


Northwest Community EMS System Advisory Board System Reports

Date: March 10, 2016

Topics	Discussion points	Key Takeaways
Paramedic class	<ul style="list-style-type: none"> 2016 Field Internship process/paperwork; must have consistency across sites and educators; forms posted to website Process for releasing the students to the field – prerequisites: <ul style="list-style-type: none"> EMS 213 completed EMS 214 (hospital clinical completed & Fisdap entries done except elective) approved by Jen Dyer. Simulated PCRs submitted and approved by Joe Approved preceptors with signed agreements <p>When all are complete, an e-mail will be sent by Connie to the Provider EMSC, RN, and student releasing them to begin. None can start until written authorization is given.</p> <p>Currently: 26/28 released to field</p> <p>Any question about the internship: contact Connie</p>	<ul style="list-style-type: none"> Internship paperwork may be submitted to the RN in hard copy or electronic attachments - RN's discretion Run may count toward internship if OLMC was done by someone other than the student in limited circumstances based on RN discretion. In phase 1; students should be doing 1st attempts at IVs and advanced airways; preceptors or a licensed PM should be doing attempt #2 if student was unsuccessful. In phase 2, student must clearly be shown to have been the team leader; less emphasis on skill performance. Pathophysiology is NOT to be written up, but they must be able to answer questions about it with clarity, precision, accuracy, relevance, depth, breadth, and logicalness. May require written explanation in a corrective action plan. Blanks under the questions on the Run Critique form are for the nurses to jot notes during the phase meeting to support a decision not to accept a call. If everything is acceptable, just note OK. They are also there for a student to use as a study tool in preparation for the meeting. The forms submitted to the RN in advance should NOT have the question answers pre-filled in. Only the preceptor's rating of skill performance should be completed in advance of the meeting. The Critique form should be submitted with a blinded PCR, copies of the 12 L ECG and capnography tracing if done, and drug cards. More runs than needed should be submitted. The nurses can decide which ones to discuss at the phase meeting. Once the full number of calls have been discussed and approved, there is no need to complete discussions on the rest of the submitted runs. Simulated calls: If a real run occurs that has the same nature as one of the listed simulated calls; use the real run. RNs do not have to review the simulated calls. They will continue to be downloaded to the Image Trend database created for the students. Joe and the PBPI reps will continue to track and approve them. After phase I is completed, have the student bring the approved paperwork to Dara Sordo immediately. Do not wait until the end of the internship. Let Connie know in early June if a student is trending to be done by the NR practical exam date so she can put their name on the class roster. If not, they can take the practical exam in July. Currently licensed PMs wanting to take NREMT exam: Will be doing an inventory of past CE to ensure that it meets NREMT refresher topics and times. These medics are welcome to attend seminar dates in May and June (schedule on website) and test with students in June and July. Memo will be coming out to System soon. Updated slide deck for preceptor class distributed; all other forms and handouts already sent as e-mail attachments and are posted to the System website under the Education/Paramedic class section.

	<ul style="list-style-type: none"> • Fall Paramedic class earlier start date; clinical rotations noted on calendar • Pooled preceptor requests for 2016-17 distributed • Report due to CoA April 1st 	<ul style="list-style-type: none"> • Deadline dates Should be in Phase 2 by April 15th Graduation: June 15th NREMTP practical: June 27th Internship must end by July 15th Make up practical: July 18th Fall class begins Tuesday after Labor Day: Calendar shifted so we meet Harper semesters and avoid a summer course. Will integrate with Chris Dunn so there is no overlap between PM and EMT clinical shift days.
ECRN class	Class started March 9th; 12 nurses enrolled	•
Education Committee:	Peer I-IV language approved at March meeting	<ul style="list-style-type: none"> • Using evidence-based approach based on National Guidelines on requirements for EMS educators and the Danielson competencies required by educators.
Region IX	<ul style="list-style-type: none"> • Trauma Committee approved a Field Surgeon Request policy/procedure; will incorporate portions into new SOPs; • Sherman EMSC going to CDH • Stroke transport guidelines <p>Region IX EMS Symposium</p>	<ul style="list-style-type: none"> • • • • • Stroke decision tree from Region stroke committee approved by Region EMS Advisory Council at their December meeting. The stroke SOP will transition to 2 pages to incorporate the new transport guidelines. State stroke rules a bit delayed, anticipate filing for 2nd reading in April. Should be done by time new SOPs are rolled out. EMSCs have not seen the guidelines. • Save the date: May 26, 2016; great outside faculty coming in to present capnography, and Dr. O will present medical legal challenges. Details coming soon.
SOP & System planning	<ul style="list-style-type: none"> • Will be addressing tactical EMS and active shooter incidents more fully based on System request • Will need to begin System-wide discussions on how to prepare us for EMS 3.0 (value-based and population-based healthcare) within our Strategic Plan 	<p>Tactical EMS workshop to be held as follows: TacMed Essentials Basic: TacMed Essentials Advanced: April 19 & 20 April 21 & 22 October 4 & 5 October 6 & 7 Location: Morton, IL 18 hours CE credit per 2 day class (See the website www.tacmed.com for more details) Morton Fire Department; 300 W. Courtland Street, Morton, IL 61550 System is sending Chris Dunn.</p> <p>Flier sent to provider agencies and attached as an FYI. Many of our System members are interested in this.</p> <p>NAEMT hosting a Summit titled Welcome to EMS 3.0: Prepared to be Transformed! On April 19th in Washington D.C. Their byline is "Learn how the forces of economic and patient change are impacting how EMS is provided; and what you need to successfully navigate the dynamic changes ahead". Content will include new strategies for recruitment, education and leadership development. See their website: www.naemt.org for more details.</p>



They also are supporting a **Civilian Tactical Medicine course (TECC – Tactical Emergency Casualty Care)** endorsed by the American College of Surgeons using the PHTLS Military textbook.

New SOPs

Reminder that new SOPs are being developed. Submit your suggestions for change to Connie. **Will query System as to best timing for roll-out as several have suggested difficulty with a July class and August make-up dates.**

IPDH news

EMS System Coordinator and TNS Course Coordinator meetings cancelled due to budget impasse. Will try to hold webinar to address the following: 1) legislative updates, overview of WebEOC, EMResources, and EMTrack modules, IDPH's new website, new scope of practices, opioid antidotes and new passages for Stroke and EMSC administrative rules; 2) ambulance inspections, applications/forms and build specifications, infield upgrades, new procedure for assigned license numbers and Mobile-Integrated Healthcare (MIH); and 3) an overview of the 2016 edition of IL EMSC pediatric pre-hospital protocols, the EMS Data Reporting System and other EMSC resources.

Will pass along any information received

- **IDPH EMS Summit:** April 5, 2016 Springfield

Great lineup of speakers; of particular note: Gary Wingrove on MIH and our own Pete Dyer. See flier.