

**Trauma and EMS Advisory Councils Meeting**  
**September 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—Richard Fantus at 11:03am**

*[Proceedings for the Trauma Advisory Council have been separated out from this document since the EMS Advisory Council portion was approved on November 7, 2013 (the Trauma Advisory Council will approve their portion at the next meeting on December 5, 2013)]*

**Roll Call—Mike Hansen (EMS)**

Present: Glenn Aldinger, Richard Fantus, Stephen Holtsford, George Madland, Connie Mattera, Doug Sears, Ralph Graul, Christopher Webster, Mike Hansen, J. Thomas Willis, Leslee Stein-Spencer, David Loria, Randy Faxon, Kathleen Schmidt, Brad Robinson, Kevin Bernard, Don Davids, Jack Whitney, and Kenneth Pearlman

Absent: Melissa Dunning, James Rutledge, Greg Scott (proxy to Mike Hansen), Lawrence Miller, and Herb Sutherland (proxy to Stephen Holtsford)

Mike announces there is a quorum.

**Illinois Department of Public Health Report—Jack Fleeaharty**

EMS Systems: IDPH conducted meetings with the EMS system coordinators and trauma nurse course coordinators to provide instruction and updates on the computer-based testing that will begin October 1, 2013. New users-manuals for the GL Suite licensing database were distributed and reviewed as well. IDPH continues to work on enhancements to help reduce the workload on the EMS Systems. IDPH has updated approximately 30 forms, half of which are available on the public website, with the others being made available to systems in the near future via the IDPH web portal.

Veterans Bridge Program Curricula: IDPH has completed an initial bridge program for veterans who have completed education while serving in the armed forces. Most military programs at a minimum qualify veterans for testing to the EMT-B license. The Army 68-W-10 course meets about half of the requirements for the EMT-I license and about two-thirds of the requirements for an EMT-P license. This program has been submitted to the Department of Veterans Affairs and when final approval is given will be provided to the EMS Systems.

State Stroke Assessment Survey: This tool was distributed to the EMS systems yesterday. We encourage EMS Systems to complete the survey for the State Stroke Advisory Subcommittee.

Stroke Program Report: IDPH has hired a new HSVI/Stroke Coordinator, please welcome Julie Havens (introduces her). Currently she's reviewing the stroke legislation and draft rules. She is in the process of developing the checklists, application forms, and guidance documents, as well as performing research in order to determine the most functional and efficient database to utilize as the stroke registry. She'll be drafting the website information/introduction to the new stroke designation procedures when her research is finalized.

Scope of Practice Survey: IDPH continues to work on the scope of practice survey and should have the survey built within the next few weeks. Once completed, IDPH will distribute the initial survey to all of the EMS System Medical Directors.

National Registry: IDPH has started discussion with the National Registry to determine the requirements for IDPH to be able to import student records similar to what we do with Continental Testing. This would eliminate the need for EMS Systems to send in the transaction cards, child support statements, and money for students who choose the national registry exams.

EMS Grants: The Department will be sending out EMS Assistance Fund Grant award and regret letters this week.

Legislative Update: The Stoke Administrative Rules are at Second Notice and the Stretcher Van Amendments are at First Notice at JCAR. The amended rules to implement PA 0053 will go to legal for review this week. PA 0053 includes the change in CE hours, waivers for license and examination fees for an EMT or First Responder who is a member of the Illinois National Guard, an Illinois State Trooper, or exclusively serves as a volunteer for units of local government or a not-for-profit organization that serves a service area with a population base of less than 5,000.

IDPH has submitted draft language for review to legal concerning:

- Changes to decrease CME requirements.
- Ambulance license to 4 years with annual inspections.
- Military experience application towards EMT certification.
- Waiver for license, examination and renewal fees for ISP, Illinois National Guard, and Volunteers serving populations under 5,000.
- Suspend, revoke, or deny licensure for felony convictions.

IDPH continues to work on the draft rules submitted to IDPH by IAAC. We have engaged the Illinois Department of Transportation, Division of Aeronautics for additional subject matter expertise in reviewing these draft rules. Once these rules are reviewed and released by the Governor's Office they will be submitted to the council for review.

