

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
ADVISORY BOARD  
Meeting Minutes  
September 19, 2014**

**Present:** Glendean Burton (IDHS)\*, Young Chung (American Red Cross), Mark Cichon (EMSC) \*, Kathy Disher (DCFS)\*, Darcy Egging (IL ENA)\*, Susan Fuchs, Chair (Natl. Assn EMS Physicians), Joseph Hageman (ICAAP)\*, Mike Hansen (IL Fire Chiefs Assn), Ruth Kafenzstok (EMSC), Dan Leonard (EMSC), Evelyn Lyons (IDPH/EMSC), Maura McKay (IL AAFP), Michael Pieroni (IL State Ambulance Assn)\*, Bonnie Salvetti (ANA-Illinois)\*, Greg Scott (IEMTA)\*, Herbert Sutherland (ICEP)\*, Chris Swain (EMSC), Michael Wahl (MCHC), Terry Wheat (Pediatric Rehab),Carolynn Zonia (IL SMS)\*

**Excused:** Paula Atteberry (IDPH), Jeanne Grady (IL DSCC), Amy Hill (Safe Kids IL), Victoria Jackson (School Health Program, IDPH), Laura Prestidge (EMSC), Teresa Riech (IL AAP), Kathy Swafford (ICAAP), Scott Tiepelman (Region 4 Coalition), J. Thomas Willis, Co-chair (IL Fire Fighters Assn),

**Absent:** Kevin Bernard (EMS System Coordinator), Roy Harley (Prevent Child Abuse Illinois), Bridget McCarte (IHA)

\*Via teleconference

TOPIC	DISCUSSION	ACTION
<b>Call to Order</b>	Susan Fuchs called the meeting to order at 10:05am	None
<b>Introductions</b>	Introductions were made.	None
<b>Review of 6/20/14 Meeting Minutes</b>	The June 20, 2014 meeting minutes were reviewed and approved. Carolynn Zonia made a motion for approval; Terry Wheat seconded the motion. All in attendance agreed to approve the minutes.	Minutes approved
<b>Announcements/ Updates</b>	<p>Susan Fuchs reviewed the following announcements/updates:</p> <ul style="list-style-type: none"> <li>▪ <i>Annual Ethics Training</i> – All board members are asked to complete/submit their confirmation of training completion as soon as possible.</li> <li>▪ <i>AAP Statement on Final Passage of EMSC Reauthorization, 9/16/2014</i> – reauthorization has passed through the House and Senate, and is now pending signature by the President.</li> <li>▪ <i>2014-2015 Influenza Vaccine Supply Update</i>, American Academy of Pediatrics</li> <li>▪ <i>The Impact of Smokeless Tobacco in Illinois</i> infographic. IDPH. 2014</li> <li>▪ <i>Alcohol and Illicit Drugs in Newborns</i>. Lurie Children’s Hospital, Research Institute. July 2014</li> <li>▪ <i>Alcohol in Victims of Homicide</i>. Lurie Children’s Hospital, Research Institute. June 2014</li> <li>▪ <i>Death of a Child in the Emergency Department</i>. American Academy of Pediatrics. 6/23/2014 DOI: <a href="http://pediatrics.aappublications.org/content/134/1/e313.full.html">http://pediatrics.aappublications.org/content/134/1/e313.full.html</a></li> <li>▪ Other organizational reports/updates <ul style="list-style-type: none"> <li>○ DCFS – Kathy Disher shared information regarding an upcoming Clean Air and Health Forum in southwest Illinois on October 17<sup>th</sup>. Past forums have been excellent. She will forward a flyer.</li> <li>○ SafeKIDS – Amy Hill forwarded a written report identifying that Lurie Children’s will continue to be the host organization for the Safe Kids Chicago Coalition, and act as the state office for Safe Kids Illinois. Safe Kids Chicago is planning a Walk This Way celebration at two elementary schools in Bellwood on October 8<sup>th</sup> (International Walk to School Day); pedestrian safety presentations are planned at each school. Safe Kids Illinois is working to identify any Safe Kids Chapters in Illinois interested in transitioning to Safe Kids Coalition status. Within a few months, Safe Kids Worldwide will no longer recognize chapters as affiliates of the organization.</li> </ul> </li> </ul>	<p>All board members are encouraged to complete their annual Ethics training and submit the completion form ASAP.</p> <p>Send any new announcements to Evelyn Lyons for future meetings</p>

