

**Northwest Community EMS System  
EMS Coordinator/Educator Meeting  
MINUTES – April 22, 2011**

Present: J. Ortinau, C. Mattera, P. Drag, J. Dyer, C. Finlay, K. Fitzpatrick, D. Neubecker, N. Unti, S. Von Busch, S. Wood;  
C. Brennan, K. Buchanan, G. Fabsits, K. Knop, R. Mazzolini  
Excused: E. Keane, V. Logan, C. Parkin

Topic	Discussion/conclusions
<b>Call to order</b>	The meeting was called to order at 12:05 p.m. by Connie Mattera in Conference Room 1 of the 901 Building.
<b>Feedback: April – SOP Rollout</b>	<ul style="list-style-type: none"> <li>The class was long due to the amount of content coupled with the student-centered learning methods asking them to use and apply the information. Connie thanked everyone for their patience and willingness to teach the materials as designed.</li> <li>Some PMs suggested breaking the education into 2 classes, although this would result in back-to-back mandatory reviews. A suggestion was also made to have materials in advance of class for review.</li> </ul> <p>Actually, extending the content over several months was done. The CPR/cardiac arrest management content was presented in February. The MVC/MCI information was presented in March, and the rest was presented in April with what should have been a quick review of the cardiac arrest content. Multiple drafts of the SOP changes were provided to the PEMSCs and the EMSCs in advance for their preparation, but were embargoed for general release just like the AHA ECC Guidelines. Early release, when it was done, fostered its own challenges as some tried to implement the protocols before they were approved or authorized.</p> <p>Advance study materials were tried for several years in the in-station program and found not to be a successful teaching/learning strategy. We will re-look at this the next time the SOPs are updated to see if there is a better way to roll-out the changes. We will continue to reinforce the changes to individual sections throughout the summer and fall classes to help System members assimilate the content.</p> <p>A major concern continues to be the need for <b>hospital personnel</b> to know and understand the revisions so they know what to expect of EMS care and why. Please make sure the ECRNs, physicians, and nurses who are not ECRNs are aware of the changes in practice. Connie has provided the new SOPs and the Changes and Rationale document to all the surrounding Systems who get patients from NWC EMSS Provider Agencies to help inform them.</p> <p><b>Note on AV challenges:</b> We have just recently become aware that particular stations or agencies cannot play the PowerPoints as designed with builds and animations or they cannot project the embedded video clips. Please do not just modify the class or change the visuals to make the class work without letting Connie or Diana know so we can work with those agencies to upgrade their equipment.</p>
<b>Modular exam distribution</b>	There are two versions of the exam, an A & B version (blue and pink covers), that have been constructed from post-tests that were given during the academic year. The questions are the same on each version, but offset in order. Answer keys are colored (blue and pink) to correspond to the exam versions. Connie will send the scoring percentages via email. They must achieve 75% or higher to pass. Given the time it takes to construct these exams, we will address the process for a re-test if it becomes necessary. Make-up tests may be given in the NWC EMSS office given that the Educators are already scheduling SOP make up dates at their locations. If an individual EMSC/educator is willing to give an exam on another day or time than those regularly scheduled, they are able, but not required, to do so.
<b>SOP Make-up dates</b>	Please send dates to Diana immediately if you have not already done so. She will <b>post</b> (or have Adam post) the <b>make up dates</b> on the home page <b>of the website</b> right away. We must post dates at least one week in advance of a class per System agreement.
<b>Annual CE/CPR/intubation verifications</b>	<p>Schedule meetings with your assigned PEMSCs to verify the following: Completed CE hours based on System policy C2; completion of the SOP Roll-out mandatory review; completion of the Nov. airway practical; current CPR card plus test scores/competency sheets; 4 intubations – see signed off skill sheets or PCRs verifying a successful intubation. Allegations of EMS academic dishonesty are plaguing the country including Illinois. Please be very vigilant in confirming that all requirements have been fully met.</p> <p><b>Note on CE record storage:</b> We've now had a 2<sup>nd</sup> PM reinstated after having their license lapse for 4 years. IDPH requests that we keep CE records for 8 years (2 license cycles) to account for these individuals (may be stored electronically). Without good records (thank you</p>

