

Northwest Community EMS System

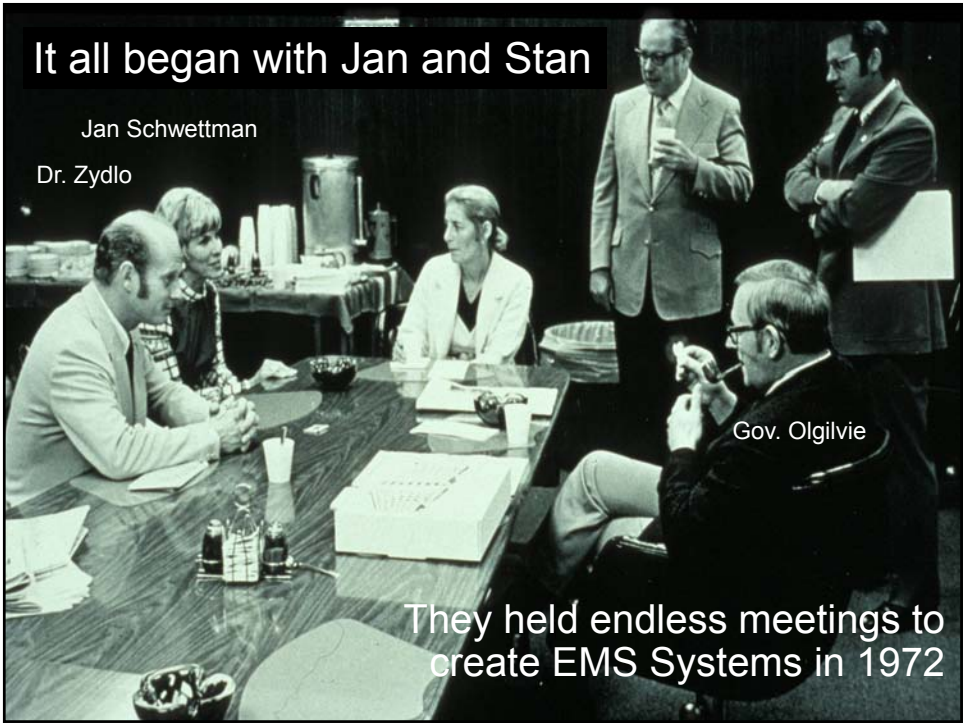
*“Partners in innovation...
Standing in the gap for you every day!”*





