



Northwest Community EMS System Report 11/18

"Partners in innovation... Excellence in education & practice!"



Paramedic class results

Year	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
Semester averages	Prep	Resp/Card	Med Emerg	Trauma: Sp. Pop.	Seminar	
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				

Great JOB Mike, Kourtney and class!!!

Year	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA written only
Mod Exam ave. scores	Prep	Resp/Card	Med Emerg	Trauma: Sp. Pop.	Seminar	
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				


EMS 210 (EMS preparatory) results

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

EMS 211 (Respiratory, cardiac, ECGs) results

Year	Quiz 5 (6)	Quiz 6 (7)	Quiz 7 (8)	Quiz 8 (9)	Ave.
F16	90.66	87.1	89.15	89.92	89.2
F17	90.29	88.5	90.7	92.97	90.5
F18	92.7	91.4	87.54	95.87	91.88

Jen mentoring students carefully in clinical units



2018-2019 NCH Paramedic Program Clinical Documentation Evaluation

3 = expectations not met; see comments
1 = acceptable; see comments for suggestions, instructions
2 = meets or exceeds expectations

Student: _____ Date: _____ Unit: _____ ED: _____

History / Info gathering	CC / S&S	2	Excellent - keep up the good work
	CC PRIEST	2	Your histories are very good!
Assessment: Primary	AMPLE (T's) incl in S&S	2	Good! Very thorough -
	Away	2	Great
Assessment: Secondary as appropriate	Breathing	2	Great job!
	Circulation	1	Great - keep it up. Also - any time you have a pt w/ S&S of anything that might impact their normal intake of food and fluids, you should include asmt of hydration = oral membrane moistness and skin turgor.
Vital Signs	Disability	2	Good!
	2	2	Your secondary asmts are very good. Think you forgot to document your abd asmt on Pt #3.
FRDAP	Great - good job including temps on any pt whose S&S might possibly be due to infection	2	Great - good job including temps on any pt whose S&S might possibly be due to infection
	All appropri fields entered	2	Yes.
Clinical Form Documentation	Substantiated by clin form	2	Yes. Awesome job.
	Accurate CC impression	1	Changed your CC on #2 to abd pain (not just pain), and your imp to Abd pain/problems instead of medical (You have to have several abd pain complaints so important to check that specifically when that is their complaint)
Other Comments:	Narrative	2	Excellent. Concise, organized, "paints the picture".
	Legible & organized	Yes	
Preceptor signature/ratings	Great -		
	Just one impression unless there is a second, different one. You are off to a great start!!!!		

NorthwestCommunity Healthcare (NCH) PARAMEDIC PROGRAM

Squad and Agency Assignments 2018-2019

Squad 1	Squad 2	Squad 3	Squad 4	Squad 5
Nicholas Berghaus BLFPD	Matthew Bakke PAL	Daniel Awisha SCH	Rebecca Gaane HEFD	Nicholas Czerniak EGT
Jim Bollenbacher BGPD	Matthew Bohnen SCH	Ryan Brueckert RB	Samuel Garcia SCH	Robert Loefferer SCH
Kristian Kalev LZFD	Tyler Brendle RMFD	Nick Chiam BCFFD	Alexander Gard EGV	Jacob Thornton MPFD
Kevin Leska SCH	Brian Rappole AHFD	Trevor Korinek BLFPD	William Lehnert AHFD	Jack Trujillo SCH
Ana Rosales (Tallon) HEFD	William Shanahan EGV	Ashley Kuffner BAPD	John Meyer DFPD	Kelsey Wittmann DFPD
Adam Schalmoser PAL	Shannon Walters PAL	John McDermott MPFD		


Hospital EMS Coordinator/Educator assignments:

Alexian Brothers Medical Center (Georgene Palotta); Nicholas Berghaus (BLFPD); Nicholas Czerniak (EGT); Alexander Gard (EGV); Trevor Korinek (BLFPD); William Shanahan (EGV)

Advocate Good Shepherd Hospital (Beth Keane); Ryan Brueckert (RB); Nick Chiam (BCFFD); Kristian Kalev (LZFD); Ashley Kuffner (BAPD)

Starting to plan for Field Internships - Begin first week in March 2019

St Alexius Medical Center (Karin Buchanan); Daniel Awisha (SCH); Matthew Bohnen (SCH); Rebecca Gaane (HEFD); Samuel Garcia (SCH); Kevin Leska (SCH); Robert Loefferer (SCH); Ana Rosales (Tallon) (HEFD); Jack Trujillo (SCH)



**NORTHWEST
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HOSPITAL
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MEDICAL
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Northwest Community Hospital
EMS Office (Northwest HealthNet) Kitchell Center
800 W. Central
Algonquin Heights, IL 60005
Phone: 847-619-4480
Fax: 847-619-4480

Date: September 24, 2018 **System Memo: # 375**

To: All System members

From: Connie J. Matlock, MS, RN, PM
EMS Administrative Director, Paramedic Program Director

RE: Preceptor classes – February 2019

Serving as a paramedic preceptor is one of the most important and professionally honored roles in our EMS System. They are critically important in mentoring our students into competent paramedics and we are deeply grateful for their assistance and service.

No Paramedic student is authorized to perform any ALS intervention without a System-approved preceptor directly observing and coaching their actions to ensure patient safety. No student may begin the field internship until they are released to start by the Paramedic Program Lead Instructor in writing.

Preceptor eligibility requirements: System Policy P1: PRECEPTOR: EMT-Paramedic RNECON (posted to the System website – www.nwchospital.org)

Preceptor Applications and Agreements must be submitted annually.

