

EMS Advisory Council
March 12, 2013
11:00 a.m. - 1:00 p.m.
Illinois Department of Natural Resources
One Natural Resources Way
Springfield, Illinois 62702

Call to Order—Mike Hansen at 11:02am

Roll Call and Approval of Minutes—Mike Hansen

Council Members Present: Mary Ann Miller, George Madland, Connie Mattera, Doug Sears, Ralph Graul, Melissa Dunning, Michael Hansen, J. Thomas Willis (Tom Willis), Leslee Stein Spencer, Greg Scott, Randy Faxon, Kathleen Schmidt, Kevin Bernard, Herb Sutherland, Don Davids, Jack Whitney, Jim Rutledge (arrived after roll call), and Lawrence Miller (arrived after roll call)

IDPH Staff Present: Brian Kieninger

Absent: Glenn Aldinger, Richard Fantus, David Loria (proxy given to Mary Ann Miller), Steven Holtsford (proxy given to Don Davids), Brad Robinson (proxy given to Ralph Graul), Ken Pearlman, and Jack Fleeharty (represented by Brian Kieninger)

Mike Hansen announces there is a quorum.

*A **motion** is made by Tom Willis to approve the Minutes from the November 13, 2012 Meeting. A second motion is made by Randy Faxon; no oppositions; no abstentions; minutes are approved.

Illinois Department of Public Health Report—Brian Kieninger (on behalf of Jack Fleeharty)

OPR Medical Director: Dr. Sam Gaines retired at the end of January 2013 as the Office of Preparedness and Response Medical Director; IDPH is working to fill that part-time position.

Legislation: Language to implement the new education standards and a multi-tiered trauma system was sent to IDPH's Governmental Affairs for review. Stretcher van rule amendments are going to the Governor's Office for approval. Provisional First Responder rules are at the public comment period. Alternate Rural Staffing will go before JCAR this month. The State Stroke Advisory Subcommittee has prepared Draft Rules which are currently being reviewed by the administrative legal team and program staff. IDPH is also in receipt of Draft Rules from the Illinois Association of Critical Care Air Transport Providers (IAACT) to bring the SEMSV (Specialized Emergency Medical Services Vehicle) administrative rules into better compliance with recent changes by the Federal Aviation Administration (FAA).

EMS Grants: The Department sent out the EMS Assistance fund Grant FY2014 Application and Guidance.

EMS Week: EMS Week is scheduled for May 19 – 25; EMS for Children's Day on May 22, 2013; please contact EMS or go to the IDPH EMS webpage for more information.

Trauma Update: The Division of EMS has been given the opportunity to work with Dr. LaMar Hasbrouck, IDPH Director, on moving to a multi-tiered trauma system, which is more closely aligned with American College of Surgeon (ACS) Standards; this system is supported by the Trauma Advisory Council.

IDPH is awaiting signatures on two trauma surgeon contracts; once completed staff will begin surveying level one and level two trauma hospitals. An initial application for a Pediatric Level I Trauma Center in Peoria was received and the Department is awaiting regional recommendations from Region 5 for two facilities in Evansville, IN to become Pediatric Level II Trauma Centers.

EMSC Program Updates: The National Pediatric Readiness Project, Pediatric Facility Recognition, a site-code-approved online module "Pediatric Pain Management in the Emergency Setting" is available for 2.0 continuing education hours, a Pediatric & Neonatal Surge Annex has been drafted to provide guidance during a state declared disaster, and a competitive new grant application to develop a pediatric outcome based quality program for EMS were among the updates; please contact the EMSC program with questions.

Personnel: Mike Epping has accepted the position of State Regional EMS Coordinator for Region 2, Peoria. Darla Lane will be temporarily filling in as the ambulance program coordinator. Dave Hayes has been hired in our licensing unit and is undergoing training. Andrea Dickerson was hired on a temporary two-month assignment to assist with phone calls and licensing functions, as well.

Scopes of Practice: With the assistance of some of the Education Subcommittee personnel, State regional staff and Dr. Jack Whitney, IDPH can begin the development of a scope of practice survey to be sent out to the EMS System Medical Directors and EMS System Coordinators.

EMT & Paramedic Test writing: New exams are being created for the New Education Standards. Test writing for the EMT-B is done and test writing for the Paramedic is underway. Our contract with Continental Testing Service (CTS) expires at the end of this fiscal year; IDPH is in the Request for Proposal (RFP) process for a new testing contract. IDPH is working to establish a computer-based testing module in this new contract so exams will be given at sites with available computer labs.

