

**Northwest Community EMS System  
PBPI Meeting Minutes  
Wednesday, June 5, 2024**

Topic	Discussion	Actions/Follow-Up
<b>Call to Order</b>	Meeting called to order at 0909 hours by Adam.	
<b>New Members &amp; Guests</b>	No new members or guests.	
<b>Minutes &amp; Agenda</b>	Motion to approve May minutes made by Kourtney, second by Phil. All in favor. Motion granted; minutes approved. No changes or additions to agenda.	
<b>Old Business</b> <b>a. March screen - Stroke</b> <b>b. April screen - Hypoglycemia</b>	<p><b>a. March Screen - Stroke:</b> Data pulled from all of 2023. Total of 2218 incidents, which was up by 105 runs from 2022 data. Primary or secondary impression of <i>Stroke/Cerebral Infarct, Transient Cerebral Ischemia Attack, Brain Stem Stroke Syndrome</i> or <i>Cerebellar Stroke Syndrome</i>. Data also pulled from runs where the question of “Is this a possible stroke” was answered yes. Data for some metrics that were looked at: 80% of transported patients has a last known well time documented (down 1% from previous year). 76% had an actual call back number documented, while there were 465 incidents that put 9’s in for the callback number (indicating a phone number was not able to be obtained). A huge increase in the number of IVs attempted, at 60.5% in 2023, compared to 32.3% in 2022. IV success rate was 65.3%. Additional data presented, such as destination hospitals, avg patient age range, patient disposition, scene time, etc. Some discussion about the 90% fractile (scene time) of 21.7 minutes. Adam is going to remove some of the private ambulance data that had extended inter-facility scene times, to provide more accurate numbers. There were a few patients that presented with low pulse ox or low glucose that did not have those issues addressed. Follow up on those particular calls is necessary. Adam should forward that data to Nichole so she can look into these incidents. Agency specific data presented as well. Detailed IV data was presented, some discussion. Connie said it should be made known to the field medics that when a good, solid IV is established prehospital, the patient’s time to CT or definitive intervention is very clearly shorter, so the benefit to the patient is huge. The increase in scene time from 10 to 15 min was provided specifically to allow additional time to start an IV on scene; that is how important and valuable that pre-hospital IV is. We are at 98% compliance with completing the BEFAST worksheet. It was noted that much of this data should be presented during CE to close the loop on our stroke education. In particular, we should include some calls from our system that were ‘atypical’ presentations of a stroke so we can broaden our awareness and assessment skills to identify even more pre-hospital strokes than we already are. An additional issue was discovered with conflicting times in ImageTrend. There is a field for “last known well” when inputting stroke information, but there is also a field for “time of symptom onset,” which is automatically calculated by ImageTrend based on what the paramedic inputs. These times can be conflicting, so for best practice documentation, the user should be aware of this and clarify what exactly the patient’s last known well time was, as it may be different from symptom onset time.</p> <p><b>b. April Screen - Hypoglycemia:</b> Postponed to next meeting</p>	<p>Adam will revise the data to remove some of the rogue private ambulance numbers that are skewing the averages.</p> <p>Adam will send this data to Jen Dyer so she can include it in the CE for stroke, which is coming up in a few months.</p> <p>Adam will send SpO2 and glucose data to Nichole so she can follow up on the outliers.</p> <p>Jen/Nichole refer to the minutes from this month for stroke CE</p>

<p><b>New Business</b></p> <p><b>a. Peds: Croup / Epiglottitis</b></p> <p><b>b. 1<sup>st</sup> &amp; 2<sup>nd</sup> Quarter Intubations</b></p>	<p><b>a. Peds - Croup / Epiglottitis:</b> Taylor will present screen elements at the next meeting.</p> <p><b>b. 1<sup>st</sup> &amp; 2<sup>nd</sup> Quarter Intubations:</b> These intubations went out to the coordinators for review. Once they are scrubbed, data will be presented at next meeting. Dr. Jordan commented on the education that is taking place at some of the agencies that have already moved to the ProVu video laryngoscope. Some minor discussion followed about the schedule for rollout/education for the ProVu over the next few months.</p>	
<p><b>Sentinel Events</b></p>	<p>None.</p>	
<p><b>CARS Update</b></p>	<p>None.</p>	
<p><b>Region IX QI Committee Update</b></p>	<p>None.</p>	
<p><b>System Update</b></p>	<p>Chris Dunn has had an outstanding EMT success rate on the national exams. Current paramedic class in the midst of taking their final practical. Graduation and National exams happening in the next week.</p> <p>Mobile Integrated Healthcare project has been submitted to the state. Additionally, Superior Ambulance had submitted to the state to be a Tier 1 critical care service last January, and they have just received approval. As such, they have expanded scope of practice moving forward.</p> <p>Tina Hayes (Mount Prospect coordinator) provided some minor discussion about the analysis into our IV success rates. Said the approach was similar to intubation, where they were going to try and figure out the root cause(s). For example, is a certain patient population (extremely sick) or is it more agency specific, etc. Further information to come on this.</p>	
<p><b>Cardiac Arrest Committee Update</b></p>	<p>Recently met. They put out 1<sup>st</sup> quarter data. Discussed ways to try and acquire data in a consistent manner. Additionally, some discussion about the cardiac arrest power tool. Discussion of different ways to implement NorEpi sooner in a ROSC patient that requires it, to eliminate what seems like significant delay in getting those patients this medication.</p>	
<p><b>From the floor / Closing remarks</b></p>	<p>Connie had requested we continue to keep track of compliance with our controlled substance logs. There was some traction toward moving to a completely electronic means of maintaining those logs. This project was taken over by Les from Arlington Heights, and he confirmed they are very close to having this complete and will have Kourtney take a look at the final product when she is out at their agency next.</p> <p>The committee agreed to take July off due to the holiday and meet next in August.</p>	
<p><b>Adjournment</b></p>	<p>Next meeting August 7, 2024. Motion to adjourn meeting made by Jason, second by Phil. Motion granted; meeting adjourned at 1044.</p> <p>Minutes respectfully submitted by: Nichole Junge, RN, PM</p>	