

EMS Advisory Council 8/5/10

EMS Grants-

Paula will put out the letter – draft between Jack and Win now.

BRANDY

HB 5183 not signed into law on gov desk.

Dept of public health legislative initiative

Authority to promulgate critical care transport and defines

Defines reserve ambulance

Authority to suspend, revoke, refuse issue or renew license of EMT after an opportunity for hearing

- For any EMT been convicted of class X 2 or I felony,

Ability to retain testing fees by the department

Dept fees for renewal licenses and certifications in the EMS act

Vehicle \$25/vehicles up to \$500 – removed \$25 fee from statute increased cap to 100 vehicles per provider – cap only thing that's changing – impacts two providers in the state

Gave congratulations/recognition

Question re: dept retaining fees _ yes – (Jack) The department will take over the relicensing instead of the system coordinators because of the fee being retained by the department. But Systems Coordinators will not be totally relieved of all their duties though. (Brandy) still needs rulemaking to be signed, but it should be soon. EMS will have a dedicated funding source.

Students on national registry – licensure fee, will also incur a state license fee but won't have an Illinois testing fee just the national registry testing fee. State fees kept below National Registry fees. We'll look at ability to import a national registry licensee electronically (Jack), following successful testing and generate like we do with CTS.

EMS Coordinators get on site and renew them. (Jennifer) Difference application in for renewal with EMS electronically . . . (Jack). Apply to get licensed renewed – hoping to make it all happen in one shot such as the child support issue. EMS Coordinators go in on applicant and verify that supporting doc is true.

Brandy – waiver for fees on 1st responders who exclusively serve volunteer, population of less than 5,000, submit a waiver of their fees. We'll draft a document to fire chief to verify that these people are only volunteer (Jack). Promulgate rules – put in a dollar figure (Brandy) small cap and qualify as a volunteer still even with the small stipend that they receive.

Day of HB 5183 passed and in its 60-day timeframe – sent to the Gov 6/24/10

Rep Moffitt wanted a governor to do a signing ceremony – date not set yet Brandy will let them know details.

Jack – Brandy has left and gave her great recognition on her work on this bill. Great Thanks!

Several pieces of legislation sitting out there and Jack hopes to get those moved this fall, stretcher van, stroke bill, 5183 has to be moved on if signed. Big initiative to work on these JCAR rules. (Jack)

One priority – Dr. Esposito - Trauma Center Funds needs to be switched to Trauma System funds used for good of the system, department should have the authority to switch the funds around, some legislative way to protect funds from being swept.

Jack - We need support of this council for the guidance, to work on the changes we see needed and what the impacts are.

Dr. Esposito – benefits/champion legislator that could sit on this strategic plan, there's a slot for a legislator or legislative aide to be aware of what's going on, and down to writing the legislation.

Jack – we can't go out and grab one (asked Tammy for her input – correct), we can talk to one and get their support and talk with them.

Brandy – Rep Moffitt has been willing to (done a lot with fire legislation) assist ems and trauma related issues, been around a while, thinks any of us should try to talk with him and get his ear.

Jack – each of the ems systems probably have legislative connection that would probably support us.

Brandy – re: Dr. Esposito we cannot bring legislation that will support us ourselves; the council can do this. We can't do the lobbying; Rep Moffitt can though. Encourages all to go to local legislators and talk to them about the sweeps and convince them to do something for us. Rep Moffitt is aware of funding needs for ems and trauma – he needs to be reminded.

Trauma center funds were going to hospitals Brandy - Trauma Council create subcommittee re; legislative and rules – not one currently.

HB 5430

BRANDY

One person let license lapse basically.

Opportunity to turn bill into what we needed it to do.

Now public act 96-1149

Amends ems act – if license is expired less than 36 months can apply for reinstatement of license. Don't have to go back and complete entire course. Jack – state education committee will have to write rules before we can start doing this. Complete hours, system education approval, clinical skills then qualify to reset exam – meet all requirements of any other medical getting licenses – knowledge based competency basis.

SB 3637 – Public Act 96-1109

Out of Chicago VA hospital participate in an EMS system, have to adhere to every guidelines, standard as any other hospital, no special treatment, need in the city of Chicago.

Jack – two other va hospitals contacted our offices.

Questions - Now law – what timelines? –Jack have stroke bill, stretcher van military, Now have to draft rules for JCAR. Huge task ahead of this fall – have to be done first before we can move forward on new legislative issues.

Dr. Gaines

12 trauma surveys between may 25 and june 16

Plan next year – unsure as of now

Thank trauma coordinators and physicians and medical directors

Letters back to you soon hopefully.