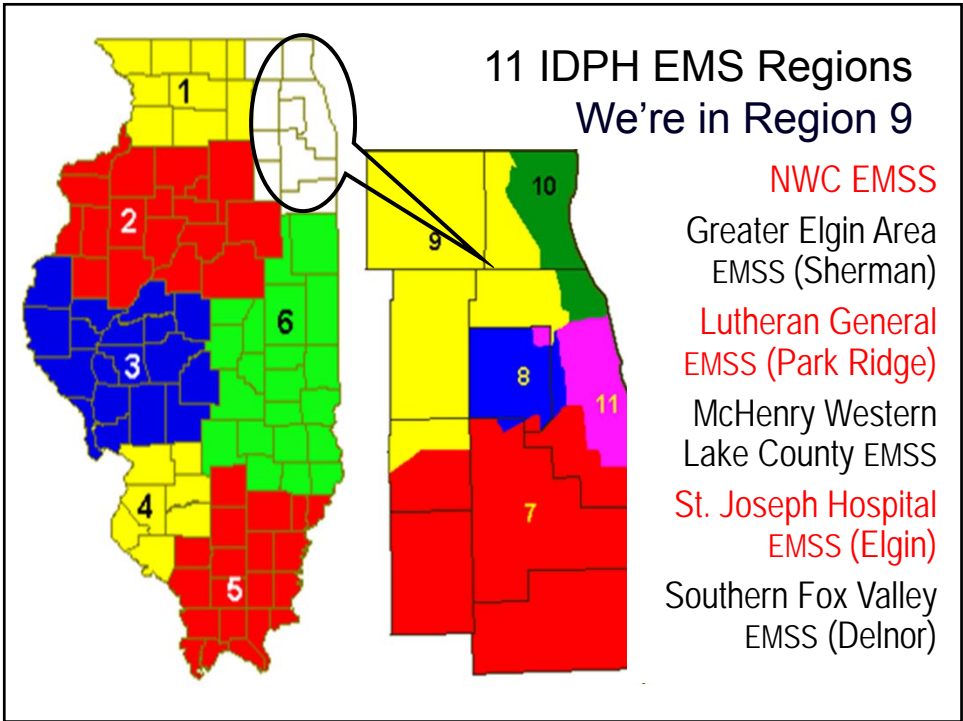
It all began with Jan and Stan

Jan Schwettman
Dr. Zydlo



Gov. Olgilvie

They held endless meetings to create EMS Systems in 1972





What *is* an EMS System?

"An organization of hospitals, vehicle providers and personnel approved by IDPH in a specific geographical area, which **coordinates and provides prehospital and interhospital emergency care** and non-emergency medical transports at the BLS, ILS, and/or ALS level pursuant to a System course of education as prescribed by IDPH in the rules, and who is currently **approved by IDPH to coordinate or teach education, training, and continuing education courses** in accordance with the rules."

NWC EMSS Structure

- 1 Resource hospital (NCH)
- 5 Associate hospitals
- 20 municipal Fire Departments
- 3 private ambulance services
- 1 Federal facility (Fermilab)
- ~1000 paramedics
- ~275 EMTs
- ~50 EMRs
- ~250 ECRNs



Resource Hospital

Responsible for entire program

- Governance
- EMS Operations
- Clinical aspects
- Licensure/renewals
- Educational programs











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 program 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




Standing committees

Provider Based Performance Improvement (PBPI)
Computer Aided Reporting System (CARS)
Research & Development
Emerg Med Dispatchers
Education






