



### Education Challenges

Academically and culturally diverse learners require differentiated instruction within shrinking candidate pools

A wide depth and breadth of competencies must be verified within time bound limits to ensure safe and effective EB practice to serve the needs of all patients

Educational inputs and outcomes must meet national & state standards plus be congruent with the expectations of local consumers & providers

### EMT Class Report – S23

- 22 registered
- Orientation: Tuesday January 10<sup>th</sup>
- Two voluntarily withdrew
- Working with Harper College to remove math prereq. for certificate classes; attending career events to recruit more students

Bravo, Chris Dunn!

# Paramedic Class Report: F22-S23

- 24 enrolled;  
2 withdrew
- All remaining  
passed EMS  
210, 211, 212,  
213, 217 &  
218



Great job - Mike Gentile, Bill Toliopoulos, Jen Dyer, Kourtney Chesney, & all 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
F17-S18 N=27	93.3	93.56	91.96	91.13	92.27
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	89.9	88.9	88.67	89.3	

## 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	
S17 N=29►28	91.9	91.25	89.4	92.15	92.42	91.42
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►22	91.58	90.41	90.7	92.23		

[illegible]











Connie J. Mattera MS, RN, PM



Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP), in cooperation with the Commission on Accreditation of Allied Health Education Programs (CAAHEP)



## 2021 Annual Report

CoAEMSP Letter of Review (LoR) / CAAHEP Accredited (Initial and Continuing) programs must complete the CoAEMSP Annual Report for Paramedic level students/graduates ONLY and submit THIS Excel annual report template which represents all cohorts that have graduated in 2021. No PDF or paper copy versions of this report will be accepted.

~ Remember ~  
The filing deadline is May 15, 2023

Should you have questions as you work through the Annual Report, please contact Lynn at (214) 703-0445 ext 115 or [annualreports@coaemsp.org](mailto:annualreports@coaemsp.org)

<--- Hovering your cursor over a cell with a red triangle in upper right corner reveals text. Try it.

CoAEMSP Program ID:

600790

(the 60000X number assigned by CoAEMSP)

Sponsoring Program:

Northwest Community Healthcare

City:

Arlington Heights

State:

IL

Accreditation Status:

Continuing Accreditation

Annual PM Program report  
(in addition to reaccreditation process) due by May 15<sup>th</sup>  
*Thanks, Mike Gentile!*

[illegible]

CoA requires an Outcomes Summary report to be posted in a prominent place on the Paramedic Program's website: See Education tab / Paramedic

The screenshot shows the Northwest Community Paramedics website. The header includes the organization's logo (a blue Star of Life with 'EST. 1972' below it) and the text 'NORTHWEST COMMUNITY PARAMEDICS EMERGENCY MEDICAL SERVICES SYSTEM'. Navigation links for 'Home', 'News', 'Calendar', and 'Donations' are in the top right. A red navigation bar contains links for 'ABOUT US', 'STANDARDS OF PRACTICE', 'EDUCATION', 'SYSTEM ENTRY', and 'MORE INFO'. The 'EDUCATION' link is highlighted with a red arrow. Below this, the 'Education' tab is selected, showing a list of links: 'SMT', 'Paramedic', 'Student Clinical Phase', 'Field Internship Phase', and 'Paramedic Preceptor'. The 'Paramedic' link is highlighted in blue. Below this, the 'NCH 2022 Paramedic Program Outcomes Summary' link is displayed, with a subtext '(Updated 1/16/2023)'. At the bottom, the 'Paramedic Class' link is highlighted in blue, with a subtext '(Updated 1/16/2023)'. The footer contains the text '© 2022 Northwest Community Paramedics'.

# CE Topics 2022-2023

7/22 Pharmacology	1/23 Special pt populations
8/22 Trauma Updates	2/23 Documentation & forms
9/22 MPIs	3/23 OB; Peds
10/22 ECG/SOP	4/23 Airway/respiratory
11/22 Stroke/OHCA	5/23 Med emerg SOP

KUDOS to Kourtney, Jen, and our stellar educators!



<b>NWC EMSS In-Station Program</b> <b>FACULTY/COURSE EVALUATION SUMMARY</b>				
Month: February	Class Title: Documentation and forms			
Year: 2023	Total Number of Evaluations: 109-113			

Content	Results: N: 113			
How valuable did you find this CE class content?	Very: 75% 85/113	Moderate: 24% 27/113	Minimal: 1% 1/113	Insignificant:
The level of content	Too Basic: 2% 2/113	Just Right: 97% 110/113	Too Advanced: 1% 1/113	
The amount of time allotted for this class	Too much: 5% 6/113	Just Right: 95% 107/113	Too Little:	


Methods	Results N:109			
The teaching strategies were appropriate to the content	Strongly Agree: 72% 78/109	Agree: 28% 30/109	Disagree:	Strongly Disagree: <1% 1/109

Instructor	Results N: 110			
The instructor demonstrated expertise in the class content	Excellent: 94% 103/110	Good: 6% 7/110	Fair:	Poor:







ECRN CE compliance reporting

form updated

Date

Name ECRN:

Hospital

☐ Primary: Need 8 hrs (NWC EMSS-approved CE = annual competencies) 7/1/22 – 6/30/23  
☐ Secondary: Need 4 hrs (NWC-specific CE, mandatory classes + annual competencies) +4 addl hrs

Annual Accounting ECRN CE hours: July 1, 2022-June 30, 2023

CE COMPLETED	Classes missed
<input type="checkbox"/> All CE hrs completed per ECRN policy	<input type="checkbox"/> 7/22 Pharmacology
<input type="checkbox"/> Class hours awarded:	<input type="checkbox"/> 8/22 Trauma SOP updates
	<input type="checkbox"/> 9/22 MPIs; disaster mgt
	<input type="checkbox"/> 10/22 New SOP review, ECG interp.
	<input type="checkbox"/> 11/22 Stroke   OHCA
	<input type="checkbox"/> 1/23 Special patient populations
	<input type="checkbox"/> 2/23 Documentation & forms
	<input type="checkbox"/> 3/23 OB & Peds
	<input type="checkbox"/> 4/32 Airway, respiratory
	<input type="checkbox"/> 5/23 SOP: Medical emergencies

ANNUAL COMPETENCIES (may be completed in CE)	Max Hrs	Hrs awarded	Incomplete or missing
OLMC for EMS Adv. airway; O <sub>2</sub> ventilation; N/I/O access; OHCA	1		<input type="checkbox"/>
OLMC alert procedures: Trauma   Sepsis  Stroke   OB	1		<input type="checkbox"/>
OLMC BHE: Decisional capacity verification; Aggression mgt/Sedation/ Restraint; Suicide screen; transport decisions (2023 procedure)	1		<input type="checkbox"/>
OLMC Multiple pt management procedure	0.5		<input type="checkbox"/>
OLMC ChemPack / EMS Stockpile procedure	0.5		<input type="checkbox"/>

Exploring System options for electronically logging CE – Vector Solutions

Vector Solutions

INDUSTRIES • SOLUTIONS • RESOURCES • ABOUT US • COURSE LIBRARIES

Choose your industry to explore our solutions



TRAIN. PREPARE. MANAGE.

Learning management technology, courses, and operational software built for you.

