

ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY BOARD
Meeting Minutes
March 7, 2014

Present: Kathy Disher, Darcy Egging (IL ENA)*, Jack Fleeheart (IDPH), Susan Fuchs (Chair) (Natl. Assoc. EMS Physicians), Jeanne Grady (IL DSCC), Mike Hansen (IL Fire Chiefs Assn), Ruth Kafenzstok (EMSC), Dan Leonard (EMSC), Evelyn Lyons (IDPH/EMSC), Michael Pieroni (IL State Ambulance Assoc.)*, Laura Prestidge (EMSC), Bonnie Salvetti (INA)*, Greg Scott (IEMTA)*, Glendean Sisk (IDHS)*, Herbert Sutherland (ICEP), Kathy Swafford (ICAAP), Christine Swain (EMSC), Terry Wheat (Pediatric Rehab), J. Thomas Willis (Co-chair) (IL Fire Fighters Assn),

Excused: Paula Atteberry (IDPH), Kevin Bernard (EMS System Coordinator), Jessica Choi (Safe Kids IL), Mark Cichon (EMSC), Kathy Disher (DCFS), Michael Wahl (MCHC), Carolyn Zonia (ISMS)

Absent: Young Chung (American Red Cross), Joseph Hageman (ICAAP), Roy Harley (Prevent Child Abuse Illinois), Victoria Jackson (School Health Program, IDPH), Vince Keenan (IL AAFP), Steve Lelyveld (ICAAP), Bridget McCarte (IHA), 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 12/20/13 Meeting Minutes	The December 20, 2013 meeting minutes were reviewed and approved. Tom Willis made a motion for approval; Jeanne Grady seconded the motion. All in attendance agreed to approve the minutes.	Minutes approved
Announcements/ Updates	<p>The following announcements/updates were reviewed:</p> <ul style="list-style-type: none"> ▪ Sue Fuchs noted that reauthorization of the Federal EMSC program was not included in reauthorization legislation so AAP has sent out a letter of support. Sue asked if members would like Illinois EMSC to submit a letter of support for reauthorization. Herb made a motion on this and Terry seconded. ▪ Welcome new Advisory Board members <ul style="list-style-type: none"> ○ Kevin Bernard, EMT-P, BAS, CHECIII, EMS System Coordinator representative ○ Kathy Disher, RN, Illinois Department of Children and Family Services representative ▪ Call for nominations <i>Ron W. Lee, MD – Excellence in Pediatric Care Award</i>. Applications due 3/14/14. ▪ Illinois Firearm Owner Identification (FOID) Mental Health Reporting System, https://foid.dhs.illinois.gov/foidpublic/foid/ ▪ IDPH Electronic Grants Administration & Management System (EGrAMS) ▪ 2014 Injury Prevention Health Observances Calendar ▪ Child Abuse Prevention Month is April ▪ Other organizational reports/updates <ul style="list-style-type: none"> ○ MCHC – Mike Wahl noted that the IPC funding legislation has passed out of committee. He thanks each organization for their support, and asks for continued support. ○ SafeKIDS – Evelyn Lyons noted that Jessica Choi had reported that transitioning of the State SafeKIDS program is still in progress. ▪ Educational Opportunities <ul style="list-style-type: none"> ○ <i>Cyber Safety – Avoiding the Pitfalls of Technology</i>, Child Abuse Prevention Coalition Annual Summit, March 21, 2014, Normal 	<p>A letter of support for reauthorization of the Federal EMSC program will be drafted, and submitted by Sue Fuchs.</p> <p>Send any new announcements to Evelyn Lyons for future meetings</p>

