

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY BOARD
Meeting Minutes
September 27, 2012

Present: Paula Atteberry, Mark Cichon,* Darcy Egging,* Susan Fuchs (Chair), Sam Gaines, Jeanne Grady, 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: Bonnie Salvetti, Herbert Sutherland, Kathy Swafford, Scott Tiepelman, Carolynn Zonia

Absent: Jessica Choi, Young Chung, Kim Gudmunson, 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 06/29/12 Meeting Minutes	Minutes from the June 29, 2012 meeting were reviewed and approved	Minutes approved
Announcements/ Updates	<p>The following announcements/updates were reviewed:</p> <ul style="list-style-type: none"> Open Meetings Act Training – since these are open meetings, announcements are posted on the IDPH Web site. The Public Access Counselor’s Office’s OMA electronic training is available free of charge at: http://foia.ilattorneygeneral.net/electronic_foia_training.aspx. Thanks to everyone for completing the annual ethics training. EMSC Web Site Redesign – Evelyn reviewed plans to redesign the EMSC Web site to make navigation more intuitive and give the site a facelift. The main links will be based on the intended audience (i.e., Hospital, Prehospital, School, Family/community) and heavily trafficked topics (i.e. Education and Data). We worked with a group of home-schooled kids and their parents to pose for ED/EMS clinical photos for use on the Web site and our display. In addition to the main links, we plan to include 3 links in the header section: “About Us” “Calendar” and “Contact Us.” The main links will include drop down menus to display what is covered in that section. Evelyn briefly reviewed proposed information under each main link. Family/community is an area that we haven’t focused on in the past, but is strongly encouraged by federal EMSC. This section would link to the Illinois Hospital Report Cards for families to learn about their local hospitals (IL EMSC designation is included as a feature of the Report Card). Education would include a link to the UIC PublicHealthLearning Web site, links to national courses, and other online educational opportunities. The Data link will house data reports our program has published, and highlight the importance of data from a surveillance perspective. Data will also include links to public data sites (e.g. Illinois crash reports), program measures and quality improvement projects. Mike Wahl asked if Google Analytics will be used to trend the pages being looked at. Dan confirmed that we will use Google Analytics to look at trends, page views, etc. The new site will include search function capabilities. National EMSC Updates <ul style="list-style-type: none"> National EMSC Pediatric Readiness Project – Each acute care hospital will be surveyed to see if they are ready to take care of kids. Each EMSC State Manager has been asked to promote this project, and provide a list of contacts. The data is being collected by NEDARC. Each hospital 	<p>FYI All – Complete online training and forward your completion certificate to Evelyn Lyons</p> <p>Send any new announcements to Evelyn Lyons for future meetings</p>

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	http://hsc.unm.edu/emered/PED/emsc/training/course.shtml <ul style="list-style-type: none"> Other educational opportunities at http://www.luhs.org/emsc/special.htm 	
IDPH, Division of EMS & Highway Safety Report	<p>Sam Gaines reported:</p> <p><i>Trauma Update:</i></p> <ul style="list-style-type: none"> Trauma funds were distributed, including hospitals in Regions 4 and 5 that are Non-Trauma Centers. Trauma Center funds were down by approximately \$1 million due to lower fine collections. Non-Trauma hospitals in Region 5 received over \$10 -15K per hospital; Region 4 received over \$16K per hospital. This month, a site visit was completed for St. Mary's Hospital (Evansville, Indiana) for Level 2 designation. St. Catherine's Medical Center (Pleasant Prairie, Wisconsin) has been approved as a Level 2 Trauma Center and participates with the North Lake EMS System as an Associate EMS Hospital. <p><i>Legislative Update:</i></p> <ul style="list-style-type: none"> EMS House Bill 5880 (HB5880) was signed into law which created a Provisional First Responder who is between 16 to 18 years old. IDPH has drafted Rules to meet the requirements of HB5880 which includes Provisional First Responder, Alternate Rural Staffing Provisions, and changes to the Responding-to-the-Scene Requirement. <ul style="list-style-type: none"> These draft Rules are currently being reviewed by Legal; will be sent to the Governor's Office, and then to the EMS Advisory Council. Additional Rule changes that address Ambulance Vehicle requirements and some EMSC changes and technical clean-up have also been sent to legal for review. Due to Senate Bill 3261 (SB3261) being shelved, the Spring Legislative Session, SB3261 will have to be re-sponsored during the Spring 2013 Legislative Session to address the adoption of the new education standards. This has resulted in the delay of the new education standards for at least one year. <p><i>Education and Testing:</i></p> <ul style="list-style-type: none"> Test writing committees for the EMT Basic Test under the new education standards is ongoing, and is very close to completion. These committees will work on the Paramedic Exam next. The State will be sending out a Request for Proposal for a testing contract vendor for the fiscal year 2013. Veterans Affairs: The Division of EMS is working with the Department of Veterans Affairs on evaluating the difference between the new education standards and the courses conducted by the four branches of the 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. <p><i>EMS Grants Update:</i></p> <ul style="list-style-type: none"> The Department has received, reviewed, and distributed the 2012 EMS Assistance Grant to the grantee applicants. The Department received 78 applications requesting over \$255,000 and has awarded 47 grants totaling just under \$100,000. <p><i>Heartsaver Grants:</i></p> <ul style="list-style-type: none"> Funds were restored for the 2011 Heartsaver Grant. Applicants waiting payment were forwarded correspondence for how to apply for reimbursement through the Court of Claims. No Heartsaver Grants were issued in the 2012 period due to the funds not being allocated. The Department was able to 	FYI