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	<ul style="list-style-type: none"> <li>▪ Educational Opportunities               <ul style="list-style-type: none"> <li>○ <i>Region 7 In the Midst of Chaos Disaster Conference</i> – September 19, 2014, Tinley Park</li> <li>○ <i>4<sup>th</sup> Annual Gateway Pediatric Trauma Symposium</i> – 9/26/2014, St. Louis Children’s Hospital, St. Louis, MO</li> <li>○ <i>Pediatric Fundamental Critical Care Support Provider Course</i>. 10/16 &amp; 17/2014 Edward Hospital, Naperville</li> <li>○ <i>10<sup>th</sup> Annual Pediatric Symposium</i> – 10/17/2014, Advocate Condell Medical Center, Libertyville</li> <li>○ <i>Abusive Head Trauma–The Canary in the Coalmine</i> – 11/11/2014, Mt. Sinai Hospital, Chicago</li> <li>○ <i>Pediatric Trauma Society Conference</i> – November 14-15, 2014, Chicago</li> <li>○ <i>EMSC Online Courses</i> - <a href="https://www.publichealthlearning.com">https://www.publichealthlearning.com</a></li> <li>○ Other educational opportunities at <a href="http://www.luhs.org/emsc/special.htm">www.luhs.org/emsc/special.htm</a></li> </ul> </li> </ul>	
<p><b>IDPH, Division of EMS &amp; Highway Safety Report</b></p>	<p>Evelyn read a Division report from Jack Fleearty:</p> <ul style="list-style-type: none"> <li>▪ <u><i>IDPH Staff</i></u>: New Ambulance Program Section Chief, Keith Buhs has been hired. Keith is an RN, Paramedic, and Firefighter with 30 plus years of experience in the EMS and Fire Services. Also newly hired is an Administrative Assistant for the EMS office, who will start on 10/1/2014.</li> <li>▪ <u><i>Veterans Bridge Program Curricula</i></u>: Work on the military Bridge Education program continues to be a coordinated effort between Department of Veterans Affairs (lead agency), 3 Junior Colleges and IDPH. Program modeled similar to National EMS Academy. Eligibility requirement policies are being defined. Goal is to have three programs run pilot courses in northern, central and southern Illinois, and to begin offering the programs in Fall 2015.</li> <li>▪ <u><i>Scope of Practice Survey</i></u>: IDPH continues work on Scope of practice survey. The first survey was completed and summarized; a second survey was distributed with the first survey results. Once results of the 2nd survey are obtained, will establish Scopes of Practice in each level of EMS licensure and work to build out the necessary educational components affiliated with medical practices that are above those standards identified within the New Education Standards.</li> <li>▪ <u><i>National Registry Imports</i></u>: IDPH Information Technology staff received test downloads from National Registry import files and will test to determine criteria for importing National Registry Records similar to imports from CTS. Additionally, working on several much needed fixes to the GL Suites licensing software. Have started a project to provide licenses to the Emergency Medical Dispatch Agencies. Dave Hayes (Licensing staff) is devoting much time/effort to these tasks. Will also update Licensing database to move to the four year ambulance licenses as soon as other core software issues are resolved.</li> <li>▪ <u><i>Grants</i></u>: The Department received and reviewed 61 qualified EMS Assistance Grant applications for FY15. Some applications were sent back to the grantee for budget revisions. The Department will award \$100,000 in grant money; final award announcements by end of month. The Heartsaver AED Grant for FY2015 was announced on September 15th. The grant application is available on the Department Electronic Grants Administration and Management System (EGrAMS).</li> <li>▪ <u><i>Regulatory</i></u>:               <ul style="list-style-type: none"> <li>○ Specialized Emergency Medical Service Vehicles (SEMSV) rule amendments have been adopted.</li> <li>○ The Department had a first meeting with subject matter experts to begin amending the EMS rules to reflect the EMS new education standards.</li> <li>○ First meeting with stroke care subject matter experts to amend stroke rules will be held Sept 25.</li> </ul> </li> </ul>	<p>Board members are asked to share this information within your organizations</p>