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	<ul style="list-style-type: none"> ○ <i>40th Annual Illinois ENA Spring Symposium</i>, April 11, 2014, Lisle ○ <i>2014 Illinois Suicide Prevention Conference</i>, April 25, 2014, Springfield ○ <u>Illinois DCFS Mandated Reporter Training</u> – Free online training revised September 2012 ○ <i>EMSC Online Courses</i>, University of New Mexico, Department of Emergency Medicine, http://hsc.unm.edu/emarmed/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 on the following:</p> <ul style="list-style-type: none"> ▪ Basic/Paramedic Test analysis and findings: Rescoring Paramedic and EMT exams after applying changes approved by the EMS Test Review Panels in February in Springfield resulted in 133 candidates whose scores changed from Fail to Pass. These results reflect all testing through Saturday, February 22, 2014. Candidate scores will be adjusted prior to release for all results from now until PSI has fully implemented the changes in these test forms that were recommended by the EMT and Paramedic review panels. PSI will receive these changes March 1st. Refunds for exam attempts after the date of a score that changed from Fail to Pass due to rescoring show that 42 candidates made one attempt after taking a test whose adjusted score later moved from Fail to Pass. Two candidates made two such attempts. Thirty-three of these refunds (75%) are for candidates who passed on their second attempt PRIOR to scoring adjustments. The Paramedic pass rate in February improved to 51% prior to the adjustments. ▪ Medical Directors Scope of Practice Survey: A survey was sent out to all EMS Medical Directors in early February and a meeting is set up to review the results, which will be shared with EMS Directors once the info is analyzed and formatted based on EMS Systems. This document should provide the state guidance on setting up the scope of practice standards. ▪ EMS Grants: The EMS Grant Applications for FY2015 will be available in March. Grant applications will be submitted electronically thru the Department's new Electronic Grants Administration and Management System (known as EGrAMS). Applications are still sent to Regional EMS Advisory Councils for review and ranking. ▪ Heartsaver AED Grants: FY14 Applications available on the EMS website; use new EGrAMS system. ▪ Concealed Carry Act - IDPH has pushed out a preliminary guidance document for EMS Systems and EMS Providers as they work on regional/system/provider policies re transport of firearms by concealed carry permit holders. Most policies received recommend turning over the permit holder's firearm to police. When that option is not available, then locking the firearm in a security type box for transport to the hospital where it can be turned over to the police or hospital security. There does not seem to be an indication by ISP that a FOID is necessary by the EMS Crew as the firearm is accompanying the permit holder. There are concerns re transporting the firearm onto hospital property which is a safe zone under the law. ISP staff state that common sense must prevail. An amendment has been filed by State Rep Charles Meir - HB 5986 requires a Conceal Carry Weapons (CCW) permit holder to place a firearm in a secure container for transport by EMS personnel. Also allows EMS personnel to return the firearm to the owner if EMS believe the individual is competent to receive the firearm back. Documentation required if the firearm is turned over to police officers. ▪ Regulatory: Proposed rules for fee waivers, decrease in CE hours for EMTs, EMT bridge program for military, 4 year ambulance license renewal, employers to verify an employee's license and technical clean-up will go before JCAR in April. The Specialized Emergency Medical Service Vehicles (SEMSV) 	<p>Share information within your organizations</p>