Wed 03/22/2023 11:54 AM

Mattera, Connie

Compliance Mandates: How Confident Are You? Link

to: Aden Zambreno; Anthony DiCicco; Benny Yee; Bill Weirich; Brett Nelson; Brett Haller; Dan Kluwe; Dave Benson; Elijah DiMaggio; Erik Christensen; Giovanni Lopez; Grant Landis; James Devina Jr.; Jennifer Cornelissen; John C. Jaworski; John Higuera; John Helling; John Helling; Kris Muller; Kyle Chapp; Lee Karamis; Lee End; Luke Walker; Mandy; Richard Markos RB; Nichole Jung; Pete Dyer; Phil Karamis; Rick Russell; Robin Bertsch; Roger Scott; Ryan Rader; Scott Hayden; Scott Miller; Scott Miller; Sue Smith; Susan Regalado; Tisa Harris; Ben Dwyer; Bill Tolopoulou; Chris Davis; Cindy Brennan; Celia Fisher; Connie Mattera; Elyse; Katherine; Michael; Jennifer Dyer; Jeremy Sullivan; John Lavan; Jordan; Matthew; Karin Buchanan; Karolina Lys; Kerry Zamoni; Courtney Chesney; Lisa Henson; Orinau MD; John; Rosa; Pamela; Tolopoulou; Yaelis; Umi; Norren; Virginia Logan

Click here to download pictures. To help protect your privacy, Outlook prevented automatic download of some pictures in this message.

This was a wonderfully done webinar about the requirements of compliance monitoring and documentation done by an attorney and a representative from Vector Solutions. We are exploring an enterprise wide solution for documenting CE with Vector Solutions, but the attorney comments are most revealing. This should be required watching for all EMS leaders. See the link below. FYI!

Connie J. Mattera, MS, RN, Paramedic  
EMS Administrative Director and System Coordinator

Technology to Train, Prepare, and Retain Your Crew.

Uplevel your training with one system for everything: academy, skill evals, ISO, recerts, task books, professional development, and policy reviews.

Personnel scheduling and asset management ensures a properly staffed and equipped team, for a better prepared team.

A critical incident and exposure tracking solution that promotes positive agency culture results in better wellness and performance to retain your crew.



TRAIN

PREPARE

RETAIN



NREMT renewals due in March

- Optional to maintain NREMT certification – not tied to ongoing IDPH licensure or System privileges
- Recommended if reciprocity in other states ever wanted
- See NREMT website for 2023 Recertification Guide
- Enter CE on NREMT website; notify Dr. Jordan to approve; Agency training officer must link Dr. Jordan to your agency

RECERTIFICATION GUIDE



National Registry of  
Emergency Medical Technicians®  
www.nremt.org



<https://www.nremt.org/paramedic/recertification>


Version 4 - 02/01/2023

7

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

[illegible]

# System entry updates: See website ([www.nwcmss.org](http://www.nwcmss.org))



## System-Entry Process & Instructions

### Tests / skills lab content and information

Documents posted on website: [www.nwcmss.org](http://www.nwcmss.org) under System Entry/lab

**READ:** Policy E3: System Entry: Credentialing and Practice Privileges

**To open a file:** Contact Pamela Ross ([ross@nwch.org](mailto:ross@nwch.org)) | 847-618-4482

Provide current & legible copies of the following:

- ☐ System entry authorization form completed with signature of Provider EMSC or Chief/CEO
- ☐ Illinois PM or PHRN license (Out-of-state licensees must apply for reciprocity with IDPH and gain an Illinois license before SE may be completed. An NREMT card is NOT a state license to practice.
- ☐ AHA CPR for Healthcare Provider card
- ☐ Driver's license, DOB, phone/nexst number, and e-mail address
- ☐ Letter of verification from most recent EMS System including: System name, practice privileges awarded, acts of affiliation, field in good standing, any practice issues requiring an action plan and/or barriers to reinstatement in good standing. Corrective action plans must be completed in the System of origin prior to NWC EMS SE. If newly graduated and/or never employed in EMS: Submit a letter from the Training Program Director affirming their CoA/EMSP # and date of graduation.
- ☐ All EMS CE hours accumulated since last licensure (if in original licensure period) or the last renewal

**The purpose of System entry credentialing is to assess and measure your competence in three domains of learning: knowledge of principles in the National EMS Education Standards & NWC EMS SOPs, policies & procedures; precision in performing skills required in our System; and demonstrated professional characteristics.**

1. **Prerequisites:** 4 SOP self-assessments (Cardiac/Fundamentals/Medical/Trauma)

The self-assessments highlight important practice points in the 2022 NWC EMS SOPs and prep candidates for successful SE testing. Completed packets must be reviewed for accuracy and signed off by the Agency PEMSC or assigned PE evaluator prior to submission. The Policy manual self-assessment is temporarily suspended pending policy updates and not required.



**Due dates:** Submit completed self-assessments for the next scheduled exam section(s) electronically or in paper format to: [Jennifer.Ross@nwcmss.org](mailto:Jennifer.Ross@nwcmss.org) at least 1 week prior to testing (i.e., Test scheduled on 1-19-23, submissions due by TU, 1-23-23 by 1730 hrs) to ensure time for grading / feedback. If they are not received on time / are incomplete / or contain substantially incorrect answers without resubmission and approval, the individual will not be allowed to test.

**Contact person:**  
Pam Ross

**Reminders:**  
Use ONLY 2022 SOP Self-assessments  
Submit on time for grading/feedback  
NO policy manual self assessment right now

**PBPI**

Quality Assessment and Performance Improvement

 <div> <p><b>COMMUNITY EMERGENCY SERVICE SYSTEM</b></p> </div>	<h2>BPBI Committee Screen Report</h2> <h3>Behavioral Health</h3> <p><b>January 1, 2022 – December 31, 2022</b></p>	 <div> <p><b>COMMUNITY EMERGENCY MEDICAL SERVICE SYSTEM</b></p> </div>	<h2>BPBI Committee Screen Report</h2> <h3>Behavioral Health</h3> <p><b>January 1, 2022 – December 31, 2022</b></p>																																																																																																																																																																																											
<p>A review of all 10/10/2021 incidents in 2022 was conducted to review for proper use of the suicide screening workflow, proper signatures obtained, and appropriate contact with On-Is Medical Control was made when referrals for psychiatric and behavioral emergencies. The incidents reviewed were limited to those which primary or secondary impression was one of the following:</p> <p><b>Major disorder:</b> "Suicidal Mental Status," "Heard Command Unsubdued," or "No Abnormal Findings," but had a dispatch reason of "Psychiatric/Behavioral."</p> <p>The query limits resulted to a total of 1,872 incidents which were included in this analysis. Separating out between fire agencies and private agencies, there was a total of 1,312 and 560 respectively. The breakdown per agency can be found in Table 1.</p>	<p>The list of selected primary and secondary impressions for all incidents included in the analysis can be found in Table 5 and 6. Their corresponding percentages of the total responses is also calculated. Only one primary impression can be selected for each incident, but more than secondary impression can be selected and can also be left blank if the report is chosen.</p>																																																																																																																																																																																													
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Stroke / Cerebral infarction	1	0.1 %	0	0 %																																																																																																																																																																																										
Unspecified Convulsions / Seizure	1	0.1 %	0	0 %																																																																																																																																																																																										
Homicidal ideations	1	0.1 %	1	0.3 %																																																																																																																																																																																										



“Goal”

- Deliver consistently safe, quality patient care and prevent adverse events and patient harm
- PBPI assesses and measures our current state
- They affirm the desired state and conduct a gap analysis: individual, strategic, production, supply management, and product
- Create action plans to achieve desired state



Fabulous work by Jason Brizzell (SFD) & team Thank you!