Process Steps:

1. Candidate shall complete the Preceptor Application sections outlining teaching experience, qualifications and reasons they would like to be considered for a preceptor position.
2. Submit to your Agency Chief/EMS CEO for approval/signature.
3. Submit signed application to your assigned hospital EMS Coordinator/educator to validate qualifications and provide a recommendation.
4. Submit signed and validated application and agreement to Mike Gentile by hard copy, fax (847-619-4480), or e-mail (mgentile@nwchospital.org) for System approval and our records.

The 2019 Application and Agreement are attached to this memo. **Due date: February 15, 2019**

Each preceptor must attend a Preceptor Class before their first preceptor assignment and at least every two years thereafter.

2019 Preceptor Classes		
Dates	Times	Locations
February 18, 2019	0900 – 1200	Auditorium
February 19, 2019	0900 – 1200	Auditorium
February 20, 2019	0900 – 1200	Auditorium
February 25, 2019	0900 – 1200	LC 5

The CE process should be an opportunity to review seldom-used knowledge and skills and become updated on new information, techniques, and equipment.

October CE in response to ECG needs assessment results


This month is designed to review ECGs.

Continuing Education

New: sepsis care, wound dressings, opioid crisis

Review: "Stimulation", cardiology, pharmacology


You: driving, documentation, local protocols



Here we go

Much to learn you still have.

November 2018 CE continued remediation for ECG needs assessment results



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Quality People, Quality Education

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System Entry | System Entry

System Entry

Steps to take
Entry Policy
Policy Self-Assessment
SOP Self-Assessment
ECG Study Guide
Written Testing
Preparation for Skills Lab

System Entry

[These are the steps you must take for system entry](#)


[EMS system entry Policy](#)

Policy Self-Assessment This must be completed and turned in, prior to written testing. The full policy manual can be found under the Standards of Practice tab.


PEMSCs: Thanks for prep work with candidates!

Please go over SOP and Policy Manual self-assessments with them before testing – some have not been completed accurately

Susan gets practice privileges letters out same day as testing and lab if all passed first time!



**State of Illinois
Trauma Nurse Specialist Program**
NWC Central Campus, Algonquin, IL
Phone: 847-619-4480
Academic Calendar - August 28 to May 14, 2019



Aug 28, 2018 - Param LC 384

Time	Topic	Instructor
0800-0900	WILCOX/MSI presentation on rules	C. Matlock
0900-1000	Pre-Test	J. Connelley
1000-1100	LC 384	C. Matlock
1100-1200	Thrombotic Complications of Trauma	C. Matlock

Sept 5, 2018 - Param LC 384

Time	Topic	Instructor
0800-0900	Case 1: Respiratory ACP	C. Matlock
0900-1000	Case 2: Trauma Assessment	C. Matlock
1000-1100	Case 3: Trauma Assessment	C. Matlock
1100-1200	Case 4: Trauma Assessment	C. Matlock

Sept 12, 2018 - Param LC 384

Time	Topic	Instructor
0800-0900	Case 5: Trauma Assessment	C. Matlock
0900-1000	Case 6: Trauma Assessment	C. Matlock
1000-1100	Case 7: Trauma Assessment	C. Matlock
1100-1200	Case 8: Trauma Assessment	C. Matlock

Sept 19, 2018 - Param LC 384

Time	Topic	Instructor
0800-0900	Case 9: Trauma Assessment	C. Matlock
0900-1000	Case 10: Trauma Assessment	C. Matlock
1000-1100	Case 11: Trauma Assessment	C. Matlock
1100-1200	Case 12: Trauma Assessment	C. Matlock

Oct 6, 2018 - Param LC 384

Time	Topic	Instructor
0800-0900	Case 13: Trauma Assessment	C. Matlock
0900-1000	Case 14: Trauma Assessment	C. Matlock
1000-1100	Case 15: Trauma Assessment	C. Matlock
1100-1200	Case 16: Trauma Assessment	C. Matlock

Oct 13, 2018 - Param LC 384

Time	Topic	Instructor
0800-0900	Case 17: Trauma Assessment	C. Matlock
0900-1000	Case 18: Trauma Assessment	C. Matlock
1000-1100	Case 19: Trauma Assessment	C. Matlock
1100-1200	Case 20: Trauma Assessment	C. Matlock

31 TNS students successfully completed class 11-14-18

On to State exam!

PBPI Reports

Naloxone Summary

	2016 Q3	2016 Q4	2017 Q1	2017 Q2	2017 Q3	2017 Q4	2018 Q1	2018 Q2
Total Number of Incidents Reported	69	70	64	70	68	70	64	65
Total Number of Non-Terminated Cardiac Arrest Incidents	48	49	47	50	48	50	49	49
Total Number of Incidents Medically Administered Naloxone	36	37	35	42	41	42	41	42
Percentage	75.00%	67.00%	60.00%	71.43%	71.43%	71.43%	71.43%	71.43%
Number of Incidents Medically Administered Naloxone	36	37	35	42	41	42	41	42
Average Dose Admin (mg)	1.58	1.57	1.57	1.58	1.58	1.58	1.58	1.58
Most Frequent Route for First Administration of Naloxone	IV	IV	IV	IV	IV	IV	IV	IV
Average Dose Admin (mg)	1.58	1.57	1.57	1.58	1.58	1.58	1.58	1.58
Number of Incidents with PTA Naloxone Administration	18	19	18	21	20	21	20	21

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**This report is not part of any patient's permanent medical record. All information provided, including any appendices, is furnished as a report of quality management and is privileged and confidential, to be used solely in the course of internal quality control for the purpose of reducing morbidity and mortality and improving the quality of patient care in accordance with Illinois Law (220/CS 5/9-2004 et seq.).

Huge thanks to Jason Brizzell and PBPI screeners!