The Joint Commission

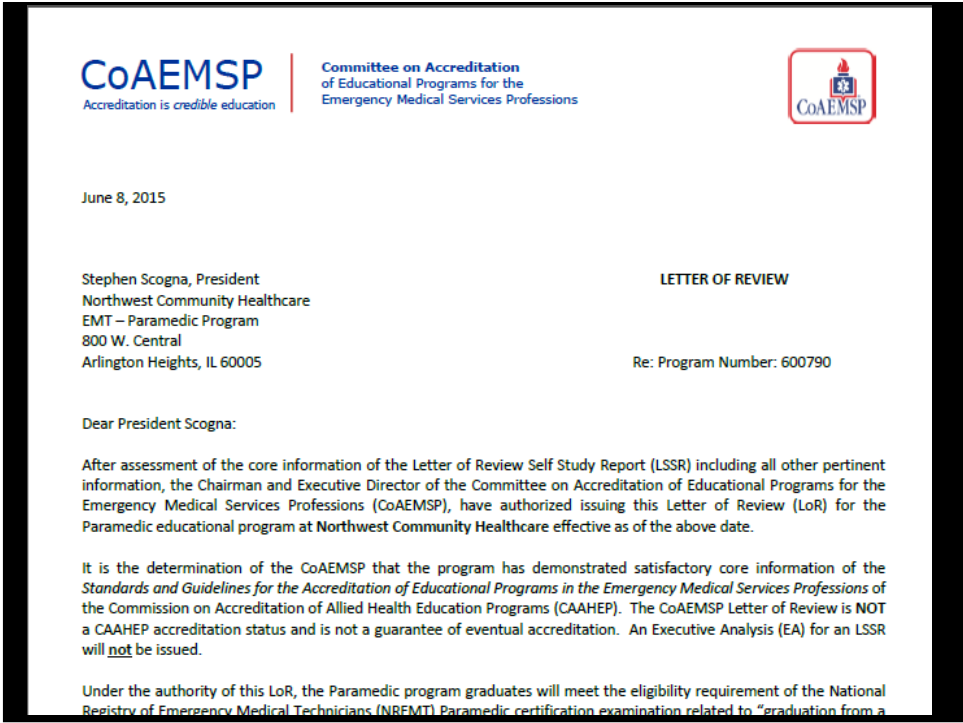


Higher Learning Commission
North Central Association

EMS education must be approved (IDPH) and PM classes should be accredited



ILLINOIS DEPARTMENT OF PUBLIC HEALTH
IDPH
PROTECTING HEALTH. IMPROVING LIVES



Course affiliations with Harper College

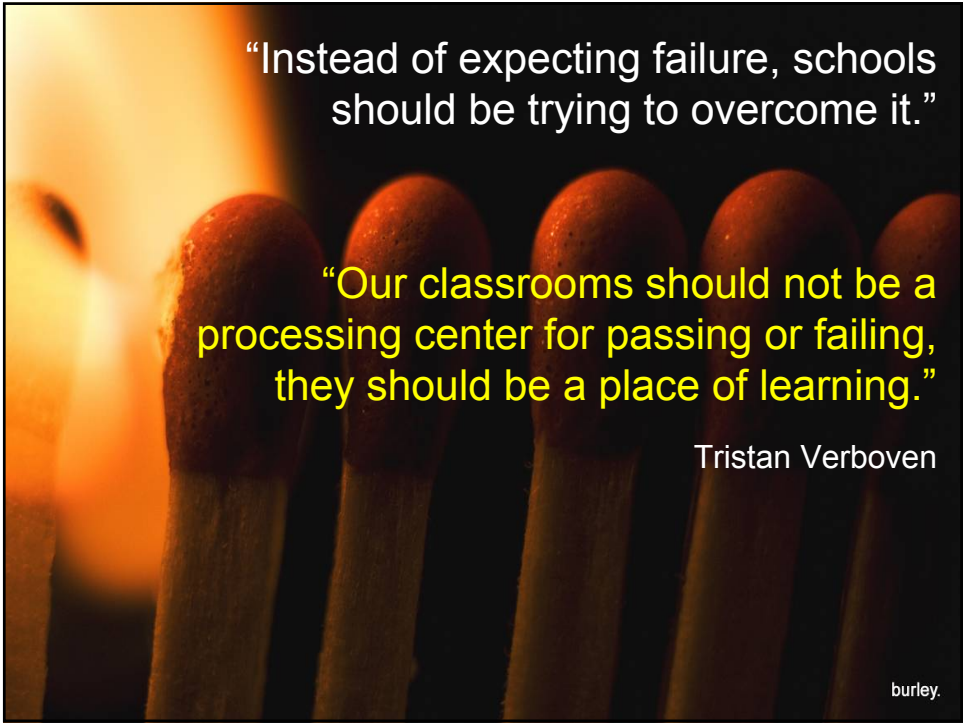
	Credit hours
EMS 110 EMT Education	9
<u>Paramedic CERTIFICATE Program</u>	
EMS 210 Preparatory (fall)	10
EMS 211 Med. Emerg I (fall)	5
EMS 212 Med. Emerg II (spring)	7
EMS 213 Trauma, special populations	6
EMS 214 Hospital Internship (fall)	3
EMS 215 Field Internship (spring)	4
EMS 216 Seminar (summer)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