Survey is good for two years – those not surveyed don't lose their trauma status.

Not surveyed – we're sending out letters asking for updated trauma plans, usually only what's new unless it's been quite a while. Transfer agreements issues – make sure look through and update it.

Trends for more and more waivers?

Dr. Gaines – Yes neurosurgery is asking for transfer agreements.

Maxillofacial areas have increased waivers also.

Transfer agreements – go through them and look at them – they are still true or update them in response to clarification of the transfer agreements. Need confirmation. (Dr. Gaines).

Council

No report – Dr. Henesy

Need direction where to fit in to strategic plan.

TNS Coordinator

TNS rules

Injury prevention - Dr. Martin

Written report in your packet and electronically.

EMS –

State EMS protocols

Reconvened monthly – look at scope of practice and did survey in Illinois in February to all EMS systems. Good return. Looked at drugs, equipments and supplies on BLS. On council for voting.

EMS Education – Connie

Level I class, beta pilot level 2 class, accreditation workshop of EMS program, Paramedic programs getting as much assistance as possible.

Level 2 class again in September in Schaumburg at national conference.

Own committee level – education standards date of alignment is by September 12.

Best practices tutorials or guidelines, tutorial already available for writing objectives, items writing for quizzes and exams. Goal is to share those resources around the state.

Recreating Illinois lead instructor course, instructor criteria October 25th meeting to discuss.

EMT-I's either paramedic (write bridge programs), there are some at the national level now. I to advanced EMT – IDPH willing to do expanded scope??

Has knowledge of bridge programs in Illinois –

Questions for Jack Illinois intermediate or addressed system by systems.

Jack – decision not finalized by IDPH. Need focus group I's medical directors, educational – need gap analysis. Many systems already applied for program under dot curriculum to move I to Ps. Go from I to P in national curriculum for now and they can move up. Some are concerned they'll abolish I's. Maybe need grandfather.

Expanded scope – Jack – problem in state, we no longer have clear guidelines about standard of care.

B's doing 1st, etc. but don't have the full knowledge of what was designed. He wants scope of practice more clearly defined – have 64 EMS systems with different levels of scopes.

Connie – information online, and sent to all state systems, she'll send it to them again if they need it www.ems.gov has all of this information.

Illinois developing above what the national level is?

Idph will have to decide and look at the expanded scope
Jack wants to clarify and establish expanded scope in state, develop baseline scopes of practice. Not necessarily different than national, but as the state needs.
Accept bottom as the National, but can go higher but do it for the entire state as a whole.

Emerging Issues - Mary Ann Miller

Met four times, 3 sets of minutes in your packet
New participant – CO group, stroke survivors group empowering each other
Watching the stroke bill.

Follow stroke and stemi issues.
New subcommittee – emt license database search committee, George Madeline

Next meeting Monday, September r 27, around 9 or 10 meet over lunch.

New business – EMS

Vote on adopting bls protocols
1st to council a year ago, on 26th draft set brought
Annie Motion EMS Advisory council approved EMS protocols, accepted by Tom.
Clarification regarding expanded scope – Jack says not the intent these protocols are the minimum.

All those in favor, any opposed NO, abstained NO

Annual Mandatory Ethics Training

Packets have the training and emailed to you, need ASAP

EMS By-Laws

Election of officers normally in June on the docket today
Elect a Chairperson and a Vice Chair
Motion to retain current officers, motion 2nd, motion 3rd
Revised your motion
Nominate Mike Hnasen for Chair, all those in favor Ayes, Opposed NO

Vice Chair

Nominate Tom Willis, All those in favor Ayes, Opposed NO

Meeting Dates in Springfield:

November 18, 2010
March 10, 2011
June 2, 2011 (hold election process)
September 15, 2011
November 17, 2011
Motion for those to be meeting dates, 2nd, all those in favor ayes, no opposed.

Trauma New Business (added)

Adhoc group
40th anniversary without formal motion

Vote on Trauma Council By-laws

Article 3C, should say 90 instead of 9-

Motion with that correction to approved the by-laws, 2nd, 8 present by show of hands unanimous passage.

Election of officers

Nominate Chair – Richard, close, 2nd

Nominate Vice Chair – George, close, 2nd

Dates selected for next meetings (meeting separately):

September 2nd

December 2

March 3

June 2 with EMS group

Meetings by video conference at multiple sites (3 sites)

11am – 1pm times

Motion to approved, 2nd.

CDC trauma triage guidelines, state minimums published by CDC; refer to next Trauma Advisory meeting.