Process after finding gaps and causes



Airway screen results found opportunity to improve

Advanced Airway Screen Cause Analysis and Plan of Action - Supported benchmark of improvement aligned with EDC average of at or greater than 67.5%

Issue	Accountability	Priority	Status	Due
<b>Quarter 1 - Baseline Data and Assessment</b>				
Agency scrubbing of 2022 Data	PBPI/IC or designee	K00	3/2/23	4/5/23
Point Cause Analysis & Final 2022	PBPI/Committee	EBN	4/5/23	5/2/23
Agency scrubbing of First Quarter	PBPI/Representative	EBN	3/2/23	4/5/23
System 1st Quarter Data Report	PBPI/Committee	EBN	4/5/23	5/2/23
<b>Quarter 2 - Establishing advanced airway education</b>				
Providing System CE	PBPI/Educator	EBN	4/5/23	4/5/23
Developing CE Videos	Train Educator George Dr. Jordan	EBN	3/2/23	5/2/23
Supplemental Training	Education Committee Agency	4/5/23	4/5/23	
Agency scrubbing of 2nd Quarter	Agency PBPI/Representative	3/2/23	4/5/23	
System 2nd Quarter Data Report	PBPI/Committee	4/5/23	5/2/23	
<b>Quarter 3 - Reestablishing advanced airway education</b>				
Agency scrubbing of 3rd Quarter	Agency PBPI/Representative	7/2/23	8/5/23	
Ongoing Education	Education Committee Agency	7/2/23	8/5/23	
System 3rd Quarter Data Report	PBPI/Committee	8/5/23	9/2/23	
<b>Quarter 4 - After Action Trend Review</b>				
Agency scrubbing of 4th Quarter	Agency PBPI/Representative	9/2/23	10/24	
System 4th Quarter Data Report	PBPI/Committee	10/24	2/7/24	
Trend Analysis Report	PBPI/Committee	10/24	2/7/24	
Recognition of Agencies unable to meet benchmark or declining trend		10/24	2/7/24	

Action plan created  
Step #1:  
Agencies asked to scrub their data to see if performance gap is due to documentation, skill technique, or other variable

Aspects of Care to be Assessed and Monitored

The prioritization of QAPI activities focus on high-risk, high volume, or problem-prone areas and their effects on health outcomes, patient safety, and quality of care. Prevention of adverse events through reporting and tracking of these events is included in these activities. Data gathered for quality indicators is used to determine if the services provided are effective and sustainable.

The System has effective, ongoing processes in place for identifying problematic events, policies, or practices and takes sustainable actions to remedy these problems, including following up on remedial actions to determine if they were effective in improving performance and quality.

These include, but may not be limited to, the following:

- Customer satisfaction: internal and external
- EMS crew and leadership satisfaction (rate of turnover, years of service; feedback)
- Compliance with standards | Incidence of nonconformities
- Thoroughness and timeliness of documentation
- Dispatch accuracy | Communications quality
- EMS personnel wellness/occupational injuries and follow-up
- EMS cost-effectiveness
- Ambulance inventory: Drug/supplies/equipment maintenance/effectiveness
- Innovations/research
- Appropriate use of EMS: All requests for service are referred to appropriate resources

# PBPI plan

Areas to be studied in 2023 on a monthly, quarterly and/or yearly basis (subject to change based on system needs or EMS MD request)

- Naloxone administration (semi-annual)
- Behavioral Health Emergencies
- Advanced airways; use as indicated; first and second pass success rates
- Stroke: assessment, treatment, selection of appropriate receiving hospital; documentation
- Cardiac – Wide Complex Tachycardia and Bradycardia
- Pediatric – Croup, Epiglottitis, RSV and/or other acute upper respiratory infections
- Bariatric patients
- Sepsis assessment, treatment, calling alerts; documentation
- Nitroglycerin administration for ACS and pulmonary edema
- Trauma assessment, treatment, selection of appropriate receiving hospital; documentation
- Sedation: Selection & use of appropriate agents; and ongoing monitoring

# PBPI plan

Sentinel monitoring (Critical incidents that may be reviewed during the committee meeting one month post occurrence):

- Norepinephrine use (biannually)
- AMA refusals
- All cardiac arrests (Cardiac arrest committee)
- Pleural needle decompression
- Cricothyrotomy
- Aeromedical transports
- Medication errors/near misses
- Medical Device failure/malfunction – Patient injury
- MCI
- Stroke alerts needing transport to a comprehensive stroke center
- Patient/receiving hospital complaints/RFCs
- Controlled substance use, inventories, chain of custody errors/nonconformities



# CARS

Created hyperlinked SOP  
Cleaned up drop-down  
lists; added LVO  
documentation; helped  
draft changes to D4 policy  
(lock on post)

Working on multiple person  
release (MPR) documentation

Thank you, Jim Klein (AHFD)!




Chiefs voted to share upscaling cost for Acid-Remap  
Branded phone app to hyperlink SOPs  
THANK YOU!






Northwest Community EMS System Advisory Board Meeting Attendance Record 2023			Northwest Community EMS System Advisory Board - 2023 Meeting Minutes Board - Page 3		
Date:		Time: 9:00 am - 10:30 am			
Members	Constituency	Signature/Present	Alternates	Constituency	Signature/Present
Shawn Brown (SFD)	Law enforcement		Tina Hayes (SFD)	Education	
Matthew Bond (SFD)	Non-officer paramedic		Patricia Kline (SFD)	EMS Coordinator	
Jason Brizel (SFD)	PIPR		John Larsen (ABMC)	EMS Coordinator	
Karen Buchanan (SABMC)	Education Committee		Alison Loeffel (SFD)	Non-officer paramedic	
Kourtney Cheesey (NCH)	Faculty		Scott Penhew (SFD)	EMS	
Franklin Cox (SFD)	Non-officer paramedic		Don Tournier (NASC)	PIPR	
Kathie Hill (SABMC)	Associate Hospital Admin		Adam Smith (SFD)	Chief	
Jim Klein (SFD)	CARS		Drew Smith (PHS)	Chief	
Tom Krueger (LRW) (SAB)	Chief		Jeremy Sullivan (SFD)	CARS	
Grant Landis (SFD)	Private provider		Adam Thurman (SFD)	Non-officer paramedic	
Larry Linson (Birmingham)	Public citizen		Luke Walker (SFD)	EMS	
Virginia Lujan (PHS)	Hospital EMS Coordinator				
Scott MacKenzie (SFD)	Chief				
Kimberly Mayhew (NCH)	Resource Hospital Admin				
Kyle Marcussen (SFD) (Chair)	Non-officer paramedic				
Taylor Moringe (SFD)	Cardiac arrest				
Jeffrey Richards (SFD)	Non-officer paramedic				
Rick Russell (SFD)	Workforce development				
Douglas Schulz (SFD)	RAD Committee				
Leslie Stein Spencer (SFD)	Government official				
Bill Tolpeltz (NCH)	ECRN				
C. Grant Varnado (ABMC)	Associate Hospital EMS MD				
Benny Yee (LZFD) (Vice Chair)	Officer paramedic				
	PIPR				
Alternates	Constituency	Signature/Present	Ex Officio	Constituency	Signature/Present
Ron Berrace (SAB)	Workforce Development		Dr. Matthew T. Jordan	EMT (EMS MD)	
Alexander Bialos (SFD)	Non-officer paramedic		Dr. John M. O'Connell	Associate EMS MD	
Jennifer Dyer (NASC) (EMS)	Faculty		Connie J. Mattera	EMT Admin Director	
Lee East (SFD)	Paramedic Office		Diane Dun, Ph.D. MBA	Hospital College	
John Fugate (Advantage)	Private provider				
Jeff Hall (LZFD)	Non-officer paramedic				

**New Board Officers:**  
Kyle Marcussen (SFD) Chair  
Benny Yee (LZFD) Vice-chair  
Tom Krueger (LRW) Secretary



Illinois Department of Public Health  
422 South Fifth Street, Fourth Floor • Springfield, Illinois 62761-1824 • www.idph.state.il.us



**THE NEW RULES**

**Emergency Rules now final**  
Updating policies monthly to new legal & regulatory frameworks to meet IDPH due date of 8-1-23

Northwest Community EMS System

**POLICY MANUAL**

Policy Title: Abandoned (Relinquished) newborn protection No. A - 5

Supersedes: 1/1/10 Page: 1 of 3

Northwest Community EMS System

**POLICY MANUAL**

Policy Title: CONTINUING EDUCATION No. C - 2

Board approval: 3/9/23 Effective: 3/16/23 Supersedes: 11/14/19 Page: 1 of 10

References: (210 ILCS 50) Eff. effective December 16, 20; Civil Administrative Code of Illinois 50

I. Illinois and EMS Sys

A. "CE hours si college health and pec

II. PURPOSE, SCOPE, and STANDARDS

A. Medical records are used to tr... and contacts... patients and... care providers. EMS patient care... (ePCR) provide... of... encounter for handoff to other healthcare... data... for ambulance coders to create a bill to reimburse for care provided... data is also used in legal investigations, trauma, stroke, and CPR registries, state and national databases, research, and QI initiatives. EMS documentation serves an important role as a data repository. (Short & Goldstein, 2022).