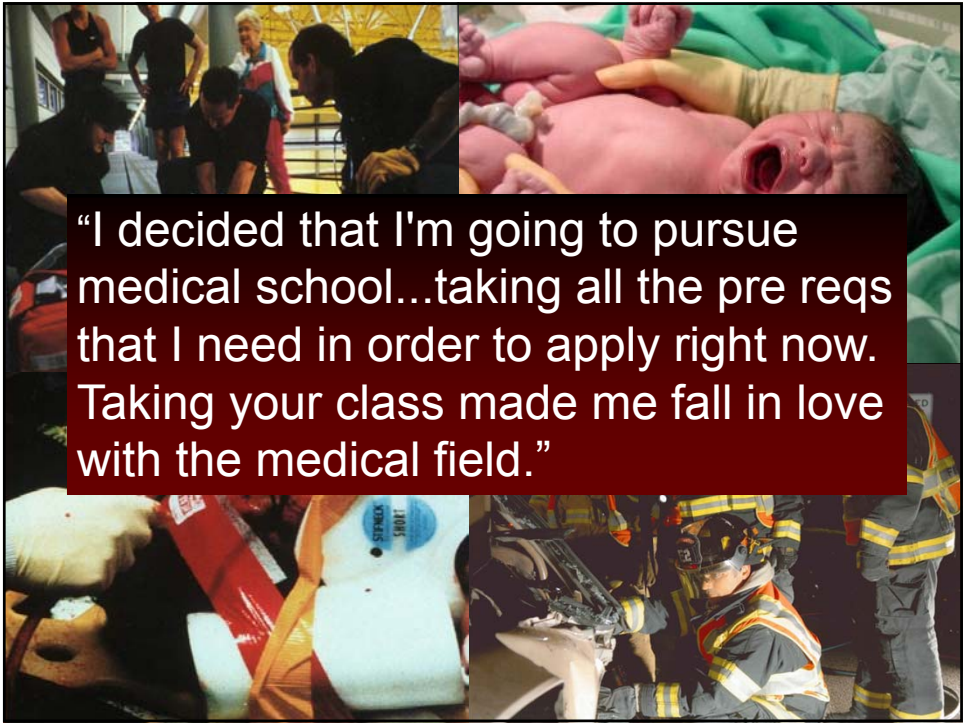
A grade of C or better in all BIO, EMS, (EMS 214 and EMS 215 with a grade of P), and NUR courses is required for all students.

■ BIO 160 Human Anatomy	4
■ BIO 161 Human Physiology	4
■ Electives ¹	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.



EMT Class		
2 classes/year; Tue/Thurs evenings		
60-70 students start each class		
Attrition rate high due to open enrollment		
All take NREMT exam		
NCH NREMT 1 st attempt pass	Cumulative pass within 3 attempts	NREMT data
F15 87% (34 / 39)	97% (38 / 39)	1 st attempt 70% 3 rd attempt 82%
S16 97% (35 / 36)	97% (35 / 36)	1 st attempt 78% 3 rd attempt 81%



“I decided that I'm going to pursue medical school...taking all the pre reqs that I need in order to apply right now. Taking your class made me fall in love with the medical field.”