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	<ul style="list-style-type: none"> <li>▪ <u>Legislation:</u> The following bills were passed this summer: <ul style="list-style-type: none"> <li>○ SB 3414 Illinois can adopt the New Education Standards.</li> <li>○ SB 3076 Changes the Advance Directive DNR form name to the POLST form. This bill also allows Advance Practice Nurses and Physician Assistants to sign a DNR order form.</li> <li>○ HB 5742 Changes recognition to Acute Stroke-Ready Hospital and Comprehensive Stroke Centers per national recognition. Allows Department to charge fees and establish stroke registry.</li> <li>○ HB 4523 Allows ambulances, alternate response vehicles, specialized emergency medical services vehicles or vehicle service providers who serve a population of 7,500 or fewer to upgrade the level of service of the provider vehicle utilizing System personnel and equipment.</li> </ul> </li> <li>▪ <u>Stroke Designations:</u> To date, the Department has designated 82 hospitals: 48 hospitals are Primary Stroke Centers; 34 are Emergent Stroke Ready Hospitals. Designated hospitals are on the EMS website.</li> <li>▪ <u>Trauma Program Update:</u> <ul style="list-style-type: none"> <li>○ Trauma/HSVI registry has moved to the new environment (Webpsphere Application Server 6.1) and the old portal is no longer accessible; A big “thank you” to the trauma registrars who volunteered as testers of the Trauma/HSVI registry during development; so far hospitals have conveyed positive comments on the performance of the registry.</li> <li>○ Current recommendations for the Trauma Registry: Java 6 (Update 45 or higher), Internet Explorer 9 or higher, Windows Vista or Higher (Windows 7, Windows 8)</li> <li>○ Trauma Center Fund of \$4.9 million has been distributed to in-state trauma centers and to hospitals in EMS regions without in-state trauma centers</li> <li>○ Trauma and IT staff continue to work on the new Trauma Registry RFP</li> <li>○ Fulfillment of data requests are delayed due to changes in program priorities</li> <li>○ Trauma site surveys have been scheduled</li> </ul> </li> <li>▪ <u>HBS:</u> <ul style="list-style-type: none"> <li>○ The items tracked in HBS, as well as the reporting frequency, have been temporarily increased to improve our understanding of the spread of Enterovirus D68 and its effects on Illinois hospitals.</li> <li>○ Enhancements are underway to allow collection of bed/surge/other resource total counts in addition to counts currently collected. Total and surge counts are generally static and will impose only minimal reporting burden. Planned to go to production in next quarter.</li> <li>○ Hospitals located in Chicago are transitioning to a Chicago Dept of Public Health based hospital status reporting system. IDPH is working with CDPH and software vendor to allow both systems to talk to one another. Similarly, IDPH is working toward functionality to allow automated transfer of Illinois hospital bed/other resource data directly to ASPR Operations Center.</li> </ul> </li> <li>▪ <u>Prehospital database:</u> <ul style="list-style-type: none"> <li>○ Annual reporting volume in current NEMESIS Version 2 system is at record high, with nearly 900,000 records for 2013, and on track to match that in 2014.</li> <li>○ Data validation rules for NEMESIS Version 3 dataset should be available for submitters and software vendors by end of 2014, in a Schematron file. State transition to Version 3 expected to begin in 2015.</li> <li>○ National Highway Transportation Safety Administration grant funds were awarded to IDPH for FY15 through the Illinois Traffic Records Coordinating Committee, for the purpose of improving access to prehospital data by EMS Systems and the general public.</li> </ul> </li> </ul>	<p>Board members are asked to share this information within your organizations</p>

