

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY BOARD
Meeting Minutes
June 7, 2013

Present: Paula Atteberry, Young Chung, Mark Cichon,* Jeanne Grady, Kathy Janies, Ruth Kafenzstok, Chris Kennelly, Dan Leonard, Evelyn Lyons, Laura Prestidge, Bonnie Salvetti, Kathy Swafford, Scott Tiepelman,* Mike Wahl, Terry Wheat,* J. Thomas Willis (Co-chair),Carolyn Zonia

Excused: Jessica Choi, Darcy Egging, Susan Fuchs (Chair), Kim Gudmunson, Joseph Hageman, Sheree Hammond, Steve Lelyveld, Glendean Sisk, Herbert Sutherland

Absent: Mike Hansen, Roy Harley, Vyki Jackson, Vince Keenan, Bridget McCarte, Jerrilyn Pearson-Minor, Martha Pettineo, Michael Pieroni
 *Via teleconference

TOPIC	DISCUSSION	ACTION
Call to Order	Tom Willis called the meeting to order at 10:05am	None
Introductions	Introductions were made	None
Review of 3/1/13 Meeting Minutes	March 1, 2013 meeting minutes were reviewed and approved (Mark Cichon motioned, Jeanne Grady seconded the motion)	Minutes approved
Announcements/ Updates	<p>The following announcements/updates were reviewed:</p> <p><i>Grant Status Update</i></p> <ul style="list-style-type: none"> • EMSC/HRSA Partnership competitive grant: This grant was awarded and will run from 3/1/2013 to 2/28/2017. All state partnership grants were cut by \$20,000. National EMSC reported this reduction in funds should be reinstated, but IL EMSC is still awaiting formal notification of the reinstatement. • IDOT/IDPH Data Analysis grant: This grant is pending notification. The grant cycle is 7/1/2013 to 6/30/2014, and was submitted on March 27, 2013. • ASPR/IDPH Hospital Preparedness grant: The grant cycle is 7/1/2013 to 6/30/2014. Grant deliverables were submitted April 22, 2013. The grant amount is still pending based on federal funding projections. Per Jack Fleehty, state hospital preparedness funding is expected to be cut by 5% this year. <ul style="list-style-type: none"> ▪ Burn Surge Project: Pending notification. The grant cycle is 7/1/2013 to 6/30/2014. Project deliverables were submitted on April 10, 2013. EMSC will work with University of Chicago and Loyola Burn Centers on this project. • EMSC/HRSA Targeted Issue competitive grant: This grant is pending notification. The grant cycle is from 9/1/2013 to 8/31/2016. The application was submitted on April 9th. <p><i>Ron W. Lee, MD – Excellence in Pediatric Care 2013 recipients</i></p> <ul style="list-style-type: none"> • Lifetime Achievement: Victoria Malley, RN, MSN, MEd (School Nurse, Rockford Public Schools) • Clinical Excellence <ul style="list-style-type: none"> ▪ Patricia O'Connor, RN, MEd (School Nurse, Wheaton-Warrenville School District 200) ▪ Teresa Riech, MD (Director, Pediatric Emergency Department, OSF Saint Francis Medical Center, Peoria, IL) • Community Service: No submissions received. This was concerning to the review panel. They discussed ways to promote nominations for next year. Suggestions included: developing an online application to make it easier, and put together a brief tutorial for what they need to submit. 	FYI

