

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY BOARD
Meeting Minutes
December 20, 2012**

Present: Paula Atteberry,* Mark Cichon,* Darcy Egging,* Susan Fuchs (Chair), Sam Gaines,* Jeanne Grady, Kim Gudmunson, Sheree Hammond, Kathy Janies, Ruth Kafenzstok, Chris Kennelly, Dan Leonard,* Evelyn Lyons, Martha Pettineo,* Laura Prestidge, Mike Wahl, Terry Wheat, J. Thomas Willis (Co-chair)

Excused: Jessica Choi, Bonnie Salvetti, Herbert Sutherland, Kathy Swafford, Scott Tiepelman, Carolyn Zonia

Absent: Young Chung, Joseph Hageman, Mike Hansen, Roy Harley, Vyki Jackson, Vince Keenan, Steve Lelyveld, Bridget McCarte, Jerrilyn Pearson-Minor, Michael Pieroni, Glendean Sisk

*Via teleconference

TOPIC	DISCUSSION	ACTION
Call to Order	Susan Fuchs called the meeting to order at 10:10am	None
Introductions	Introductions were made	None
Review of 09/27/12 Meeting Minutes	Minutes from the September 27, 2012 meeting were reviewed and approved (Tom Willis motioned, Mark Cichon seconded the motion)	Minutes approved
Announcements/ Updates	<p>The following announcements/updates were reviewed:</p> <ul style="list-style-type: none"> Tips for talking with children about traumatic events – many resources are available via professional organizations such as American Academy of Pediatrics (AAP), American Psychological Association (APA), Department of Education (Readiness & Emergency Management for Schools Technical Assistance Center), Substance Abuse and Mental Health Services Administration (SAMHSA), and others New Publication! Current Variability of Clinical Practice Management of Pediatric Diabetic Ketoacidosis in Illinois Pediatric Emergency Departments. E Barrios, J Hageman, E Lyons, K Janies, D Leonard, S Duck, S Fuchs. Pediatric Emergency Care. 2012 Dec; 28(12):1307- 1313. National EMSC Updates <ul style="list-style-type: none"> National EMSC Pediatric Readiness project – www.PediatricReadiness.org. Illinois is scheduled to begin hospital surveys in April, 2013. EMSC is encouraging hospitals to participate. Senator Daniel Inouye (D-HI) – one of the fathers of the EMSC Program, died of respiratory failure on December 17, 2012. The Senator, who was 88, advocated for the development of EMS programs that decrease disability and death in children and sponsored legislation that led to the establishment of the EMSC Program in 1984. Most recently, he sponsored the Wakefield Act, legislation to reauthorize the Program, in the 109th, 110th, and 111th Congresses. He remained a lifelong friend of the Program and champion for improving pediatric emergency care, receiving the “EMSC Champion for Children” award during the 2009 EMS for Children Program Meeting. NHTSA Working Group Best Practice Recommendations for the Safe Transportation of Children in Emergency Ground Ambulances – Sue Fuchs reported that this comprehensive document outlines many scenarios to keep kids safe. One of the biggest issues is using a car seat. No car seats have been tested in an ambulance for crash worthiness or balance. Never put a car seat on the side seat. There are a couple of integrated seats being tested; one has both an integrated toddler and infant seat. EMSC can’t mandate or recommend one specific car seat. Terry Wheat asked if there were any recommendations about safely 	<p>FYI</p> <p>Send any new announcements to Evelyn Lyons for future meetings</p>