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<b>Advisory Board Member Updates</b>	<p>Sue Fuchs and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> <li>▪ Review of Advisory Board bylaws – Illinois Nurses Association name change was reviewed. A motion to approve the bylaws was made by Mike Wahl; seconded by Terry Wheat. All agreed to approve bylaws.</li> <li>▪ Open board positions are: Amy Hill (Project Manager, Injury Prevention and Research Center, Lurie Children’s Hospital) will be the new SafeKids representative; discussion has been initiated with a potential IHA representative as well as a potential parent representative. A pediatric surgeon or trauma nurse coordinator is still needed.</li> <li>▪ 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).</li> </ul>	<p>Advisory Board bylaws approved.</p> <p>Contact Evelyn with recommendations for any open positions.</p>
<b>Pediatric Preparedness Workgroup</b>	<p>Evelyn Lyons reported on the following:</p> <ul style="list-style-type: none"> <li>▪ Draft Burn Surge Annex project update –The burn surge annex has been finalized. It outlines state response during a disaster surge of burn patients that overwhelms the local healthcare system. It has been reviewed by IDPH Communications and formatting changes are anticipated. Those changes will be completed within the next week or so, and then the annex will be incorporated into the State Medical Disaster Plan. Much credit to Laura Prestidge for her work on the annex. Two Advanced Burn Life Support (ABLS) Live courses were conducted with a total of 79 participants (Maywood for northern trauma centers; Peoria for central/southern trauma centers). 200 individuals also completed online ABLS training which was covered through grant funding. Grant funds were also used to purchase a quantity of Acticoat (antimicrobial burn dressing) for placement at 3 hospitals with burn units (Loyola - Maywood, OSF St. Anthony - Rockford, Memorial Medical Center – Springfield. A new burn subcommittee that will report to the State Trauma Advisory Council has been formed, and will have its first meeting on September 29<sup>th</sup>. A Burn Patient Preparedness Data Report was developed by Dan Leonard that provides state and regional demographics and burn patient characteristics. Mike Wahl noted that the report indicates a cyclical pattern of burn injuries over the summer months and questioned whether the report will be used to target prevention efforts. Evelyn noted that EMSC was tasked with this project, however future burn efforts/initiatives will be spearheaded through the new Burn Advisory Subcommittee.</li> <li>▪ The Pediatric Preparedness Workgroup is currently reviewing/revising a chapter in the School Nurse Emergency Care course titled: <i>School Emergency Response and Crisis Management</i>.</li> <li>▪ JumpSTART training –JumpSTART trainings were conducted in July in O’Fallon and Urbana; in August in Jerseyville, Oak Lawn, Peoria, Rockford, Springfield and Dubuque, IA.</li> <li>▪ Illinois Department of Human Services (IDHS) Child Care Preparedness Taskforce – This taskforce has begun to meet to develop a comprehensive plan for day care centers in the event of a disaster. Laura and Evelyn are serving on this taskforce as well as a subcommittee. In addition, the EMSC Pediatric Preparedness Workgroup are revising a planning guide for day care centers as a component of this IDHS project to ensure a basic template/consistent approach that all day care centers can use statewide.</li> </ul>	<p>Send any comments/suggestions to Laura <a href="mailto:lprestidge@luc.edu">lprestidge@luc.edu</a></p>
<b>National EMSC Assessments</b>	<p>Evelyn noted that we are pending fact sheet revisions from NEDARC for these assessments, and then will be able to disseminate information related to the hospital Pediatric Readiness Assessment and the EMS Survey.</p>	<p>FYI</p>
<b>Facility Recognition Committee</b>	<p>Sue Fuchs and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> <li>▪ The Facility Recognition Committee and QI Subcommittee have been integrated into one committee in an effort to streamline efforts.</li> </ul>	