Northwest Community EMS - Patient Care Report - SHORT FORM - (Rev. 3-23)

Agency: \_\_\_\_\_ Incident #: \_\_\_\_\_

Confirmation sheet


Date: \_\_\_\_\_ PI name: \_\_\_\_\_

Time: \_\_\_\_\_

**Must leave 1 of these at the receiving facility before returning to service:**  
Full ePCR or handwritten PCR Short Form  
If Short Form left; have 2 hrs to provide full ePCR

**NWC EMSS PCR SHORT FORM**

- Earliest use: 3/20 COVID-19 contingency
- Transitioned: 1/22 when first set of emergency rules was posted
- FINAL NOW: 3/23 compliant w/ approved IDPH EMS Rules
- May print on NCR paper so 2<sup>nd</sup> copy available rather than Xeroxing form for EMS use
- Added check box in CARS template asking if SHORT FORM used









NORTHWEST  
COMMUNITY  
HOSPITAL

EMERGENCY  
MEDICAL  
SERVICES  
SYSTEM

EST. 1972

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Quality People. Quality Care.

ABOUT US

STANDARDS OF PRACTICE

EDUCATION

SYSTEM ENTRY

MORE INFO

www.nwcemss.org

Welcome to the Northwest Community EMS System

The Northwest Community System is composed of a Resource Hospital, five associate hospitals and twenty-four provider agencies covering the northwest suburbs of Chicago. Our EMS system has the distinction of being the first advanced life support system in the State of Illinois and the first multi-jurisdictional EMS system in the country. We encounter over 60,000 patients per year. [Learn more about us...](#)

Committees

Advisory Board

Chiefs / Administrators

Computer Aided Reporting System (CARS)

Education

Emergency Preparedness

Hospital EMS Coordinators (Education)

Upcoming Meetings

CARS Commi

April 12, 2023 @ 11

[View Details](#)

Provider EMS

April 27, 2023 @ 11

[View Details](#)

Nurse EMS

Check frequently for breaking news; meeting, class, & System entry info; agendas, minutes; updated SOPs, policies, procedures, forms; System memos, Drug & Supply list, DICOs, & System Directory

**BREAKING NEWS**

**Wanted! EMT & Paramedic Students**

04/04/2023

Looking for EMT & Paramedic students to join our team and launch a rewarding career. Change lives! Great education helps development in knowledge, skills & professionalism. Outstanding peers rates in class and on NREMT exams. Give us a call or contact us by e-mail. We'd love to talk with you about your education and career goals. Michael Gentile BA, PM - PM Course LI (847) 618-4490 mgentile@nch.org Christopher Dunn AAS, PM - EMT Course LI (847) 618-4492 cdunn@nch.org [Read More...](#)

**BREAKING NEWS**

**Updated Face Mask Policies**

03/31/2023

Hospitals are changing their internal policies regarding the use of PPE face masks relative to the COVID-19 pandemic. We are aware that the policies are currently inconsistent across the healthcare systems and will do our best to keep everyone updated as practices evolve. [Read More...](#)

**BREAKING NEWS**

**NCH Returns to Comprehensive Stroke Center**

03/28/2023

NCH announces redesignation as a Comprehensive Stroke Center. [Read More...](#)

**BREAKING NEWS**

**System Memo #415 Issued**

03/28/2023

[Read More...](#)

Northwest Community Hospital

808 W. Central Ave. EMS offices in Behavioral Health Center

Arlington Heights, IL 60005

Phone: 847.618-4490 Fax: 847.618-4492

System Memo # 415

Date:

March 27, 2023

To:

All System members

From:

Matthew T. Jordan, MD, FACEP  
Connie J. Mattera, MS, RN, PM  
EMS System Medical Director  
EMS Administrative Director

RE:

Policy Updates: AS, C2, D4 | Albuterol shortage contingency | System report

**Emergency and Ambulance System Entry**

CPH emergency code became final in December 22. Multiple policies require updates and an albuterol shortage requires a contingency plan. Our Compliance plan requires effective education & understanding of all new policies & procedures.

1. Results for training, a copy of each policy, and the EMS EPI form from the EMS practitioner paper or electronic

2. Obtain their signature that they have received, read, and understood all three policies, use of their related forms, and use of provided information in the absence of albuterol

3. Send verification of education and understanding to Resource Hospital EMS Office by May 15, 2023

**2023 Policy Manual updates**

AS Ambulance (Previously) Newborn Protection

Updated language aligns with current laws, guidelines, and resources. Embedded links to current forms added to checklist. The Ambulance Infant Protection Act offers a protected, legal alternative to unsafe infant abandonment. An unattended newborn, up to 30 days old, may be taken to a hospital, EMS, or a hospital emergency medical care facility, either on-site, or to a hospital, EMS, or a hospital emergency medical care facility. For a full list of the new parts, please visit the following link: [https://www.nwcemss.org/](#)

C2 Contingency Education

Reference: 2016 ILS 2017 EMS Systems Act, EMS Rules 115.302, 115.303, 115.304, 115.305, 115.306, 115.307, 115.308, 115.309, 115.310, 115.311, 115.312, 115.313, 115.314, 115.315, 115.316, 115.317, 115.318, 115.319, 115.320, 115.321, 115.322, 115.323, 115.324, 115.325, 115.326, 115.327, 115.328, 115.329, 115.330, 115.331, 115.332, 115.333, 115.334, 115.335, 115.336, 115.337, 115.338, 115.339, 115.340, 115.341, 115.342, 115.343, 115.344, 115.345, 115.346, 115.347, 115.348, 115.349, 115.350, 115.351, 115.352, 115.353, 115.354, 115.355, 115.356, 115.357, 115.358, 115.359, 115.360, 115.361, 115.362, 115.363, 115.364, 115.365, 115.366, 115.367, 115.368, 115.369, 115.370, 115.371, 115.372, 115.373, 115.374, 115.375, 115.376, 115.377, 115.378, 115.379, 115.380, 115.381, 115.382, 115.383, 115.384, 115.385, 115.386, 115.387, 115.388, 115.389, 115.390, 115.391, 115.392, 115.393, 115.394, 115.395, 115.396, 115.397, 115.398, 115.399, 115.400, 115.401, 115.402, 115.403, 115.404, 115.405, 115.406, 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#415 highlights changes to 3 updated policies and a contingency plan for nebulized epi (albuterol shortage)

1. Provide copy of memo, policies, and forms (paper or electronic) to each EMS practitioner ASAP
2. Obtain signature that they have received, read, and understood all 3 policies, forms, & contingency SOP
3. Send verification of education & understanding to Resource Hospital EMS Office by May 15, 2023

**Albuterol shortage Contingency**

The ongoing drug shortages continue. The latest drug needing an approved alternative is ALBUTEROL. The Region IX EMS MDs have authorized the following if albuterol or DuoNeb stock is running short and receiving hospitals cannot provide replacement:

- Pull inventories from reserve and NT vehicles and transfer to front-line ambulances.
- Consider carefully if albuterol is indicated or whether alternate treatments are a better choice.
- Follow current SOPs regarding indications for epinephrine 1 (mg/1 mL) IM and/or (1 mg/10 mL) IVIO
- If a patient has their own albuterol (Proventil) metered dose inhaler (MDI), ask if they have already used that option to its optimal dosing. If not, observe or assist patient in administering dosing as prescribed unless contraindicated.
- If nebulized albuterol is indicated for bronchospasm associated w/ asthma, COPD, or allergic reactions; and stock is depleted, EMS may administer the following if not contraindicated:

**Nebulized EPINEPHRINE (1 mg/10 mL) 0.5 mg (5 mL) / HH#mask (aim mist at child's face)**  
On at 6-8, depending on nebulizer until mist stops (5-15 min) | Position patient to optimize air exchange (upright)  
- Add O<sub>2</sub> 6 L/NCH if patient is hypoxic (SpO<sub>2</sub> < 94%; COPD: SpO<sub>2</sub> < 92%) & using a HH#N  
- Begin transport as soon as neb is started - do not wait for a response  
- Continue nebulizer therapy enroute | Assess for side effects and/or need to switch to alternate drug routes  
- Adults: May repeat x 1 if mild S&S persist; not contraindicated; & max dose not exceeded  
- Peds: Repeat dose requires OLMC  
- Anaphylaxis: Max total dose of epinephrine all routes: Adults: 2 mg | Peds: 1 mg  
Additional dose require OLMC

Note: This drug and dosing approach is already approved in the SOP for croup/epiglottitis/RSV and should be familiar to EMS personnel. April CE reminds all how to draw up this concentration of Epi for nebulization. The compatibility of nebulized epinephrine and prapratium has not been verified, so we are not adding ipratratium to nebulized epinephrine at the present time.

**System Memo # 415**

Contingency plan for albuterol shortage Epi 1mg/ 10 mL 0.5mg nebulized may repeat x 1



Memo #415 cont.  
Albuterol shortage contingency:  
Use nebulized epinephrine per these guidelines

April instation CE includes this slide to demonstrate technique for drawing 5 mL of epi (1 mg/10 mL) from cardiac preload

Northwest Community Hospital

808 W. Central Ave. EMS offices in Behavioral Health Center

Arlington Heights, IL 60005

Phone: 847.618-4490 Fax: 847.618-4492

System Memo: # 416

Date:

March 28, 2023

To:

All System members, Region IX EMS partners

From:

Matthew T. Jordan, MD, FACEP  
Connie J. Mattera, MS, RN, PM  
EMS System Medical Director  
EMS Administrative Director

RE:

Northwest Community Hospital returns to Comprehensive Stroke Center effective immediately

We have just received news that Northwest Community Hospital has been renamed as a Comprehensive Stroke Center by Det Norske Veritas (DNV) for the dates extending from February 21, 2023 to February 21, 2026.

This change in status has been affirmed by Michelle Lear RN, HSVI/Stroke Program Coordinator Division of EMS & Highway Safety Illinois Department of Public Health and the increase in status has been posted to the IDPH stroke website.

**EFFECTIVE IMMEDIATELY:**  
EMS personnel are authorized to bring patients with acute stroke who meet the criteria for transport to a Comprehensive Stroke Center under the NWC EMS SOPs, to Northwest Community Hospital again. The SOPs have been updated and the hyperlinked edition has been sent to Acid ramp for posting.

We recognize the extraordinary dedication to innovative evidence-based stroke care provided throughout our Region by all our healthcare partners. NCH is pleased that we can continue to collaborate with our dispatchers, EMS agencies, emergency professionals, and multidisciplinary neuroscience experts to rapidly meet the very specific healthcare needs of these patients.

It's a wonder to behold when advanced technology and superb medical expertise is coupled with human compassion and caring that ministers to body, mind and spirit.

**Lives are impacted in a force for good. Every patient. Every time.**  
Thank you for being part of that legacy!

**BREAKING NEWS**

NCH renamed a Comprehensive Stroke Center

See System memo #416 | SOPs updated

14



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

Image Trend sends two invoices annually: PCR storage & license fees

**ImageTrend**

**IN OTHER NEWS**

**IMAGE**

Bill To: Northwest Community Hospital (Region 9)  
800 West Central Road  
Arlington Heights IL 60005

Ship To: Northwest Community Hospital (Region 9)  
800 West Central Road  
Arlington Heights IL 60005

Invoice Number 139465  
Invoice Date 12/12/2022  
Terms Net 30  
PO Number 11263  
Order Number 1056  
Customer Number 1056

Item Name	Description	Qty	Unit Price	Total
Elite Dab Field Site License Support	Annual Fee (102 Licenses in Use @ \$225.00/license/year for Annual Support)	1	\$26,605.34	\$26,605.34
Invoice Sub-Total				\$26,605.34
Taxes				\$0.00
Invoice Total				\$26,605.34

Item Name	Description	Qty	Unit Price	Total
Elite EMS SaaS	Annual Fee	1	\$19,512.33	\$19,512.33
Invoice Sub-Total				\$19,512.33
Taxes				\$0.00
Invoice Total				\$19,512.33

Thank you!  
Adam Sielig  
(AHFD)

Serves as the basis of the ImageTrend billing for PCR storage



EMS Annual Data Report: 2022

At the end of each calendar year, the Provider Based Performance Improvement (PBPI) committee provides an annual data report for the system. The current reporting software, ImageTrend, provides many canned reports to organize the data. During 2022, System members completed a combined 63,295 electronic Patient Care Reports (PCRs) which reflected an 8.5% increase over 2021.

Table 1	2022	2021	2020	2019
Total PCRs written	63,295	76,217	74,479	80,392
Male	39,704 63%	36,305 48%	35,007 49%	35,816 46%
Female	42,690 51%	39,100 51%	38,155 53%	44,576 56%
Nonreport/Unknown/Unable to determine	891 1%			

Table 2	2022	2021	2020	2019
Total PCRs written	63,295	76,217	74,479	80,392
Male	39,704 63%	36,305 48%	35,007 49%	35,816 46%
Female	42,690 51%	39,100 51%	38,155 53%	44,576 56%
Nonreport/Unknown/Unable to determine	891 1%			



1 ImageTrend & website billing for 2022

AGENCY	INVOICE DATE	# PCRs stored 2022	COST PER RUN	TOTAL DUE FOR RUNS	LICENSE KEYS	COST PER LICENSE	TOTAL DUE FOR LICENSES	ANNUAL WEBSITE FEE	TOTAL AMOUNT DUE
--------	--------------	--------------------	--------------	--------------------	--------------	------------------	------------------------	--------------------	------------------

2

License key numbers obtained from agencies – updated 2023

Please see the attached annual invoice for the ImageTrend PCR hosting and license fees for 2022 plus the annual agency stipend for the System website. The PCR storage fees came from the End of Year Data Report generated by PBPI. The number of licenses came from feedback received from the Chiefs or Provider EMS Coordinators in the recent inventory query. The good news this year is that we were able to reduce the licensee fees from \$225 each to \$171.65. Please let me know if you have any questions about the fees or the amounts assessed to your agency.

Thanks so much for your ongoing partnership with our System!

