

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
ADVISORY BOARD  
Meeting Minutes  
March 9, 2016**

**Present:** Christine Bishof (ISMS)\*, Young Chung (American Red Cross), John Collins (IEMTA), Elizabeth DeLong (Trauma Nurse Coordinator)\*, Dylan Ferguson (EMS Coordinator), Jack Fleeharty (IDPH), Susan Fuchs, Chair (Natl. Assn EMS Physicians), Kim Godden (ISAA), Jeanne Grady (IL DSCC)\*, Amy Hill (SafeKids), Ruth Kafensztok (EMSC), Dan Leonard (EMSC), Evelyn Lyons (IDPH/EMSC), Maura McKay (IAFP), Laura Prestidge (EMSC), Bonnie Salvetti (ANA-Illinois)\*, Kathy Swafford (ICAAP)\*, Christina Swain (EMSC), Kristen Tindall (IHA)\*, Michael Wahl (MCHC)\*, Terry Wheat (Pediatric Rehab)\*, J. Thomas Willis (IL Fire Fighters Assn)  
Guests: Edwin Garland, Amy Helms

**Excused:** Paula Atteberry (IDPH), Mark Cichon (EMSC), Darcy Egging (IENA), Kevin Katzbeck (Family representative), Teresa Riech (ICAAP), Herbert Sutherland (ICEP)

**Absent:** Joseph Hageman (ICAAP), Mike Hansen (IL Fire Chiefs Assn), Roy Harley (Prevent Child Abuse Illinois),

\*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 12/18/15 Meeting Minutes</b>	The December 18, 2015 meeting minutes were reviewed and approved. Dr. Chung made a motion for approval; Tom Willis seconded the motion. All in attendance agreed to approve the minutes.	Minutes approved
<b>Election of Advisory Board Chair and Vice-Chair</b>	Evelyn noted that the Board Chair and Vice-Chair positions are up for annual elections. Nominations were made open, however there were no new nominees. Tom Willis motioned to nominate Susan Fuchs to continue to serve as EMSC Advisory Board Chair and Chung Young seconded the motion. Susan Fuchs motioned to nominate Tom Willis to continue to serve as Vice-Chair, and Chung Young seconded the motion. All were in agreement to support these nominations. Both Sue and Tom will serve another one-year term, and both were thanked for their continued leadership.	Sue Fuchs and Tom Willis will continue to serve as Board Chair and Vice-Chair
<b>Announcements/ Updates</b>	<p>Susan Fuchs reviewed the following announcements/updates:</p> <ul style="list-style-type: none"> <li>▪ <i>Welcome new board members</i> <ul style="list-style-type: none"> <li>○ <i>Elizabeth DeLong</i> – new Illinois Trauma Nurse Coordinator representative</li> <li>○ <i>Dylan Ferguson</i> – new EMS Coordinator representative</li> </ul> </li> <li>▪ <i>EMS Week</i> – May 15-21, 2016 (Wednesday, May 18<sup>th</sup> is EMSC Day)</li> <li>▪ <i>Ron W. Lee, MD – Excellence in Pediatric Care Awards. Nominations due date 3/25/2016.</i></li> <li>▪ <i>Asthma Burden Update</i> fact sheet, Illinois Department of Public Health. December 2015.</li> <li>▪ Centers for Disease Control and Prevention (CDC): <i>Interim Guidelines for Pregnant Women during a Zika Virus Outbreak – United States, 2016.</i> MMWR. Vol 65; January 19, 2016.</li> <li>▪ <i>The Illinois ESF-8: Pediatric and Neonatal Surge Annex</i> was submitted to ASPR Technical Resources, Assistance Center, Information Exchange (TRACIE) website. It was accepted and posted to the Pediatric Topic Collection, and was selected by the website Topic Area Contributors as a “Must Read.” ASPR TRACIE is a healthcare emergency preparedness information gateway sponsored by ASPR. <a href="https://asprtracie.hhs.gov/technical-resources/31/Pediatric/0">https://asprtracie.hhs.gov/technical-resources/31/Pediatric/0</a></li> <li>▪ Other organizational reports/updates <ul style="list-style-type: none"> <li>○ DCFS – no report; new DCFS representative still pending.</li> </ul> </li> </ul>	Board members are asked to share this information within your organizations