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	<ul style="list-style-type: none"> <li>▪ A resource for hospitals developed by the Facility Recognition Committee was reviewed: <i>Pediatric Emergency Care Guidelines: Online Medical Center Resources</i>. This document guides hospital on developing pediatric specific care guidelines, and provides links to pediatric medical centers with pediatric protocols/guidelines that can be used as templates. It will be available on the EMSC website.</li> <li>▪ Surveys in Region 7 are being scheduled.</li> <li>▪ Region 2 - an educational session was conducted on Thursday, Sept 11<sup>th</sup> at OSF Saint Francis, Peoria. Their renewal applications are due on January 23, 2014.</li> <li>▪ Proposed changes to PCCC/EDAP/SEDP regulations – New recommended revisions to the rules from the Facility Recognition Committee were reviewed and include: <ul style="list-style-type: none"> <li>○ Revise Section 515.445 to reflect the correct names of American Nurses Association Illinois (ANA-Illinois) and the Illinois State Council, Emergency Nurses Association (ENA);</li> <li>○ Revise Sections 515.4000 and 515.4010 (b, iv and b, B, ii) to read as “Credentialing that reflects orientation, ongoing training and specific competencies in the care of the pediatric emergency patient as defined by the hospital credentialing process”;</li> <li>○ Revise Sections 515.4000 and 515.4010 (b, 2, B) to read as “All physician assistants caring for children in the emergency department or fast-track/urgent care area shall have documentation of a minimum of 16 hours of continuing education in pediatric emergency topics every two years that are approved by an accrediting agency.”;</li> <li>○ Revise 515.4020, d, 1 to address typo in name of nurse practitioner “Acute Care Pediatric Practitioner”; revise 515.4020, d, 2, B to read as “Credentialing that reflects orientation, ongoing training and specific competencies in the care of the critically ill and injured pediatric patient as defined by the hospital credentialing process”;</li> <li>○ Revise Section 515.4020, h, 2 to read as “...perform focused outcome analyses of its PICU and pediatric inpatient services on a quarterly basis.....”;</li> <li>○ Revise Section 515.4020, h, 2, D to read as “Pediatric quality metrics that examine the process of care and identify potential patient care and internal resource problems”.</li> </ul> <p>A motion to approve the above rule changes was made by Terry Wheat and seconded by Mike Wahl. All in attendance agreed to approve these rule changes.</p> </li> <li>▪ Current participation in facility recognition (110 hospitals) <ul style="list-style-type: none"> <li>○ PCCC/EDAP level = 10; EDAP level = 87; SEDP level = 13</li> <li>○ Note: In 2012, there were approximately 1 million ED visits for 0-15 years of age. 77.8% of these visits took place in a PCCC, EDAP or SEDP. Of the 1 million, approximately 30,000 required admission with 94.0% of these admissions taking place in a PCCC, EDAP, or SEDP facility (Source: Illinois Hospital Assn Compdata)</li> </ul> </li> </ul>	<p>The new proposed changes to the PCCC, EDAP, SEDP rules were approved and will be added to the edits approved at previous meetings.</p>
<b>EMSC Targeted Issue Grant</b>	Evelyn noted that work continues on the <i>Facility Recognition/Categorization Toolkit</i> .	FYI
<b>Data Initiatives</b>	<p>Ruth Kafenszok reported:</p> <ul style="list-style-type: none"> <li>▪ <i>EMS Data Reporting System</i> – Review/preparation of the following 2012 databases has been completed and uploaded: Traffic Crash, Hospital Discharge, and Trauma Registry. Pending receipt of revised 2008 mortality data file from Vital Records in order to prepare data for the Reporting System.</li> </ul>	FYI

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	<ul style="list-style-type: none"> <li>▪ <i>Traffic Crash “Quick Facts” Fact Sheets</i> – The fact sheets with Calendar year 2012 data were completed during this quarter. They were approved by IDOT and uploaded to the EMSC website. A fact sheet was shared as an example and showed data specific to MVCs in children age 14 years and younger.</li> <li>▪ <i>Data Quality Studies</i> – A final report on the Blood Alcohol Content (BAC) project was completed, and reviewed with IDOT. IDOT is pending their final review. EMSC objectives in this area have been to support IDOT’s CODES program by 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.</li> <li>▪ The FY15 IDOT grant application was approved by IDOT for funding.</li> </ul>	
<p><b>Quality Improvement and Publications Update</b></p>	<p>Sue reviewed the following Regional QI updates:</p> <ul style="list-style-type: none"> <li>▪ 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.</li> <li>▪ Region 2: Work continues on reporting measures for cases of child abuse and neglect, as well as cases of sexual abuse. The region is preparing for the facility renewal process in 2015.</li> <li>▪ Region 3: The QI project regarding door-to-intervention for long bone fractures is now seen as a Core Measure, so the data is also being collected by other hospital personnel. A possible new project is a “Back to Sleep” campaign. A number of pediatric deaths have been due to co-sleeping, including a recent 3 month old death due to his bedding arraignments.</li> <li>▪ Region 4: Data collection is underway for an indicator regarding prehospital care, including pediatric seizures, with reports planned for November meeting. Reviews of transfer cases continue by two St. Louis children’s hospitals.</li> <li>▪ 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.</li> <li>▪ Region 6: An indicator is being developed regarding obtaining feedback from facilities receiving transferred patients.</li> <li>▪ Region 7: 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.</li> <li>▪ Region 8: An online survey of providers was conducted regarding child abuse screening. Results were disseminated and educational efforts took place. The survey is currently being repeated. Hospitals in the region are also tracking cardiopulmonary arrest and pre-existing conditions.</li> <li>▪ Region 9: Work continues with a monitor tool for neonatal and infant fever. The monitor captures data regarding time to first broad spectrum antibiotic, whether the source of the fever was identified, and whether an LP was performed. Facilities are sharing guidelines regarding this clinical topic.</li> <li>▪ Region 10: Region 10 is working on an Abdominal Pain monitor tool for ages 3-15 looking at pain meds and US vs CT. They continue to track child abuse and DCFS cases.</li> <li>▪ Region 11: Region 11 continues to collect quarterly Mental Health QI data and report to EMS Advisory Board via Mary Otting. Per Mary, other Advisory Board members have appreciated the initiative and are rolling it out at their respective hospitals as well. The QI tool and Data Dictionary are available as handouts. Region 11 had representatives from SASS, C4 &amp; DMH at their August meeting to discuss the processes in place for response to pediatric mental health and answer questions regarding barriers to care</li> </ul>	<p>FYI</p>