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	<p><i>National EMSC Updates</i></p> <ul style="list-style-type: none"> • National EMSC Pediatric Readiness project – www.PediatricReadiness.org <ul style="list-style-type: none"> ▪ 134 Illinois hospitals (72%) have completed the assessment as of 6/7/2013. National results show hospitals that participate in a categorization system (i.e., EDAP, SEDP) are scoring higher than others. ▪ Approximately 20 PCCC/EDAP/SEDP hospitals have not participated in the project. We have contacted hospitals via emails to remind them. In addition, we have identified a vendor to do phone calls to contact non-participating hospitals and if any issues with completing the survey. ▪ National EMSC has asked all managers to refer to the program as “EMS for Children” as a name recognition process and way to build awareness of the work. ▪ Year 2014 – National EMSCs 30th Anniversary; Illinois EMSCs 20th Anniversary. We need to come up with ideas for how to mark this milestone anniversary. • American Academy of Pediatrics (AAP) and National Association of Emergency Medical Technicians (NAEMT) announced a new partnership that recognizes the value of collaborating with all providers in the continuum of pediatric emergency care. http://www.naemt.org/Libraries/Corporate%20Partners%20Documents/NAEMT_AAP_release2013.sflb • <i>Coming Soon:</i> Pediatric Education for Prehospital Professionals (PEPP), 3rd Edition. This version is still awaiting completion of instructional toolkit. The publisher gave reassurances of a summer publication. • Asthma Burden Update, Illinois Emergency Department Asthma Surveillance Project, IDPH. Please share this information with your institution and colleagues. <p><i>Other organizational reports/updates</i></p> <ul style="list-style-type: none"> • MCHC/IPC – Mike Wahl thanked Board members for their support of IPC funding. He reported IDPH statewide full scale exercise will take place on June 12th. He anticipated IPC resources will be tapped. • Safe Kids – Jessica Choi is assisting at a car seat event today so Evelyn shared Jessica’s report. Efforts on Safe Kids Day raised over \$600,000. New hyperthermia campaign due to a record number of car deaths in May, 2013 - theme is “Look before you lock.” Campaign emphasizes that kids can die in hot cars even if it’s not very hot outside. If you see a kid in a car, call 9-11. Other campaign - window falls and drowning. • Red Cross – no report • Shriners – Terry Wheat mentioned a free Ethics conference at Shriners scheduled on June 21st, 2013. <p><i>Educational Opportunities</i></p> <ul style="list-style-type: none"> • Forum on Emerging Topics in Patient Safety, September 23-25, 2013, (Baltimore, MD) • 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.luhhs.org/emsc/special.htm 	<p>Send any new announcements to Evelyn Lyons for future meetings</p>
<p>IDPH, Division of EMS & Highway Safety Report</p>	<p>Jack Fleeheart expressed thanks to the Advisory Board members for their commitment to improve pediatric healthcare and disaster preparedness. IDPH appreciates the Board’s expertise and efforts.</p> <p><i>EMS Week:</i></p> <ul style="list-style-type: none"> • EMS Week took place May 19 – 25, 2013; EMSC Day was on May 22, 2013. Theme: “EMS: One Mission. One Team.” IDPH sent out nearly 2000 EMS Week Certificates for years of service. 	<p>FYI</p>

