

**EMS Advisory Council**  
**Meeting Minutes**  
September 6, 2012  
Department of Natural Resources, Springfield

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**Call to order, Mike Hansen at 11:00am**

**Roll Call & Approval of Minutes**

Mike Hansen announces new nominations to the Advisory Council: Greg Scott, Region II, and Dr. Kenneth Pearlman, Region XI; awaiting confirmation (no vote).

Present: Dr. Stephen Holtsford, George Madland, Connie Mattera, Doug Sears, Ralph Graul, Mary Ann Miller, Mike Hansen, J. Thomas Willis, Jim Rutledge, David Loria, Greg Scott, Randy Faxon, Brad Robinson, Don Davids, Dr. Jack Whitney, Dr. Kenneth Pearlman.

Mike Hansen announces that we have a quorum.

Absent: Dr. Glenn Aldinger, Dr. Richard Fantus, Leslee Stein-Spencer, Kathleen Schmidt, Kevin Bernard, Dr. Herb Sutherland

Proxy Votes: Dr. Glenn Aldinger gave proxy to Mike Hansen; Leslee Stein-Spencer gave proxy to Mary Ann Miller.

Mike Hansen presents the minutes of last meeting held June 6, 2012; motion to approve made by J. Thomas Willis; seconded by Dr. Stephen Holtsford. No questions; no oppositions; no abstentions. Minutes are approved.

Dr. Lawrence Miller arrived after roll call; Mike Hansen announces he will be shown as present and forwards Dr. Miller his appointment-approval letter from the Director, LaMar Hasbrouck, MD, MPH (Donald Davids, David Loria, Bradley Robinson give their approval letters before start of meeting).

**Illinois Department of Public Health Report, Division of EMS Report—Jack Fleearty:**

Newest staff member introduction: Greg Atteberry, Region IV REMSC.

Legislative Update: HB5880 signed into law (creation of provisional First Responder between age 16-18); IDPH has drafted rules to meet the requirements of HB5880 (includes Provisional First Responder, Alternate Rural Staffing changes, and changes to the Responding to the Scene requirement); draft rules currently at legal; will go to Governor's Office then will be presented to EMS Advisory Council. Additional rule changes regarding vehicle requirements and EMSC changes are at legal for review. SB3261 (new education standards bill) was shelled out, not ran; IDPH re-proposing new education standards bill this spring.

Education and Testing: EMT Basic test writing under new education standards is on-going and

close to completion. Connie Mattera will report more extensively on test writing later. Continental contract nearing its end, IDPH will be initiating an RFP this year for a new testing contract—hoping to move to computer-aided testing in future.

Veterans Affairs: Division of EMS is working with Veterans Affairs evaluating the difference between the new education standards and their training curriculum of the four military branches of service; upon completion there will be assistance for veterans returning from Iraq and Afghanistan. There is a Veterans Administration bill currently in place which allows IDPH/EMS to evaluate veterans' education they've received on a one-on-one basis; REMSCs Irene Wadhams and Linda Angarola assisting with this evaluation project.

EMS Grants: IDPH has received and reviewed the 2012 EMS Assistance Grants; correspondence will be distributed in the near future.

Heartsaver Grants: Funds were restored; Paula has sent out correspondence explaining how to apply for reimbursement through Court of Claims.

EMS Run Data System: EMS Data Subcommittee and its workgroup continue to work on standardization recommendations regarding data collection within the State and will be forwarding to the EMS Advisory Council in the near future. We're NEMSIS compliant now; majority of vendors submitting more data; researchers are looking at it more.

By-pass System: We're working with the Disaster Preparedness Program to enhance By-pass; used successfully during summer when excessive heat became problematic. Very close to real-time monitoring. System used during NATO, H1N1, and floods in 2011..

EMSC Program: School Emergency Nurse courses conducted throughout summer; Surveys continue to be conducted of hospitals that participate in the Pediatric Facility Recognition Program; Region XI surveys will be conducted November and December of 2012; education will begin in Regions I and X, those can expect their surveys in spring and summer of 2013. EMSC workgroup is in the process of preparing a Pediatric Surge Annex. They will produce a guide useful in event of a disaster regarding children. Very close to completion and will be distributed to hospitals throughout the State.