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	<ul style="list-style-type: none"> <li>○ MCHC – Mike Wahl noted the recent merging of MCHC with the Illinois Hospital Assn (IHA) in January. The MCHC report will change to IHA report at future meetings. Mike reported that synthetic opioid (designer opioid) cases are being seen in central/southern Illinois – appear to be easily purchased via the internet, resulting in complications and difficulty in determining appropriate amount of Narcan to use for reversal. Jack Fleeharty asked Mike if he could develop a summary to educate EMS personnel. Mike will forward information. Mike also noted that due to the state budget impasse, there is currently no budget for the Illinois Poison Center.</li> <li>○ SafeKids – Amy Hill reported on the following activities: <ul style="list-style-type: none"> <li>○ Car Seat initiatives - During the last quarter, they have sponsored 9 community car seat classes; 41 parents attended the classes; have distributed 51 low-cost car seats. They distributed 136 seats through their distribution network last quarter, which is comprised of 10 sites throughout Chicago (each site has at least one certified child passenger safety technician). They received a 2-year grant from AAA for their car seat program. Piloting two upcoming programs at Lurie’s on distracted driving and booster seats. Due to budget cuts at IDOT and staff lay-off’s, they are working to maintain certifications of current car seat technicians.</li> <li>○ Home Safety/Window Falls – Continue to offer free home safety kits for community distribution. Last quarter, distributed 530 bags to community sites – all sites must take online home safety training program. Received small medication safety grant from SafeKids Worldwide. Gearing up for next year’s media campaign, featuring ads on CTA/Pace buses and trains, electronic billboards and donated space. Distributed 1000 cabinet latches for Poison Prevention Month. Kohl’s Cares continues to support home safety and window falls prevention.</li> <li>○ Pedestrian – Continue to work on the Safe Routes to School committee.</li> <li>○ Comer Children’s Hospital added a SafeKids site. It will serve the southside of Chicago and south suburbs.</li> </ul> </li> <li>○ John Collins noted that the Illinois EMT Assn Annual Conference is this weekend at the Northfield Inn in Springfield.</li> <li>▪ Educational Opportunities <ul style="list-style-type: none"> <li>○ <i>Region 7 Pediatric Priorities Conference</i>. January 29, 2016. Presence St. Joseph Medical Center, Joliet, IL.</li> <li>○ 2<sup>nd</sup> Annual Northern Illinois Perinatal, Neonatal, and Pediatric Conference; April 4-5, 2016- Rockford, IL. <a href="http://www.rockfordhealthsystem.org/maternalchildconference">http://www.rockfordhealthsystem.org/maternalchildconference</a></li> <li>○ 2016 Integrated Public Health and Healthcare System Preparedness Summit. June 21-23, 2016 in Schaumburg, IL. <a href="https://www.ipha.com/event/details/24/2016-integrated-public-health-and-healthcare-system-preparedness-summit">https://www.ipha.com/event/details/24/2016-integrated-public-health-and-healthcare-system-preparedness-summit</a></li> <li>○ 2016 Trauma, Emergency, Disaster Conference. August 18-19, 2016 in East Peoria, IL.</li> <li>○ Region 7, <i>In the Midst of Chaos Disaster Conference</i>: September 23, 2016, Tinley Park, IL.</li> <li>○ Marion Region, <i>Weathering the Storm Disaster Conf</i>: October 12, 2016, Marion, IL.</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>Send any new announcements to Evelyn Lyons for future meetings</p>