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	<ul style="list-style-type: none"> ○ 2013 EMS Week Hero awards: Police Officer Sean O'Brien (Evanston); Firefighter Shaun Bennett (Stockton); Instructor of the Year: Greg Schwartz (Addison); Public Educator of the Year: Shane Malawy (Pinckneyville) <p><i>EMS Grants Update:</i></p> <ul style="list-style-type: none"> ● IDPH has received applications from Regions 3 and 6 for the EMS Assistance fund Grant FY2014. Applications are due June 30, 2013; late applications will not be considered. <p><i>Legislation:</i></p> <ul style="list-style-type: none"> ● State Stroke Rules: State Stroke Subcommittee finalized review of draft State Stroke rules. The rules were vetted thru the Governor's Office legal staff and approved to move to EMS Advisory Council for review. ● Stretcher Van Rules: Recent changes were submitted to the EMS Advisory Council for review. ● The following Regulatory Administrative Rules have been adopted: <ul style="list-style-type: none"> ○ Alternate Rural Staffing ○ Alternate Response staffing for both primary and back-up on call vehicles ○ Definition changes re MD, RN, NP, PA having a license unencumbered in the State they practice ○ Administrative Hearings ○ Bypass reporting ○ VA Facility requirements to participate in EMS Systems ○ VA Facility requirements to maintain two way radios and participate in disaster/bypass situations ○ EMT candidates requirement to take a refresher course (not the entire training program) if he or she fails the exam three times <p><i>Provisional First Responder amendments (will go before JCAR (June 12th):</i></p> <ul style="list-style-type: none"> ● IDPH has begun reviewing proposed rule change recommendations to the SEMSV language at the request of the Illinois Association of Air and Critical Care Transport ● IDPH will work with a Trauma Advisory Council subcommittee to develop criteria for Level II and Level III trauma center services. IDPH provided language to State representative Sullivan to move to a multi-tiered trauma system with the support of the Trauma Advisory Council and Dr. Hasbrouck (HB625). ● SB2778 which allows for in-field upgrades of the level of a BLS ambulance made it out of committee. This bill was not called for a floor vote before session ended. ● HB3186 reduces the overall number of education hours for EMT-B's (60 hours), EMT-I's (80 hours), AEMT's (80 hours) and paramedics (100 hours) was passed. This bill recognizes military experience and training and also provides free state testing examinations to the Illinois State Police, Illinois National guard, and volunteers who serve for governmental or private not-for-profit organizations who serve exclusively as volunteers with populations of less than 5000 persons. ● HB2777 will move ambulance vehicle licenses to a four year license with annual inspections passed. Both HB1386 and HB2777 should now go to the Governor's Office for signing. ● New Education Standards: IDPH was unsuccessful in getting legislators to pick up the language for these standards or to amend them to a bill that was being carried during this spring legislative session. <p><i>State Bypass System:</i></p> <ul style="list-style-type: none"> ● IDPH will have a statewide reporting drill this month, working with the federal HAvBED team. This is a grant requirement and is tied to ASPR funding. 	

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	<ul style="list-style-type: none"> With newly identified federal funding, IDPH has been able to hire a contractual software developer to make system enhancements during this fiscal year. The main focus will be: <ul style="list-style-type: none"> Add total staffed bed and 24-hour surge bed reporting capabilities for each bed type Create link between the state and federal systems to transmit bed data only at the region level. Improve data quality by preventing errors and the carryover of out-of-date counts Other enhancements requested by hospital and IDPH users, as time allows. <p><i>Prehospital:</i></p> <ul style="list-style-type: none"> Automated feedback to data submitters will be phased in this month. IDPH has applied for federal funding thru Illinois Traffic Records Coordinating Committee for: <ul style="list-style-type: none"> Conversion from NEMSIS 2 to NEMSIS 3 in 2014; Linking prehospital and trauma registry data in one EMS System, on a pilot project basis. Enforcement of the EMS Act reporting requirements are expected to pick up within the next year. <p><i>EMS Test Writing</i></p> <ul style="list-style-type: none"> A team of lead instructors and some State Education committee members have completed reviewing and updating the data bank of test questions for the EMT Basic exams and paramedic exams. This team met for over 6 months to bring the state test bank up to currently available text books on the market. <p><i>Education Curricula for Veterans who Trained in the Military:</i></p> <ul style="list-style-type: none"> IDPH has completed review of three curricula programs of the armed services and compared against the EMT-Intermediate and Paramedic curricula. IDPH identified gaps for two of the three programs in order to outline a bridge program for veterans. IDPH will evaluate five more courses by mid-July. This is a joint effort with the Department of Veterans Affairs. The goal is to develop training courses to help veterans returning to civilian life to secure state EMS licenses for employment. <p><i>Department Staffing:</i></p> <ul style="list-style-type: none"> IDPH is working with the SIU School of Medicine to develop a contract for a part time Emergency Board Certified Physician to serve in the role of OPR Medical Director. IDPH also has State Coordinator vacancies in Region 1 and in Regions 8 and 9. There is a vacancy in Springfield for the Ambulance Compliance Program Manager, as well as a licensing staff position. A hiring freeze since last November has allowed IDPH to only post one position during this time frame. <p><i>Scope of Practice:</i></p> <ul style="list-style-type: none"> IDPH is developing a survey tool to allow adoption of the New Education Standards scope of practice for entry level EMS personnel. IDPH will work with Dr. Jack Whitney on the survey, and it will undergo review by all state EMS Medical Directors. The primary focus will be to identify what education and skills will be adopted that go above the minimum standard of the New Education Standards. 	
Pediatric Preparedness Workgroup	<p>Laura Prestidge reported:</p> <ul style="list-style-type: none"> <i>Caring for Non-injured and Non-ill Children in a Disaster: A Guide for Non-Medical Professionals and Volunteers</i> – Publication has been finalized and will be shared at meetings and conferences. An electronic version will be made available on the Illinois EMSC Web site. <i>Pediatric Rapid Response Team (PRRT)</i> educational module update: The narration is completed, but has not yet received the site code for CEs. The module will be available for download on the Illinois EMSC Web site and posted on the publichealthlearning.com Web site for CE credit soon. 	FYI

