

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN

ADVISORY BOARD

Meeting Minutes

December 20, 2013

Present: Paula Atteberry (IDPH), Mark Cichon (EMSC),* Darcy Egging (IL ENA),* Susan Fuchs (Chair) (Natl. Assoc. EMS Physicians), Joseph Hageman (ICAAP),* Sheree Hammond (IL DCFS), Vyki Jackson (IDHS), Kathy Janies (EMSC), Ruth Kafenzstok (EMSC), Dan Leonard (EMSC), Evelyn Lyons (EMSC), Michael Pieroni (IL State Ambulance Assoc.),* Bonnie Salvetti (IL NA),* Glendean Sisk (IDHS),* Kathy Swafford (ICAAP), Saudra Szpyrka (IDHS), Michael Wahl (MCHC),* J. Thomas Willis (Co-chair) (IL Fire Fighters Assoc.)

Excused: Kevin Bernard (EMS System Coordinator), Jessica Choi (Safe Kids IL), Young Chung (Red Cross), Kathy Disher (DCFS), Jeanne Grady (IL DSCC), Laura Prestidge (EMSC), Greg Scott (IL EMT Assoc.), Carolyn Zonia (IL State Medical Society)

Absent: Mike Hansen (IL Fire Chiefs Assoc.), Roy Harley (Prevent Child Abuse IL), Vince Keenan (IL AAFP), Steve Lelyveld (ICAAP), Bridget McCarte (IHA), Herbert Sutherland (ICEP), Scott Tiepelman (Region 4 Coalition) , Terry Wheat (Ped Rehab)

*Via teleconference

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TOPIC	DISCUSSION	ACTION
	<p>the reauthorization of poison control funding on a state and federal level.</p> <ul style="list-style-type: none"> ○ Safe Kids – Jessica Choi could not attend. Funding was not renewed so her hours have been significantly impacted. They continue to provide car seats with current monies, however, SafeKids will need to move oversight to another organization. ○ Maternal Child Health programs – Glendean Sisk reported July 1st MCH Block grant was moved to IDPH. Title 5... Title 10 services were moved to Women's Health and School Health. School Health Title 10 transition is nearly complete, and working on transition for Title 5 transition. <p><i>Educational Opportunities</i></p> <ul style="list-style-type: none"> ○ Region 7 Pediatric Priorities Conference, Jan 24, 2014, Joliet ○ 40th Annual Illinois ENA Spring Symposium, April 11, 2014, Lisle ○ Illinois DCFS Mandated Reporter Training: Free online training that was revised in September 2012. ○ <i>EMSC Online Courses</i>, University of New Mexico, Department of Emergency Medicine, http://hsc.unm.edu/emered/PED/emsc/training/course.shtml ○ Other educational opportunities at www.luhs.org/emsc/special.htm 	
IDPH, Division of EMS & Highway Safety Report	<p>Paula Atteberry reported:</p> <p><i>EMS Systems:</i></p> <ul style="list-style-type: none"> • IDPH is working to draft a concealed carry guidance document; preliminary meetings with ISP have been held. Once IDPH's initial policy is drafted we will meet again with the team writing the administrative rules for ISP. IDPH will identify an educational component regarding firearms safety for EMS personnel when addressing transport of concealed carry permit holders. • Illinois is one of six states awarded pilot program approval for developing a workforce development program that integrates returning veterans to civilian job titles in multiple areas. Division of EMS will participate with Department of VA to complete and implement a military bridge curriculum to help military medics gain additional education and prepare them to sit for EMT Intermediate and Paramedic exams without having to complete the full civilian Paramedic education course. • EMS Grant Applications for FY2015 will be available in February. Submit electronically through IDPH's new Electronic Grants Administration and Management System known as EGrAMS. The applications will still be sent to the Regional EMS Advisory Councils for review and ranking. More information about EGrAMS will be available later to all potential grant applicants. • FY14 Heartsaver AED Grant Applications will be available in Jan and submitted via EGrAMS. • Stroke rules and Stretcher Van amendments are adopted and available to view on IDPH home page. • Proposed rules at 1st notice: fee waivers, decrease in EMT CE hours, EMT bridge program for military, 4yr ambulance license renewal, employers to verify employee's license, technical clean-up. • Question re: whether a medical director can require CE hours above the minimum required by IDPH. IDPH interprets the rules to allow the medical director to establish requirements within their system above the minimum hours. However, there may be push-back from providers re cost budget concerns. • IDPH is working on proposed drafts to Specialized Emergency Medical Service Vehicles (SEMSV helicopter) program. Administrative rules team has met twice with the Illinois Dept of Aeronautics who is assisting with federal aviation subject matter expertise and aeronautical operations expertise. • House Bill 1854 was signed into law. PA 98-0234 allows for flags to be flown half-staff for any EMS 	FYI