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	<p>announce the FY2013 Heartsaver AED Fund Grant. Applications are due by October 12th, 2012.</p> <p><i>EMS Run Data System:</i></p> <ul style="list-style-type: none">EMS Data Subcommittee and workgroup have continued to meet and work on standardization recommendations regarding EMS Data Collection within the State. Recommendations will be forwarded to the EMS Advisory Council. <p><i>Hospital Bypass System:</i></p> <ul style="list-style-type: none">The IDPH Hospital Disaster Preparedness Program is looking at enhancements for the Hospital Bypass system. This summer, the System was utilized successfully during periods of excessive heat in Chicago. The system was also well-utilized for ED capacity monitoring during the NATO Summit in Chicago. <p><i>Licensing Fee Implementation:</i></p> <ul style="list-style-type: none">The State continues to work on its on-line fee payment system which so far has been very successful. Starting September 1, all licensees will be required to pay fees for licenses (new and updates). <p><i>Hospital Preparedness Program (HPP):</i></p> <ul style="list-style-type: none">HPP has been awarded \$10,936,885 for continued support of hospitals participating in the Program. The funding will be used to improve preparedness activities among coalition partners, and to help protect healthcare system recovery after a disaster or event. <p><i>Investigations:</i></p> <ul style="list-style-type: none">The Department has been engaged in multiple investigations of which many are still open and ongoing.	
EMSC State Partnership Grant	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none">New competitive grant (due date 9/26/2012) – Focus is to work to achieve the ten performance measures (PM). Within each PM are related objectives. PM 74 has been achieved via Facility Recognition. Some PMs are still unmet, for example: PM 73 mandates an essential list of equipment and supplies on ambulances. IDPH only mandates BLS equipment and supplies. Higher level requirements are defined by the EMS System. To comply with PM 73, EMSC will work with EMS System Coordinators to gain cooperation to include the needed equipment on board. EMSC will conduct another needs assessment next year with EMS agencies and hospitals. For PM 75, 50% of Illinois’ hospitals met this requirement. Currently, Illinois’ trauma system includes 60% of the state’s hospitals. However, we need to reach 95% of our hospitals to meet the PM 75 target. This target isn’t reasonable with our current Level I and II trauma system. At this time, all trauma centers meet the EDAP and PCCC requirements. Thanks to Dan and Ruth for data support, and thanks to various organizations that provided letters of support (e.g., IDHS, IDPH, ICEP, LUHS, IHA, IDOT, Illinois Fire Chiefs Association, parent representative, etc.).Four-year funding cycle, \$130,000/annually<ul style="list-style-type: none">Grant budget<ul style="list-style-type: none">Personnel\$58,511.88Fringe Benefits (30.7% medical faculty; 29.6% staff)\$17,418.35Travel (EMSC program meetings, state for education)\$ 8,153.71Supplies (Office Supplies, Educational Manuals, Postage)\$10,150.00Other (Printing, Site Surveyor stipend/honorarium)\$ 8,941.00Indirect Charges (26%)\$26,825.48TOTAL\$130,000.43	FYI