Hospital Preparedness Program: The hospital preparedness program works to meet the federal capability goals as outlined in the state grant. Hospital site surveys are routinely conducted as well as regional and state meetings. EMS is considered to be one of the many coalition partners that will be encouraged to engage in exercises, planning and communications with health care systems across the state.

CoAEMSP Accreditations: There have been a multitude of EMS System education programs that have applied for accreditation by CoAEMSP. This is necessary for programs to be able to qualify their paramedic students for the National Registry exam. Any program that was not accredited or does not have a Letter of Review on file with CoAEMSP as of January 1, 2013 will not be able to send their paramedic students to the NREMT for classes starting after January 1, 2013. Approximately 20% of all students who obtain education in Illinois seek testing by the National Registry; the other 80% take the Illinois State Exam for licensure.

Update on the IDPH Do Not Resuscitate (DNR) Advanced Directive: After multiple revisions, this form will be posted to the IDPH website on March 15, 2013. The POLST Workgroup is rolling out education for physicians, advanced practice nurses, physicians assistants, healthcare providers, and legal advisors on the changes to the IDPH Do Not Resuscitate (DNR) Advanced Directive. There has been a considerable amount of reference to the form as a POLST form; please advise providers *there is NOT an Illinois POLST form, but that the IDPH Do Not Resuscitate (DNR) Advanced Directive form has been modified to include POLST compliant language.* Dr. Julie Goldstein is heading up the POLST initiative and additional information regarding POLST can be found at the Workgroup's website.

Questions: Mary Ann Miller asks what legislation is being submitted by IDPH? Paula Atteberry says the stretcher van rules went to the Governor's Office and subsequently will go to the Council. The education legislation is to provide language in case Illinois adopts the new education standards; moving from the DOT standards, although the bill is not introduced yet. Mary Ann asks if IDPH should alert constituents about these and Paula replies that the public may go to the website for information regarding each bill's progress. Leslee Stein Spencer asks how to know the differences between the old and new form. Brian said there were minor changes; this form is to be used from now on; old forms already filed are legally binding; the POLST Workgroup is working on providing education regarding this form's updates.

Dr. Scott French and Mike Hansen ask if replacement of OPR's Medical Director is underway and if system plans are affected. Paula Atteberry answers that Dr. Craig Conover is assisting.

Greg Scott and Mike Hansen ask for clarification about education standards and if "phase-in approach" is being incorporated; Paula replies the breakdown is in the Rules language but timeframes are not noted because those would affect National Test examinees. Greg Scott presents concerns about overwhelming the rural programs. He is not against the National Standards but thinks this should be done systematically and that the timeframes/info should be released so programs may prepare. Connie Mattera explains the path to get there is in the Rules yet the problem is that scopes of practice are not yet defined for each level, which is a priority; we can't create curricula before we know what they need to do. Greg says the Advanced from

Intermediate is a dilemma; Connie says that number is relatively small. The concern is getting EMTs and Paramedics transitioned to the National Standards, and programs haven't prepared them. She says the Education Subcommittee has distributed maps listing accredited programs around the country--we have 7 accredited programs out of 68. If EMT is under a letter of review before classes start on Jan 1, 2014, he/she should be okay. You have an obligation to tell your students you are NOT accredited and/or WILL NOT EVER be getting accredited. 44 states require the National Registry exam. Dr. Herb Sutherland asks if the Scopes of Practice Survey will help and Connie answers, yes, they'd like a consensus from the Illinois medical directors that this is what an EMT should know. Dr. Sutherland says a strong EMS-minded medical director (to replace Dr. Sam Gaines) is necessary to grasp scopes of practice. Connie replies she can connect others to models that are out there based on the Community Fair Medicine Structure.

Greg asks if the Trauma Advisory Council saw the Draft language before they unanimously approved the multi-tiered trauma system; if so, the EMS Advisory Council should see it, as well. Paula and Brian said they'd find out as Joseph Albanese wasn't present.

Committee Reports

Legislative and Planning: No report.

EMS Rules and Regulations: No report.

State EMS Protocols—Annie Moy: Report included in packets; met in December and February. Regarding the BLS protocol revisions, Annie recommends the field version. The Protocol Subcommittee meets 12 hours a year and part time won't cut it; full-time necessary. Mike Hansen says he can touch base with Peggy Jones to see if they've got funds available.

