

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY BOARD
Meeting Minutes
September 27, 2013

Present: Paula Atteberry (IDPH), Young Chung (Red Cross),* Darcy Egging (IL ENA),* Susan Fuchs (Chair) (Natl. Assoc. EMS Physicians), Jeanne Grady (IL DSCC), Sheree Hammond (IL DCFS), Kathy Janies (EMSC), Ruth Kafenzstok (EMSC), Dan Leonard (EMSC), Evelyn Lyons (EMSC), Michael Pieroni (IL State Ambulance Assoc.),* Laura Prestidge (EMSC), Greg Scott (IL EMT Assoc.), Herbert Sutherland (ICEP),* Michael Wahl/Dennis O’Sullivan (guest) (MCHC), J. Thomas Willis (Co-chair) (IL Fire Fighters Assoc.), Carolynn Zonia (IL State Medical Society)

Excused: Jessica Choi (Safe Kids IL), Mark Cichon (EMSC), Kim Gudmunson (Parent Rep), Bonnie Salvetti (IL NA), Glendean Sisk (IDHS), Terry Wheat (Ped Rehab)

Absent: Joseph Hageman (ICAAP), Mike Hansen (IL Fire Chiefs Assoc.), Roy Harley (Prevent Child Abuse IL), Vyki Jackson (IDHS), Vince Keenan (IL AAFP), Steve Lelyveld (ICAAP), Bridget McCarte (IHA), Martha Pettineo (IL EMS Coordinators Assoc.), Kathy Swafford (ICAAP), Scott Tiepelman (Region 4 Coalition)

*Via teleconference

TOPIC	DISCUSSION	ACTION
Call to Order	Susan Fuchs called the meeting to order at 10:05am	None
Introductions	Introductions were made	None
Review of 6/7/13 Meeting Minutes	June 7, 2013 meeting minutes were reviewed and approved (Tom Willis motioned, Jeanne Grady seconded)	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 not funded. <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"> 180 Illinois hospitals (97.8%) have completed the assessment. National results show hospitals that participate in a categorization system (i.e., EDAP, SEDP) are scoring higher than others. Federal EMSC Pediatric Medical Direction and Equipment Survey – This is a national survey aimed at assessing the capabilities of EMS agencies to treat ill or injured children (0-18 years). This is an on-line survey, but the agencies are being contacted via letters to request their participation. Greg Scott asked that the RHCC Coordinators be alerted to which agencies still need to complete the survey. Year 2014 – National EMSC will be celebrating its 30th Anniversary; Illinois EMSC will be celebrating its 20th Anniversary. Send ideas to mark the occasion to Evelyn. <p><i>October Recognition</i></p> <ul style="list-style-type: none"> Sudden Infant Death Syndrome Awareness Month – Per request from the QI Subcommittee members, EMSC created a newsletter to promote SIDS Awareness month and the issue of cosleeping. October 7, 2013 – Child Health Day raises people’s awareness of how they can protect and develop children’s health. This event is annually celebrated on the first Monday of October. Fact Sheet: <i>Injuries to Illinois and Chicago Youth</i>, Lurie Children’s Hospital of Chicago Research Center, 	FYI