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Pediatric Preparedness Workgroup (Disaster Preparedness)	<p>Laura Prestidge reviewed the following:</p> <ul style="list-style-type: none"> • Pediatric & Neonatal Surge Annex update –The Meeting Report for the Pediatric and Neonatal Surge Annex Planning Committee meeting from June 28, 2012 was provided which reviews details of what the 4 committees from last grant year accomplished to date and the next steps for this year. Three subcommittees have been established to continue work on the Annex. The <i>Peds Care Medical Specialist</i> will develop a job description and work with ICAAP to recruit physicians for the role. <i>Resource Allocation</i> will establish guidelines for how to perform resource allocation if it became necessary to do so in a disaster. <i>Standards of Care</i> will continue to establish care guidelines for blast injuries, burns, radiation exposure, and pandemic. • JumpSTART Triage Training Update – During the recent site surveys in Regions 4 and 5, it was noted the need for JumpSTART training. Region 5’s course was held on September 12th (Fairfield Memorial Hospital). Other upcoming dates are as follows: <ul style="list-style-type: none"> ○ EMS Region 4 on Tuesday, November 27th at Saint Anthony's Health Center (Alton) ○ EMS Region 10 on Monday, December 10th at Highland Park Hospital (Highland Park) 	<p>FYI</p> <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 report – A 2012 SNEC course report was reviewed. There were seven SNEC courses conducted in 2012 with a total of 230 attendees. The report also provided a summary of the course evaluations (average rating by objective and presenter for each site). • School Health Days update – The 2012 School Health Days Conference provides updated information to school health personnel regarding issues such as immunizations, communicable disease, and oral health update. Chris will attend each of the 5 location sessions. • Pediatric Mock Code Train-the-Trainer Workshop – EMSC conducted one Train-the-Trainer workshop in each of the 11 regions between March – August, 2012. The program, handouts, and videos are also posted on the Illinois EMSC Web site. Starting September 15th, every workshop participant is being asked to complete a six-month survey reflecting the impact the program has had in their facility. This same participant pool will be surveyed again at the 12-month mark. Thanks to co-presenters: Susan Fuchs, Parul Patel, and Trent Reed. Mike Wahl asked if there are future regulatory expectations that hospitals should do a certain number of pediatric mock codes. Evelyn said there is no regulatory expectation at this time. The workshop was intended to address barriers and encourage more mock codes. We are looking at the follow up surveys to see how effective the workshop was. The workshop promotes program building that should encourage conduction of more mock codes. The workshop also provides resources to help address barriers at a minimal cost. Mike asked about future plans, and identified potential issues with workshop attendees actively taking the next step to conduct pediatric mock codes. Chris said this concern is why the follow up survey should help understand what was effective and what could be improved. • DRAFT Pediatric Pain Management in the Emergency Department module – the revised module was briefly reviewed. The response was positive; no specific edits were suggested at this time. 	<p>FYI</p> <p>Send comments to Chris Kennelly (ckennelly@lumc.edu)</p>