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	<p>transporting children in vans. Evelyn said the State EMS Council's Emerging Issues Workgroup approved these recommendations but asked EMSC to make recommendations about the very small child (under 5 kgs). Evelyn asked them to forward a request to ensure that we address their specific needs.</p> <ul style="list-style-type: none"> • Pediatric Education for Prehospital Professionals (PEPP), 3rd Edition. Sue Fuchs reported that she is working with Marilyn Bull to fit the new NHTSA guidelines into this new version. Jones and Bartlett publishers set the publish date is March 15th, 2013. Sue recommends not using the older book if possible. • IEMA Ready Illinois Web site for preparedness info/resources – this Web site has been updated. • Illinois EMSC Web Site Redesign – Evelyn reviewed plans to redesign the EMSC Web site to improve navigation/streamline the bulk of information. We are beginning to sketch out what will go into each new page. There is a lot of prep work to do before the design happens. Expect a beta test site in Spring 2013. <p>Other organizational reports/updates:</p> <ul style="list-style-type: none"> • MCHC – no report (representative is not present) • SafeKIDS – no report (representative is not present) • Red Cross – no report (representative is not present) <p>Educational Opportunities:</p> <ul style="list-style-type: none"> • NASN Video Series on Anaphylaxis, http://www.nasn.org/ToolsResources/FoodAllergyandAnaphylaxis/SNPPRA/episode1 • Pediatric Trauma online training, University of North Carolina, Chapel Hill, http://www.emspic.org/education • EMSC Online Courses, University of New Mexico, Department of Emergency Medicine, http://hsc.unm.edu/emered/PED/emsc/training/course.shtml • Other educational opportunities at http://www.luhs.org/emsc/special.htm 	
IDPH, Division of EMS & Highway Safety Report	<p>Sam Gaines reported:</p> <p>Trauma Update:</p> <ul style="list-style-type: none"> • IDPH designated St. Mary's Health System (Evansville, Indiana) as a Level II Trauma center in 9/2012. • IDPH received applications from St. Mary's and Deaconess Hospital (Evansville, IN) to become Level II Pediatric Trauma Centers. IDPH requested the Regional Trauma Advisory Board to fill its vacant positions so that the Region 5 Trauma Advisory Board can make recommendation to approve the addition of these two Level II Pediatric Centers. • IDPH will begin conducting site survey visits. Survey site visits will begin early in 2013. Our goal is to complete between fourteen to sixteen surveys by the end of the fiscal year. • Through conversations with legislators about physician waivers, a State Representative has indicated they would be interested in sponsoring legislation that would allow the state to implement a three- tiered trauma system with all non-trauma designated comprehensive EDs being recognized as an "acute injury stabilization center" and would participate in the trauma system. IDPH will work on language to bring back to the Trauma Council. This is in alignment with the strategic planning document. <p>Trauma Registry:</p> <ul style="list-style-type: none"> • IDPH continues to evaluate the Trauma Registry to bring the current registry to a nationally compatible solution. IDPH has discussed with Dr. Fantus about a proposed data repository to interface with the current registry and eliminate double entry by the Trauma Center registrars who use independent vendors. 	<p>FYI</p> <p>Contact Joe Albanese with names of any IL Trauma surgeons interested in helping with trauma surveys</p>

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	<ul style="list-style-type: none"> IDPH is working on a data sharing agreement with the State of Indiana providing information on Indiana Trauma Patients who receive care in Illinois. The Head and Spinal Cord Violent Injury (HSVI) Research Grant has been funded in excess of \$400,000. IDPH will be establishing grant guidance documents and posting notice for research facilities or universities who might be interested in obtaining grant funds to help with their research projects. <p>Legislation Update:</p> <ul style="list-style-type: none"> IDPH will file the following proposed rules with the Secretary of State's office within the next 2 weeks: <ul style="list-style-type: none"> Provisional licensure of first responders Ambulance licensing requirement changes Repeal of the original first responder language (which is long outdated) First Responder/Emergency Medical responder language Changes to EMS Act definitions Administrative Hearings changes Bypass Status Review EMS System Program Plan Participation by Veterans Health Administration Facilities – working with veterans to be able to go to the closest hospitals to them. EMT Testing language properties AED's Utilization on School properties - 3,500 letters were mailed out notifying and warning private schools and school districts that IDPH will be monitoring compliance with the "Physical Fitness Facility Medical Emergency Preparedness Act." This came as a result of a Chicago network news story that found high school baseball games were not compliant with the Act. <p>Veterans Affairs Update:</p> <ul style="list-style-type: none"> Division of EMS is working with Dept of Veterans Affairs on evaluating differences between the new education standards and courses conducted by the four branches of armed services. Upon completion, guidance will be developed to assist veterans returning to civilian life to integrate their military education toward obtaining civilian-issued EMS licenses. IDPH hopes to complete these reviews by early 2013. <p>EMS Grants Update:</p> <ul style="list-style-type: none"> IDPH granted approximately \$100,000 in EMS Assistance grants; awardees have been notified. <p>Heartsaver Grants:</p> <ul style="list-style-type: none"> This week, IDPH will award approx 150 Heartsaver AED grants for 2012. Total – just under \$100,000. <p>Licensing Fee Implementation:</p> <ul style="list-style-type: none"> There have been issues with fee collection on new licenses and transaction processes. IDPH is rolling out a fix so systems will not have to collect or deal with fees associated with new transaction cards. IDPH is asking people to use the standard pdfs, not own forms. <p>Investigations:</p> <ul style="list-style-type: none"> The Department has been engaged in multiple investigations of which many are still open and ongoing. 	
EMSC Grant Proposals	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> CDPH Hospital Preparedness Program funding – EMSC will receive funding from CDPH to conduct 	FYI