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	<p>personnel killed in the line of duty.</p> <ul style="list-style-type: none"> • Prehospital Database pending contract finalization so we can proceed on conversion to NEMSIS V3. • Hospital Bypass System is waiting for IT to complete the federal reporting (HAvBED) changes so that they can be tested and moved to production. • Electronic test results show increased failure rates on Basic and Paramedic exams. 3 initial kiosks closed due to environmental concerns; 2 new kiosks opened w/dedicated quiet testing rooms. • In past quarter, IDPH paper testing resulted in 215 Basics with 70% pass rate, 6 Intermediates with a 50 % pass rate, 185 Paramedics with 86% pass rate, 7 Trauma Nurse Specialist with a 71% pass rate. • the new computer based testing the results showed 29 EMT basics with a 31% pass rate with 52% of students who came within 10 points of passing with the average score being 68%. • Two EMT intermediates tested on the same test questions and had a pass rate of 50%. • 74 Paramedics tested with a 22% Pass rate with 36% of those students failing within 10 points of passing. The average exam score for Paramedics was 63% • 36 TNS exams were given with a pass rate of 86%. This test did not change. • IDPH watches the exam results very closely. Once there are enough exams tested, an analysis of how the new test questions are performing will be completed. 1,000-test questions have been removed from the test data bank and replaced with 1,200 new questions written by the test writing committee over the last 18 months. All test questions are within the current curricula content and verified in at least three major text books with most being verified in five major text books. All questions have an intended level of challenge and exams are still built with the knowledge content goal being the same as previous versions of the exams. Many test questions that were removed were questions that performed with pass rates at almost 100% and the test writing committee felt those exam questions needed to be retired. IDPH is concerned about students who sit for the exams going back to students who have not taken the exam and attempting to share exam questions. IDPH has had communication relating that this process is already taking place. NOTE: Illinois Exam was compromised in 2005 and everyone had to then take the National Registry. That resulted in a push for Illinois to re-implement the state exams 2007 and 2008. IDPH encourages EMS System Coordinators and Lead Instructors to try to prevent students from sharing examination questions and to encourage students to concentrate on subject material and closely read the question content to select the correct answer. • While the National Registry Exam is always open to individuals who wish to take it, historical data demonstrates that about 80% of EMS graduates choose to take the Illinois Exam instead of the National Registry Exam. If IDPH believes questions do not have correct answers or were miskeyed, IDPH will re-score those exams and make ensure those persons are treated fairly. Will not know results until enough students have tested the two initial test banks to fairly analyze the exam questions. Many of the questions in the exams are still the original questions. <p><i>Trauma Program Updates:</i></p> <ul style="list-style-type: none"> • Trauma Registry version 5.65 is deployed to Test and is out to our volunteer testers for their review of the programs functionality • Vendors have responded to Request for Information (RFI). Project demonstrations were held in Springfield last week. 	