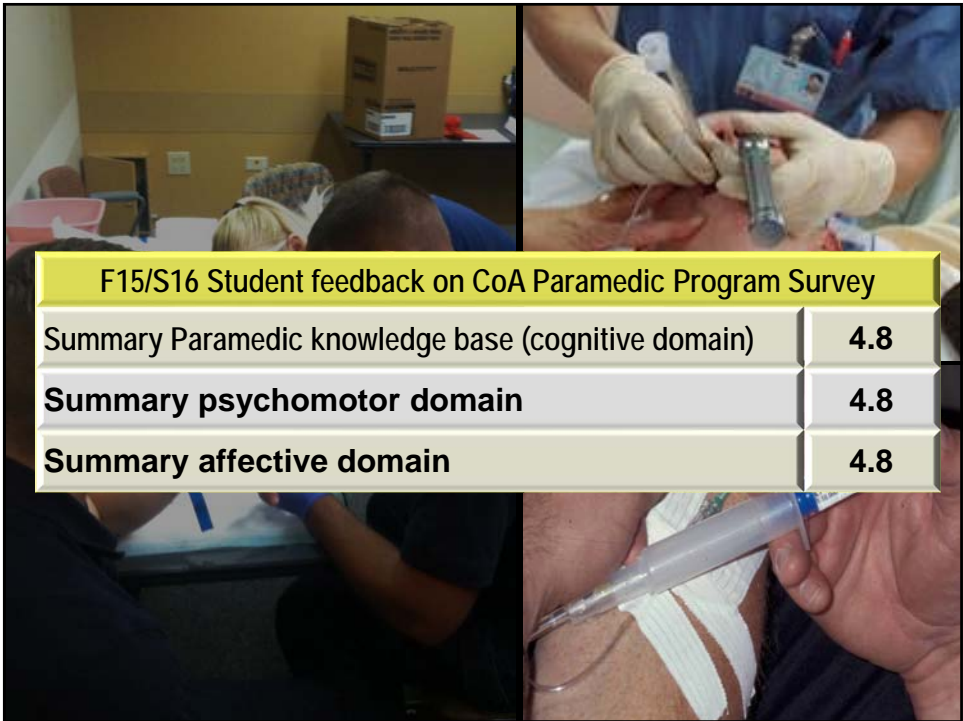
F15-S16 Paramedic Class Outcomes

30 students started; 27 finished; attrition rate: 10%
25 attempted NR exam; *1 student w/ multiple NR fails switched to state exam (passed)
1 student finished late – took & passed state exam
1 student has not yet tested
Net results: 100% candidates tested have passed

NCH NREMT results 1 st attempt pass	NCH cumulative Pass within 3 attempts	NREMT data
21/25 (84%)	*24/25 (96%)	1 st attempt: 75% Cum pass 3 attempts: 82%
NCH State results 1 st attempt pass	NCH cumulative Pass within 3 attempts	III State PM data
2/2 (100%)	NA	1 st attempt: 72%

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.



F15/S16 Student feedback on CoA Paramedic Program Survey	
Summary Paramedic knowledge base (cognitive domain)	4.8
Summary psychomotor domain	4.8
Summary affective domain	4.8

“Best program out there. The quality of instruction and material was 10/10 as well as the staff.”

“The NCH paramedic program was a phenomenal program! Not only did it hold us to high standards in our learning, but gave us the tools and resources to succeed.”

“It was an intense program, but in its intensity, taught me the necessary skills for an entry-level practitioner. A good foundation to grow into a seasoned medic.”

Created by NCH educators
Taught by hospital EMSCs & Peer IV educators in agency quarters
~100 classes/month X 10-mos
Attendance ~1,400 / month

Continuing ed

	March 2017	OB Sepsis Excited Delirium	1 P&P Mtg R and D Mtg Barrington BK	2 2900-1200 Lake Zurich BK Schaumburg KS Prospect HS JD	3 2900-1200 S-Countryside JD Des Plaines CM Itasca @ WO GF Lake Zurich BK Schaumburg KS Arlington HS NU 1330-1630 Des Plaines GLUCB
Continuing Education	4 Education Mtg 1330-1630 Hoffman Est KS Buffalo Grove NU	5 CARS Mtg 2900-1200 Advantage GLUCB S-Countryside JD Buffalo Grove SW*	6 ADV BRO Mtg 2900-1200 Lake Zurich BK Schaumburg KS	7 2900-1200 Des Plaines GLUCB Lake Zurich BK Schaumburg KS 1330-1630 Des Plaines GLUCB Itasca @ WO GF	8 2900-1200 Des Plaines GLUCB Lake Zurich BK Schaumburg KS 1330-1630 Des Plaines GLUCB Itasca @ WO GF
9 2900-1200 Arlington HS CM S-Countryside JD Elk Grove Vlg GF Hoffman Est KS MP/EDT SB Superior RR 1330-1630 Elk Grove Vlg GF Hoffman Est KS MP/EDT SB Buffalo Grove SW	10 2900-1200 Arlington HS SW* PR & RM @ PA CF 1330-1630 Hoffman Est KS PR & RM @ PA CF Buffalo Grove SW	11 2900-1200 Advantage GLUCB Buffalo Grove SW*	12 2900-1200 Arlington HS CM Lake Zurich BK Schaumburg KS Prospect HS JD	13 CHSERS Mtg 2900-1200 Arlington HS CM 2900-1200 Barrington BK Des Plaines GLUCB Itasca @ WO GF Lake Zurich KS Schaumburg KS Prospect HS JD 1330-1630 Des Plaines GLUCB Arlington HS CM	14 2900-1200 Elk Grove Vlg GF Hoffman Est KS S-Countryside JD Long Grove BK PR & RM @ PA CF MP/EDT SB Bloomington RR 1330-1630 Elk Grove Vlg GF Hoffman Est KS MP/EDT SB Riverswoods SW
15 2900-1200 Elk Grove Vlg GF Hoffman Est KS S-Countryside JD Long Grove BK PR & RM @ PA CF MP/EDT SB Bloomington RR 1330-1630 Elk Grove Vlg GF Hoffman Est KS MP/EDT SB Riverswoods SW	16 2900-1200 Arlington HS NU Des Plaines SW PR & RM @ PA CF 1330-1630 PR & RM @ PA CF	17 2900-1200 Arlington HS NU 1330-1630 Arlington HS NU	18 2900-1200 Arlington Heights NU Superior RR	19 2900-1200 Arlington HS NU 1330-1630 Arlington HS NU	20 Faculty Mtg