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<p><b>IDPH, Division of EMS &amp; Highway Safety Report</b></p>	<p>Jack provided the following report:</p> <ul style="list-style-type: none"> <li>▪ <u>EMS Grants</u> – The FY2017 EMS Assistance Fund Grant application was not announced in February since the budget for FY2016 has not yet been approved</li> <li>▪ <u>HeartSaver AED Grants</u> - FY17 HeartSaver AED grants may not take place.</li> <li>▪ <u>Regulatory Updates</u> - Stroke and EMSC rule amendments went to Second Notice and have not yet been placed on the JCAR calendar for a vote. The Department continues to review EMS Code amendments. Paperwork is being completed for the Governor’s Office to review and approve the amendments so they can go to the EMS Advisory Board for review and vote. EMS rule amendments to comply with PA 99-0480 are to be voted on by the EMS Advisory Board. The Act requires Regional EMS Systems to include administration of opioid antagonists in their standing medical orders. The Act also requires EMS personnel to be educated/trained in administration and use of opioid antagonists. The rules amendments outline the requirements to fulfill the intention of the Act. The Department has sent amendments to the Regional Poison Control Center Code to comply with PA 97-135, which include changing the number of poison centers designated by the Director from 2 - 3 to 1 - 3 poison centers, deletes the requirement to coordinate with EMS Systems to assure ALS vehicles are equipped with poison antidotes, deletes need for poison control centers and EMS to have 2-way communication, changes the hospital administrator representative on the Poison Control Center Advisory Board to a representative of a health care professional society and updates the requirements of a poison control center to current national standards.</li> <li>▪ <u>Legislative Updates</u> - The Office requested on the Spring 2016 legislative agenda that the State move to a 4 tiered trauma system. The agenda is at the Director’s Office for review.</li> <li>▪ <u>Trauma Program</u> – List of HSVI ICD-10 codes for HSVI Registry inclusion criteria, and conversion website was sent to Trauma Centers and hospitals. The Report Section of the Trauma/HSVI registry is now working and should allow hospitals to generate their own report. Assistance will be provided to those not able to generate a report. IDPH Division of Information Technology staff was able to secure a contractor to assist with moving the Registry from WebSphere 6.1 to WebSphere 8.5. Depending on skill set of the contractor, may be able to complete other needed maintenance on the registry.</li> <li>▪ <u>Pre-Hospital Data and Bypass Updates</u> – Hospital bypass and bed availability reporting by hospitals was transitioned from Hospital Bypass System to the new EMResource on February 1<sup>st</sup>. Prehospital reporting began accepting NEMSIS Version 3 data at beginning of year; all submitters must transition by end of November. In addition, paper bubble sheets can only be used for dispatch dates through end of June, with the state’s free reporting software already converted to NEMSIS Version 3 by July 1<sup>st</sup>.</li> <li>▪ <u>Intermedix Patient Tracking</u> – The Department has purchased an Intermedix module for patient tracking during large scale events/disasters. The initial phase one launch will include hospitals with the goal to have that phase started by the end of June. Initial training for the system will begin in late April. Subsequent phases will include EMS and other health care entities that may need the software.</li> <li>▪ <u>Testing Updates</u> - Currently reviewing and re-writing the Intermediate/AEMT exam. Department is still looking for volunteers to help write new AEMT/EMT-I exams.</li> <li>▪ <u>EMS Licenses Processed</u> - New Licenses YTD = 971; Renewals YTD = 1564; Reciprocity YTD = 58.</li> <li>▪ <u>Strategic Planning update</u> - EMS and Trauma Councils requested an update of the 2010 Strategic plan. Meetings for EMS Coordinators, Trauma Nurse Course Coordinators and staff educators will be held via webinar in April. Dates to be announced.</li> </ul>	<p>Board members are asked to share this information within your organizations.</p>

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<b>New Business – Request to add Vtoll site</b>	A request has been received from Adam Sowell at Unity Point Health-Trinity (Rock Island) to be a Vtoll host site on the western border of the state for EMSC Advisory Board meetings. Board members discussed the request and questioned how many are likely to participate at the site. Dr. Young suggested that they initially participate via the conference call/GoToMeetings capabilities that are already in place to determine the level of participation from the location before committing to another site. Also, there is a need to identify whether IHA is willing to add another host site, so Evelyn will need to follow-up on this.	Evelyn will check with IHA contact on additional site connection request.
<b>Pediatric Preparedness Workgroup</b>	<p>Laura Prestidge reported on the following:</p> <ul style="list-style-type: none"> <li>▪ DRAFT <i>Disaster Preparedness Exercises Addressing the Pediatric Population</i> – this new version has been reviewed at previous meetings, and is being finalized. It will include components for various groups, i.e. hospitals, EMS, clinics/physician offices. John motioned to approve; seconded by Tom Willis</li> <li>▪ DRAFT <i>Pediatric Disaster Triage: Utilizing the JumpSTART Triage Training Model</i> and materials – The curricular materials have been updated to assure consistency with new practice standards/information. John motioned to approve; seconded by Tom Willis. Edwin noted that there is a lack of guidelines related to secondary triage during disaster. Laura will see if she can identify any resources.</li> <li>▪ <i>Emergency Preparedness Planning Guide for Child Care Centers &amp; Child Care Homes</i> – This document has been printed and distributed to the 17 Child Care Referral &amp; Resource Agencies within the state, who will then further distribute to the child care centers/homes in their network. A webinar to review with child care centers/homes how to use this resource in their disaster planning will be held tomorrow.</li> <li>▪ <i>Regional Pediatric Resource Directory</i> – This document is undergoing revision and will reference the Pediatric Annex, add all burn hospitals in the Midwest (not just those that see pediatric patients), as well as update any changes to hospital information since the 2014 version.</li> <li>▪ <i>Pediatric Care Medical Specialist Team</i> – EMSC has been working with IMERT to build this team which will provide remote pediatric consultation during a disaster event. Webinar to review the role is scheduled on April 5<sup>th</sup>.</li> </ul>	<p>Laura will followup on any secondary disaster triage guidelines.</p> <p>Forward any comments regarding the preparedness initiatives to Laura at <a href="mailto:lprestidge@luc.edu">lprestidge@luc.edu</a></p>
<b>National Pediatric Readiness Project</b>	<p>Updates were provided on the following National EMSC activities.</p> <ul style="list-style-type: none"> <li>▪ EMSC Medical Facility Recognition QI Collaborative Meeting, February 18 &amp; 19, 2016. Several states (including Illinois) with pediatric facility recognition programs were invited to this meeting to discuss their experiences. The aim of this collaborative is to assist more states in achieving Facility Recognition via a QI process. To date, only 10 states have achieved a Facility Recognition program</li> <li>▪ Emergency Nurses Assn PedsReady State Champions Pilot Project. This project is being sponsored by ENA to assist 5 states in furthering their PedsReady initiatives. Illinois was one of the participating states, and identified our proposed project aim to “Build/enhance collaborative partnership between the Pediatric Quality Coordinator and Pediatric Physician Champion roles in our state”.</li> </ul>	Further updates will be provided at future board meetings.
<b>Pediatric Prehospital Committee</b>	<p>Sue Fuchs presented the new edition of the Pediatric Prehospital Protocol manual which was updated by the Pediatric Prehospital Committee. The manual was finalized in February 2016.</p> <ul style="list-style-type: none"> <li>▪ Most protocols were combined into ALS/ILS and BLS/EMR protocols</li> <li>▪ An electronic copy of the manual along with a memo from Jack Fleeharty was emailed to all EMS System Coordinators and other key stakeholders. The manual is available on the Illinois EMSC website. The protocols in Word files are available if EMS Systems and Regions would like to edit the protocols to add specifics for their system/region.</li> </ul>	Board members are asked to share this information within your organizations.