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	<ul style="list-style-type: none"> IDPH conducted trauma on-site surveys at St. John's and Memorial Medical Hospitals in Springfield; additional on-site surveys are being scheduled IDPH approved Pediatric Level I Trauma Application for OSF St. Francis Medical Center in Peoria. A site visit is scheduled for January 2014 Trauma Legislative and Planning held their first conference call to begin the process of cleaning up current rules and preparing to draft rules when the expanded trauma legislation becomes law A Senate Committee Hearing was held in Chicago in Dec by Senator Mattie Hunter. Two more hearings planned for central and southern IL addressing access to trauma centers. Dates pending. 	
Advisory Board Member Updates	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> Open board positions are: Illinois Academy of Family Physicians, Illinois Hospital Association, parent representative, pediatric surgeon or trauma nurse coordinator Meeting attendance – To ensure compliance with Illinois EMS Administrative Code, representatives need to be able to participate in, at minimum, 2 meetings per year (3-4 meetings/year is desirable). 	Contact Evelyn if you have a recommendation for any of the open positions.
Pediatric Preparedness Workgroup	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> Pediatric & Neonatal Surge Annex update – Annex has been presented around the state as well as at an expert panel meeting (including representatives from IL, IA, and WI) to gather comments/feedback. Final draft will be included in final state plan. Components of the Annex will be tested via table top exercises. Burn Surge Annex update –Annex needs to be completed by the end of June 2014. They will reconvene the full meeting in May 2014 to get work group reports and make final recommendations. Evelyn reviewed the work so far in the 3 work groups. Evelyn and Laura will keep Advisory Board updated since this group is under the EMSC umbrella. Meetings are via gotomeeting and conference call. Emergency Preparedness Planning Guide for Day Care Centers – This resource will be updated with input from IDPH Child Care Nurse Consultants. 	<p>FYI</p> <p>Send comments/suggestions to Laura lprestidge@lumc.edu</p>
National EMSC Assessments	<p>Sue Fuchs reported:</p> <ul style="list-style-type: none"> Pediatric Readiness project (www.PediatricReadiness.org) <ul style="list-style-type: none"> Pediatric Readiness State Summary Gap Analysis 181 Illinois hospitals (97.8%) completed the assessment Nat'l median score = 69; Illinois median score = 83; Illinois PCCC/EDAP/SEDP median score = 89 Sue thanked all hospitals for their participation. 20 points above the median is very positive for Facility Recognition work. Gap analysis is being developed both on state level and federal level. EMS Reassessment (www.emscsurveys.org) Dan explained the 2008 was a little different criteria. Over 20% in improvement for guidelines and xx Will do further analysis; got access to data for readiness survey to learn more. <ul style="list-style-type: none"> Survey focused on medical direction, equipment/supplies, other pediatric issues 291 EMS agencies completed the assessment of 369 sample (78.9%) Survey closed on December 6, 2013 There is a state mandate for BLS, but only a regional mandate for ALS ambulances – which could explain lower % ALS. Joint Task Force for appropriate equipment on ambulances will be coming out in January edition of Prehospital Emergency Care. Tourniquets was added after military experience. 	