NOTE: Verify time & location - prior to attending

Continuing education benefits

Maintain core competencies

Expand knowledge

Adapt to advances in profession

Must be a life-long learner

CE Topics 2016-17

Cardiac arrest resusc.	OB: Postpartum, newborn
Peds trauma: head, SCI, extremities	Abuse/maltreatment;
ePCR documentation	Communication
AMS: DM, OD, behavioral	Seizure, stroke, syncope
New SOP intro	Submersion incidents;
	body mechanics
	Peds respiratory

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

- Structure
- Processes
- Outcomes

Everyone is responsible for our care & outcomes



2016 Naloxone Usage Screen
01/01/2016 - 07/31/2016

# Naloxone Incidents per Agency	Herion Mentioned in the Narrative	CA Terminated in Field	Naloxone Administered PTA	PTA Naloxone Administered By	PTA Doseage Known	AVG Doseage PTA - ALL
Advantage Ambulance	Yes 78	Yes 14	Yes 22	Police 19	Yes 18	1.405555556 mg
Arlington Heights FD	No 116	No 180	No 158	Family Member 1	No 4	
Barrington Countryside F.P.D.	n(Narrative)= 78	n(CA)= 180	n(PTA)= 22	Other (Healthcare Provider) 1	n(PTA Dose)= 18	
Barrington Fire Department	CHECK 194	CHECK 194	CHECK 180	Other Non-HCP 1	CHECK 22	
Bloomingtondale FPD				Unknown 0		
Buffalo Grove FD				n(PTA)= 22		
Des Plaines FD						
Elk Grove Township FPD						
Elk Grove Village FD						
Fermilab FD						
Hoffman Estates Fire Department						
Itasca FPD						
Lake Zurich Fire / Rescue						
Lincolnshire-Riverwoods FPD						
Long Grove FD						
Mount Prospect FD						
Palatine FD						
Palatine Rural Fire Prot Dist						
Prospect Heights FPD						
Rescue Eight - NWC						
Rolling Meadows FD						
Schaumburg FD						
Superior Ambulance - NWC						
Wood Dale FPD						
System						
n= 194						
Number of Agencies Reporting = 24						
		</				



2017 Will launch Mobile Integrated Healthcare pilot
Transcends disciplines,
workforces & healthcare systems

New paradigm:
Provide the **right care**, in the **right place**, at the **right time**
based on **patient needs & choice**, and at the **right cost**



Northwest Community Healthcare41

NWC EMSS STROKE TRANSPORT ALGORITHM

EMS Stroke Screen: new onset

- Facial asymmetry/Droop
- Arm drift/Unilateral motor deficit
- Speech abnormal
- Additional
 - Ataxia (acute)
 - Vision loss (acute)
 - New onset gaze abnormality

