

**Northwest Community EMS System
PBPI Meeting Minutes
Wednesday, July 2, 2025**

Topic	Discussion	Actions/Follow-Up
Call to Order	Meeting called to order at 0903 hours by Adam.	
New Members & Guests	None.	
Minutes & Agenda	Motion to approve May '25 minutes made by Adam, second by Brian. All in favor. Motion granted; minutes approved. No changes or additions to agenda.	
Old Business a. April Screen – OB Spreadsheet b. Q1 2025 Intubation Deep Analysis	<p>a. April Screen – OB Spreadsheet: Continuing with the format of sending the screen out to each agency and having them QI their own data. Some minor discussion about the results. There were a few calls where the screener determined the crew did not follow SOP; Nichole will follow up on these calls.</p> <p>b. Q1 2025 Intubation Deep Analysis: Adam presented the data. Not much discussion, overall the numbers are slightly down from last year. Waiting to get more consistent ProVu numbers with Q2/Q3 data.</p>	Nichole will review the calls from the OB screen that did not comply with SOP.
New Business a. Updated Screen schedule b. June Screen – Behavioral c. July Screen – Stroke	<p>a. Updated Screen Schedule: June = Behavioral, July = Stroke, August = Respiratory, September = Burns/Musculoskeletal Trauma, October = Medical Emergencies, November = Chest pain/ACS, December = Naloxone</p> <p>b. June Screen – Behavioral: Runs pulled base on criteria of dispatch reason = psychiatric/behavioral or psychiatric problem/behavioral/suicide attempt for all of 2024. This yielded 893 calls in total. Data presented in a breakdown of agency numbers, age and gender of patient. Also a breakdown of the provider impressions listed, with suicidal ideations being the top of the list at 43.9% of these calls. Some discussion about the provider impression of “transported for further evaluation” starting to be more of a default selection when there are no abnormal findings. This should not be selected if another primary impression is more accurate. There were only 12 calls that had this listed as the primary impression so Nichole will look at these and see if it is an accurate impression. Some discussion about meds given on a few of these calls (ketamine and midazolam). Scene time breakdown presented. Concluded with patent disposition. Majority were BLS transports.</p> <p>c. July Screen – Stroke: 1500 stroke calls in the last year. Tyler discussed the parameters for which calls got pulled into the screen, as well the data points evaluated. Dr. Jordan would like added to the screen if a glucose was checked and the outcome of the neuro assessment. It was also discussed that we’d like to see if the patient was transported to the appropriate destination based on their findings (I.E. was an LVO taken to a comprehensive, etc). The members decided to do a larger stroke screen first and look at all 1500 calls, and then as a secondary or follow-up screen, look at transport destinations.</p>	Nichole will follow up on “transported for further evaluation” calls.
Sentinel Events	None.	
CARS Update	None.	

System Update	None.	
Region IX QI Committee Update	Moving forward each system will be bringing their own data, but nothing to report at the moment.	
Cardiac Arrest Committee Update	None.	
From the floor / Closing remarks	None.	
Adjournment	Next meeting: August 6, 2025 – Motion to adjourn made by Adam, second by Brian. Meeting adjourned at 0938. Minutes respectfully submitted by: Nichole Junge, RN, PM	