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Facility Recognition Committee	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> Regions 3 & 6 <ul style="list-style-type: none"> Applications are due on Friday, January 24, 2013 Region 7 <ul style="list-style-type: none"> Educational session will be scheduled in early 2014 Proposed changes to pediatric regulations - Plans to remove “Waiver” language in pediatric facility recognition regulations – To ensure consistency with the Division of EMS request to move away from waiver language, the committee is currently looking at “Alternate Criteria” language. These changes would apply to both MD and Mid-level practitioners. Draft language will be reviewed at the November Facility Recognition Committee meeting. Current participation in facility recognition (107 hospitals) <ul style="list-style-type: none"> PCCC/EDAP level = 10; EDAP level = 83; SEDP level = 14 Note: In 2011, there were approximately 1 million ED visits for 0-15 years of age. 78.2% of these visits took place in a PCCC, EDAP or SEDP. Of the 1 million, approximately 30,000 required admission with 93.2% of these admissions taking place in a PCCC, EDAP, or SEDP facility (Source: Illinois Hospital Assn Compdata) 	FYI
EMSC Targeted Issue Grant	<p>Kathy Janies & Dan Leonard reported:</p> <p><i>2010-2013 Facility Recognition TI grant project</i></p> <ul style="list-style-type: none"> Strategic Planning Toolkit – The toolkit draft is being reviewed by HRSA before Suzanne Sellman (EMSC NRC) can make the final design version. Data – All of the data elements have been finalized and are part of the toolkit draft. 	FYI
Data Initiatives	<p>Ruth Kafensztok reported:</p> <p><i>IL EMS Data Reporting System:</i> 3 of the 4 databases have been updated with 2011 data.</p> <ul style="list-style-type: none"> Mortality data – Issues of consistency of statistics with 2008 mortality data have been resolved. However, due to current changes in how vital records data requests by external users are processed, EMS data request has not been approved yet. When updated, the Reporting System will have data from 1994-2008, totaling a volume of 1,569,023 death records. <p><i>Traffic Crash “Quick Facts” Fact Sheets:</i></p> <ul style="list-style-type: none"> Calendar year 2011 fact sheets have been finalized and posted on: <ul style="list-style-type: none"> IL EMSC web site IDOT Traffic Safety Evaluation Unit web page <p><i>Data Quality Studies:</i></p> <ul style="list-style-type: none"> Studies continue during this new cycle. EMSC objectives in this area have been to support IDOT’s CODES program through the following 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. <p>Progress on Blood Alcohol Content (BAC) values from the ITR:</p> <ul style="list-style-type: none"> Agreement update between IDOT/CODES and IDPH/Trauma Registry to include this project was approved and signed on September 2013 Request for ITR data is in progress 	

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	<ul style="list-style-type: none"> FARS related data has been reviewed; file preparation was initiated <p><i>Other:</i></p> <ul style="list-style-type: none"> EMSC's application for FY 2013-14 408 grant funding was approved in July 2013. This is the funding source that supports EMSC data activities. <p>Evelyn, Ruth, and Dan participated in the state's Traffic Records Coordinating Committee (July 15, 2013)</p>	
Quality Improvement	<p>Kathy Janies reported:</p> <ul style="list-style-type: none"> <i>Online Education</i> currently available for CE credit on publichealthlearning.com. Pediatric Seizures (2nd Edition) has been updated and reissued. The Pediatric DKA (2nd Edition) will be reissued in January 2014 Critically Ill/Unstable Patient QI Tool – Board members suggested adapting to include more actions taken information. This document will go back to the QI Subcommittee for further review. <i>Regional QI Update:</i> the following topics are undergoing consideration and/or record review by region: <ul style="list-style-type: none"> Region 1: Work continues with the pediatric sepsis indicator. The region is also working with an indicator regarding pain management for extremity injuries. Region 2: The binder developed with materials to address child abuse and neglect has been well-received. As a new project, the region plans to incorporate pediatrics into disaster planning. Recent experiences with tornadoes in central Illinois were discussed. Region 3: An indicator tool for the management of long bone fractures and pain management has been tested and being modified. The committee identified a minor misspelling of “pharmacological”. Region 4: Region 4 worked with a monitor tool regarding prehospital respiratory assessment. Because of the very low number of cases, all prehospital records will be reviewed. At its last meeting, Region 4 invited several EMS system coordinators for further input on this indicator. The committee suggested using EMS system SOPs to define “complete assessment” in the prehospital setting. Work is continuing with two St. Louis children's hospitals reviews of transfer cases, especially the use of CT scans prior to transfer. Region 5: Data collection is underway regarding pain management. In addition, issues with the placement of psych transfers were discussed. The committee suggested obtaining information from representatives of the state's Screening, Assessment and Support Services (SASS) program. Region 6: Work continues with child abuse screening tools. The region's facility recognition renewal educational session was held on October 25th and constituted its quarterly QI meeting. Region 7: The region has prepared a Pediatric Priorities Conference for January 2014 in Joliet. Region 8: The indicator regarding pain management for fractures was completed. An indicator regarding child abuse screening is underway that uses materials available in EMSC's Child Abuse and Neglect Policy & Procedure Guidelines/Toolkit. For the indicator, 25 pediatric cases are to be randomly selected, and record reviews include whether screening was done and, if so, whether DCFS was notified (if screening suggested possible abuse). The region is also interested in monitoring resuscitations. (A discussion about monitor tools for resuscitations was held later in the meeting.) Region 9: Work was completed on an indicator regarding abuse screening. Currently the region is undergoing site surveys. The next indicator may focus on the use of intranasal (NAS) Fentanyl. Potential uses include one-time dosing in lieu of IV or in anticipation of IV medication. Proper techniques for NAS administration need to be considered. In this context, the committee discussed 	