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	<p>is before the Council for a motion today.</p> <ul style="list-style-type: none"> ▪ Legislation. Legislation Introduced by IDPH: SB 3531 introduces the 3 tiered Trauma Centers; SB 3414 introduces the change to the New Education Standards. Other legislation: SB3076 introduces the Advance Directive DNR form name change to POLST form; HB5742 Stroke Legislation changes. ▪ Notice of EMS Week activities went out last week. ▪ EMS Pre-hospital Data Collection: Dan Lee continues work with Data Subcommittee on proposed NEMSIS upgrades to version 3.0. Department goal is to have version 3 ready by end of June, with a transition phase for providers and systems to make the upgrade. Dan still works to bring the last remaining paper submitters into the electronic submission of pre-hospital data. Also enhancements are underway for the Hospital bypass system (i.e. GIS mapping software). ▪ State Stroke Center Designation: The department has begun receiving applications for stroke designation. Application forms are on the IDPH website. The State Stroke Advisory Subcommittee has proposed legislation that will include comprehensive stroke centers, name change of Emergent Stroke Ready EDs to Stroke Capable hospitals, create a stroke fund and allow the department to charge fees for designations to fund a statewide stroke data collection tool. ▪ Licensing database enhancements: The department has had several failures by software vendor to complete work to production of enhancements. Still pending is ability to pay late fees online, printing licenses for Emergency Medical Dispatch Agencies, Provisional First Responders, 4 year ambulance licenses. Will soon be able to test uploading files from the National Registry, and hope to move a license verification tool to the Department's website in the near future. ▪ EMS System Coordinator and TNS Meetings: The Department is scheduling another round of system meetings on March 25, April 22, and May 6 (ICEP - Downers Grove, St. Mary's Hospital- Decatur and Rend Lake College - Mt Vernon) to review recent updates and changes that affect EMS Systems. ▪ Trauma Program/Trauma Registry: Trauma program staff have reviewed approx five trauma registry software programs following a Request for Information. Trauma program and IT staff currently working on bid specifications for an RFP to replace existing software. Current program software moved to a supported IBM version 6.1 platform and making efforts to complete additional enhancements to validate trauma records for submission to the National Trauma Data Bank by end of May. Trauma Staff planning another 7 trauma site surveys by end of June. Recently OSF Saint Francis in Peoria received Level 1 Pediatric Trauma Center designation. Two facilities in Evansville, IN applied for level II Pediatric Trauma Center. Continue to work with Senator Mattie Hunter to address concerns over a trauma desert in south side of Chicago and south of Interstate 70; hope to pass legislation for a multi-tiered trauma system with goal to add Level III trauma centers to the hospitals that can provide initial trauma care. 	
Election of Advisory Board Chair and Vice-Chair	<p>Evelyn identified that nominations for the Board Chair and Vice-Chair positions are open. Herb Sutherland motioned to nominate Susan Fuchs to continue to serve as EMSC Advisory Board Chair and Terry Wheat seconded the motion. Sue Fuchs motioned to nominate Tom Willis to continue to serve as Vice-Chair, and Mike Hansen seconded the motion. Both Sue and Tom were thanked for their continued leadership.</p>	<p>Sue Fuchs and Tom Willis will continue to serve as Board Chair and Vice-Chair</p>
Review of Advisory Board bylaws	<p>The EMSC Advisory Board Bylaws were reviewed with the following recommended change:</p> <ul style="list-style-type: none"> ▪ Article I – change number of ICAAP members from 5 to 3; move pediatric surgeon section to right after ICAAP section to be consistent with EMS regulations; a DCFS representative is repeated twice in the list 	<p>Recommended changes will be incorporated into the</p>

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	<p>of membership, so one will be deleted.</p> <ul style="list-style-type: none"> Article IX – Change Pediatric Bioterrorism Committee to Pediatric Preparedness Workgroup; change Prevention & Public Education Committee and the School Nurse Committee to ad-hoc committees; change wording under Ad Hoc Committees to “Ad hoc committees may be convened as needed under the direction of the Advisory Board.” 	bylaws.
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. Sue Fuchs noted that she may have a parent representative to serve on the board. Herb Sutherland identified the potential for a family practice physician who practices in an urgent care setting, since their hours may lend better to board participation. He will check with family practice physicians at his facility, and Evelyn will contact Vince Keenan (IAFP) for his thoughts. Meeting attendance – To ensure compliance with Illinois EMS Administrative Code, representatives need to be able to participate in minimally 2 meetings per year (3-4 meetings/year is desirable). 	<p>Contact Evelyn with recommendations for any open positions.</p> <p>Herb Sutherland will contact family practice physicians and Evelyn will contact Vince Keenan (IAFP).</p>
Pediatric Preparedness Workgroup	<p>Laura Prestidge reported on the following:</p> <ul style="list-style-type: none"> Pediatric & Neonatal Surge Annex update – Plans are underway to test components of the Annex at two tabletop exercises in March (March 5th exercise will involve hospitals in northern Illinois; March 25th exercise will include hospitals in central/southern Illinois). Board members should encourage their hospitals to participate in one of the exercises. Recommendations from these exercises will be incorporated into the annex. IDPH is progressing with work on the State ESF-8 Plan (State Medical Disaster Plan). When finalized, the Pediatric & Neonatal Surge Annex will be an appendix to that plan. Burn Surge Annex update –The three project Workgroups (Communications, Education/Protocols/Supplies and Decision-Making) continue their work on components of the Burn Surge Annex. Laura discussed the work activities of each workgroup and distributed copies of monthly progress reports. A final meeting of the full planning committee will take place on June 4th. The draft Burn Surge Annex will undergo review at that meeting, and final recommendations incorporated into the annex. The final draft will then be forwarded to the IDPH HPP program. In addition, we have been successful in having a Burn Advisory Subcommittee approved through the Trauma Advisory Council. This subcommittee will ensure a forum for reviewing the burn surge annex, and addressing other burn surge annex activities. Emergency Preparedness Planning Guide for Day Care Centers – This resource is in the process of being updated by the workgroup. 	<p>Send any comments/suggestions to Laura lprestidge@lumc.edu</p>
National EMSC Assessments	<p>Sue Fuchs reported the following:</p> <ul style="list-style-type: none"> Pediatric Readiness project (www.PediatricReadiness.org) <ul style="list-style-type: none"> Sue conveyed thanks to all hospitals for their participation in this assessment since recognized hospitals in Illinois scored 20 point above the national median. This is a very positive finding. A Pediatric Readiness State Summary Gap Analysis is under development at the federal level. 181 Illinois hospitals (97.8%) completed the assessment Nat'l median score = 69; Illinois median score = 83; Illinois PCCC/EDAP/SEDP median score = 89 	FYI

