

**Northwest Community EMS System  
PBPI Meeting Minutes  
Wednesday, January 7, 2026**

Topic	Discussion	Actions/Follow-Up
<b>Call to Order</b>	Meeting called to order at 0905 hours by Tyler.	
<b>New Members &amp; Guests</b>	No new members or guests.	
<b>Minutes &amp; Agenda</b>	Motion to approve December '25 minutes made by Jason, second by Tyler. All in favor. Motion granted; minutes approved. No changes or additions to agenda.	
<b>Old Business</b> <b>a. December Elections: Chair and Vice Chair</b> <b>b. Data Coordinator Vacancy</b> <b>c. December Screen: Ketamine</b> <b>d. Year End Data</b> <b>e. PBPI Plan &amp; Charter</b> <b>f. Screen Schedule</b> <b>g. 4<sup>th</sup> Quarter Intubations/Year end Intubation Data</b>	<p><b>a. December Elections: Chair and Vice Chair</b> – Tyler will be temporarily stepping in as Chair while Adam takes a leave. They will be working closely with each other over the next few months to fulfill the responsibilities of each position.</p> <p><b>b. Data Coordinator Vacancy</b> – This position remains open. Any members looking to fill it should contact Adam or Tyler.</p> <p><b>c. December Screen: Ketamine</b> – Tyler presented the data from this screen. There was a total of 266 incidents where Ketamine was administered. These calls were broken down into 2 groups – if the ketamine was given for sedation or pain. Analysis completed on if doses administered were higher or lower than the calculated dose should have been based on the patient’s weight, with the understanding that the dosing chart gives weight ranges. Most doses that were documented were within an acceptable margin of what the calculated dose calls for. Minor further discussion about the remaining data points in the screen.</p> <p><b>d. Year End Data</b> – Adam presented a draft of the year end data. Data shows trends from 2022 through this year on higher level data such as call volume, demographics, call disposition, etc. Call volume increased by about 9,000 from last year. Much discussion revolving around the primary impression of “no abnormal findings upon exam” – it is the #2 disposition, despite it being relayed to the agencies that this is not an appropriate impression for a patient transported to the hospital. Further discussion did reveal that it is primarily selected for non-transport and refusals, and not available (without a workaround) for patients that are transported. Therefore, we can assume, most of these are refusals. Minor discussion over the remainder of the data.</p> <p><b>e. PBPI Plan &amp; Charter</b> – Adam stated there were minor updates/changes to these documents, nothing that warranted bringing to the group or a vote.</p> <p><b>f. Screen Schedule</b> – Adam will email out the schedule for the 2026 screens later today.</p> <p><b>g. 4<sup>th</sup> Quarter Intubations/Year end intubation data</b> – Adam will send out the final quarter intubation screen to agencies later today, and then present year end data on that at next month’s meeting.</p>	
<b>New Business</b> <b>January Screen</b>	<b>January Screen - TBD</b>	

<b>Sentinel Events</b>	None.	
<b>CARS Update</b>	None.	
<b>System Update</b>	Kourtney announced we did hire a new member to the EMS team. He will be announced next month after his official start date.	
<b>Region IX QI Committee Update</b>	None.	
<b>Cardiac Arrest Committee Update</b>	Adam and Scott are finalizing the documentation tool on ImageTrend.	
<b>From the floor / Closing remarks</b>	Recommendation to put a slide in next month's CE reminding medics to not select "no abnormal findings upon exam" for transported patients.	
<b>Adjournment</b>	<b>Next meeting: February 4, 2026</b> – Motion to adjourn made by Tina, second by Taylor. Meeting adjourned at 1002. Minutes respectfully submitted by: Nichole Junge, BS, RN, Paramedic	