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	<p>May 2013 – This report reviews recent data related to firearm deaths, hospitalizations and ED visits for both intentional (assault and suicide attempts) and unintentional injuries. Firearm deaths are for years 2008-10; non-fatal injuries are for 2008-11.</p> <ul style="list-style-type: none"> • Pediatric Education for Prehospital Professionals (PEPP), 3rd Edition – Provider manual available. <p><i>Other organizational reports/updates</i></p> <ul style="list-style-type: none"> • MCHC/IPC – See below for full report • Safe Kids – Jessica Choi could not attend and did not send a report <p><i>Educational Opportunities</i></p> <ul style="list-style-type: none"> • Pediatric Spinal Cord Injury Symposium, 10/12/13, Shriners Hospitals for Children, Chicago • 2013 Wisconsin EMSC Conference, 10/12/13, Madison, Wisconsin • Advocate Condell Hospital 9th Annual Pediatric Symposium, 10/18/13, Libertyville, IL • 4th Annual Caring for the Pediatric Population, 10/30/13, Urbana, IL • 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 	<p>Send any new announcements to Evelyn Lyons for future meetings</p>
Illinois Poison Center Update	<p>Mike Wahl presented information regarding serious funding issues with the IPC that will result in impending closure as of June 30, 2014. He reviewed essential functions of the IPC and summary of services over the past 15 years. Due to ongoing funding shortages, there is a funding gap of \$520,000, even with significant expense reductions. MCHC has been filling the funding gap, but can no longer do so. When/if the IPC closes, they expect over 35,000 people that could have managed their care at home will go to the ED. IPC plans to seek sustainable funding via a revision to the Telecommunication Act to defer some of that revenue to the IPC. Mike requested support from the Advisory Board in their lobbying efforts.</p>	<p>Vote was unanimous to support the IPC.</p>
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 conducted meetings with the EMS system coordinators and trauma nurse course coordinators to review computer-based testing (beginning October 1st). IDPH provided updates to the GL suites licensing system and distributed new user's manuals. IDPH continues to work on enhancements to the system to reduce the workload burden on the EMS Systems. IDPH has upgraded 30 forms; half are public use forms posted on the IDPH web site. The other forms will be made available to EMS systems on a shared folder accessed via the Portal. <p><i>Veterans Bridge Program Curricula:</i></p> <ul style="list-style-type: none"> • IDPH completed an initial bridge program for veterans who have completed education while serving in the armed forces. This program has been submitted to the Veterans Administration (VA) for approval, and will be provided to the EMS Systems when approved. The VA is applying for a federal grant (through the Governor's Office) to gain monetary assistance to provide educational opportunities for Illinois veterans. <p><i>State Stroke Assessment Tool Survey:</i></p> <ul style="list-style-type: none"> • Survey was distributed to the EMS Systems on September 25th. IDPH encouraged EMS Systems to complete the survey for the State Stroke Advisory Subcommittee. 	<p>FYI</p>

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	<p><i>Stroke Program Report:</i></p> <ul style="list-style-type: none"> • IDPH has hired a new Stroke Coordinator and HSVI Registry Staff Member: Julie Havens, RN. Current activities include reviewing the legislation and draft rules. She is developing checklists, application forms, and guidance documents, and is researching web site requirements to determine the most functional and efficient database to utilize. Julie will begin drafting the web site information/introduction to the new stroke designation procedures. <p><i>Scope of Practice Survey:</i></p> <ul style="list-style-type: none"> • IDPH continues to work on the Scope of Practice survey tool. Once completed, IDPH will distribute the initial survey to all of the EMS System Medical Directors. <p><i>National Registry Imports:</i></p> <ul style="list-style-type: none"> • IDPH began discussions with the National Registry to determine the requirement to import student records (similar to the process used with Continental Testing). This would eliminate EMS Systems from having to send in the transaction cards, child support statements, and money for students who take the national registry exams. <p><i>Legislative Update:</i></p> <ul style="list-style-type: none"> • EMS GRANTS: IDPH sent out EMS Assistance Fund Grant awards and regret letters last week. The total amount awarded was \$100,000. <p><i>Regulatory:</i></p> <ul style="list-style-type: none"> • Stroke rules will go before JCAR for approval on October 22nd. • Stretcher Van amendments will be going to Second Notice next week. • IDPH submitted draft language to legal for review concerning: <ul style="list-style-type: none"> ○ Changes to decrease CME requirements (PA 98-0053) ○ Ambulance license to 4 years with annual inspections (PA 98-0452) ○ Military experience application towards EMT certification (PA 98-0053) ○ Waiver for license, examination and renewal fees for ISP, Illinois National Guard, and Volunteers serving populations less than 5,000 (PA 98-0053) ○ Suspend, revoke or deny licensure for felony convictions (PA 96-1469) • IDPH continues to amend the Specialized Emergency Medical Services Vehicle (SEMSV) rules submitted by the Illinois Air Association of Critical Care Transport (IAACT). IDPH engaged the IDT, Division of Aeronautics for additional subject matter expertise in reviewing these draft rules. <p><i>Trauma Program Update:</i></p> <ul style="list-style-type: none"> • Three trauma surveys were completed; two others are scheduled for October 2013. IDPH is prioritizing hospital visits to those have not been visited in many years. <p><i>Trauma Center Fund Distribution:</i></p> <ul style="list-style-type: none"> • \$5.1 million were distributed from the Trauma Center Fund in total. A Trauma Center Fund memo was emailed to the Trauma Counsel members. Region 4 & 5 hospitals were contacted regarding compliance with the trauma center fund distribution from 2012. Some hospitals will not be receiving funds this year for non-compliance. Undistributed money from those hospitals that did not receive a trauma center fund distribution this year will stay in that hospital's region. <p><i>Trauma Registry:</i></p>	