NO acute S&S stroke
Treat per appropriate SOP

Is patient UNSTABLE?
After EMS intervention:

- Airway/Breathing/Gas exchange: persistent impairment
- Circulation: SBP <90 (MAP <65)

YES
Transport to **CLOSEST** hospital

Patient Stable: Last Known Well (normal for pt) Time

3.5 - 6 hours

YES – Stroke Center Destination
If <30 min score to CSC → **Comprehensive**
If >30 min score to CSC → **Closest PCS**

Less than 3.5 hours or Greater than 6 hours

- GCS 8 or less?
- Sudden, severe headache?
- Anticoagulant* use within 48 hrs?
- PMH Intracranial hemorrhage/ aneurysm?

NO
Closest STROKE center
(Primary or Comprehensive)

Consider alternate transport means (flight) per System policy.

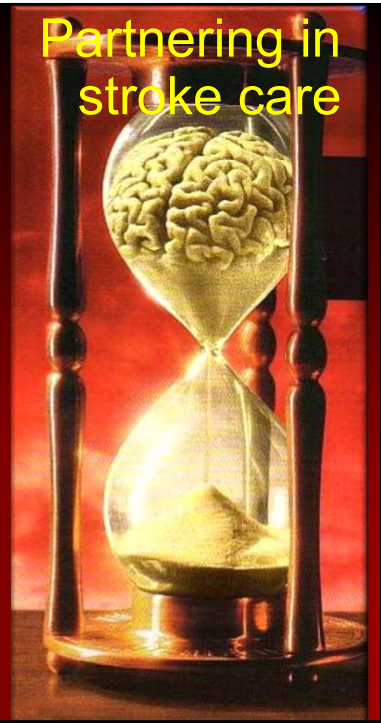
* "Anticoagulants"
warfarin / Coumadin
apixaban / Eliquis
dabigatran / Pradaxa
edoxaban / Savaysa
enoxaparin / Lovenox
rivaroxaban / Xarelto

NOT considered an
"anticoagulant" for this SOP
Aspirin
clopidogrel / Plavix
dipyridamole / Aggrenox
prasugrel / Effient
ticagrelor / Brilinta

List is not all inclusive, new drugs may be added.

CSC: Comprehensive stroke center
PSC: Primary stroke center
See p. 110 for designations

Partnering in stroke care



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Where can you find everything about us?



**NORTHWEST
COMMUNITY
EMERGENCY
MEDICAL
SERVICES
SYSTEM**

EST. 1972

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Quality People, Quality Education, Quality Care

ABOUT US

STANDARDS OF PRACTICE

EDUCATION

SYSTEM ENTRY

MORE INFORMATION

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[Computer Aided Reporting System \(CARS\)](#)

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[Hospital EMS Coordinators / Educators](#)

[Illinois EMS Education Committee](#)

[Mobile Integrated Health Care](#)

[Provider Based Performance Improvement \(PBPI\)](#)


[Provider EMS Coordinators](#)

[Research & Development](#)

[Region 9](#)

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...](#)



Recent News

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Upcoming Meetings & Classes

[PBPI Committee Meeting](#)

December 07, 2016 @ 901 Building - Conference Room #1
[View Details](#)

[CARS Committee \(Monthly\) Meeting](#)

December 14, 2016 @ 901 Building - Conference Room #1
[View Details](#)

[Provider EMS Coordinator Meeting](#)

December 22, 2016
[View Details](#)

[Nurses / Educators / Chiefs / Administrators Meeting](#)

January 03, 2017 @ LC 1 & 2
[View Details](#)

[PBPI Committee \(Bi-Monthly\) Meeting](#)

January 04, 2017 @ 901 Building - Conference Room #1
[View Details](#)

*High power teams make this happen.
Thanks for believing in us, empowering us,
and resourcing us!*



Steve Scogna
President & CEO, NCH

Kimberly A. Nagy, RN, MSN, NEA-BC
Executive VP, Patient Services
Chief Nursing Officer, NCH

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