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	<p>Joint Commission requirements regarding standing orders.</p> <ul style="list-style-type: none"> Region 10: The region is working on an indicator regarding abdominal pain management, and a monitor tool was presented. The committee suggested clarifying the tool by grouping ultrasound, CT, and serial abdominal exam under the heading “assessment” rather than “interventions”. Region 10 also is interested in assessing the time it takes to perform the coordinator role. Region 11: The region has developed a monitor tool regarding psych evaluation. Data elements include chief complaint, time to SASS arrival, ALS/BLS transport mode, total LOS in the ED, and past visits. The committee discussed issues with the SASS assessment (ie thoroughness and the communication of its information to providers so that they may document in the ED record). The role of the Chicago Children's Advocacy Center also discussed. The Center may follow up any incident for a Chicago resident, even if the incident takes place outside of the city. <p><i>Pediatric Publications Update</i></p> <ul style="list-style-type: none"> <u>Evaluation of Emergency Department Work-up and Management of Children with Simple Febrile Seizures</u> paper was recently submitted to Pediatric Emergency Care. A semi-final draft (management of acute seizures including Status Epilepticus) is being prepared for submission to J Child Neurology 	
School Nurse Initiatives	<ul style="list-style-type: none"> School Nurse Emergency Care (SNEC) course on January 17, 18 & 19, 2014 at Harper College, Palatine School Health Day sessions will be in January 2014: Rockford (1/9/14), Arlington Heights (1/14/14), Lisle (1/15/14), Mt Vernon (1/24/14) and Springfield (1/28/14). 	
Education	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> School Nurse Emergency Care (SNEC) course – Eight courses held over the summer; over 200 attendees Educator Report – Includes articles related to: stories of preparedness for special needs kids; a study aimed to identify historical and clinical findings with ED visits associated with severe H1N1 outcomes in children presenting with influenza-like illness during the H1N1 pandemic; and an AHRQ guide focused on strategies for promoting patient and family engagement in hospital safety and quality. Also includes links to educational and promotional materials related to SIDS awareness and safe sleeping practices. National EMSC Webcast <i>Partnerships and Relationships: Keys to Facility Recognition Success</i>– This Webcast took place on September 23rd. Dan, Kathy, Evelyn and Jane Ball presented. It is archived at http://learning.mchb.hrsa.gov/Archives.asp 	FYI
EMS Region 4 Coalition	Scott was unable to attend and did not send a report	FYI
2013 meeting schedule	<ul style="list-style-type: none"> 2014 Meetings (All meetings from 10:00am – 12:00pm at the Illinois Hospital Assn) <ul style="list-style-type: none"> March, 7, 2014 (NOTE DIFFERENT LOCATION) at ICEP Office in Downers Grove and video-conference with the IDPH Office in Springfield Friday, June 20, 2014 at Illinois Hospital Association Friday, September 19, 2014 at Illinois Hospital Association Friday, December 19, 2014 at Illinois Hospital Association 	Meeting reminder will be emailed
Adjournment	Meeting was adjourned at 11:45am. Evelyn will send out meeting invitation to populate online calendars.	None