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	<ul style="list-style-type: none"> • <i>Pediatric & Neonatal Surge Annex</i> update: Annex has been presented around the state as well as at an expert panel meeting (including reps from IL, IA, and WI) to gather comments/feedback. The final draft will be included in the final state plan. Components of the Annex will be tested thru table top exercises. • <i>JumpSTART Triage Training</i> update: 3 Chicago classes were completed. • <i>EMSC Pocket Card</i>: Reviewed suggested changes to Atropine field (since there are multiple concentrations available, need to use mg vs mL, and move Atropine to the right of the dark line with the other drugs that have multiple concentrations). Suggest making the dark line a different color to highlight this section of the card. The card is intended to be a quick reference tool for both EMS and hospital staff. 	<p>Send comments/suggestions to Laura lprestidge@lumc.edu</p>
Facility Recognition Committee	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> • Regions 1 & 10 <ul style="list-style-type: none"> ○ Surveys are currently being conducted; will be completed in August 2013 • Region 9 <ul style="list-style-type: none"> ○ Applications are due today (June 7, 2013). Applications are mailed to the Springfield office. ○ Surveys to be scheduled in the late Fall/Early Winter 2013 • Future plan: Replace “Waiver” with “Alternate Criteria” in pediatric facility recognition regulations to ensure consistency with trauma regulations and the need for IDPH to move away from waivers. This change addresses MD and Mid-level practitioners. Hospitals have requested waivers since facility recognition was implemented in 1998. Some hospitals continue to request a large number of waivers which is a concern. Trauma has defined a time frame and CE requirements. Too many waivers undermine the hospital’s actual ability to meet the standards. If hospitals cannot meet the higher MD requirements, the hospital can apply for the SEDP level. Paula Atteberry reported that Dr. Conover said initial waivers started when emergency residency was in its infancy. Since there are now emergency medicine programs in place, we need to revisit waivers. Carolyn Zonia asked for clarification re the grandfather process for trauma. Jack Fleearty explained for a physician to be grandfathered, they need 7000 hours of work in ED prior to the year 2000. Evelyn indicated that the Facility Recognition Committee will begin reviewing and discussing this issue further at their next meeting in July. • Updated pediatric mortality findings pre and post EDAP. Dan Leonard has been tracking this data since 1994. The decline continues to be significant. There is a decline nationally, but IL’s decline is greater. EMSC team members share this information on site visits and at regional meetings. • Current participation in facility recognition (106 hospitals) <ul style="list-style-type: none"> ○ PCCC/EDAP level = 10; EDAP level = 81; SEDP level = 15 ○ Note: In 2011, there were approximately 1 million ED visits for 0-15 year olds. 78.2% of these visits took place in a PCCC, EDAP or SEDP. Of the 1 million, approximately 30,000 required admission; 93.2% of these admissions taking place in a PCCC, EDAP, or SEDP facility (Source: Illinois Hospital Association Compdata). EMSC encourages hospitals to participate in the recognition process. The Pediatric Readiness project will bring more awareness to ED readiness. 	FYI
EMSC Targeted Issue Grant	<p>Kathy Janies & Dan Leonard reported:</p> <ul style="list-style-type: none"> • 2010-2013 Facility Recognition TI grant project <ul style="list-style-type: none"> ○ DRAFT Strategic Planning Toolkit – Kathy reviewed a draft of the toolkit pages including an introduction to strategic planning as well as general resources for the planning phases or specific 	FYI