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	<p>educational activities for them (contract is pending). The Pediatric Surge Annex will undergo a more focused review with Region 11. Mollie Marr will be developing a data report of pediatric demographics and access to healthcare resources in Region 11. This report will be specific to Chicago. Other education will include: PEPP courses; JumpSTART trainings; and a one-day Pediatric table top exercise.</p> <ul style="list-style-type: none"> • EMSC Partnership Competitive Grant – was submitted in September; still pending notification in January or February. This 4-year funding will begin on March 1st, 2013. • Current EMSC Targeted Issue (TI) Grant - will end in August 2013. In the past, these grants have been focused on education and quality improvement initiatives. • New EMSC TI Competitive Grant Opportunity – the RFP is to be released in January 2013. This grant is focused on prehospital research and education. We’ve begun to brainstorm, but are open to any other ideas. Sue Fuchs commented that IL EMS data is not in good shape, which causes a problem with doing any research. Not everyone is submitting NEMSIS data consistently. It is best not to focus on procedures since providers do not perform many procedures on kids in their practice. EMR has to be done at a system level which is difficult to enforce and is expensive. Idea: Improve pediatric competency training for prehospital providers. Dr. Gaines suggested asking Dan Lee what data is currently being collected. 	
Pediatric Preparedness Workgroup (Disaster Preparedness)	<p>Laura Prestidge reported:</p> <ul style="list-style-type: none"> • Pediatric & Neonatal Surge Annex Update – Draft has been presented to state ESF-8 Workgroup. The Peds Annex will be incorporated into the state ESF-8 plan. Laura and Evelyn will begin presenting the draft around the state in January to build awareness and get feedback (including CAH input). Changes and recommendations will be reviewed during the main committee meeting in April 2013. All changes will be incorporated by the end of June 2013. • JumpSTART Triage Training Update – Recently, there were two trainings in Alton, and two trainings in Highland Park. All materials have been posted online instead of handing out flash drives. • Proposal to add START and JumpSTART algorithms to Ambulance Licensing requirements in Illinois EMS Administrative Code – In 2007, the state worked with MABAS to purchase a universal triaging system for mass casualty triage and adopted the SMART bag system thru Bound Tree Medical. Within the SMART bag, the JumpSTART algorithm was recommended by Illinois EMSC to be added as a replacement to the pediatric tape that came with the SMART bag. This essentially created an Illinois customized bag. Recently, the contract with Bound Tree Medical expired, so we are checking with them to see if the customized “Illinois” bag is still available. Region 4 providers recently attended a SMART training in Missouri that demonstrated use of the SMART pediatric tape instead of the JumpSTART algorithm. EMSC plans to send out a reminder email to all EMS systems to review the difference between the customized “Illinois” bag and the regular SMART bag. To ensure that the START/JumpSTART algorithms are available, it would be useful to add algorithms to IL ambulance requirements. Evelyn had discussed this with Jack Fleeharty who noted that we need to ensure we are not endorsing a specific vendor, i.e. SMART system. Wording idea: “START and JumpSTART compatible system.” Sue Fuchs said that Lou Romig (who developed JumpSTART) is now recommending the SACCO Triage Method since JumpSTART was never validated. A case could be made that any other system could be considered compatible with JumpSTART. The Pediatric Preparedness Workgroup already reviewed and does not recommend SALT; it does not have a pediatric component. It was identified that START and 	FYI

