatomy	4
BIO 161	Human Physiology	4
Electives1		4
ENG 101	Composition	3
NUR 210	Physical Assessment	2
SOC 101+	Introduction to Sociology	3
SPE 101	Fund. of Speech Communication	3
Total credit hours for AAS degree		70

1Electives: BIO 130, CHM 100, HSC 104, or HSC 213
+ This course meets World Cultures and Diversity graduation requirement.

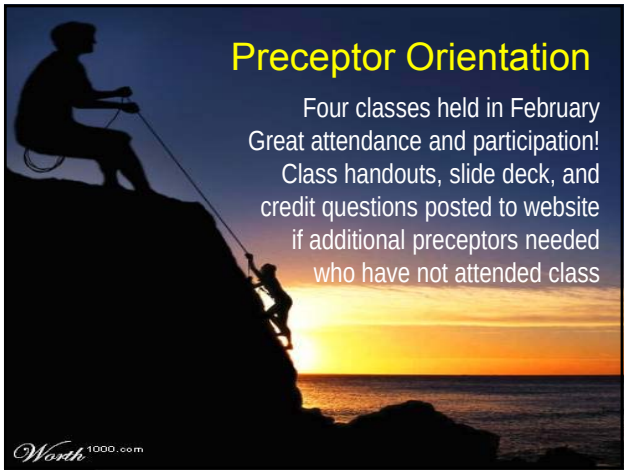


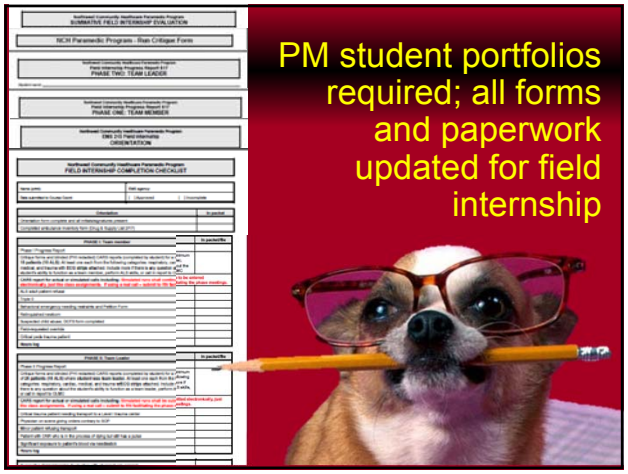
F16-S17 NCH Paramedic Class Performance as of March 2017

Year	EMS 210 Prep	EMS 211 Resp/Card	EMS 212 Med Emerg	**EMS 213** Trauma Sp. Pop.	**EMS 216** Seminar	**Cum GPA**
F15/S16 N=30	91.78	92.68	88.89	92.05	91.62	91.41
F16/S17 N=29	91.9	*91.25	89.4	92.15		

* No take home quizzes this year to artificially boost scores

Great job, Mike Gentile and team!

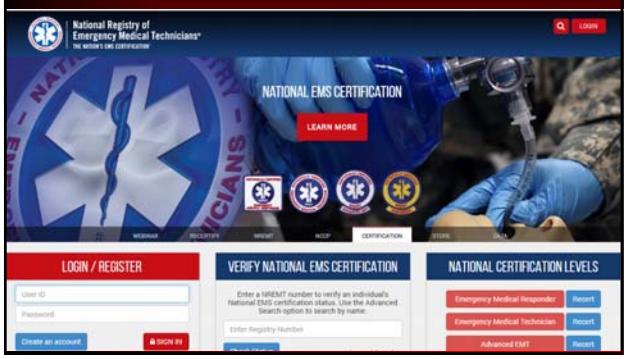




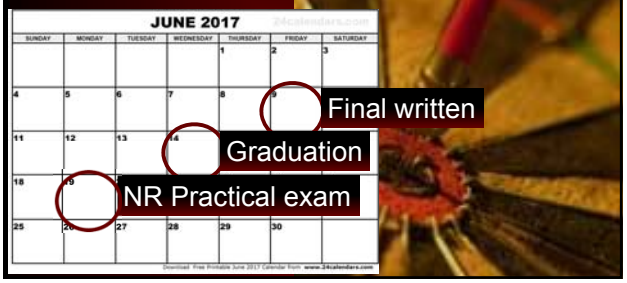
Outcome points for EMS Education:

Graduates have achieved the competency in all three domains of learning required for practice that ensures the delivery of safe, timely, efficient, effective, equitable, and patient-centered care to serve the health care needs of the population.

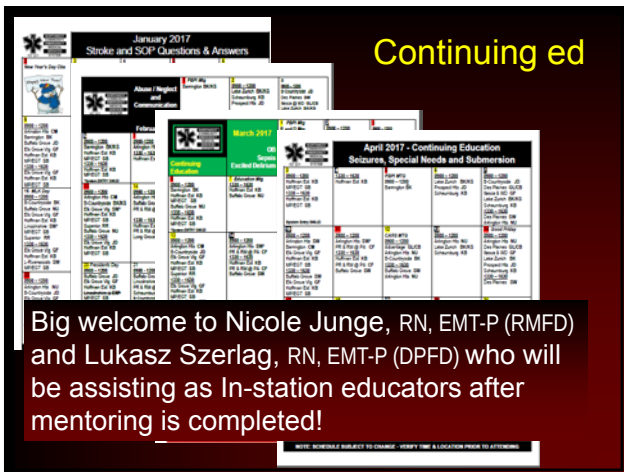
Our PM graduates may take the NREMT exams or the IDPH state exam



Goal:
Complete all requirements by June 14, 2017



Continuing ed



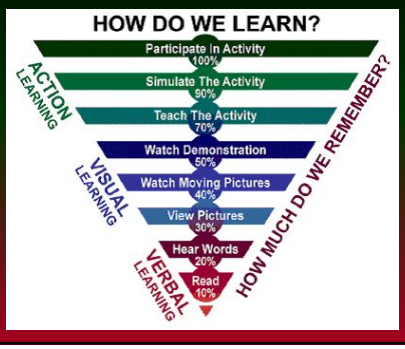
Big welcome to Nicole Junge, RN, EMT-P (RMFD) and Lukasz Szerlag, RN, EMT-P (DPFD) who will be assisting as In-station educators after mentoring is completed!