Connie J. Mattera, MS, RN, Paramedic  
EMS Administrative Director and System Coordinator  
Director, Resuscitation & Mobile Integrated Healthcare Depts.  
EMS Education Program Director, Harper College  
IDPH Trauma Nurse Specialist Course Coordinator

Northwest Community Healthcare  
800 W. Central, Arlington Heights, IL 60005  
(847) 618-4485 office (847) 493-9974 mobile  
cmattera@nch.org www.nwcemss.org

NorthShore | Edward-Elmhurst HEALTH

Annual AGENCY Image Trend and website support invoices sent out: 3/22/23

Northwestern Connecticut EMS System DICO LIST - March 7, 2023				
AGENCY	EDCO	Contact information	Work	Cell
Adamsville Fire	John Fagiano	<a href="mailto:john.fagiano@adamsvillefd.com">john.fagiano@adamsvillefd.com</a>	(773) 881-2846	
Barrington Fire	Unhley David, RN	<a href="mailto:unhleyd@barringtonfd.com">unhleyd@barringtonfd.com</a>	(847) 385-0771	
Barrington Fire/Rescue	DVC David Roberts	<a href="mailto:david@barringtonfd.com">david@barringtonfd.com</a>	(847) 385-0487	(847) 207-8833
BC Bloomington Fire	BC Robert Miller	<a href="mailto:bob@bloomingtonfd.com">bob@bloomingtonfd.com</a>	(847) 385-5461	(847) 302-0944
Bloomington Fire	LI William Rodgers	<a href="mailto:william@bloomingtonfd.com">william@bloomingtonfd.com</a>	(847) 385-5461	(847) 274-0747
Bloomington Fire	PM Jason Vachul	<a href="mailto:jason@bloomingtonfd.com">jason@bloomingtonfd.com</a>	(847) 385-5461	(847) 707-8473
Bloomington Fire	PM Jim Brunell	<a href="mailto:jim@bloomingtonfd.com">jim@bloomingtonfd.com</a>	(847) 385-5461	(847) 385-5461
Bloomington Fire	PD CDR Ed Connors	<a href="mailto:ed@bloomingtonfd.com">ed@bloomingtonfd.com</a>	(847) 385-5461	(847) 385-5461
Bloomington Fire	Shawn Opoka AMFD	<a href="mailto:shawn@bloomingtonfd.com">shawn@bloomingtonfd.com</a>	(847) 385-5461	(847) 385-5461
Bloomington Fire	PD Michael Butler	<a href="mailto:michael@bloomingtonfd.com">michael@bloomingtonfd.com</a>	(847) 385-5461	(847) 385-5461
Bloomington Fire	PD Jeffrey Hoffmann	<a href="mailto:jeff@bloomingtonfd.com">jeff@bloomingtonfd.com</a>	(847) 385-5461	(847) 385-5461
A-Tex	Karl Kuebler	<a href="mailto:kuebler@bloomingtonfd.com">kuebler@bloomingtonfd.com</a>	(248) 291-2052	
Barrington Fire	DC Scott W. Miller	<a href="mailto:scott@barringtonfd.com">scott@barringtonfd.com</a>	(847) 284-3807	
Barrington Fire/Rescue	BC Scott W. Miller	<a href="mailto:scott@barringtonfd.com">scott@barringtonfd.com</a>	(248) 292-7888	
Bloomington Fire	BC Brett Miller	<a href="mailto:brett@bloomingtonfd.com">brett@bloomingtonfd.com</a>	(847) 385-5461	
Bloomington Fire	LI Giovanni Lopez	<a href="mailto:giovanni@bloomingtonfd.com">giovanni@bloomingtonfd.com</a>	(830) 894-2606	
Bloomington Fire	Shawn Collins (param)	<a href="mailto:shawn@bloomingtonfd.com">shawn@bloomingtonfd.com</a>	(847) 537-0569	(877) 816-7005
Buffalo Grove Fire	Country Michaels	<a href="mailto:country@buffalogrovedfd.com">country@buffalogrovedfd.com</a>	(847) 772-2441	
Buffalo Grove Fire	Ashley Caldwell	<a href="mailto:ashley@buffalogrovedfd.com">ashley@buffalogrovedfd.com</a>	(847) 772-2441	
Buffalo Grove Fire	Tina Hoppe, RN	<a href="mailto:tina@buffalogrovedfd.com">tina@buffalogrovedfd.com</a>	(847) 772-2441	
East Dor	Paul Davis	<a href="mailto:paul@eastdor.com">paul@eastdor.com</a>	(847) 385-5461	
East Dor	John Lindenberg	<a href="mailto:john@eastdor.com">john@eastdor.com</a>	(847) 734-8020	(847) 774-6178
East Dor	BC Jim Demma	<a href="mailto:jim@eastdor.com">jim@eastdor.com</a>	(847) 734-8020	(847) 887-8128
East Dor	DC Daniel Butler	<a href="mailto:daniel@eastdor.com">daniel@eastdor.com</a>	(847) 387-4122	
East Dor	DC Christopher Peters	<a href="mailto:chris@eastdor.com">chris@eastdor.com</a>	(847) 385-5461	
East Dor	DC Joshua Stearns	<a href="mailto:joshua@eastdor.com">joshua@eastdor.com</a>	(847) 387-4122	
East Dor	CDR Michael Cathron	<a href="mailto:michael@eastdor.com">michael@eastdor.com</a>	(847) 387-4120	
East Dor	CDR Mike Buchanan	<a href="mailto:mike@eastdor.com">mike@eastdor.com</a>	(847) 387-4141	
East Dor	BC Scott Peterson	<a href="mailto:scott@eastdor.com">scott@eastdor.com</a>	(847) 832-7403	
East Dor	Van Cooper	<a href="mailto:van@eastdor.com">van@eastdor.com</a>	(773) 763-3632	
East Dor	Scott Mullis	<a href="mailto:scott@eastdor.com">scott@eastdor.com</a>	(847) 375-7538	
Ironwood Fire	Li Rita Retuerto	<a href="mailto:rita@ironwoodfd.com">rita@ironwoodfd.com</a>	(816) 861-7846	
Ironwood Fire	Ryan Raschke param	<a href="mailto:ryan@ironwoodfd.com">ryan@ironwoodfd.com</a>	(847) 880-5273	
Ironwood Fire	Ann Weing (RN) Director	<a href="mailto:ann@ironwoodfd.com">ann@ironwoodfd.com</a>	(708) 475-4100	

FW: Face Mask policies at area hospitals - Message (HTML)

Thurs 03/16/2023 9:33 AM  
Mattera, Connie  
FW: Face Mask policies at area hospitals

1 - Peter Dyer  
This message was sent with high importance.

Hospitals are changing their internal policies regarding the use of PPE face masks relative to the COVID-19 pandemic. We are aware that the policies are currently inconsistent across the healthcare systems and will do our best to keep everyone updated as practices evolve.

Medical grade Face Mask Guidelines at the moment:

**Advocate Aurora:** Optional ; Discretion is based on patients' symptoms or if patient asks providers to mask.

**UCM AdventHealth (Glen Oaks):** No longer requiring generally in clinical and non-clinical areas beginning April 1st. However, if a patient requests that their healthcare providers wear a mask, then they must comply and wear a mask.

**Ascension Hospitals:** Still require visitors and staff to wear medical grade masks when within the facility

**NorthShore hospitals (including NCH):** masks are REQUIRED in patient facing areas - see below

NorthShore REVISED SYSTEM MASKING GUIDANCE: KEY TAKEAWAYS	
SETTING EXAMPLES	MASKING GUIDANCE
<b>CLINICAL: ALL PATIENT CARE AREAS</b> including the Emergency Departments, hospital Lobby, nurses station, open charting areas within clinical or patient care zones	<b>Masks required at this time</b>
<b>NON-CLINICAL:</b> Auditoriums within hospital settings, physician work rooms, staff break rooms, Education Center conference rooms, conference rooms within clinical buildings like hospitals or outpatient practices, offices or purely administrative areas where no patient care is delivered	<b>Required</b> when Community Transmission level is high <b>Not required</b> when transmission is low, moderate or substantial

Our last written communication from IDPH required EMS personnel to wear face masks when caring for patients. When we get further instructions from IDPH, we will also pass that information forward.