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Facility Recognition Committee	<p>Carolynn Zonia and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> • EDAP/SEDP rules changes – Regions 4 and 5 were the first to go through renewal based on the new rules. There has been push back on some items, particularly the requirement to weigh pediatric patients using kilogram-only scales. We have been flexible in accepting action plans to meet the requirement. Region 11 hospitals have not identified issues at this point. • Region 11 <ul style="list-style-type: none"> ○ Site surveys are pending scheduling November – December 2012 • Regions 1 & 10 <ul style="list-style-type: none"> ○ Region 1 educational session is scheduled for Oct. 15, 2012 at OSF Saint Anthony, Rockford ○ Region 10 educational session is scheduled for Nov. 12, 2012 at Advocate Condell, Libertyville ○ Surveys to be scheduled in Spring/Summer 2013 • Current participation in facility recognition (106 hospitals) <ul style="list-style-type: none"> ○ PCCC/EDAP level = 10; EDAP level = 82; SEDP level = 14 ○ 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"> ○ Visualization Model demonstration – Dan reviewed the Web based model that helps communicate the information that was collected and analyzed from the 4 participating states. Chris suggested archiving information if it gets updated. The structure is very flexible - can add more categories, more states, re-name information, etc. We can allow outside users to enter data. Sue Fuchs said they are going to use some of this data for an upcoming Connecticut EMSC visit. 	FYI
Data Initiatives	<p>Ruth Kafensztok provided an update report on the following EMSC data activities:</p> <ul style="list-style-type: none"> • <i>IL EMS Data Reporting System</i> – Ruth briefly demonstrated how to query using the data reporting system. As of July 2012, the following data sources were updated: Illinois Trauma Registry (2008-2010); IDOT Traffic Crash (2010); IHA Hospital Discharge (2010). <ul style="list-style-type: none"> ○ In progress: The 2008 Mortality data has been reviewed and processed for the web application. But, there are some issues with consistency of information, given the new layout of the file. EMSC data staff working with IDPH Vital Statistics and Center for Health Statistics to identify and resolve the issues. EMSC finished a pilot study with hospital discharge data from IDPH's Hospital Discharge program to study possibly replacing the Reporting System hospital discharge query with IDPH originated data. The program's director has reviewed the findings; we are waiting for a new test data set to move forward with additional tests. Initial tests show that the data is comparable, and inconsistencies can be explained by the differences in each data source. • <i>Traffic Crash "Quick Facts" Fact Sheets 2010</i> – 11 fact sheet style reports with tables and graphs providing general profiles for populations of interest using information from the Traffic Crash database are available on both the Illinois EMSC Web site and IDOT Web site. • <i>Data Quality Studies</i> – The aim of these studies is to develop an in-depth systematic review of databases that can assist in the study of motor vehicle-related injuries and their outcomes. EMSC objectives in this area have been to support IDOT's CODES program through the following special studies: Assist the CODES program in devising a strategy to obtain otherwise missing information on selected key data 	FYI

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	<p>elements for fatal crash records based on data potentially available in health/medical databases. Current focus is on Blood Alcohol Content (BAC) values from the Illinois Trauma Registry.</p> <ul style="list-style-type: none"> Progress: EMSC data staff is working on a protocol for the second phase of the project, with plans to discuss this and project scope with the ITR administrator. The project is moving to its 2nd year with a data linkage component, which might require a new data sharing agreement. In August, EMSC, ITR and IDOT staff met to determine the data needs for the linkage project. Agreements are currently being revised to accommodate this project. 	
Quality Improvement	<p>Kathy Janies reported:</p> <ul style="list-style-type: none"> <i>Online Education</i> – Kathy briefly stepped through the process of registering and enrolling in the Illinois EMSC courses on the revamped www.publichealthlearning.com Web site. The courses are free, and open the public. At this time, the Pediatric Seizures course is the only one available on the new Web site. It is being offered for 1.5 contact hours (through the Illinois Department of Public Health, Division of EMS & Highway Safety). Pediatric Hyperglycemia and Diabetic Ketoacidosis (DKA) module has been approved for 3.0 contact hours; and should be available on the Web site in the near future. <i>Oral Rehydration Patient Education Tool</i> – Kathy reviewed the revised version of this patient/parent educational resource. Suggested changes: Move the “what to expect” section to follow the introduction. Add a statement about starting with a “bland diet” to ease the child into the normal diet. Add rehydration instructions for a child with diarrhea. Provide more examples of appropriate rehydration fluids and separate into “For kids under 1 year,” “For older kids.” Change “Primary Care Physician” to “Primary Care Provider.” This document will be reviewed with the other oversight committees, and then returned with comments to Region 2 for further revision. <i>Pediatric Publications Update</i> <ul style="list-style-type: none"> Accepted to <i>Pediatric Emergency Care</i> - Kennedy E, Hageman J, Lyons E, Leonard D, Janies K, Duck S, Fuchs S. <u>Current variability of clinical practice management of pediatric diabetic ketoacidosis in Illinois pediatric emergency departments.</u> Poster accepted to <i>2012 AAP National Conference & Exhibition</i> -- Patel P, Lyons E, Kennelly C, Leonard D, Prestidge L, Janies K, Fuchs S. <u>An assessment of Illinois hospitals’ emergency department pediatric mock code/simulation practices and needs.</u> 	FYI
EMS Region 4 Coalition	No report was given	FYI
2012 meeting schedule	2012 Meeting Dates scheduled as follows: Thursday, Dec 20th	Meeting reminder will be emailed
Adjournment	Meeting was adjourned at 12:15 pm	None

Meeting minutes submitted by K. Janies & E. Lyons