*Leslee Stein Spencer makes a **motion** for IDPH to look at BLS protocols that are evidence-based. Greg Scott seconds. Mike asks if there are questions (none); no oppositions; no abstentions. Mike states they'll inform Jack Fleeaharty of this decision.

Annie reports they've been working with the Trauma CQI Subcommittee—how to go about getting the right patient to the right place. She is trying to make sure the field triage criteria is working and can be addressed when it doesn't. The Protocol Subcommittee is pulling trauma registry data as much as they can but they'll eventually have to include EMS. They are requesting that they have EMS representation like the quality monitoring of the field triage. Mike Hansen says some systems have software that might help with the data; NEMSIS 3 is right around the corner. Annie and Mike discuss NEMSIS data fields and Mike says he'll discuss this with Dan Lee. Their next meeting is April 22, 2013, after Emerging Issues.

EMS Data—Mike Hansen: The group has not met; waiting for Jack Fleeaharty's review of data, goals, and objectives provided through Dan Lee.

EMS Education—Connie Mattera: They met on January 28th, 2013; all handouts have been sent to the Council. Connie discusses some priorities: 1) Adopting evidence-based protocols, 2) Developing/updating the State Exam (she announces the next ICEP, classes, and workshops), and 3) CoA accreditation (she announces workshop dates). She says she'll send the info electronically and will work with Jack in defining how to roll out the education standards across the State. Several clinical issues have arisen, e.g. the National Association of EMS Physicians passed a position statement regarding revisions to spine motion protocols (www.naemsp.org) and the ATLS has revised their standards to limit IV fluids to one liter. To "get connected" go to: www.gatheringofeagles.us, cutting edge information from the national medical directors reporting on their research. Site code applications are being reviewed and long as you're under your letter of review you should be alright.

EMS Recruitment and Retention—Greg Scott: They met on January 17th, 2013. No update regarding the SMART Act; Governor's Rural Affairs Council is exploring a Rural EMS Summit maybe in early October in Springfield; education standards and defining scopes of practice; proposal of rural providers with populations of 10,000 or less to operate at the highest level of license on a vehicle discussed at October 2012 meeting; discussion about rural recruitment/retention/EMS marketing campaign (public service announcements being

worked on) but funding is needed; Critical Access Hospital Network grant to develop a rural EMS network discussed; they discussed the EMS assistance grant opportunities for rural providers; and questioned the OMA training requirement for subcommittee members. The next meeting (via teleconference) is on March 21, 2013.

Mike Hansen allows Greg Scott to refer to the Minutes of the January 17th meeting: According to the Attorney General's Office the [Rural Recruitment/Retention] Committee does not need to do OMA as subcommittee but may complete voluntarily; the Committee should include a public comment period. Mike reiterates that subcommittees don't have to take OMA training.

Tactical EMS: No report but HB 3208 has their attention. Mike encouraged legislators to be transparent in their decision-making; the LRB is showing inconsistencies throughout the Act.

Emerging Issues—Mary Ann Miller: They meet every other month; the last meeting was on February 25, 2013. In the review of the pediatric transport guidelines that were released, one item not addressed—the transportation of an infant who doesn't require an isolette, who is under the seven pound limit. A pediatric pod is \$5500-\$6000 (fiscally irresponsible for many EMS organizations). Evelyn Lyons has agreed to take the issue to her group and possibly find adaptive activity with a Pedi-mate that may be recommended. They continue to watch the National Education Standards guidelines and support the "phase-in" idea. Mary Ann asked about language in the bill to look at enhancing communication. She noted how EMS Rules procedure used to include an alert and a 45-day comment period. Mary Ann said a motion was made at her Committee to bring this back; Council Members have a responsibility to constituents.

*Mary Ann Miller makes a **motion** to ask the Council if they share in the belief that communication needs to increase in all avenues and especially from our governing agency to enhance knowledge of EMS in the State and that it can be given to the Council so they can get the information out to whom they represent. The motion is seconded by Greg Scott. Discussion ensues about the law's restrictions from sending Rules out beyond the Council Members, the public comment period, redefining the process to allow everyone (including constituents) to discuss the Draft Rules before the Council votes upon them, and the process of changing language before it goes to the Governor's Office.

*Connie Mattera says the **motion** is they're asking for advanced notice and improved communication with respect to legislation and rule making—the "olden days" approach. Greg Scott accepts Connie's motion as clarification. Mike Hansen asks if all in favor; all respond, "Yea;" no oppositions; no abstentions.