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	<p>to the facility categorization process (such as a state comparison of Advisory Board composition and related form). The toolkit will be formatted similarly to the Interfacility Transfer toolkit recently developed by the EMSC NRC.</p> <ul style="list-style-type: none"> ○ Data updates – Dan reviewed a draft of a data “tip sheet” that walks through the steps to working with CDC Wonder mortality data. Dan is developing tip sheets for fellow EMSC program staff with a wide range of experience working with data. For more advanced data procedures, Dan demonstrated use of a training video made with Captivate software that captures clicks and mouse movements that can walk something through a process automatically. We anticipate making more of these helpful interactive forms to be added to the toolkit. 	
Data Initiatives	<p>Ruth Kafensztok reported:</p> <p><i>EMSC Data Initiatives update:</i> 3 of the 4 database updates have been tested in-house. A package of updates were prepared for submission to IDPH to update the web application and database housed in the IDPH’s host web server.</p> <ul style="list-style-type: none"> • Crash Report – 2011 Data files have been reviewed and tested in the Reporting System application environment. • Hospital Inpatient/Outpatient data – Received 2011 data in December 2012. Data files have been reviewed, processed through programming and tested in the Reporting System application environment. • Trauma Registry – 2011 data was received in May 2013. Data files have been reviewed, processed through programming and tested in the Reporting System application environment. • Mortality data – Due to current changes in how vital records data requests are processed, the request remains in the jobs queue. <p><i>Traffic Crash “Quick Facts” Fact Sheets:</i></p> <ul style="list-style-type: none"> • Calendar year 2011 fact sheets have all been drafted as of June 2, 2013. They are currently undergoing data validation and editing review. <p><i>Data Quality Studies:</i></p> <ul style="list-style-type: none"> • Studies initiated last cycle continue during this new cycle. EMSC continues to assist the CODES program to devise a strategy to obtain missing information for fatal crash records based on data that may be available in health/medical databases. Progress on the blood alcohol values from the ITR: <ul style="list-style-type: none"> ○ Agreement update between IDOT/CODES and IDPH/Trauma Registry is still being finalized. ○ FARS related data has been received and is currently undergoing data quality studies focused on preparing data files for the project <p><i>Other</i></p> <ul style="list-style-type: none"> • EMSC applied for FY 2013-14 408 grant funding in late March 2013. This is the funding source that supports the EMSC data activities outlined in this report. • Evelyn Lyons, Ruth Kafensztok, and Dan Leonard participated in the state’s Traffic Records Coordinating Committee, April 15, 2013. 	FYI
Quality Improvement	<p>Kathy Janies reported:</p> <ul style="list-style-type: none"> • <i>Online Education</i> is currently available for continuing education credit on publichealthlearning.com <ul style="list-style-type: none"> ○ Pediatric Pain Mgmt in the Emergency Setting module participants: 319 RNs, 8 MDs, and 143 EMS ○ Pediatric Seizures module participants: 555 RNs, 19 MDs, and 184 EMS providers 	FYI