Licensing: On-line fee payment system successful; effective September 1, 2012; the 16 new forms are backed-up at CMS; the new state (PDF-fillable) forms will make on-line fee system easier.

Jack will be providing follow-up correspondence regarding final changes. Security needs tightened on GL Suites—System Coordinators will see some changes, (e.g. all duplicate license requests must come into the office); Jack will try to get correspondence out to systems.

Investigations: Several open and ongoing.

Randy Faxon asks if forms can be sent out? Jack says they'll be on the web only (when CMS posts them) to prevent unauthorized modification of the forms.

Mike Hansen asks if there are any further questions.

## Committee Reports:

Legislative and Planning: No report, per Mike Hansen,

EMS Rules and Regulations: No report, per George Madland.

State EMS Protocols—Annie Moy: Stated they had a meeting on June 25 at Superior Ambulance and discussed updates to Protocols presented by southern Illinois; hypothermia, spinal, drowning, chest pain; they are working on finalization. The Field Triage Criteria was approved by their subcommittee; Mary Beth Voights will be presenting at Trauma Advisory Council Meeting later that day. Annie says the subcommittee meets again October 29, 2012.

Jack Fleeheart takes the floor and on behalf of the State thanks her for her service and her success as Council Member representing Region XI (applause). Mike Hansen states Annie Moy will still be the chair of the State EMS Protocol Subcommittee, with help of Mike Hansen and Mary Ann Miller as co-chairs. Mike thanks her again.

EMS Data—Mike Hansen: Dan Lee has set up four committees; Dan is keeping all on task and looking at next Council Meeting to review recommendations and specific goals for each committee. This group working will likely become the true EMS Data Committee for the State. If anyone wants to be on committee; please let Mike know.

EMS Education—Connie Mattera: Refers to hard copy report she's distributed; continues to work through redesign of curriculum; states she's had many questions regarding **what** to teach, **how**, **where**, **who** should teach, and **how to measure**. New curriculum not so prescriptive. YOU get to pick depth and breadth.

**What**: New education standards just give you topics; YOU decide what to cover. Objectives not handed out; YOU have to write them. There are educator guidelines, but not requirements. CREATE curriculum across all three domains of learning; if you're struggling in the affective domain, call Connie and she can guide you.

**How**: Trying to get away from lecture-style teaching as being only tool utilized. All accreditors are looking for some instructor-centered activities, but heavily focused on student-centered activities--making your students reason critically. Must show an ascending level-of-mastery. They took "technician" out of Paramedic title; no one will be defined by what they can do, but by how they think, process information, and perform. Moving from time-based to a competency-based world, showing how mastery is being measured and that they are road-worthy. By 2016, National Registry getting rid of individual skill stations for the practical exam at the Paramedic level, requiring a team-assessment in simulation; must build portfolios on how this competency is built. You are doing now, but disjointedly using lab sheets, hospital clinical forms, field internship forms, etc.—CoA wants to see portfolios. Resubmission of portfolios will get them re-certified at the National Registry level. CoA will want to see portfolios in order to reaccredit your program. This was just presented the second week in August--Connie will tease apart to show final outcome and will eventually distribute.

**Who** should teach: What are the qualifications of the educators conducting these programs? Illinois is ahead because we've had Lead Instructor criteria. Evaluation and measurement are largest areas failed during programs review. Workshops to be done around Illinois in the future

to teach who and how to accomplish objectives.

Committee continues work on State exam banks; 2,028 questions reviewed over last five months: 1,129 questions revised; 592 were affirmed; 307 dropped altogether. She thanks committee.

EMTs finishing now under current curricula standards will be able to use new exam booklets.

Each item cited to a minimum of three textbooks/majority cited to five textbooks. At least three had to have same content—information should be well-known across continuum. Transition matrix created on August 8, 2012 took items that should be in new education standards and built into where they should fall into exam blue print; committee will meet September 17<sup>th</sup> & 18<sup>th</sup> to view new items up for approval until new exams are created based on new standards. Within a week of being done with EMT bank.