Mary Ann Miller discusses drug/equipment shortages; the FDA is taking a stand against expired drugs stating no one is to use them; they need guidance. The Illinois EMS Alliance, led by the American Heart Association (AHA) attends the Emerging Issues Committee Meetings, with their own concerns regarding EMS as an essential service, deaths of EMS personnel from job hazards, etc. Mary Ann reports an update to the SMART Bill—legislators and organizations concluded they will not push for physician signature but will match Medicare requirements; forward movement is being made. The Committee follows the AHA's Mission Lifeline, reports from the State Stroke Advisory Subcommittee, STEMI reports, and the DNR (Do Not Resuscitate) form. The Committee has discussed the emergency department physicians and their credentials and has a public comment period during which time two members reported the importance of following the visions of those doing the research. The next meeting is on April 22nd, June 24th, August 19th, October 28th, December 16, 2013.

State Stroke Advisory Subcommittee—Dr. Cheryl Colbenson: The last meeting was on January 22nd, 2013 and they discussed a State survey created with the help of Jack Fleeharty that will be distributed to the EMS Medical Directors; will send back to Jack for revision. They discussed the certification process for primary stroke centers and recommended all certifying bodies to IDPH for approval. They finished their Draft Rule revisions and reviewed regional stroke protocols. They have members waiting for approval, are seeking to get status, and have questions about how to get them approved. The next meeting is April 2nd, 2013.

IL Heart Rescue Project: No report but Leslee Stein Spencer announces that they are hosting them at the Chicago Fire Department on Friday, March 15th. Anyone interested in the project may attend.

Old Business—Mike Hansen: Regarding the “POLST” update, that it’s referred to as the Illinois Uniform Do Not Resuscitate (DNR) Advanced Directive.

New Business—Mike Hansen

- Grant Support EMSC—Mike Hansen: Evelyn Lyons is requesting a letter of support for a grant application to develop a pediatric outcome based quality program for EMS.
*Mike entertains a **motion** that the Council supports EMSC in this effort and will get a letter drafted. The motion is seconded by Tom Willis. All are in favor; no oppositions; no abstentions.
- EMS Legislative Initiatives and State EMS Advisory Council Positions—Mike Hansen: Mike says they’re tracking 24-30 EMS bills. He states that in the past EMS has taken a position on scope of practice to determine what the minimum levels of scope are for licensure; and ultimately being up to the EMS medical director of that EMS system. Mike asks if it’s still the board’s consensus that we make Council’s presence known when this legislation comes up? There are “minimum levels” of scopes of practice mentioned throughout the Illinois Strategic Plan, mentioned in the task force hearings, and referred to in the national guidelines. Connie interjects that we need to come to a consensus in the ranges (not minimums) of scopes of practice then tease out where to go from there. Mary Ann Miller suggested waiting to see where Dr. Whitney’s survey goes; they should find out what the medical directors say.

An interested party asks if the survey will go out to the EMS system coordinators? Dr. Whitney affirms and Mike states the system coordinators will be copied. Greg Scott notes there are different groups working on scope (i.e. IDPH, ICEP, Dr. Whitney); can we figure out who’s in charge of this? He’d like to see Dr. Whitney champion this. Dr. Whitney says how we define this is complicated with diverse EMS systems throughout the State; Dr. Whitney will reach out again to Jack Fleeharty. More discussion ensues regarding how to define scopes of practice, waiting for the medical directors’ input, and IDPH’s approval of already-in-place expanded scopes of practice being used as a research tool to develop future scopes, as well as questions of flexibility when discussing national standards. Mike concludes that it’s important that the Council members give input on legislation—you can go to the www.ilga.gov website and provide your vote for both House and Senate on these bills; register on the site and vote on these bills!

Greg says tomorrow there are many EMS-related bills up for committee (on 3/13).

Questions: An interested party asks if the Department is performing surprise inspections. Shannon Wilson responds that we don’t do surprise inspections. She said there are Medicare and Medicaid people performing surprise inspections, but not IDPH. It was suggested by several that they ask for credentials from “inspectors.”

Future Meetings—Mike Hansen

- June 6, 2013
- September 12, 2013 (Joint with Trauma Advisory Council)
- November 7, 2013

Wrap Up & Call for Public Comment—Mike Hansen

Mary Ann Miller commends Mike Hansen for searching out legislation, getting the information out, and monitoring what's going on in legislation. (Applause)

Adjourn: Meeting is adjourned by Mike Hansen at 1:29pm.