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	<p>EMSCs), we could not have reinstated these individuals.</p> <p><b>Licenses:</b> Ensure that the PEMSCs have given you current licenses for all paramedics/PHRNs as a check and balance. Store in their EMS file. Also make sure you have a current ECRN license for all nurses you have on record as an ECRN.</p>
<b>Paramedic class</b>	<p>Current students should be in Phase III of their Field Internship if they plan to graduate on time. Applications for the fall class have been closed as more have completed files at Harper College now than available seats in the class. Connie and Peg will review applications and begin the process of matching unaffiliated students to Provider agencies who have indicated a willingness to accept guest riders in early May. Connie is working with the Chiefs and Harper College to reach an agreement on preceptor stipends for this fall's class given that the fees stipulated in the Pooled Preceptor Policy were not enacted by the College for the coming year. Currently, the number of Field Internship openings is very limited. Without a break-even number of students, the class cannot be held. The Chiefs are aware of our need and are working with the System to resolve the problem.</p> <p><b>Feedback on current students:</b> Some students have demonstrated significant knowledge erosion since the onset of the Field internship and are unable to answer simple questions or explain elemental physiology. EMSCs/educators have been terminating Phase meetings and requiring better preparation before scheduling another meeting. This has occurred to a varying degree with previous classes. Students in this class have had weekly homework to turn in to Peg, but it is clear that it has not produced the desired learning. Please contact Peg with feedback on individual students if they are not meeting objectives.</p> <p>Suggestion was made to have students attend classroom time during the Field Internship. Advantage: Ongoing reviews will foster enduring learning. Disadvantage: Time in class may limit patient care contacts in an already tight for time Field Internship. The paramedic class coordinators will continue to evaluate the situation for possible solutions.</p>
<b>ECRN Class Report</b>	<p>The experimental model is working well so far for five students attending the current class. They had four full class days of foundational information and will begin integrating with the paramedic students for the SOP sectional reviews next week. Connie is concerned about those who are working nights or long PM shifts prior to class as they are very sleepy and do not stay awake in class. She is concerned that they may not be learning the material. We will evaluate the outcomes of this model and discuss results with the EMSCs before determining future class schedules.</p>
<b>Peer Educator Classes</b>	<p>Several classes have been cancelled due to low registrations. The Education Committee is adding compliance dates to the CE policy that may give System members a good way to plan for adequate numbers of Peer Educators by July of 2012.</p>
<b>TNS Course</b>	<p>Applications are currently being accepted for the fall class. Course schedule was released in December of 2010.</p>
<b>Advisory Board</b>	<p>Georgene stated that the Advisory Board is currently working on a combined refusal policy draft. The school bus policy will remain a separate policy.</p>
<b>CARS</b>	<p>Preparation is ongoing for transition to the Field Bridge software – mandatory by June 1, 2011. Please continue to work with your IT departments to ensure ability to post runs to Service Bridge while at the hospital and to print reports from their laptops. The website is up and running! <a href="http://www.nwcemss.org">www.nwcemss.org</a></p>
<b>Post-Test question review</b>	<p>Connie was asked to discuss the EMSC Guidelines regarding question bank review prior to giving the post-tests. After a candid discussion it was determined that EMSCs may be told many things about other educators that are not necessarily factual, that most are not reviewing the bank in total, and EMSCs are asked to follow the guidelines as written and to not review the bank other than 3-5 questions where the answer proposed by a PM or ECRN is simply confirmed. Individuals should be encouraged to have questions answered in advance of class. The time devoted to the post-test cannot extend beyond 20 min or there will not be time for presentation of the new material.</p>
<b>Hospital contact during MCIs</b>	<p>It was pointed out that Schiller Park has been calling Loyola because they are a member of a different MABAS division, inconsistent with System Policy. Connie will follow up with Rick Nosek, Cindy/Ginny and Noreen to reach a mutually agreeable solution.</p>
<b>Adjournment</b>	<p>The meeting was adjourned at 2:30 p.m.  <b>The next meeting is scheduled for Friday, May 27, 2011 at 12 Noon in Conference Room 1 - 901 Building.</b></p>