October and November scheduled dates to work on Paramedic bank of questions. Likely will have very similar proportions for questions that need fixed, affirmed, or thrown out. She'll release dates and welcomes lead instructors and program directors to participate. Our goal is after we get through review of old, they'll start review of where they need new questions. We're not doing anything with EMT-Is because we don't know what they'll look like; but we'll review the existing bank after Paramedic portion done. She notes that exams are not performing reliably since pass rates vary per site; exams need adjustment.

Paramedic Program Accreditation: Connie connecting folks with mentors. Dr. Nollette agreed to serve as a mentor; others will be available.

Re-defining continuing education; proposing the cut to hours but with it comes with making sure continuing education spans the whole curriculum and that competency measures have been implemented. Committee will be reporting in the future and they'll work with Jack Fleehty regarding changes/updates to Rules.

Lead Instructor Course dates for 2013: IC-1 scheduled for April 26-28, hopefully in Springfield; the Instructor II Course held May 18-21 in Bloomington; IC-1 scheduled June 21-23 in Moline; IC-1 scheduled October 11-13 at a north site (still needs confirmed).

Mike asks if there are any questions; he thanks the Education Committee for their great job.

Connie adds that there is an upcoming IC-1 at Parkland on October 19-21, 2012.

EMS Recruitment and Retention—Greg Scott: reporting from minutes taken at June committee meeting (August minutes not approved). Laura Kessel was present and provided update regarding the Governor's Rural Affairs Council; the Lieutenant Governor hosted six listening posts across the state in April and May to determine what issues are being faced by citizens in the rural communities. Report was compiled and presented to the Governor's Rural Affairs Council—now a subcommittee is working to provide “legs” to the report. You may ask Laura Kessel later, who is here, if you have questions.

HB5880 discussed at June committee meeting but it's been signed into law since; applauded passage for what it did for rural EMS providers. The need for dedicated funding for EMS as a whole was discussed in June—Mike may speak more on that later. June meeting included discussion on need for marketing campaign/Public Service Announcement to applaud efforts of EMS and what providers do for communities day-to-day; funding is needed. Committee looking at other states and their initiatives for ideas/examples. Rural Providers have frustrations; struggling to keep their doors open—5880 may bring some relief. Collaborate as a council, with legislators, and EMS as a whole, we may be able to identify ways to bring relief to the rural community. The next meeting is October 18, 2012, 10:00am via conference call.

Mike asks if there are any questions for Greg.

Mike says Task Force hearings heard problems rural EMS folks experience; may get worse before better. He visited three departments in the last month that are looking to get out of EMS. Funding is a big issue; some don't understand that ambulance districts can tax up to 30 million dollar limits—they're taxing at 8 million currently. These agencies have state-of-the-art equipment but don't have matched personnel to respond. We're trying to educate rural areas regarding what's available and what they can do. Comes down to a community standpoint what they're expecting, what they're willing to pay, and what personnel will make commitment. Anxiously awaiting Task Force Report to identify these and other issues; hopefully there'll be some relief coming.

Tactical EMS—Patti Lindemann (absent): No report, per Mike Hansen.

Emerging Issues—Mary Ann Miller: Met June 25<sup>th</sup>; minutes have not been approved. April 9<sup>th</sup> minutes contained in Members' packets; scheduled to meet on October 29<sup>th</sup>, 10:00am-1:00pm at Superior in Elmhurst. We will continue to work on a more dedicated process to deal with equipment/drug shortages and stroke and STEMI issues.

Mike asks if there are any questions. Mike commends Mary Ann Miller for work. Heart Rescue Project Report later a result of Mary Ann asking Dr. Eric Beck to approach Emerging Issues Subcommittee.

EMS Medical Directors—Dr. Jack Whitney: No report. At ICEP meeting, Jack Fleearty and he discussed plan to complete Stroke Advisory Survey and Scope of Practice Survey.

Mike asks if there are any questions.

State Stroke Advisory—Dr. Cheryl Colbenson: Met on July 24<sup>th</sup> in Champaign (ILEAS); presentation given by DNE regarding their stroke center certification program. We are 85% of way done with first revision of draft rules; will complete at their next meeting. IDPH will be sending out a survey monkey to EMS coordinators to get sample of what stroke tool agencies are using, what challenges they face, and demographic information to improve stroke areas. Next meeting is September 25<sup>th</sup>, 11:00am-3:00pm at the Morton Fire Department and they'll have the Joint Commission available to discuss their stroke certification program. November 15<sup>th</sup>, 11:00am-3:00pm, Morton Fire Department, the Healthcare Facilities Accreditation Program will discuss their stroke center certification program.