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	<p>JumpSTART are resource algorithms, and are not a product such as the SMART bag. The Pediatric Prehospital Committee will be convened in early 2013, and will look into this further.</p> <ul style="list-style-type: none"> • Care Guidelines – The Standards of Care subcommittee has been developing care guidelines. They are working on blast injury and pandemic. The Pediatric Care Medical Specialist subcommittee has been developing the components for the “Pediatric Care Medical Specialist” role and developed a Job Action Sheet (example was reviewed). The subcommittee will develop a just-in-time training. <ul style="list-style-type: none"> ○ Resource Allocation – The Resource Allocation subcommittee has been developing resource allocation guidelines. Guidelines can be utilized on a hospital or on a state level by the “Pediatric Care Medical Specialist” during a large scale disaster where the number of pediatric casualties outnumber the pediatric resources. The chart is broken down by resource type (staff, space, supplies, system), strategy category (prepare, substitute, adapt, conserve, re-use, re-allocate) and event response type (conventional, contingency, crisis). 	<p>Send comments/suggestions to Laura lprestidge@lumc.edu</p>
Education	<p>Chris Kennelly reported:</p> <ul style="list-style-type: none"> • School Nurse Emergency Care (SNEC) course – The next SNEC course will be January 3-5, 2013 at William Rainey Harper College in Palatine, Illinois. • School Health Days update – these events concluded on November 16, 2012. Illinois EMSC exhibited at five sites with a total enrollment of 856 school nurses. We also exhibited at the Illinois Association of School Nurses conference which had 204 attendees. School nurses continue to voice enthusiasm for the SNEC course. They also are concerned about the statewide movement to reduce their employment in schools, and the use of assistive staff in their place. • <i>Pediatric Pain Management in the Emergency Setting</i> educational module – Module has been finalized for 2 contact hours. The narration is currently being recorded by the same voice talent used for the other educational modules. • EMS Webcast – Alabama EMSC and the Alabama Department of Public Health will host the webcast "Protecting Our Children: Recognizing Child Abuse" from 12:30 pm - 2:30 pm (Eastern) on January 15, 2013. This presentation will discuss child abuse in terms of statistics, risk factors, and pattern recognition while also demonstrating how one can assist in determining the differential diagnosis of accidental diagnosis versus abusive injuries or illnesses. The On Demand webcast will be available on the Alabama Public Health Training Network on January 17, 2013. • Simulation Training Materials in India – Trent Reed, DO, FACEP (LUHS) shared an email that described his participation in a "Simulation Training in Health Care - Train the Trainer Conference" at the Tamil Nadu MGR Medical University in Chennai, India on November 17th and 18th. He referenced his experience EMSC Pediatric Mock Code Train-the-Trainer workshop while in India. He gave six lectures and was part of two panel discussions. Four of the lectures pulled heavily from the material on the EMSC Web site. Our materials have gone international. 	FYI
Facility Recognition Committee	<p>Sue Fuchs and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> • Illinois EMSC letter regarding 2011 Edition A Broselow™ tape – a letter was sent out that reviewed the differences with the new version of the tape. EMSC recommends use of the new version of the tape rather than older versions. Edition A tape lists Atropine ETT dosing; however AHA PALS de-emphasizes use of endotracheal medication administration. EMSC supports the AHA PALS guidelines. 	FYI