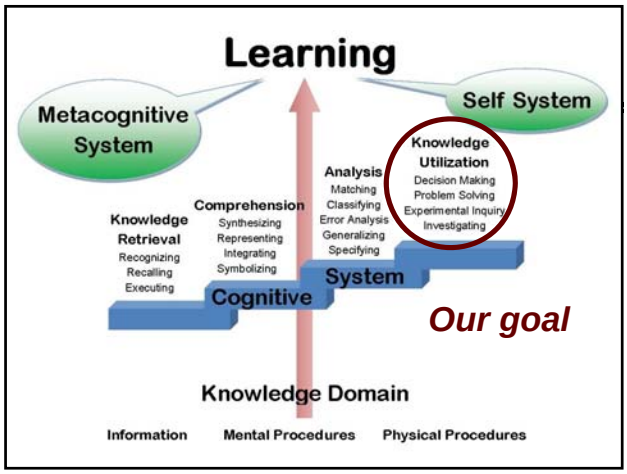
CE Topics 2016-17 amended

Cardiac arrest resusc.
Peds trauma: head, SCI, extremities
ePCR documentation
AMS: DM, OD, behavioral
New SOP intro

Stroke; SOP Q&A
Abuse/neglect
Sepsis (norepi), excited delirium (ketamine); periviable births
Seizures, shunts, submersions
Peds respiratory

Continue to use evidence-based, best practice models of effective education methods to achieve enduring learning



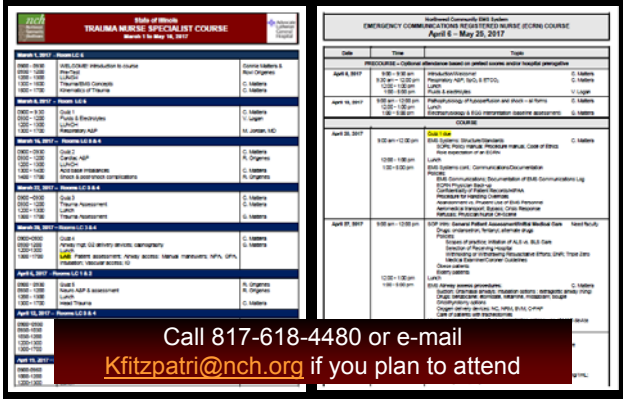


Con ed model revision build

Continue to gather info on blended learning processes and how to create engaging on-line learning modules for CE

Exploring possible platforms that members can access as a Learning Management System

Can audit spring TNS & ECRN classes for CE



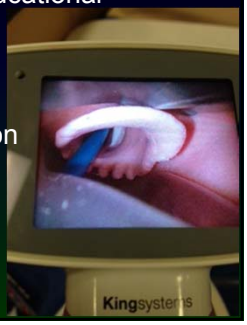
Call 817-618-4480 or e-mail Kfitzpatri@nch.org if you plan to attend

R&D Committee

- A molded plastic **alternative to the MAD device** approved by EMS MD while shortage continues
- Purchasing info issued to System hospitals
- No difference in med dosing or technique from traditional MAD

King vision laryngoscopy trial launched at AHFD March 5, 2017

- Excellent research and educational materials prepared by Drew Hansen (EMT-P AHFD)
- Dr. Jordan participated in all 4 days of initial education and competency validation
- Will enroll 50-60 cases; *1st use successful!*



Lucas CPR device trial continues at Schaumburg FD

Continue to collect data

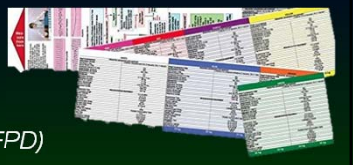
Several recent saves!

Extremely positive feedback from users

2017 edition of Broselow tape issued

Available at Armstrong Medical March 10th

Drug and Supply list updated for new vehicles. Do not need to replace tapes already in stock.



Thanks for finding, Joe Tobiasz! (EGRFPD)

Real-time CPR feedback devices

Will issue final statement soon on when Real-time CPR feedback devices must be used

System entry revisions

Excellent feedback on amended exams and process

All info on website (blueprints/expectations)

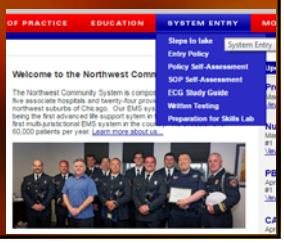
All tests/self-assessments updated to new SOPs

Entry lab down to 3 hours (*Thanks Susan and Jen!*)

Agencies thanked for prepping their candidates so well

File needs streamlined

Practice privileges letters issued within hours of eligibility



News to Use

- Practice alert issued re: mumps
- System memo coming soon re: NREMT testing eligibility for licensed medics
- Pre-testing now for fall PM class – contact Dsordo@nch.org to schedule test
- *Save the date!* 5th Annual Region IX Trauma & Emergency Preparedness Symposium
  Friday, Sept. 29th; Elgin Community College; 8:00 am-5:00 pm