Jack Fleearty says the first stroke survey failed; they've fixed it and Jack will re-test and get it to Dr. Colbenson.

Mike asks if there are any questions.

**Illinois Heart Rescue Project Report—Mike Hansen presenting for Dr. Eric Beck:**

This report will be on the Agenda for next five years. A well-thought-out program looking to

increase resuscitation rates in Illinois; doubling it in next five-year period. Components reviewed include 911 to by-stander CPR; they had a kick-off meeting at the Chicago Fire Department that the Governor attended. Very inspirational/good public relations opportunity; a survivor of cardiac arrest and the medics who provided care present. Dr. Beck not present today but is part of group.

Mike asks for a motion to support the Illinois Heart Rescue Project; a motion is made by George Madland; seconded by Mary Ann Miller. Art Miller and Alex Meixner of the American Heart Association (AHA) are involved in this project and they are present today. AHA member stated same grant given to Minnesota where they've matched up schools with local CPR resources to train all high school students in state; funds from grant made it possible to implement a state-wide CPR graduation requirement. Mike announces that motion and a second has been made; all approve; no oppositions or abstentions; IL Heart Rescue Project will be alerted of approval of support. Mary Ann Miller requests a quarterly report; Mike states they will and they'll be present at future EMS Advisory Council Meetings.

### **Old Business:**

Strategic Plan Update—Jack Fleeharty: Strategic Plan produced October of 2010; over next couple years, he'll highlight what EMS is working on.

- Address interoperability issues between response partners, systems and among each provider.
- Develop and maintain dedicated EMS Communication Resources: Question from interested party, "What happened with Communications Committee?" Jack responded: D-Block was allocated by federal government to public safety; discussion ensues about this committee. Lieutenant Governor's Office spokesperson says they've been involved with discussions about FirstNet and preparing Illinois—just waiting for feds to answer; other interested party attendee says, "Instead of waiting, let's give input from our side." Jack says until he knows what direction feds will give to us, there's no point. Interested party attendee states there is seven billion dollars allocated.
- Develop processes for hospitals and alternate care facilities to utilize when activating their surge contingency plans.
- Work with the EMS Advisory Council to draft necessary amendments to the EMS Act and the EMS & Trauma Center Code to coincide with the new levels and titles of EMS providers as outlined through the National Highway Traffic Safety Administration (NHTSA).
- Promulgate rules to update the licensure and safety standards of the aero medical transportation program.
- Work with the EMS Advisory Council's Education Subcommittee to promulgate rules to implement the new education standards and scopes of practice.
- Develop minimum statewide EMS protocols at all levels of providers to ensure consistent delivery of optimal care across the EMS system.
- Secure funding to complete changes to the current ambulance licensure database to include reserve ambulance licensure requirements and the ability to print licenses.
- Develop mechanisms to assess compliance for Emergency Medical Dispatchers with current EMS regulations.

EMS Task Force Report—Jack Fleeharty: IDPH submitted report back to Representative Moffitt's office about three weeks ago.

Open Meetings Act Training Reminder: New appointees have 90 days to complete/current Council Members have until January 1, 2013. Send completed certificates to Laura Harris.

Mary Ann Miller asks how does one go about knowing that there are stretcher van companies in action but not inspected? Jack says we'll have to request a list from HHS and then have IDPH staff follow up.

Greg Scott asks OMA question whether Regional Advisory Boards are subjected to OMA; Jack replies that because these boards are enacted under State law (EMS Act), they are public bodies. Greg Scott asks if entire committee is in violation if all attend via teleconference. Jack says By-laws may need adjusted to support voting rights of teleconference/videoconference attendees. Interested party attendee asks if subcommittees fall under OMA; Jack asks them to address questions to the Attorney General's Office.