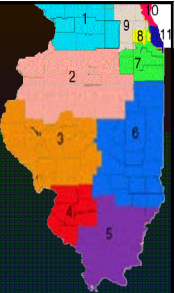
## Region IX update: 3-14-23

Grant requests ranked & submitted to IDPH  
Albuterol shortage contingency: nebulized epinephrine (approved)

All Region policies undergoing updates due to new EMS Rules

Report from NAEMSP meeting

Educational offering on Sexual Assault cases, hospital designations, and SANE examiners – EMS MDs declined to change pt. transport patterns at present



Let Connie know if you would like full slide deck

## EMS Transport of Sexual Assault Patients Region 9

Monika Pitzele, MD, PhD, FACEP  
Emergency Medicine Attending, Sinai Health System, Chicago  
Mount Sinai EMS Medical Director  
Sexual Assault Forensic Examiner

Representing Illinois College of Emergency Physicians (ICEP) on the Sexual Assault Medical Forensic Services Implementation Task Force



## REPORT

## CESSA Information

CESSA Planning Page

[IDHS: 988 Suicide & Crisis Lifeline Planning Page \(state.il.us\)](#)

August CESSA SAC Meeting Link

[Cisco Webex Meetings - Replay Recorded Meeting](#)

988/CESSA Question Form

[988/CESSA Question Form \(office.com\)](#)

CESSA e-mail

[DHS.DMH.CESSA@illinois.gov](mailto:DHS.DMH.CESSA@illinois.gov)

July 1, 2023 go-live date  
Many meetings continue  
Many questions remain







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

## Meeting handout – **IMPORTANT** – Distribute widely

### Illinois Risk Matrix for Multi-System Management of Behavioral Health Crises


EMERGENT RISK TO HEALTH OR SAFETY	URGENT RISK TO HEALTH OR SAFETY	MODERATE RISK TO HEALTH OR SAFETY	LOW RISK TO HEALTH OR SAFETY
<p><b>Distressed caller/situation with:</b></p> <ul style="list-style-type: none"> <li>• Immediate threats to life</li> <li>• Active situation with weapons involved, lethal weapons present</li> <li>• History of severe violence</li> <li>• High level of intoxication; high risk of medical situation</li> <li>• Requested or necessary medical care</li> <li>• Physical aggression, high level of verbal aggression</li> <li>• Psychosis with risk to self or others</li> <li>• Unknown risk areas, limited ability to gather information in an escalating situation</li> <li>• Wellbeing check</li> </ul> <p><b>Dispatch Response Type:</b> Law Enforcement and/or EMS Response once scene is secured</p> <p><b>Dispatching Entity:</b> 911 <b>Response Time:</b> Immediate</p>	<p><b>Distressed caller/situation with:</b></p> <ul style="list-style-type: none"> <li>• No immediate threats to life</li> <li>• No weapons actively involved</li> <li>• No homicidal statements with no plans or means to act</li> <li>• Suicidal statements with no active suicide attempt</li> <li>• Impaired physical aggression toward others (without touching)</li> <li>• Escalating verbal aggression</li> </ul> <p><b>Dispatch Response Type(s):</b> Law Enforcement Law Enforcement/Co-Response team Law Enforcement and/or EMS Response with Mobile Crisis Response Team</p> <p><b>Dispatching Entity:</b> 911 <b>Response Time:</b> LE/EMS—Immediate</p>	<p><b>Distressed caller/situation with:</b></p> <ul style="list-style-type: none"> <li>• No immediate threats to life</li> <li>• No weapons actively involved</li> <li>• No homicidal statements</li> <li>• Vague suicidal statements with no plans or means</li> <li>• No physical aggression with minor verbal aggression</li> <li>• Psychosis with possibility of escalation due to intoxication</li> </ul> <p><b>Dispatch Response Type(s):</b> Law Enforcement with Co-response team Law Enforcement with Behavioral Health Mobile Crisis Response Team (30 min) Law Enforcement and/or EMS Response with Mobile Crisis Response Team</p> <p><b>Dispatching Entity:</b> 911 &amp; 988 <b>Response Time:</b> LE/EMS—Immediate MCRT: up to 30 min</p>	<p><b>Distressed caller/situation with:</b></p> <ul style="list-style-type: none"> <li>• No immediate threats to life</li> <li>• No lethal weapons present and no plans to access non-lethal weapons</li> <li>• Flirtatious psychosis with no intoxication</li> <li>• No physical or verbal aggression</li> <li>• Vague expressions of suicidal ideation with no plans or means to act</li> <li>• Odd or unusual behavior that is a concern of others</li> <li>• Known history of mental health struggles with no history of severe acts of violence</li> <li>• Moderate or minimal intoxication</li> <li>• Distress with imminent need of BH support</li> <li>• Other concerns of a non-emergent nature</li> <li>• Need for social supports</li> </ul> <p><b>Dispatch Response Type:</b> Mental Health Crisis Counselor and/or MCRT</p> <p><b>Dispatching Entity:</b> 988 or MCRT <b>MCRT Response Time:</b> Up to 60 min</p>

# Illinois House Bill 2238

IL State Legislature page for HB2238

## Pending legislation impacting EMS



[Summary](#)
[Sponsors](#)
[Texts](#)
[Votes](#)
[Research](#)
[Comments](#)
[Track](#)

### Status

Spectrum: Slight Partisan Bill (Democrat 5-3)

Status: Introduced on February 8 2023 - 25% progression

Action: 2023-03-14 - Placed on Calendar Order of 3rd Reading - Short Debate

Text: [Latest bill text \(Engrossed\)](#) [\[HTML\]](#)

### Summary

Amends the Emergency Medical Services (EMS) Systems Act. Defines "Thrombectomy Capable Stroke Center", "Thrombectomy Ready Stroke Center", and "Primary Stroke Center Plus". Provides for the certification and designation of Thrombectomy Capable Stroke Centers, Thrombectomy Ready Stroke Centers, and Primary Stroke Centers Plus and makes conforming changes throughout the Act.

### Adds additional levels of stroke centers

Date	Chamber	Action	Passed House
3/22/2023	Senate	Referred to <a href="#">Assignments</a>	

**Bills & Resolutions**

- Compiled Statutes
- Public Acts
- Legislative Reports
- IL Constitution
- Legislative Guide
- Legislative Glossary

---

**Bill Status of SB1306** 103rd General Assembly

[Full Text](#) [Votes](#) [Witness Slips](#) [View All Actions](#) [Printer-Friendly Version](#)

**Short Description:** EMS SYSTEMS-BODY & DASH CAMERA

**Senate Sponsors**  
Sen. [Doris Turner](#)

## EMS Body and Dash Cameras

**Last Action**

Date	Chamber	Action
3/10/2023	Senate	Rule 3-9(a) / Re-referred to <a href="#">Assignments</a>

**Statutes Amended In Order of Appearance**

[5 ILCS 140/7.5](#)  
210 ILCS 50/3.260 new

**Synopsis As Introduced**

Amends the Emergency Medical Services (EMS) Systems Act. Requires the Department of Public Health, within one year after the effective date of the amendatory Act, to adopt rules requiring EMS personnel to be equipped by their employers with body cameras that record the interactions of those personnel with patients, emergency responders, and members of the public during service calls and to adopt rules requiring all ambulances, SEMSVs, and medical carriers to be equipped by their owners with dashboard cameras that record the operation of those vehicles by EMS personnel during service calls. Specifies that the rules adopted by the Department shall require the body cameras and dashboard cameras to be operational during all service calls and shall ensure that all recordings made by the body cameras and dashboard cameras are retained by employers and owners for at least 90 days.

