## Northwest Community EMS System Report 11/18

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



	F	Parame	dic class	s results		
Year	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum
Semester averages	Prep	Resp/Card	Med Emerg	Trauma; Sp. Pop.	Seminar	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	Great JO	B Mike, Ko	ourtney an	d class!!!
Year	EMS 210	EMS 211	EMS 212	EMS 213	EMS 216	Cum GPA
Mod Exam ave. scores	Prep	Resp/Card	Med Emerg	Trauma; Sp. Pop.	Seminar	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				

E	MS 2		EMS resul		arato	ory)
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

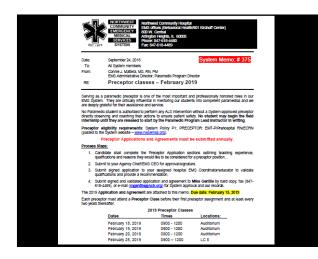
## EMS 211 (Respiratory, cardiac, ECGs) results

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

nch		20	18-201		H Paramedic Program			0 = expec	tations not	met; see comments		
Northwest							valuation	1 = accep	1 = acceptable; see comments for suggestions, instructions			
Healthcare		Cill	nical D	ocui	IIC II	Cauoni	valuation	2 = meet	2 = meets or exceeds expectations			
Student:						Date:			Unit:	ED		
			Rating					Commen	ts			
History / Info	CC/:	58.5	2	Excelle	nt –	keep up the	good work					
gethering					istori	es are very	good!					
	incl in S&S)			Good!	! Very thorough -							
Assessment:	Airway 2 Great											
Primary					at job!							
Circu		lation	1	Great - keep it up. Also - any time you have a pt w/ S&S of anything that might impact their normal intake of fo fluids, you should include asmt of hydration = oral membrane moistness and skin turgor.								
	Disability 2 Good											
Assessment: Secondary as appropriate	2	Your	Your secondary asmts are very good. Think you forgot to document your abd asmt on Pt #3.							i.		
Vital Signs	2	Great	- good jo	b inclu	dingt	emps on ar	y pt whose S&S might po	ossibly be due to	o infection			
FISDAP	All ap	prop fi	elds ente	red	2	2 Yes						
	Subst	tantiate	d byclin f	form	2 Yes, Awesome job.							
					Changed your CC on #2 to abd pain (not just pain), and your imp to Abd pain/problems instead of mer							
	Accurate CC, impressi		on	1 (You have to have several abd pain complaints so important to check that specifically when that is t complaint).					check that specifically when that is the			
	Narra	tive			2 Excellent. Concise, organized, "paints the picture".							
Clinical Form	Legib	le & org	anized		Yes							
Documentation	Prece	ptor si	gnature/r	atings	Gre	Great -						
							different one.					

students carofully in clinical unit

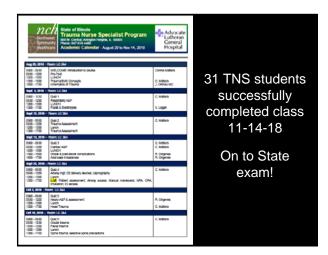
Squad 1	Squad 2	Squad 3	Squad 4	Squad 5
Nicholas Berghaus	Matthew Bakke	Daniel Awisha	Rebecca Gaare	Nicholas Czemiak
BLFPD	PAL	SCH	HEFD	EGT
Jim Bollenbacher	Matthew Bohnen	Ryan Brueckert	Samuel Garcia	Robert Loverher
BGFD	SCH	R8	SCH	SCH
Kristian Kalev	Tyler Brendle	Nick Chism	Alexander Gard	Jacob Thomton
LZFD	RMFD	BCFPD	EGV	MPFD
Kevin Leska	Brian Repple	Trevor Korinek	William Lehnert	Jack Trujillo
SCH	AHFD	BLFPD	AHFD	SCH
Ana Rosales (Tallon)	William Shanahan	Ashley Kuffner	John Meyer	Kelsey Wittmann
HEFD	EGV	BAFD	DPFD	DPFD
Adam Schallmoser PAL	Shannon Walters PAL	John McDermott MPFD		
Alexander Gard (EGV Alexander Gard (EGV dvocate Good Shephe Ashlev Kuffber (BAR Starting	): Trevor Korinek (BLEPD rd Hospital (Beth Kean FD) to plan fo	uments: besite): Nicholas Berghau D): William Shanahan (EC e): Ryan Brueckert (RS): 1 Dr Field In n March 2	sv) vick Chism (BCFPD): Kr ternships	istian Kalev (LZFD);









