

**Northwest Community EMS System
Nurse Educators Meeting
MINUTES – March 25, 2011**

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

Topic	Discussion/conclusions
Call to order	The meeting was called to order at noon by Connie Mattera in Conference Room 1 of the 901 Building.
Feedback re: March CE – MCI/MVI	<p>Some private providers believed that they should be exempt from CE re: NIMS, as they would never use it. This is flawed logic, as private agencies are frequently called to assist in disaster situations, notably through the Private Provider Emergency Response System (PPERS). It was suggested that we cover NIMS and the response to MCI/MVIs during System Entry to inform of all EMS personnel.</p> <p>Conflicts were identified relative to the number of patients allowed per ambulance. EMS goals conflict with Fire administrator goals (good treatment vs. clearing the scene). Some agencies will persist in transporting based on their own internal policies that may be inconsistent with System or Region guidelines. Connie asks for a 100% review of all Multiple Victim incidents for the next 6 months to determine compliance with SOPs. Please provide data to her on all non-compliant runs.</p> <p>Participants expressed concerns with separating families. The “2-2-2” rule was misunderstood and needed significant clarification during class. Emphasize: OLMC to direct patient destination is only needed during an MVI, if the scene cannot be cleared by taking 2 patients of any severity to each of the hospitals that can be reached within 30 minutes. Individual patients must have OLMC per SOP. If OLMC is needed for patient destination assistance, they should call the nearest System Resource or Associate Hospital.</p> <p>The System will continue to clarify misunderstandings between these two policies as we move into the summer and fall CE classes.</p>
New SOP rollout presentation C. Mattera	<p>Connie demonstrated how to use the PowerPoint presentation to introduce the new SOPs.</p> <p>There is an intentional method change in this class to encourage the participants to use problem-solving skills and cause them to look in the document to find answers to multiple questions posed on the slides. In order to process through the large amount of information, the offering has been designed much like the “lightning rounds” at the Eagles conference. Think targeted information, presented quickly. There are many transition slides that should be up for less than 3 seconds. Each educator is asked to practice with the slides before their first class to make sure that their timing and slide transitions give the participants time to formulate an answer, rather than just filling in the blanks. Questions are often posed first on the slide title box. The next click will bring up the answers they should try to identify as a group. There are notes (answer keys) beneath many of the slides for the educators.</p> <p>Process: Hand out the mark-up colored versions of the SOPs to participants along with their clean copies and the changes and rationale handout. The mark up copy will make it easier to find the answers. Recollect the mark-up versions at the end of class to use the next time.</p> <p>Objectives were simplified to focus on what we really want them to learn in all three domains.</p> <p>At the end of the handout, a new check for understanding and class evaluation is being used this month as the old gold forms are not giving us the information we really need. Ask Dr. O. is included to give them a method to have individual questions answered without sending you down multiple rabbit trails that will needlessly lengthen the class. Next, students must list 3 legitimate things they learned from class. They will not be given CE credit on the sign in sheet if this is not filled out.</p> <p>Connie is not quite finished with the slide presentation, but provided a handout with the presentation for educators to see. The final version will be distributed on or before March 30th.</p> <p>Each educator has a box of the requested SOPs for their hospital personnel and the handouts for their classes for pick up after the meeting. Please call Connie with any questions or comments.</p>

Topic	Discussion/conclusions
Summer/fall CE topics	We took the suggestions made at the EMSC meeting in February, and put topics into the fall schedule as follows: July: Trauma Case Studies (Diana); August: Stroke (Susan & Jen); Sept: SCI and Spine Motion Restriction (Diana, Peg); Oct: Peds (Susan & Jen). If you have content that you would like to see included into any of these months, please contact the module author(s).
Paramedic class	Applications for the upcoming paramedic class have been closed due to large numbers who have already passed the validation exam and completed files at Harper College. We do not have enough preceptors for unaffiliated students at this point. Connie and Peg will attempt to begin matching students to an agency in early April. If we do not find adequate placement for unaffiliated students, we may need to defer the class as we need a minimum number of 30 students to conduct the course. Please make sure that paramedic students are transitioning to phase 3 by mid-April if they are to graduate on time. If they are not progressing as expected, contact Peg ASAP so corrective action plans can be put in place.
Education Committee: CE policy changes	Discussion was held regarding the possible changes to the CE policy. Those present were in agreement with the initially proposed changes: 8 classes must be attended; 1 can be done by packet; all post-tests offered must be completed. The nurses believe that a post-test passing score of 80% is acceptable if exam exemption goes away.
Peer Educator classes	The first three scheduled Peer Educator classes have been cancelled due to low enrollment. This may be as a result of an open ended deadline for when Peer Educators are required. We need to strengthen the policy for agency expectations for participation and timing.
R&D – changes to ambulance and MedEngine inventories	The Drug & Supply List is being updated in compliance with the new SOPs and feedback from the R&D Committee. Highlights: Fentanyl on the ambulances is increasing to 300 mcg. It is being pulled off of the MedEngines, so educators can do an internal switch. Connie will send information to the System regarding the changes. Work with the PEMSCs to have the updates in place concurrent with the first CE class at each agency so the changes can be implemented immediately. Educators agree that one bariatric EZ IO needle per ambulance is needed. One adult needle will be removed to accommodate the bariatric size at a net zero cost to the hospitals.
DICOs	A list of all DICOs will be posted to our website. The DICOs have requested a listing of the hospital contacts. ANSWER: ED Charge nurse at each facility with the EMSC as a back up.
PBPI	Susan put out a request to the nurses to submit their stroke information (specific cases by hospitals) for PBPI. Data format has been inconsistent or not always received. The intent was to have 15 runs from each hospital but the request did not make that clear. The EMSCs need a minimum of two months advance notice when extensive data requests are made in order to gather the information. It is helpful if the System provides a spread sheet listing the data points so everyone is clear on the way to provide the information. If requests are sent by e-mail: please specify deadlines at the top of the message in bold letters.
CARS	Georgene asked why desktop computers must still be provided in the ED after the System goes live with Field Bridge. Answer: This request is temporary and will be transitioned out after we re-stabilize on the Field Bridge platform. However, at this time, it is a good idea to have a reliable plan B in case something happens to their laptop. Further discussion was held regarding PMs being respectful of hospital equipment. There have been some issues with broken equipment. Connie agrees. Please post appropriate signage in the paramedic chart rooms as to your expectations if equipment is broken or malfunctioning.
Adjournment	The meeting was adjourned at 4:03 P.M. The next meeting will be Friday, April 22, 2011 at 12 Noon in Conference Room 1 - 901 Building