

Northwest Community Hospital EMS offices (Behavioral Health/901 Kirchoff Center) 800 W. Central Arlington Heights, IL 60005 Phone: 847-618-4480 Fax: 847-618-4489

October 18, 2021 Date:

System Memo: #399

To: All System members

Matthew T. Jordan, MD, FACEP From:

Connie J. Mattera, MS, RN, PM **EMS Administrative Director EMS Medical Director**

RE: Important System Practice updates:

Petition forms; CESSA Act planning; replantation centers; trauma surgeon field response; new preferred

IV catheters: and peds pleural decompression needle size specified

PLEASE DISTRIBUTE IMMEDIATELY

We continue operating under IDPH COVID-19 Emergency Guidelines and Standard Capacity

10 EMS System Goals simply stated:

- Align all policies, procedures, and practice to laws, rules, standards and guidelines applicable to EMS
- Maintain a Just Culture and Culture of Safety that embraces diversity, equity, and inclusion
- Communicate clearly; minimize misunderstandings
- Meet or exceed benchmarks for performance
- Resolve and remediate errors or inconsistencies in education and/or practice
- Effectively steward and optimize utilization of all resources
- Eliminate waste
- Mitigate risk
- Prevent never events
- Support, empower, educate, credential, and resource System members

To these ends, we've discovered several areas that need immediate attention and/or change:

INFO to KNOW! The NWC EMSS requirement to complete Petition forms dates back to the 1970s. This has been a huge area of misunderstanding and inconsistent practice over the years as each hospital has its own interpretation of what EMS should document. The form was not designed for EMS nor are we responsible for an involuntary committal. IDPH Div. of EMS confirms that there is no requirement for EMS to complete these forms in the EMS Act or Rules and it is a System requirement only. Effective immediately, NWC EMSS personnel shall stop completing Petition Forms. **Petition forms** Instead, they shall thoroughly execute the provisions of the SOPs and document within Image Trend software (using all available and applicable worksheets) their risk assessments for violent behavior and/or suicide; the patient's decisional capacity; and their supporting rationale if they believe a patient would "intentionally or unintentionally inflict serious physical harm upon themselves or others in the near future or is unable to provide for his or her own basic physical needs so as to guard himself or herself from serious harm." and needs transport to a hospital for examination by a physician (III Mental Health Code). On August 25, 2021, Governor Pritzker signed CESSA into law, which requires emergency Community response operators to refer calls seeking mental and behavioral health support to a new **Emergency** service that can dispatch a team of EMS or RN and mental health professionals instead of Services and police. We are awaiting emergency rules from IDPH and are working with community **Support Act** partners and mental health professionals to determine the System's response. The law (CESSA) must be implemented by July 2022. Amita Alexian Brothers Medical Center (ABMC) has informed us that they are no longer a Replantation replantation center for hand injuries. centers

Please transport all patients requiring replantation to your closest Level I Trauma Center.

Trauma surgeon scene response	The Region IX Trauma Committee notified us that there is no longer a Region policy or procedure for a trauma surgeon scene response. If you have an entrapped patient that cannot be extricated, contact your nearest System OLMC physician to discuss options. These are extremely rare events as we never used the policy that has been eliminated.							
	PBPI results show that we have an urgent opportunity to improve IV success rates. Members of multiple committees have identified variation in IV catheters available for exchange at hospitals as one root cause of the problem. The R&D Committee did a complete analysis of available catheters and their preferred option. The System endorses their recommendation. Effective immediately: The System requests all our agencies and hospitals use up existing IV catheters by attrition and stock the following IV catheters for EMS exchange ASAP:							
IV starts and preferred catheters	Material #	Material Description	Unit of Measure	EA/CA	Pri	ce/EA	Pric	ce/Case
	383531	Nexiva Dual Port 24ga L0.75in	Case	80	\$	4.29	\$	343.20
	383532	Nexiva Dual Port 22ga L1in	Case	80	\$	4.29		343.20
	383536	Nexiva Dual Port 20ga L1in	Case	80	\$	4.29	-	343.20
	383539	Nexiva Dual Port 18ga L1.25in	Case	80	\$	4.29	\$	343.20
	Education and competency verification is mandatory before the new catheters may be rolled out at an agency. The manufacturer's rep will contact Provider EMS Coordinators to arrange for education at your location. Approved Peer II or higher educators may conduct the competency measurement for each paramedic/PHRN. Expect to hear from: Paige Gruber Territory Manager; MDS - Vascular Access E: paige.m.gruber@bd.com C: 708-912-7244							
Peds pleural decompression needle specified	In keeping with the September CE, we have updated the Procedure Manual and SOPs to differentiate pleural decompression needle sizes for adults and children 12 and younger. Adult: 10 gauge; 3"-3.25" needle or PneumoFix™ / Child 12 & younger: 14-16 gauge 1½" needle							
SOP, Procedure Manual and Drug & Supply List updates	Because several of these changes directly impact our current SOPs, Drug and Supply List, and Procedure Manual; revised editions are being issued now and posted to our website. Please see the revised documents attached with this memo. A full SOP update for Region IX is in the process of being drafted and will be taught in May 2022 as a mandatory review. Please submit your recommendations for change to Connie Mattera before Jan 1, 2022.							

If you have any questions on any of these updates, please do not hesitate to reach out to either of us:

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