Trauma Program Update: There were three trauma surveys completed since the last Council meeting; there are two scheduled for October 2013. IDPH is attempting to survey first the hospitals that have not been visited in awhile and is developing a hospital site visit plan in an attempt to regionalize site visits, much like the EMS for Children does. Letters of good standing will be provided to hospitals requesting documentation verifying status as an Illinois trauma center while the site visit plan is developed.

Trauma center fund distribution: \$5.1 million was distributed from the Trauma Center Fund. The Trauma Center Fund Memo and distribution list went out to the trauma coordinator list serve with a note to share the Memo with the Trauma Medical Director and CEO since no hard copies will be mailed out. Some region 4 and 5 hospitals were contacted regarding non-compliance with the trauma center fund distribution from 2012 and will not be receiving funds this year. Funds originally designated to be distributed to those hospitals who were non-compliant will stay in that hospital's region.

Trauma Registry: A draft Request for Information (RFI) was sent to the IDPH Procurement section for review. Once approved, a trauma vendor fair will be held to introduce available trauma software options to the Department; cost and functionality will be assessed to determine the software's ability to meet the needs of the Illinois Trauma Community.

Review of Trauma Data Requests: An amendment to the IDPH-IDOT data sharing agreement has been approved by IDPH Legal. The University of Chicago is requesting trauma data to conduct a study on the Impact of Transport Time and Injury Severity Score on Outcome of Trauma Patients in Chicago. A draft Data User Agreement was sent to Legal for review and is currently awaiting approval.

EMSC Program Updates:

- National Pediatric Readiness Project – EMSC would like to thank all the hospitals that participated in the National Pediatric Readiness Project survey. The response rate was 97.8% and Illinois received the 3<sup>rd</sup> highest state score in the country. When the data report is received from National EMSC, we will share with all hospitals and other interested parties.
- EMS Survey – National EMSC is conducting a random assessment of pediatric equipment on ambulances and on-line/off-line medical direction. If your agency has received a letter regarding this survey, we would appreciate your assistance in completing it as soon as possible.
- Pediatric Facility Recognition – Hospitals in Region 9 will undergo site surveys in November and hospitals in Regions 3 and 6 will undergo site visits in 2014.
- Illinois EMSC Advisory Board – The Illinois EMSC Advisory Board has an open position for an EMS System Coordinator. The board meets quarterly. If interested, please contact Evelyn Lyons.
- Burn Surge Annex – The EMSC program has been asked to develop a Burn Surge Annex that will be included in the State Medical Disaster Plan. There are limited burn resources across the State and country, so this plan will provide direction and guidance in the case of a disaster that results in a large number of burn patients. The burn surge annex will address ALL age populations up to the age of 16 years old. An initial meeting has been scheduled on October 16, 2013 which will bring together representatives from burn centers, hospitals with burn units, trauma centers, RHCCs, EMS, palliative care, IDPH, CDPH, and the American Burn Association. Following the October meeting, workgroups will be convened to focus on specific aspects of the plan. The goal is to have a final draft by Spring 2014. EMSC is still looking for trauma physicians to participate in the October meeting. Please contact Evelyn Lyons if you have questions.

Questions: Dr. Scott French asked how much the trauma fund distribution was last year (compared to the \$5.1 million this year). Adelisa Orantia states the distribution was \$4.5 million last year.

\*\*\*Jack reminds all the Council members that their Annual Ethics Training is due September 20, 2013.\*\*\*

**Call to Order (EMS)—Mike Hansen at 11:46am**

A motion is made to approve the meeting minutes from June 6, 2013; no opposition; no abstentions; minutes are approved.

Legislative and Planning: (No Report)

#### State EMS Protocols: (No Report)

EMS Data (Next Meeting: ICEP 9/17 @ 10:00am)—Mike Hansen: They are looking at linkages between the EMS System and Trauma Registry within the St. Francis EMS System--discovering linkages between these two data sets will help during research.