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<b>Facility Recognition and QI Committee</b>	<p>Susan Fuchs and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> <li>▪ Regions 4 &amp; 5 are undergoing renewal this year. Their renewal applications were submitted in January, and their site surveys will be scheduled in late spring/early summer. One new EDAP application was received, and one SEDP hospital chose to not renew their recognition status.</li> <li>▪ Region 11 is the next region to undergo renewal. An educational session was held on March 7, 2016. Renewal applications are due May 27<sup>th</sup>. Surveys will be in late fall/early winter.</li> <li>▪ Proposed EMSC Targeted Issues Grant – Lurie Children’s Hospital has submitted this grant to engage more Critical Access Hospitals (CAH) into the pediatric facility recognition process. Currently 8/51 CAH’s are recognized. Sue noted that this project partners with EMSC and the Illinois CAH Network. Grantees should receive communication regarding funding status in June.</li> <li>▪ Proposed EMSC revisions to EMS Administrative Code – EMSC rule amendments went to Second Notice and are pending being placed on the JCAR calendar for a vote.</li> <li>▪ Interfacility Transfer Workgroup project – Carolynn Zonia chairs this workgroup to develop guidelines and tools related to communication/quality improvement information sharing between referral and receiving hospitals. Sue reported on preliminary findings from a survey conducted by Carolynn (to be reviewed by the Facility Recognition &amp; QI Committee). The survey was sent to all hospitals in Illinois with a good response rate. It gathered information on hospital inter facility transfer experiences.</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 2013, there were approximately 1 million ED visits for 0-15 years of age. 78.1% of these visits took place in a PCCC, EDAP or SEDP. Of the 1 million, approximately 30,000 required admission with 94.4% of these admissions taking place in a PCCC, EDAP, or SEDP facility (Source: Illinois Hospital Assn Compdata)</li> </ul> </li> <li>▪ Susan Fuchs reviewed the following Regional QI updates: <ul style="list-style-type: none"> <li>○ Region 1: The region is reviewing standard guidelines for disaster plans and reunification, as well as pain management.</li> <li>○ Region 2: Region 2 is reviewing pain management and reassessment for extremity fractures (excluding phalanges), use of pharmaceutical/non-pharmaceutical pain interventions</li> <li>○ Region 3: The region is developing a project regarding the proper use of ESI levels in triage.</li> <li>○ Region 4: The region is developing an indicator based on the <i>Special Needs Tracking &amp; Awareness Response System (STARS)</i> hosted by SSM Cardinal Glennon Children's Medical Center. STARS trains first responders, families, and local hospital ER staff in management of special-needs children. The program includes developing pre-plans for known special needs children in an area to be kept in a binder on ambulances. As a first step, hospitals are reviewing STARS materials with their EMS providers</li> <li>○ Region 5: The region is working to evaluate pediatric psychiatric care issues in the ED.</li> <li>○ Region 6: Chart reviews concluded for peds/adolescents who have reached menstrual age, checking for LMP documentation prior to radiologic exam. Although setting a clear lower age limit for these cases was not achieved, issues have not been found on case-by-case review. Several new potential QI topics were discussed, including immunization of pediatrics patients and related educational materials for parents. At the June meeting, the</li> </ul> </li> </ul>	<p>Physician and nurse surveyors will be needed for these upcoming surveys. Contact Evelyn if interested in being on a survey team.</p>