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	<p>and communication. During the next quarterly meeting on November 11th, education is scheduled at Mount Sinai related to child abuse by Dr. Mary Clyde-Pierce entitled: "Abusive Head Trauma: The Canary in the Coalmine". Anyone interested must register through their EMSC Region XI representative.</p> <ul style="list-style-type: none"> <li>▪ In regards to the EMSC online training: 638 have completed the DKA module; 511 have completed the Seizures module; and 445 have completed the Pediatric Rapid Response Team module.</li> </ul> <p><i>Pediatric Publications Update</i></p> <ul style="list-style-type: none"> <li>▪ Husain A, Fuchs S. <i>A National Effort Requiring Local Solutions: Regionalization of Pediatric Emergency Care</i>. Clinical Pediatric Emergency Medicine. 2014; 15(1):79-88. Sue noted that this publication includes the pre/post EDAP mortality data from Dan Leonard's data analysis.</li> <li>▪ Per Joe Hageman, the following paper has been accepted for publication pending revisions; revisions were submitted: <i>Emergency Department Management of Pediatric Unprovoked Seizures and Status Epilepticus in the State of Illinois</i>. Journal of Child Neurology. Taylor C, Piantino J, Hageman J, Lyons E, Janies K, Leonard D, Kelley K, and Fuchs S.</li> </ul>	
<b>School Nurse Initiatives</b>	Chris Swain reported that 8 School Nurse Emergency Care (SNEC) courses were conducted this summer in Chicago, Elgin, Joliet, Lisle, Mt. Vernon, Rockford and Springfield. In addition, she is coordinating the activities of the SNEC Revision Committee which is reviewing and revising the SNEC curricular materials. A copy editor will be contracted to assist in this effort.	FYI
<b>Pediatric Prehospital Committee</b>	<p>Sue Fuchs reported that this committee is moving along with revisions to the 2010 pediatric protocols. The initial focus has been on the cardiac related protocols. She reviewed key concepts/revisions that the Pediatric Prehospital Committee has made to each of the following protocols:</p> <ul style="list-style-type: none"> <li>▪ Pediatric Bradycardia ALS/ILS – motion to approve by Terry Wheat; seconded byCarolynn Zonia</li> <li>▪ Pediatric Bradycardia BLS – motion to approve by Terry Wheat; seconded by Joe Hageman</li> <li>▪ Pediatric Bradycardia EMR – motion to approve by Glendean Sisk; seconded by Terry Wheat</li> <li>▪ Pulseless Arrest VF/VT pathway – motion to approve by Mark Cichon; seconded by Terry Wheat</li> <li>▪ Pulseless Arrest Asystole/PEA pathway – motion to approve by Greg Scott; seconded by Mike Wahl</li> </ul>	FYI
<b>EMS Region 4 Coalition</b>	Scott Tiepelman was not in attendance. No report provided.	No report
<b>Other</b>	<p>Greg Scott noted the following:</p> <ul style="list-style-type: none"> <li>▪ 2014 IL EMS Summit is sponsored by the Lt. Governor's office and will be held November 19, 2014 at the Northfield Conference Center in Springfield. Registration brochures will be out by end of September.</li> <li>▪ The State EMS Advisory Council's Recruitment/Retention Committee has developed a YouTube video titled, "Illinois EMS Recruitment Video." Also working on developing 60 second PSA announcements. This is in response to concerns of over a 19% reduction in the EMS Workforce in the past two years according to the IDPH licensing database.</li> </ul>	FYI
<b>Upcoming meetings</b>	The next meeting is scheduled from 10am – 12pm on Friday, December 19, 2014 at the Illinois Hospital Association. 2015 meeting dates will be determined and shared prior to the December meeting. All board members were in agreement to continue to hold the quarterly meetings on Fridays.	A meeting reminder will be emailed to all board members
<b>Adjournment</b>	Meeting was adjourned at 11:55am.	None

Meeting minutes submitted by E. Lyons