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	<p>The letter encourages hospitals and EMS Systems utilizing the 2011 tape to share and discuss findings thru a formal multidisciplinary process, and address variations in practice protocols and guidelines.</p> <ul style="list-style-type: none"> • IDPH memo re use of Tdap vaccine instead of Td vaccine in EDs/Urgent Care Centers – Evelyn wanted to ensure all are aware of this recommendation. In 2012, there were over 1400 pertussis cases in Illinois. • EDAP/SEDP rules changes – Per Paula Atteberry, EMSC changes to Appendix O and L were adopted thru JCAR (minor changes). Other minor wording changes in the PCCC/EDAP sections were also adopted. In the future, the term “waiver” will be changed to “alternate criteria.” However, the term “waiver” will continue to be used for equipment waiver requests. • Region 11 <ul style="list-style-type: none"> ○ Site surveys were conducted in November – December 2012; One PCCC survey is still pending • Regions 1 & 10 <ul style="list-style-type: none"> ○ Region 1 & 10 applications are due by February 1, 2013 ○ Surveys to be scheduled in the Spring/Summer 2013 • Region 9 <ul style="list-style-type: none"> ○ Educational session will be conducted on February 13, 2013 at Advocate Lutheran General Hospital ○ Surveys to be scheduled – Fall/Early Winter 2013 • Current participation in facility recognition (106 hospitals) <ul style="list-style-type: none"> ○ PCCC/EDAP level = 10; EDAP level = 81; SEDP level = 15 ○ Note: In 2009, 90.1% of 0-15 y/o admissions to PCCC, EDAP, or SEDP facilities (Source: Illinois Hospital Assn. Compdata) • EMSC Targeted Issue Grant (2010-2013) <ul style="list-style-type: none"> ○ EMSC Townhall report presentation on December 13, 2012 – Evelyn, Dan, and Kathy presented a brief progress report on the current TI grant. There were no follow up questions from the federal HRSA/EMSC representatives. ○ Mobilizing for Action thru Planning and Partnerships (MAPP) resource – Kathy reviewed plans to develop planning tools/resources relevant to states’ work in developing their facility categorization program. MAPP is an example of a strategic planning guide that will be used as a template. ○ Data review – Dan reported that he is principally looking at secondary data sources, such as statewide ED data. Preliminary regression results for CT scan use focused on head CT scan use for mild head injuries. Dan is working with an epidemiologist at Loyola to build a model that compares recognized facilities (all of whom participated in the EMSC mild pediatric head injury QI module) to non-recognized facilities, while controlling for confounding variables (patient, facility, and provider characteristics). For example, as injury severity goes up, the chance to get a CT increases. Numbers overall have been consistent with PECARN data. While controlling for all confounding variables, Facility Recognition participation is associated with lower CT use. Findings are interesting based on Medicaid and race characteristics; it may be parental request influencing the higher use of CT scans. Disparities in care come up on this data. Sue Fuchs commented that kids under the age of 2 are still getting more CT scans. Tom Willis commented that heightened awareness of concussion in contact sports may be increasing the parental pressure to do a CT in older kids as well. 	

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Data Initiatives	<p>Ruth Kafenszok provided an update report on the following EMSC data activities:</p> <p><i>Illinois EMS Data Reporting System:</i></p> <ul style="list-style-type: none"> • Mortality data – Issues of consistency of statistics with 2008 mortality data have been resolved (six records caused the problem). EMSC data staff worked with IDPH Vital Statistics and Center for Health Statistics to identify and resolve the issue and a new data set has been requested. On Nov 21, 2010 the ongoing investigation to identify the technical problem generating inconsistencies in the data we received was concluded. A technical problem in the extract program was identified. • Hospital Inpatient/Outpatient data – During October and November, EMSC data staff reviewed its data agreements with IHA and revised the data request. The data request was approved; data was received this week. New data consist of the 2011 IHA data sets for both inpatient and outpatient data. • Crash Report – 2011 Data has been received in early November 2012 • Trauma Registry – MOU agreement renewal has been finalized and approval is in progress. Data agreement will be valid for a 5-year span, including calendar years of data from 2011 to 2015. <p><i>Traffic Crash “Quick Facts” Fact Sheets:</i></p> <ul style="list-style-type: none"> • Yr 2011 fact sheets are pending initial data quality review of the Crash Report data. <p><i>Data Quality Studies:</i></p> <ul style="list-style-type: none"> • The studies initiated last cycle, are continuing during this new cycle. EMSC objectives are to support IDOT’s CODES program through the following special studies: <ul style="list-style-type: none"> ○ Assist the CODES program in devising a strategy to obtain missing information on selected key data elements for fatal crash records based on data potentially available in health/medical databases. Current focus is on Blood Alcohol Content values from the ITR. Progress: <ul style="list-style-type: none"> ○ Agreements between IDOT/CODES and ITR have been reviewed, and needed amendments identified. CODES director and ITR administrator are discussing agreement update to accommodate the data needs of this project. ○ Several conference calls have taken place between CODES director and EMSC data staff to determine the logistics of the project and the project’s traffic records data needs ○ EMSC data staff met with IDOT Crash Investigation/FARS staff on Dec 4, 2012 to determine the FARS-specific data needs for the project and get an understanding of the flow of data entry in the FARS system. Obtaining FARES data is a complex process. Final FARS data evolves from specific data collection steps. Those need to be clearly outlined to determine the point in data collection process in which augmenting data is most efficiently accomplished. 	FYI
Quality Improvement	<p>Kathy Janies reported:</p> <ul style="list-style-type: none"> • Online Education – Both the Pediatric Seizures and Pediatric Hyperglycemia and Diabetic Ketoacidosis (DKA) modules are available on the new www.PublicHealthLearning.com Web site. As of today, 240 professionals have taken the Pediatric Seizure module (212 RN, 21 EMS, and 7 MD). 155 have taken the Pediatric DKA module (140 RN, 12 EMS, and 3 MD). The modules are getting good content feedback, but the Web site is still somewhat difficult to navigate when taking the course quiz and completing the evaluation. EMSC staff will work with PublicHealthLearning.com staff to improve student interface. • Regional QI Update <ul style="list-style-type: none"> ○ Region 1: The pediatric sepsis indicator tool has been finalized and coordinators will use it for 	FYI