TOPIC	DISCUSSION	ACTION
	<p>Director of Maternal and Child Health for the Champaign-Urbana Public Health District will attend to discuss immunization issues.</p> <ul style="list-style-type: none"> <li>○ Region 7: The region is collecting fever data for 3rd and 4th quarters of 2015. They also held the Pediatric Priorities Conference at Presence Saint Joseph Medical Center on 1/29/2016.</li> <li>○ Region 8: The BP monitor determined that BP should be taken on all ESI 1 and 2 patients and all admissions/transfers. BP should also be taken for ESI 3 patients &gt;=3 years old. Data collection remains ongoing for pediatric cardiac arrests. EDAP site surveys were completed.</li> <li>○ Region 9: The region hosted guest speakers on autism tools and tips. Region 9 protocols and processes are also being compared with national resources.</li> <li>○ Region 10: The region will continue its work on a mental health indicator, including crisis times and times to transfer.</li> <li>○ Region 11: The region continues work on its pediatric Mental Health QI initiative. New indicators will review vital signs, BP, and weight documentation for pediatric ED patients.</li> </ul> <p>At each meeting in 2016, a topic for review will be discussed re the next EDAP site surveys.</p>	FYI
<b>Data Initiatives</b>	<p>Dan Leonard reported on EMSC Data initiatives, which includes:</p> <ul style="list-style-type: none"> <li>▪ <i>EMS Data Reporting System</i> – A new request has been submitted for mortality data. Web application files have been completed for 2014 Traffic Records and Hospital Discharge data, and 2013 Trauma Registry.</li> <li>▪ <i>Traffic Crash “Quick Facts” Fact Sheets</i> – 2014 calendar year fact sheets are completed and posted on the EMSC website. An example of one of the fact sheets was reviewed.</li> <li>▪ <i>Data Quality Studies</i> – EMSC is pending receipt of driver and vehicle files in datasets maintained by the Secretary of State to conduct a proposed linkage project.</li> <li>▪ <i>NHTSA Model Performance Measure for Trauma Data</i> – Dan reviewed this report that applied measures to the ITR. Tom Willis motioned to approve this report, and seconded by Chung Young.</li> </ul>	FYI
<b>Education</b>	<p>Chris reported on the following:</p> <ul style="list-style-type: none"> <li>▪ The 5<sup>th</sup> Edition of the SNEC curriculum is undergoing editing based on feedback from the summer 2015 courses and new AHA guidelines. Also, hemorrhage control and tourniquet use will be included. Jack asked if use of hemostatic dressings/agents could be used in schools however this would require medical control; cost is another issue.</li> <li>▪ Planning for Summer 2016 SNEC courses is underway. Eight courses will be held this summer.</li> </ul>	FYI
<b>Publications/ Presentations Update</b>	<ul style="list-style-type: none"> <li>▪ Per Dr. Hageman, the following publication was noted as #29 of the 50 most read papers published in Clinical Pediatrics in 2015 - Carapetian S, Hageman J, Lyons E, Leonard D, Janies K, Kelley K, Fuchs S. <i>Emergency Department Evaluation and Management of Children with Simple Febrile Seizures</i>. Clinical Pediatrics. September 2015, 54(10), 992-998.</li> </ul>	FYI
<b>Other</b>	No other topics discussed	No action
<b>Upcoming meetings</b>	<p>The next 2016 meetings are scheduled as follows from 10:00am – 12:00pm at the Illinois Hospital Assn.</p> <ul style="list-style-type: none"> <li>- Friday, June 3, 2016</li> <li>- Friday, September 16, 2016</li> <li>- Friday, December 16, 2016</li> </ul>	A meeting reminder will be sent to all board members
<b>Adjournment</b>	Meeting was adjourned at 11:55am.	None

Meeting minutes submitted by E. Lyons