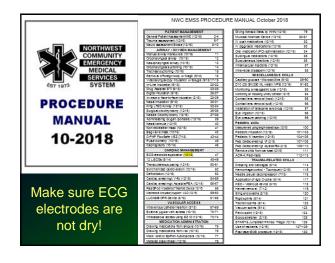


		2018 Q3	2018 0.2	2018 Q1	2017 Q4	2017 Q3	2017 Q2	2017 Q1	2016 Q4	2016 Q
	vber of incidents Reported	69	70	64	91	80	73	64	46	42
	iber of Non Terminated Cardiac Arrest Incidents ober of Incidents Medics Administered Nakaenne	48	46	43	88 69	79	68	60 58	43	40
	f incidents Medics Administered Natowone f incidents Medics Followed SOP	48		43	69	59	41	- 58	39	38
Number c	Percentage	75.00%	31 67.40%	20 60.50%	47	41 51.90%	41 60.29%	42 70.00%	67.44%	60.001
	Fercentage f incidents: Medics Admin. Pt Improved & SOP Followed	20	12	60.50%	33,41%	31.90%	60.29%	28	24	16
Number o	Average Dose Admin (mg)	1.98	2.07	2.4	1.778178	36	33	28	1,7311333	1025
	Inverage bose Admin (mg)	1.98	10	10	1.778378	1.416667	1.787879	1.857143	1.755555 1N	1025
Most Pres				- 10	0.81	0.87	0.8	0.73	1.89	0.8
	Average Dose Admin (mg) # Incidents with PTA Nalmonie Administration	18	16	18	0.81	25	0.8	0.73	0.89	0.8
"This rept	D AND CONFIDENTIAL - PEER NEVIEW DOCLANDIT - PATIENT SATETY WOR PT is not part of any patient's germanent medical record. All informs dential, to be used solely in the course of internal quality control is	EMSS EMS M	D or his desi ncluding an f reducing i	prese. y appendes morbidity a	( materials, i	furnished a	a report of	quality mana	generit and	s privilege

			2018 Na	loxone Narr	ative Screen	
			3rd Qu	arter: July -	Sept 2018	
Incident Counts		Reference	e PTA Use	, in the second s	PT Bleeding	
Advantage Ambulance	0	Yes	12	Yes	1	
Arlington Heights Fire	8	No	27	No	38	
Barrington Countryside FPD	0	(D=	39			
Barrington Fire Department						
Bloomingdale FPD	0	PTA Meds	Documented		verage Amount PTA	
Buffalo Grove Fire		Yes	4		3.2 mg	
Des Plaines Fire	2	No	8			
Elk Grove Township FPD	1					
Elk Grove Village Fire	4					
Fermilab FD	0	PTA Med Ma	atch Narrative	Awer	age Initial Amount PTA	
Hoffman Estates Fire Department	5	Yes	3		2.4 mg	
Itasca FPD	0	No	0			
Lake Zurich Fire / Rescue	3				Person Administering	DTA
Lincolnshire-Riverwoods FPD	0				Person Auministering	
Long Grove FD	0			N/A		26
Mount Prospect Fire	2			Law Enfor	cement	6
Palatine FD	9			Patient/La	v Person	5
Palatine Rural Fire Prot Dist				First Resp		0
Prospect Heights Fire	0					
Kurtz/Rescue Eight - NWC	0			Paramedi	c	1
Rolling Meadows FD	2			EMT		0
Schaumburg FD	4			Paramedi	Student	0
Superior Ambulance - NWC	0					
Wood Dale FPD	40			Registere		1
10×	40			Other Hea	Ithcare Professional	0
				Physician		0
PRIVILEGED AND CONFIDENTIAL -	PEER REVIEW	DOCUMENT - PA	Other Nor	n-Healthcare Professional	0	
			authorized by th	e * CT Techno	ologist	0
				Physician		0
"This report is not part of any patient's permane	nt medical recor	d. All information pro-	vided, including any a		v Therapist	0
internal quality	control for the p	surpose of reducing m	orbidity and mortalit	Student		0
					re Paramedic	0
				Cinical Ca	re ratameure	-
						n= 39

2018 Sepsis Review -	
Calls with SBP Under 90, No Norepi, and No N	formal Saline Give
No Normal Saline Adminstered to Patients with SBP reading less than 90 Review	
Total Number of Incidents Reviewed =	39
Number of Incidents where IV Attempted =	17 (43.6 %)
Number of Incidents with Undocumented IV Attempts =	8 (20.6 %)
Average Number of IV attempts per incident =	1.5
Number of Incidents with Undocumented IV Attempts PTA =	5 (12.9 %)
Number of Incidents where IO Attempted =	2 (5.2 %)
Number of Incients with Undocumented Normal Saline administered =	5 (12.9 %)
Number of Incidents with only one sub 100 SBP =	8 (20.6 %)
Number of Incidents with more than one sub 100 SBP =	31 (79.5 %)
Number of Incidents with Last Vital Only one sub 90 SBP =	12 (30.8 %)
Number of Incidents with Last Vital only one sub 90 SBP and Time between less than 5 minutes =	9 (23.1 %)
Reduced Incidnet List (Removed Sub 90/Under 5 Min, Undocumented NS Admin and 2 BLS only.	crew)
Total Number of Incidents Reviewed =	23
Number of Incidents where IV Attempted =	12 (52.2 %)
Number of incidents where it Attempted -	6 (26.1 %)

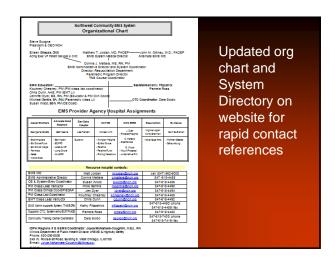


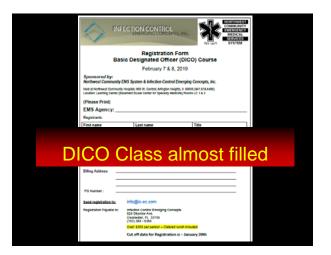


Great innovation suggested by Matt Webb, PEMSC (LZFR); addtl validation & Practice Alert language by Scott Motisi, PEMSC (BCFPD)

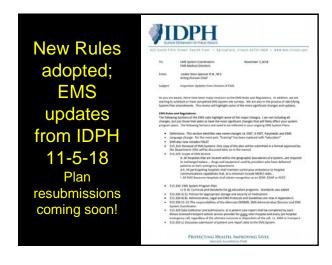














## Supported by:

## NHTSA Office of EMS

EMS for Children Health Resources and Services Admin.
Office of the Assistant Secretary for Preparedness and Response at the Department of HHS
Department of Homeland Security Office of Health Affairs