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	<ul style="list-style-type: none"> ○ Pediatric Hyperglycemia and DKA module participants: 424 RNs, 13 MDs, and 116 EMS providers ● <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: Pediatric sepsis QI project is ongoing. Data shows that most hospitals are in a different place in their improvement plan. They will decide at their next meeting if they will continue with the project or end it. Hospitals are preparing for facility recognition site surveys. ○ Region 2: Group developed a Child abuse and neglect resources manual. Co-chairs are considering organizing an educational event to specifically engage the Pediatric Physician Champions. They are also going to review weak areas identified from the Pediatric Readiness project. ○ Region 3: Indicators have been identified re: pain management of long bone fractures, but the tool has not been formatted yet. ○ Region 4: Joint Position Statement between Coroner/Medical personnel is being drafted related to when and how family members will have access to patients or bodies for closure purposes. Work continues with two St. Louis Children's hospitals regarding use of CT scans prior to transfer. The St. Louis hospitals want to expand this project to review door to door time and how time correlates with services/CT scans the patient received at the referring hospital. ○ Region 5: Pain management audit for quarter and audit trauma transfer times. They plan to offer remote access to their quarterly meetings to increase. ○ Region 6: Child abuse screening tools and protocols are being developed in a monitor tool. ○ Region 7: Child abuse screening was reviewed with reports pending. A new tool is being developed regarding trauma and the use of safety/protective equipment for injury prevention. ○ Region 8: Work continues on extremity injury pain management data collection. ○ Region 9: Nursing documentation review of pain management, especially improve pain reassessment. ○ Region 10: Child abuse screening is being considered as an indicator topic. ○ Region 11: Committee decided to end the regional collection of pain data, but will work on a standard protocol/guideline with consideration of variation in hospital characteristics and practices. 	
Education	<p>Chris Kennelly reported:</p> <ul style="list-style-type: none"> ● School Nurse Emergency Care (SNEC) course update: Eight courses are scheduled this summer and begin this month. Over 200 nurses have registered online for these eight available courses. http://www.luhs.org/depts/emsc/eventflyer/SNEC2013SummerCourses_FINAL.pdf ● <i>Child Abuse and Neglect Policy & Procedure Guidelines/Toolkit, 2nd Edition</i> – This resource was shared with a number of organizations around the state; available on Illinois EMSC and DCFS Web sites. Will be used for new resident and social work education at Chicago Children's Advocacy Center and UIC. ● <i>Pediatric Mock Code</i> follow-up: 56% past participants gave feedback. The most common barrier continues to be lack of time to do mock codes. Six months after attending, these respondents reported that the workshop resulted in improvement in the following areas: communication, critical thinking skills and debriefing. For those who had no existing mock code program before attending the Create Your Pediatric Mock Code Program, the workshop was described as being assistive in: developing a pediatric mock code program, and increasing the number of pediatric mock codes. ● <i>Educational opportunities</i> – There are a number of new pediatric educational opportunities for healthcare providers. The Eunice Kennedy Shriver National Institute of Child Health and Human Development and 	FYI

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	its partners developed a free program on SIDS risk reduction for nurses. Nurses who complete the course will receive 1.1 credit hours from the Maryland Nurses Association. Shaken Baby Syndrome Train-the-trainer workshops teach professionals and volunteers the skills needed to become comfortable conducting community Shaken Baby Syndrome (SBS) presentations. National Institute of Child Health and Human Development, hosts NICHD Research Perspectives a monthly podcast series. The series features interviews with NICHD researchers discussing the implications of the research, what the findings may mean for patients and members of the public.	
EMS Region 4 Coalition	Evelyn Lyons reported (on behalf of Scott Tiepelman): <ul style="list-style-type: none"> • 3rd Annual Region 4 Coalition Scholarship: Awarded 3 scholarships for \$500 each for high school students entering emergency or pediatric medicine fields. 	FYI
2013 meeting schedule	<ul style="list-style-type: none"> • 2013 Meetings (All meetings from 10:00am – 12:00pm at the Illinois Hospital Assn) <ul style="list-style-type: none"> ○ Friday, September 27, 2013 ○ Friday, December 20, 2013 	Meeting reminder will be emailed
Adjournment	Meeting was adjourned at 11:55am. Evelyn will send out meeting invitation to populate online calendars.	None

Meeting minutes submitted by K. Janies & E. Lyons