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	<ul style="list-style-type: none"> ▪ EMS Reassessment (www.emscsurveys.org) <ul style="list-style-type: none"> ○ Dan and Ruth provided an overview of this assessment, which closed on December 6, 2013. ○ Survey focused on medical direction, equipment/supplies, other pediatric issues ○ 291 EMS agencies completed the assessment of 369 sample (78.9%) 	
Facility Recognition Committee	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> ▪ Regions 3 & 6 surveys are being scheduled in Spring/early Summer 2014. ▪ Region 7 <ul style="list-style-type: none"> ○ Educational session will be conducted on Friday, March 14th at Presence St. Joseph in Joliet ▪ Measures Associated with Facility Recognition (Pre and Post Recognition comparison) <ul style="list-style-type: none"> ○ 1994-2012 update – Dan reviewed the most recent update to this analysis which continues to show a statistically significant decline in mortality when pre and post EDAP findings are compared. ○ Sue noted that she included these mortality findings in a regionalization article which she co-authored which was recently published in Clinical Pediatric Emergency Medicine. • Proposed changes to pediatric regulations – Recommended updates to the rules were reviewed by the Facility Recognition Committee, and will be moved forward thru IDPH pending further review. • 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>Dan Leonard and Evelyn Lyons reported on the <i>Facility Recognition/Categorization Toolkit</i>:</p> <ul style="list-style-type: none"> ▪ The toolkit was reviewed by HRSA and they have requested that it be streamlined further before publication. They had concerns with the inclusion of the strategic planning component ▪ Dan discussed pulling out the data chapter, and how he has crafted a separate draft data toolkit. 	FYI
Data Initiatives	<p>Ruth Kafensztok reported:</p> <p><i>EMS Data Reporting System</i></p> <ul style="list-style-type: none"> ▪ 2012 Traffic Crash, Trauma Registry and IHA inpatient and outpatient data is under review for the system <p><i>Traffic Crash “Quick Facts” Fact Sheets:</i></p> <ul style="list-style-type: none"> ▪ Work on Calendar year 2012 fact sheets will be initiated soon, and will then be posted on: <ul style="list-style-type: none"> ○ Illinois EMSC website ○ IDOT Traffic Safety Evaluation Unit webpage <p><i>Data Quality Studies:</i></p> <ul style="list-style-type: none"> ▪ Studies initiated last quarter are continuing. 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><i>Other:</i></p> <ul style="list-style-type: none"> ▪ Dan reviewed and discussed the progress on the pediatric regional reports that are being generated for the Pediatric & Neonatal Surge Annex, and also provided an overview of a preliminary review of burn 	FYI