EMS Legislative Update—Mike Hansen: There will be changes with next election in local, State, and national levels. Thanks to Greg Scott for McLean County EMS meeting which involved talk about EMS funding in Illinois; Representative Dugan and Moffitt were in attendance but stated there's no way funding package would be introduced during the next veto session since no EMS Task Force report out yet, which they feel will be driving force behind EMS legislation for next five years. We're trying to build partnerships and coalitions; looking at tax on tires but told no support offered by Illinois Merchants; looking at taxing services (like hair cut, nails) in the future for a funding source. We're looking for anyone who'll put us in queue from a legislation standpoint. Representative Dugan said she'll forward bill but didn't think it would get past Speaker Madigan's Office. We'll re-assess and develop some new partners. We'll make another effort in Spring Session. The American Heart Association has been very helpful in making EMS issues a priority; earmarking that EMS needs to be an essential service in IL; they are rallying support for EMS.

Governor-signed HB 4692 noted per Mary Ann Miller's request: requires Secretary of State Office to have notification on drivers' licenses for sufferers of aphasia. Mike says to make your personnel aware of this change.

Greg Scott reminds them that we should use opportunities to inform legislators of realities in EMS community.

Mike Hansen says Lieutenant Governor's Office has been helpful with rural initiatives; Laura Kessel says they're waiting for the Task Force Report.

American Heart Association representative takes the floor: we're not going to be successful with legislators by saying EMS needs 60-70 million dollars; we need to DEFINE the scope of the problems; we're going to see 30% turnover after election; we want to say EMS is in crisis; not that the providers are doing a bad job.

Mike says they're awaiting Task Force Report and then they'll put together some committees to decide how to move forward.

## **New Business:**

Medicaid Appeals Process—Mary Ann Miller: Medicaid in Illinois is broke; government passed

the SMART Act, written to help balance the budget, but what they also do is impair EMS activity.

Physician's Orders in the Manner of Transport: HFS, OIG worked with Illinois State Ambulance Association, Illinois Hospital Association (IHA), and Illinois College of Emergency Physicians (ICEP). EMS is not just 911, but also a non-emergency transport provider, moving patients from one facility to another. OIG and HFS have sat with EMS to write criteria regarding the needs of patients. HFS is about limiting the unnecessary, but we want to make sure the necessary care is handled. Reimbursement an issue; providers want fairness. Patient care; just because we have patients paid for by Medicaid, they don't deserve less. Standards questioned. Great debate going on; rules written after the Smart Act involves a four-page form needing completion by the physician to certify that a Medicaid patient needs to go BLS transport. ICEP has now become involved...physicians aren't going to have time to fill out a four-page form and possibly wait 16 hours for answer to know if patient can be transported. Contact your hospital association lobbyist. She gives Dr. Scott French a public thank you—he's been to every OIG and HFS meeting to give physician perspective.

Interested party relays that he took part via videoconference in EMS Forum with ER physician; State agency responsible for four-page form commented that if you don't have a stretcher van or wheel chair van available, the ambulance provider can bill at stretcher/wheel chair van rate. He wants to know if provider doing stretcher van transport, does vehicle need to be licensed as a stretcher van, does it need two EMTs, must they complete a run report? Where does liability for putting wheel chair in ambulance with no locks belong?

Greg Scott asks if this scenario still lies under EMS System Medical Director's responsibility/oversight?

Jack says if you use an ambulance, use it as an ambulance. If you choose to use a cot and straps to transport them safely and you choose to accept a lesser fee, there is no liability presented. It's different if you change the function of an ambulance. Jack interprets HFS as saying if you're accepting a lower billing rate, BLS ambulance must be staffed and you transport patient on a stretcher. HFS is saying if you accept lower rate, you must be licensed as a stretcher van licensee. It means you have to be licensed with HFS to accept the lesser rate. You are still functioning as an ambulance, you must complete documentation, and you are still under a medical director. This is an HFS law/rule about billing. IDPH will say ambulance needs to be licensed, staffed, and ran appropriately under the EMS System in which it operates. If you choose to accept a different billing rate under HFS, work out the details with your legal and HFS. Greg Scott says they need to understand there's not an infrastructure in rural areas and they should get paid a fair rate for this service.

Interested party asks question of Mary Ann Miller: if he's billing less for that group, does that become his lowest rate? Mary Ann says she can't answer; she's concerned about the patient transported BLS now; the right patient with the right level of care, not because someone in HFS says patient can or cannot take an ambulance. A BLS ambulance may qualify as a stretcher van since it's a level above, but her concern is for patient.