**LEGISCAN**  
BRINGING PEOPLE TO THE PROCESS

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## Bill Text: IL HB1595 | 2023-2024 | 103rd General Assembly | Introduced

Involvement of IDPH & labor unions in EMS disputes/suspensions

### Illinois House Bill 1595


IL State Legislature page for HB1595

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Status: (Introduced) 2023-03-23 - House Floor Amendment No. 1 Recommends Be Adopted Police & Fire Committee; 012-000-000 [HB1595 Detail]  
Download: Illinois-2023-HB1595-Introduced.html

---

**Bill Title:** Amends the Emergency Medical Services (EMS) Systems Act. Provides that specified Advisory Committees shall include one representative from the labor organization recognized as the exclusive representative of specified entities' employees. Provides that an EMS Medical Director may only suspend any EMS personnel, EMS Lead Instructor, individual, individual provider, or other participant considered not to be meeting the requirements of the Program Plan if the EMS Medical Director obtains agreement from the Department of Public Health. Allows arbitration meeting specified requirements as alternative dispute resolution procedures for EMS System licensing and makes conforming changes throughout the Act. Provides that a member of a fire department's or fire protection district's collective bargaining unit shall be eligible to work under a silver spanner program for another fire department EMS System that is not the full time employer of that member, for a period not to exceed 12 months, without being required to test into the EMS System of the fire department or fire protection district. Makes other changes.



**HEALTH ALERT**

JB Pittenger, Governor      Samer Vohra, MD, MS, MA, Director

**Group A Strep growing threat – 2 children have died**  
**Ensure all practitioners have read this alert sent 3-16-23**

**Summary and Action Items**  
IDPH is releasing this health alert today to provide updated guidance for schools and laboratory testing. (New information is highlighted in yellow.)

IDPH and the CDC are observing an increase in invasive group A streptococcus (GAS) infections among children. In Illinois, eight large GAS outbreaks in school settings are under investigation. In late December, CDC issued a [health alert](#) on this situation that IDPH also distributed through our SPREN system. IDPH is releasing appropriate treatment of:

**Background**  
The bacteria called group A streptococcus (GAS) can cause a variety of illnesses, including strep throat, skin infections, and invasive GAS. Clinical symptoms of the infection, pregnancy-associated bacteremia usually occur skin and soft tissue infection and lungs, and in some cases, the following predispose:

- Varicella (chickenpox) with VZV should be reported to IDPH.
- Infections – GAS and streptococci in
- Trauma, burns, lacerations associated with trauma, eczema, or
- Immunosuppression children with solid organ transplant immunosuppression
- Malignant neoplasms with invasive GAS
- Age <1 year – Throat, invasive GAS in neonatal aspl

**Symptoms**  
Symptoms vary based on the clinical manifestation, including [strep throat](#), [scarlet fever](#), [necrotizing fasciitis](#), [streptococcal toxic shock syndrome](#), and [cellulitis](#).

**Transmission**  
Group A streptococcus bacteria are very contagious. Generally, people spread the bacteria to others through respiratory droplets and direct contact. Rarely, people can spread group A strep bacteria through food that is not handled properly.


**Prevention**  
Good hand hygiene, masking, and staying up to date with vaccination for viruses that can increase risk for IGAS (influenza, varicella and COVID-19).

**Resources:**  
[CDC's Information for Clinicians on GAS](#)

**Contact**  
Health care providers should contact their [Local Health Departments](#). LHDs should contact the Communicable Disease Section at 217-782-2016 or email [olapeju.lawal@illinois.gov](mailto:olapeju.lawal@illinois.gov).

**Target Audience**  
Local Health Departments, Infectious Disease Physicians, Hospital Emergency Departments, Infection Control Preventionists, Health Care Providers, Schools, Child Care Providers, and Laboratories

525-535 W. Jefferson St.  
Springfield, IL 62761

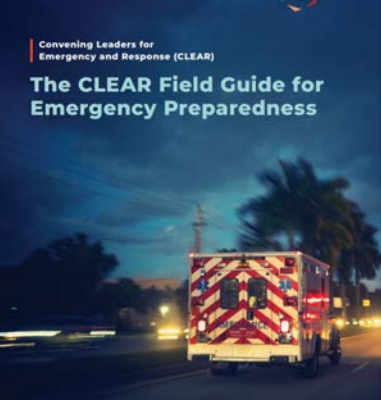


Friday, March 17, 2023

**Welcome Bobby Van Bebber**, MSN, RN, TNS  
New Division Chief of EMS & Highway Safety  
Office of Preparedness and Response  
[Robert.VanBebber2@Illinois.gov](mailto:Robert.VanBebber2@Illinois.gov)

Graduated from Methodist College (Peoria) in 2016 with BSN  
MSN with emphasis in public health from Grand Canyon University 2022  
Nursing experience: Passavant Area Hospital (Jacksonville): ED and ICU  
Volunteer EMT for local EMS agency  
Most recently: Illinois Dept. of Corrections, caring for pts with HIV, Hepatitis C, and TB  
Teaches nursing for Illinois College in Jacksonville  
Passionate about EMS and how quality EMS care impacts long-term pt. outcomes  
Great interest in healthcare equity

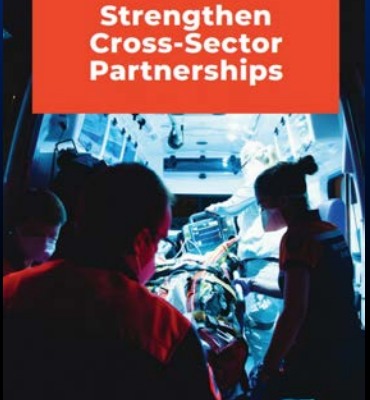
Extremely well done – worth reading!




Convening Leaders for  
Emergency and Response (CLEAR)  
**The CLEAR Field Guide for  
Emergency Preparedness**

PRIORITY TOPIC ONE

**Strengthen  
Cross-Sector  
Partnerships**



[https://www.aha.org/system/files/media/file/2022/11/AHA\\_ASPR\\_CLEAR-Field-Guide.pdf](https://www.aha.org/system/files/media/file/2022/11/AHA_ASPR_CLEAR-Field-Guide.pdf)



Filling the need for trusted information on national health issues

<https://www.kff.org/coronavirus-covid-19/issue-brief/what-happens-when-covid-19-emergency-declarations-end-implications-for-coverage-costs-and-access/#--text=On%20Jan.%2030%2C%202023%2C%20to%20the%20COVID%2D19%20pandemic>

*Editor's Note: This brief was updated on Jan. 31, 2023 to clarify implications related to the end of the national emergency and public health emergency on May 11, 2023.*

On Jan. 30, 2023, the Biden Administration announced its intent to end the national emergency and public health emergency declarations on May 11, 2023, related to the COVID-19 pandemic. These emergency declarations have been in place since early 2020, and gave the federal government flexibility to waive or modify certain requirements in a range of areas, including in the Medicare, Medicaid, and CHIP programs, and in private health insurance, as well as to allow for the authorization of **medical**

**COVID 19 Emergency declaration ceases May 11<sup>th</sup>**  
**Will forward impacts to EMS as they are published**

provided additional flexibilities tied to one or more of these emergency declarations, and as such they too are scheduled to expire when (or at a specified time after) the emergency period(s) expires.





**EMS WEEK**  
Where Emergency Care Begins  
May 21-27, 2023

Sunday - Mental Health  
Monday - Education  
Tuesday - Safety Tuesday  
Wednesday - EMSC Day <https://emsweek.org/>  
Thursday - Save-A-Life (CPR & Stop the Bleed Challenge)  
Friday - EMS Recognition Day <https://emsweek.org/>

Here's what we are all about

Are united around a shared vision  
Achieve via collaborative choices  
Support, resource, equip, & empower  
Plan, implement & execute well  
Focus on desired results  
Innovate to reinvent & improve  
Embrace a learning culture & growth mindset



To achieve...

Excellence in action with kindness & empathy: **Every person. Every time.**  
Attitudes of gratitude & celebrated effort  
DEI & core values lived authentically  
Effective, respectful communication  
Healthy choices & optimal wellness





*May we ever chose the hard right  
over the easy wrong!*