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	<p>records for the Burn Surge Annex.</p> <ul style="list-style-type: none"> ▪ Evelyn, Ruth, and Dan participated in the Illinois Traffic Records Coordinating Committee on 1/21/14 ▪ Dan and Ruth participated in the IDOT Data Quality Subcommittee meeting of the Traffic Records Coordinating Committee on 2/26/14 ▪ Dan and Ruth participated in the IDOT Data Quality Subcommittee meeting of the Illinois EMS Council on 12/12/14 	
Quality Improvement	<p>Sue reported on the Regional QI updates:</p> <ul style="list-style-type: none"> ▪ Region 1: The pediatric sepsis indicator is being expanded to include all critically ill children. This will increase the number of patients monitored and the scope of the record review. ▪ Region 2: Work continues on the child abuse and neglect monitor. Example materials from the binder developed by Region 2 to coordinate resources were presented. Some hospitals are continuing to work on case identification. ▪ Region 3: Data are being collected (10 records/month) for an indicator regarding long bone fractures and pharmacological and non-pharmacological pain management. Planning is underway for an ENPC course in May. ▪ Region 4: Work continues with a monitor tool regarding prehospital care. After discussion at the meeting of the Region 4 EMS Advisory board, the monitor was modified to review pediatric seizure patients and glucose testing. Work continues with reviews of transfer cases by two St. Louis Children's hospitals. ▪ Region 5: Data collection continues regarding pain management. In addition, in follow up to issues with the placement of psych transfers, the regional committee is considering inviting representatives of the state's Screening, Assessment and Support Services (SASS) program to an upcoming meeting. ▪ Region 6: An indicator is being developed regarding psych transfer patients. Preparations are underway for upcoming facility recognition renewal site surveys. ▪ Region 7: The region is preparing for upcoming renewal of facility recognition. An educational session was held on 3/14/14. Also, data are being collected for an indicator regarding trauma and protective equipment. It is unclear if patients are receiving safety equipment education, and there are plans to offer safety prevention information in waiting areas. ▪ Region 8: An indicator regarding child abuse and neglect screening was completed. Hospitals in the region are also tracking cardiopulmonary arrest and precipitating factors. ▪ Region 9: The region has developed a monitor tool for neonatal and infant fever. The monitor captures data regarding time to first broad spectrum antibiotic, whether the source of fever was identified, and whether an LP was performed. Also, ENPC classes are currently being held. ▪ Region 10: The region continues work on a monitor regarding abdominal pain management and appendicitis for children age 5 years and older. Pain management, interventions, and the use of CT vs. ultrasound are included in the monitor. Separately, following up with DCFS in cases of child abuse and neglect was discussed. ▪ Region 11: Results from the monitor regarding psych evaluation showed a variety of findings related to the diversity of Chicago hospitals participating. The responsiveness of the state's Screening, Assessment and Support Services (SASS) program had an effect on the management of psych patients, and it was suggested that representatives from this program be invited to a regional meeting. Separately, the region is considering a review of sexual assault cases and appropriate referral to law enforcement. 	FYI

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	<i>Pediatric Publications Update</i> <ul style="list-style-type: none"> Information is pending on the <u>Evaluation of Emergency Department Work-up and Management of Children with Simple Febrile Seizures</u> paper which was submitted to Pediatric Emergency Care and a paper on management of acute seizures including Status Epilepticus being prepared for submission to the Journal of Child Neurology. 	
School Nurse Initiatives	<ul style="list-style-type: none"> 80 nurses attended the School Nurse Emergency Care (SNEC) course on January 17, 18 & 19, 2014 at Harper College, Palatine. Both Chris Swain and Laura Prestidge conducted presentations at this course. Chris Swain and Paula Atteberry provided EMSC information at the 2014 School Health Day sessions which were held in January: Rockford (1/9/14), Arlington Heights (1/14/14), Lisle (1/15/14), Mt Vernon (1/24/14) and Springfield (1/28/14). Planning for Summer SNEC courses – At this point, courses have been confirmed in Chicago, Joliet and Springfield. Additional courses are pending dates/locations from course coordinators. The SNEC Review Committee is being reconvened to begin reviewing and revising the SNEC curricular materials. 	FYI
Pediatric Prehospital Committee	<p>Evelyn Lyons reported:</p> <ul style="list-style-type: none"> The first meeting to begin revision of the Pediatric Prehospital Protocols is scheduled on March 17th. The January issue of Prehospital Emergency Care includes a focus on pediatric prehospital protocols and evidence-based guidelines, with particular focus on pediatric seizures, analgesia in trauma, and pain management. 	FYI
EMS Region 4 Coalition	Scott was unable to attend and did not send a report	FYI
Upcoming meetings	<ul style="list-style-type: none"> Next meeting is scheduled from 10am – 12pm on Friday, June 20, 2014 at Illinois Hospital Association <p>Future meetings</p> <ul style="list-style-type: none"> Friday, September 19, 2014 at Illinois Hospital Association Friday, December 19, 2014 at Illinois Hospital Association 	Meeting reminder will be emailed to all board members
Adjournment	Meeting was adjourned at 12:00pm.	None

Meeting minutes submitted by E. Lyons