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	<p>review medical records of pediatric ED visits taking place from July through December of 2012.</p> <ul style="list-style-type: none"> ○ Region 2: Protocols for child abuse and neglect were discussed. Regarding the rehydration project, facilities can decide how best to incorporate materials into their discharge instructions. ○ Region 3: Fluid and pain management for appendicitis cases was discussed. Also the region will develop an indicator for the management of long bone fractures. ○ Region 4: A brief study was performed together with two tertiary hospitals in St. Louis regarding pediatric patients transferred for head injury. Region 4 invited local coroners and police representatives to the meeting to discuss parents' rights to go into a child's room in cases of suspected abuse. The representatives could not attend the meeting and will be rescheduled. ○ Region 5: An algorithm for the management of pediatric chest pain was previously prepared by Washington University St. Louis Children's Hospital for distribution within the region. ○ Region 6: Coordinators are reviewing child abuse screening tools and protocols for indicator development. ○ Region 7: Child abuse screening was reviewed; however, data were lost so reviews will need to be re-submitted. ○ Region 8: An indicator regarding extremity injury pain management was performed, with opportunities to improve found in the use of pain scales and reassessment. ○ Region 9: Two quarters of nursing documentation were submitted regarding pain assessment, pain reassessment at disposition, and decrease in the level of pain. These data will serve as a baseline for future reviews. Screening for child abuse was also revisited as an indicator topic. ○ Region 10: Child abuse screening is being reviewed. Also, proper prehospital immobilization on arrival at the ED was discussed. ○ Region 11: Discussion was held regarding pediatric trauma patients being taken to the appropriate facilities. Also, work with pain management was discussed, including education about the FLACC scale and reassessment and efforts to implement QI peer auditing. <ul style="list-style-type: none"> ● Pediatric Publications Update – The article “Current Variability of Clinical Practice Management of Pediatric Diabetic Ketoacidosis in Illinois Pediatric Emergency Departments” has been published in the December 2012 edition of <i>Pediatric Emergency Care</i>. 	
EMS Region 4 Coalition	Per Evelyn - Scott Tiepelman sent an update that Region 4 EMSC conference will be on March 2 nd , 2013 at Anderson Hospital. Topics covered will be: trauma, investigative child abuse, neurotrauma, and street drugs. Evelyn will forward the flyer after the meeting.	FYI
2013 meeting schedule	<ul style="list-style-type: none"> ● 2013 Meetings (All meetings from 10:00am – 12:00pm at the Illinois Hospital Assn) <ul style="list-style-type: none"> ○ Friday, March 1, 2013 ○ Friday, June 7, 2013 ○ Friday, September 27, 2013 ○ Friday, December 20, 2013 	Meeting reminder will be emailed
Adjournment	Meeting was adjourned at 11:45 am. Evelyn will send out a formal meeting invitation to populate on online calendars.	None

Meeting minutes submitted by K. Janies & E. Lyons