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	<ul style="list-style-type: none"> IDPH Procurement section received a draft Request for Information (RFI) for review. Once approved, a trauma vendors' fair will be held to find out what kinds of trauma software available, assess cost, and evaluate if the functionalities meet the needs of the Illinois Trauma Community. 	
Advisory Board Member Updates	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> Ethics Training – Please complete and submit this year's Ethics training as soon as possible. Open board positions – EMS System Coordinator, Illinois Academy of Family Physicians, Illinois Hospital Association, parent representative, pediatric surgeon <ul style="list-style-type: none"> The Board welcomes Greg Scott as the new Illinois EMT Association representative Per Evelyn, Kim Gudmunson regrettably needs to step off the Board as parent representative due to her son's extended illness. Kim sends her best wishes to the Board and thanked everyone for their commitment to pediatric issues. 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). Evelyn will send out a participation report to all Board members from the past two years. Evelyn asks that if any Board member cannot meet this guideline, please consider stepping off to allow a new representative to take his/her position. 	Contact Evelyn if you have a recommendation for any of the open positions.
Pediatric Preparedness Workgroup	<p>Laura Prestidge reported:</p> <ul style="list-style-type: none"> <i>Illinois EMSC Pediatric Preparedness Newsletter (National Preparedness Month</i> – This yearly newsletter is available on the EMSC web site. <i>Caring for Non-injured and Non-ill Children in a Disaster: A Guide for Non-Medical Professionals and Volunteers</i> – This publication is being shared at meetings and conferences. An electronic version is available on the Illinois EMSC web site. <i>EMSC Pocket Reference Card</i> – This tool has been finalized and posted on the Illinois EMSC web site. The card is intended to be a quick reference tool for both EMS and hospital staff. Pediatric & Neonatal Surge Annex update – The 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. The final draft will be included in the final state plan. Components of the Annex will be tested via table top exercises. Burn Surge Annex update – Since EMSC has experience with developing these types of plans, IDPH has tasked EMSC with developing the Burn Surge Annex plan. The initial planning meeting will be held on October 16th to set the objectives and establish work groups. Education update (JumpSTART, PEPP, TEEX course) – Laura will become a PEPP course instructor so she can help host future courses in parts of the state that lack instructors. There are no JumpSTART Train-the-Trainer workshops scheduled at this time. Contact Laura if an organization is looking for an instructor. TEEX courses are administered through Texas A&M Engineering extension service. Emergency Preparedness Planning Guide for Day Care Centers – This resource will be updated with input from IDPH Child Care Nurse Consultants. 	FYI Send comments/suggestions to Laura lprestidge@lumc.edu
Facility Recognition Committee	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> Regions 3 & 6 <ul style="list-style-type: none"> October 9th (Reg 3) at St. John's Hospital, Springfield 	FYI