EMS Education—Connie Mattera: They last met on July 22, 2013; when finalized, she will send out a report to the EMS system coordinators. The scope of practice questionnaire is in the process of being defined, but can't be completed until the scopes are determined. She refers to federal documents in her binder affecting EMS that we should be paying attention to. The computer-based testing method has caused some to think we're going to a national registry type computer-adaptive type test; no, we're going to a *linear* computer testing. Everyone has 150 questions and is timed (i.e. the computer will not sense how well in time they're doing). Since Illinois has not moved to the new education standards yet we have two sets of questions: the new DOT and a set to match the new education standards. Encourage students to go to the study guides on the testing websites; if we do move to the new education standards students will be over-prepared. The National EMS Advisory Council met in September 2013 and they're looking for a new EMS agenda (the last was published in 1996). They're looking at elements that need revision regarding EMS education, notably pediatrics. Connie has met with pediatric national organizations, including EMSC, to explore what additionally we need to teach. She's been asked to do a gap analysis; this must be sent by the end of September. Connie can send what she has prepared thus far to anyone interested.

Since the legislation was passed decreasing the continuing education hours, the Education Committee was tasked with deciding how this was to be broken down; what will be accepted and what won't. We need to adapt to the modern computer testing environment and decide what types of on-line college coursework is acceptable, etc. It will be very challenging to facilitate an expanded scopes-of-practice model with a reduction of hours. With Mobile Integrated Healthcare (Community Paramedicine), we'll be partnering with many other agencies to determine how patients will be cared for or how/whether they're transported. We have to tie our education to how we're going to operate in the near future. The National Association of State EMS Officials (NASEMSO) doctors are finalizing new standing medical order templates (SMOs) they plan to issue to the country (in time information may be found at the NASEMSO website under the Model EMS Clinical Guidelines Project); these may give us a framework to build (evidence-based) protocols in Illinois. The Community on Accreditation of EMS Programs (CoAEMSP) board met in August; many have submitted for letters of review; it'll be a year before your site visit will be done. They can take national registry exam (IL is only one of five that doesn't require the national registry). They have an accreditation workshop in Rosemont (September 26-28, 2013) where 67 people are registered. Accreditation doesn't mean you're done—annual reports are ongoing data requirements. The accreditation workshop is on September 26-28. Lastly, they are in dire need of registrants for the Level I Lead Instructor course on October 11-13 (they have 29 and they need 45!).

EMS Recruitment and Retention—Mike Hansen reporting for Greg Scott: They met on May 16, 2013 and July 11, 2013; the minutes are approved from May 16. There are openings left for the October 8, 2013 EMS Summit presented through Lieutenant Governor Sheila Simon's office.

#### Tactical EMS: (No Report)

Emerging Issues—George Madland: They meet again October 28, 2013 with meetings every other month on the 4<sup>th</sup> Monday at Superior Ambulance; lunch is served. The conceal carry law has come up in discussion regarding how policy and the training of providers will be implemented. Some regions have already created policies but we're waiting to see what direction ISP provides when IDPH meets with them. It's unfortunate that ambulances can't be a "safe zone." George reports that it's taking some of his applicants who have chosen to take the National Registry 4-6 weeks for them to get their licenses. He relays that some are questioning why we're still doing State exam. The Mobile Integrated Healthcare Subcommittee reported to the Emerging Issues Subcommittee about Public Act 096-0361 that allows the police to administer NARCAN intra-nasally—he forwarded the legislation to Jack Fleeharty. There may be supply and re-supply issues but his area is preparing. He presented the Public Act to ICEP since it'll likely affect others' communities. Jack Fleeharty takes the floor on conceal carry and notes that IDPH is researching this issue. He notes a state office in Ohio did a great job developing a guidance document. EMS crews need to be safe. He announces that IDPH is meeting with ISP tomorrow (9/13/13) and a guidance document will be prepared that should give direction for the EMS systems to develop their own training and policy. Dr. Fantus asks if training can get embedded in EMT education before licensing. Jack says nothing's been decided but IDPH wants ISP to consider EMS's concerns. Kevin Bernard asks for clarification; Region 7 has already submitted their policy and they've made it clear their own medics can't carry, either. Jack says at the State level liability to the medical director and patients' rights aren't protected. George continues that Emerging Issues is working on legislative updates and discussing drug shortage notification. Other issues include mandating flags at half staff for any EMS person dying in the line of duty, Mission Lifeline, the Illinois EMS license plate

initiative (they're 600 signatures short—see George if you want to sign up), Medicaid forms and trouble receiving reimbursement, and the formation of an EMS Data Committee.