Interested party says the four-page form will be posted on the website November 1; he says we're trying to think of every patient and encourages feedback.

Mike Hansen states how much EMS has evolved with getting on front end of these issues, instead of wondering "how did that happen?" Our relationships, partnerships, dedicated people, networking and educating others—we need to fight the fight. Legislators during task force hearings appalled that appeals process not really an appeals process. We are fortunate to have



people that are speaking up and staying informed.

EMS Education, Legislative Language—Connie Mattera and Greg Scott: (Greg) Impact on SB 3261 may be from fear of how daunting the task from a rural perspective. Greg and Connie had beforehand discussed; they're proposing that a stair-stepping implementation be considered. The Rural Recruitment Retention Subcommittee supported this proposal; action taken during August meeting (minutes not yet approved). 1) At the paramedic level, minimal differences between the old curriculum and the new curriculum, so this level should be looked at first in 2013, 2) Soon after, phase into the implementation of BLS EMT new education standards since they involve an increase of hours, impact on recruitment, etc. by Jan 2014, 3) Advanced EMT and Intermediate Level needs more time so it would be implemented in the 2015-2016 time frame. For existing licensed personnel, they'd have 24 months to do transitional program from the adoption of their level program. They (Education Committee, etc.) would develop workshops for Lead Instructors to help with implementation of new education standards. If Council agrees to this proposal, the next step would be to educate everyone about this phase-in approach. Interested party asks if systems want to offer AEMT training; if you wanted to do something between basic and the new paramedic, will there be opportunity to do AEMT, recognizing that as the future? Greg Scott replies that we'll have to answer those questions as they come. Randy Faxon asked if the National Registry requirements are being considered? Connie says we're behind the National Registry, especially at the EMT Level. Connie says there's more agreement on the Paramedic Level. We need legislative support for Spring Session—they are hearing many different voices and they don't know who to listen to. Connie says we HAVE to move to new education standards. Let's get people to focus on getting the bill passed, then implementation can be worked on. We need to focus first for bill to pass; EMS must speak as ONE VOICE.

Randy Faxon asked if those that are National Registry must do bridge program? Are we going to make sure they don't have to do twice, once for National Registry, and once for State? Connie replies that Rules to Registry say you must do what STATE has set forth and defined. Illinois has too many different programs; gap analysis needs to be done at a local level. Focus on rules-writing (once bill is passed) should be "whatever our State defines," even if it's to tell regions/programs to do their own gap analysis to ensure they're on new criteria--your medical directors must sign off National Registry forms that they've been updated.

Connie says you should be getting your EMTs moving toward direction of new education criteria (she says she'd have them get moving; her system only needed 14 hours for her EMTs to be done through Con Ed).

Connie says at the EMT Level, 14 hours is essential and optional, per the National Association of State Emergency Medical Services Officials (NASEMSO) requirements; at Paramedic Level you may have 18 hours, but you may be done!

Mike asks if there are questions?

Interested party states legislators need to hear from Basics and Paramedics, not just Intermediates. Connie says the Scope of Practice model needs completed for all the care providers Illinois is going to have, before education can be done,.

### **Future Meeting Dates:**

Mike says he's been asked to announce that Trauma would like to have a joint meeting with EMS with Trauma first on agenda, then EMS. Mike asked them to look at joint meeting in

September instead of June since elections in June make joint meeting more lengthy, may be best for joint meeting to be in September. Dr. Aldinger is passing to Trauma Council.

Current meeting location at DNR may not accommodate all attendees.

Trauma Council Members need to consider what legislative issues they will be working with EMS on/what's their game plan, before January.

Next meeting is November 13, 2012 at DNR.

March 12, 2013 at DNR.

June 6, 2013 at DNR for EMS; tentative for decision on Joint Meeting being scheduled for September 2013.

### **Wrap Up and Call for Public Comment:**

AHA Representative announces that the Illinois Mission Life Line Conference in Rosemont coming up; see him after meeting so he can get your email address to forward information; CME hours awarded.

Motion for adjournment made by Mary Ann Miller; seconded by Tom Willis. No oppositions or abstentions.

Meeting adjourned by Mike Hansen at 1:21pm.