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	<ul style="list-style-type: none"> ○ October 25th (Region 6) at Carle Foundation Hospital, Urbana ● Region 9 <ul style="list-style-type: none"> ○ Surveys will be scheduled for November 2013 ● 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) 	
National EMSC Pediatric Readiness project	<p>Web site: www.pediatricreadiness.org</p> <ul style="list-style-type: none"> ● Initial Pediatric Readiness State Summary Gap Analysis (more data to come) <ul style="list-style-type: none"> ○ National Hospital Participation (with EDs) = 4,143 <ul style="list-style-type: none"> ● Median Score = 69 ○ Illinois Hospital Participation = 181 (97.8% response rate) <ul style="list-style-type: none"> ● Median Score = 82.5 (all hospitals) ● Median Score = 88.8 (PCCC/EDAP/SEDP hospitals) ● Median Score = 64.9 (non-recognized hospitals) 	FYI
EMSC Targeted Issue Grant	<p>Kathy Janies & Dan Leonard reported: <i>2010-2013 Facility Recognition TI grant project</i></p> <ul style="list-style-type: none"> ● Strategic Planning Toolkit – Kathy reviewed the Table of Contents, including a brief review of some specific resources developed to address facets of the facility categorization process. The toolkit will be formatted similarly to the Interfacility Transfer toolkit by the EMSC NRC staff. Kathy, Dan, and Evelyn participated in a national EMSC Webinar on September 23rd to provide a “sneak preview” of the contents. The presentation is archived at http://learning.mchb.hrsa.gov/Archives.asp. ● Data updates – Dan reviewed the data matrix that includes sources from basic to more complex. Dan also reviewed one of the tip sheets to show how they are organized. 	FYI
Data Initiatives	<p>Ruth Kafenszok reported: <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 	FYI

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	<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 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. Evelyn, Ruth, and Dan participated in the state's Traffic Records Coordinating Committee (July 15, 2013) 	
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 Management: 396 RNs, 13 MDs, and 181 EMS Pediatric Hyperglycemia and DKA: 473 RNs, 20 MDs, and 150 EMS providers Pediatric Rapid Response Team: 46 RNs, 2 MDs, and 20 EMS providers Pediatric Seizures: 610 RNs, 21 MDs, and 229 EMS providers (has expired) <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: Will continue to focus on pediatric sepsis identification and management. Staff education is taking place in follow up to record review. Region is also focused on pain management for extremity injuries. Region 2: Developed a binder regarding child abuse and neglect were distributed to all hospitals that can be adapted to include individual policies, checklists, forms, and contact information. Region 3: Drafted new tool for pain management of long bone fractures. Transfer feedback tools (from receiving to sending hospitals) are also being discussed. Region 4: Finalized a brief consensus statement with local coroners and police representatives regarding parents' rights to go into a child's room in cases of suspected abuse. Work continues with St. Louis hospitals reviews of transfer cases. A new QI monitor tool regarding prehospital pediatric respiratory care is being piloted. Region 5: Reviewing data results from their former projects using a report prepared for them by EMSC staff, and will perform a spot check of the same indicators in the next quarter. Hospitals also began collecting pediatric trauma data for April, May, and June using the same trauma audit filters as provided by Deaconess Hospital Trauma Center in Evansville. Region 6: Developing child abuse screening tools and protocols, and continuing to review pain management. During the August meeting, Evelyn Lyons and Laura Prestidge reviewed the Illinois ESF-8: Pediatric and Neonatal Surge Annex with the committee. Region 7: Focused on trauma and the use of safety/protective equipment for injury prevention. A 	FYI

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	<p>regional pediatrics conference is planned for January 2014.</p> <ul style="list-style-type: none"> ○ Region 8: Focused on child abuse screening using materials available in EMSC's Child Abuse and Neglect Policy & Procedure Guidelines/Toolkit. ○ Region 9: Results were presented from record reviews of child abuse screening. The region is also preparing for facility recognition site surveys. ○ Region 10: Work continued with a screening abuse tool. Also, a new project was considered regarding abdominal pain management in cases of rule/out appendectomy, for patients that were either admitted as inpatients or transferred. QI monitoring of transfers for psych patients was a concern; committee will discuss adding this to their transfer QI tool. ○ Region 11: The region will be completing a survey based on committee member suggestions for QI initiatives and will compile data for the next meeting in November. The Chicago Children's Advocacy Center Medical Director will present in November regarding referral protocols, suggestions, and case management. ● <i>Pediatric Publications Update</i> <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 	
Education	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> ● School Nurse Emergency Care (SNEC) course update – Eight courses were held over the summer; over 200 nurses attended ● 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	<p>Scott Tiepman:</p> <ul style="list-style-type: none"> ● Scott could not attend and did not send a report 	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, December 20, 2013 	Meeting reminder will be emailed
Adjournment	Meeting was adjourned at 11:45am. Evelyn will send out meeting invitation to populate online calendars.	None

Meeting minutes submitted by K. Janies & E. Lyons