Community Paramedicine—George Madland: The first meeting was on July 24, 2013; Dr. Valerie Phillips is the Chair and George is the Co-Chair. The next meeting is on September 26, 2013 at ICEP at 1:00pm. To follow national guidelines they changed the name to the Mobile Integrated Healthcare Subcommittee. There is national movement toward this different approach to EMS professionals and how they interact with the population they serve. They're discussing ways to get funding and what extra education should be implemented, as well as what legislation needs to be pursued. EMS is in people's homes; we see things and can intervene with what social services need to be involved. Doug Sears asks how EMS is going to change what Medicaid/Medicare will pay. An unnamed meeting attendee says they're working on changes to reimburse providers even when no transport takes place. (Discussion ensues about preventing hospital re-admission, expanding the scopes and roles of EMTs, grants, input from hospitals, other states' models, and other groups we may intersect with such as hospice).

State Stroke Advisory—(No subcommittee member present)

#### **Illinois Poison Center (IPC) Presentation (EMS)**

Mike Hansen opens stating the IPC has had their funding cut and is introducing IPC as New Business. He introduces Dennis O'Sullivan (who distributes hand outs) and Carol DesLauriers (who discusses the hand outs outlining the IPC's effectiveness in how they serve the healthcare community). Funding from State and Federal sources has been decreasing since 2009; they're half-a-million-dollar funding gap is non-sustainable while trying to fulfill the requirements dictated by law. The impact to the EMS and hospital community will be significant if they aren't able to operate. She reports that IPC is trying to get funding from Telecomm. Carol answers a question by reporting IPC receives \$1.4 million from hospital contributions currently. Dr. Fantus notes to keep IPC open seems like a logical step to keep people out of the hospital. Leslee Stein-Spencer agrees with Dr. Fantus that losing IPC in Illinois affects the entire State; she sees this as a problem they all need to resolve.

#### **Old Business (EMS)**

Mike Hansen says legislatively there has been success. IDPH is developing rules and regulations for legislation that has become Public Act. Others will be moved in the veto session and they'll be looking for new supporters next spring. Jack Fleeharty announces IDPH's two Regional EMS Coordinator positions have posted and interviews should commence in the next two-three weeks.

#### **New Business (EMS)**

- Mike Hansen asks for a motion to change "Community Paramedicine" to "Mobile Integrated Healthcare." Dr. Aldinger makes a motion and Don Davids seconds the motion. No opposition; no abstentions; approved.
- Mike asks for a motion to support IPC in the form of letters to the Governor and legislators and of any bills that come forward that would provide funding; they're looking at IPC to be the "poster-child" for the Illinois Alliance that meets at end of September. Leslee Stein-Spencer makes a motion; Kevin Bernard seconds the motion. No opposition; no abstentions; approved.
- Mike states he will distribute any legislation information upon request and he provided a summary of Federal Field EMS Bill House Resolution (HR) 809 in the Council Member packets. This HR "finds a home for EMS and Trauma at the federal level" with the Department of Health and Human Services. Mike reports some highlights. Mike asks for a motion to support HR 809 by contacting Illinois legislators to co-sponsor it. Dr. Jack Whitney makes a motion and Kevin Bernard seconds the motion. No opposition; no abstentions; approved. Mike states he will keep the Council informed on HR 809's status and that anything that goes out will be forwarded.

Future Meetings—Mike Hansen: Mike announces the future meeting dates to be November 7 (2013), March 4 (2014), June 5 (2014). George Madland makes a motion to approve these dates and Don Davids seconds the motion. No opposition; no abstentions; approved.

**Wrap Up & Call for Public Comment (EMS)** Mike Hansen announces Evelyn provided an EMSC report in Council Member packets. He reports changes from the federal government regarding how reimbursements are handled and provides some data/statistics. He also attended the IWIB (unknown) Healthcare Task Force and stated participants included home health, physicians, nurses, educators, and SIEU (unions); hospice and EMS were not there. Mike advised us to stay in good communication so we have "seats at the table."

**Adjourn** Dr. Glenn Aldinger makes a motion to adjourn the meeting; George Madland seconds the motion; adjourned at 1:04pm.