

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
ADVISORY BOARD  
Meeting Minutes  
September 16, 2016**

**Present:** Christine Bishof (ISMS), Young Chung (American Red Cross), John Collins (IEMTA), Dylan Ferguson (EMS Coordinator), Susan Fuchs, Chair (Natl. Assn EMS Physicians), Jeanne Grady (IL DSCC)\*, Mike Hansen (IFCA), Dan Leonard (EMSC), Evelyn Lyons (IDPH/EMSC), Kimberly Pate Godden (ISAA)\*, Laura Prestidge (EMSC), Teresa Riech (ICAAP)\*, Bonnie Salvetti (ANA-Illinois)\*, Kathy Swafford (ICAAP)\*, Kristen Tindall (IHA)\*

**Excused:** Paula Atteberry (IDPH), Mark Cichon (EMSC), Michelle Ealy (DCFS), Darcy Egging (IENA), Jack Fleeharty (IDPH), Joseph Hageman (ICAAP), Amy Hill (SafeKids), Victoria Jackson (School Health Program), Ruth Kafensztok (EMSC), Kevin Katzbeck (Family representative), Maura McKay (IAFP), Herbert Sutherland (ICEP), Michael Wahl (MCHC), Terry Wheat (Pediatric Rehab representative), J. Thomas Willis (IL Fire Fighters Assn)

**Absent:** Elizabeth DeLong (Trauma Nurse Coordinator), Roy Harley (Prevent Child Abuse Illinois)

\*Via teleconference

TOPIC	DISCUSSION	ACTION
<b>Call to Order</b>	Susan Fuchs called the meeting to order at 10:04am.	None
<b>Introductions</b>	Introductions were made.	None
<b>Review of 6/3/16 Meeting Minutes</b>	The June 3, 2016 meeting minutes were reviewed and approved. Mike Hansen made a motion for approval; Christine Bishof 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>Illinois EMSC website</i> – new look! <a href="http://www.stitch.luc.edu/emsc">www.stitch.luc.edu/emsc</a> - Board members are encouraged to forward any comments/recommendations regarding the new website. Sue Fuchs noted that it was difficult to find the Pediatric Prehospital protocols in the Resources section of the website.</li> <li>▪ <i>Mandatory Ethics Training</i> for all EMSC Advisory Board members – Any board members that still need to complete their annual Ethics Training (or Open Meetings Act training), please complete soon.</li> <li>▪ <i>EMS Assistance Fund Grant</i>. Due date 10/4/2016. Contact <a href="mailto:Paula.Atteberry@illinois.gov">Paula.Atteberry@illinois.gov</a>.</li> <li>▪ <i>Annual Report on Child Deaths that occurred in Calendar Year 2014</i>, Illinois Child Death Teams, Illinois Department of Children and Family Services</li> <li>▪ <i>Homicides in Chicago: 2005, 2010 and 2015 factsheet</i>. Lurie Children’s Hospital of Chicago, July 2016</li> <li>▪ <i>New Guidelines and Recommendations</i> by national organizations, Medscape, August 2017 edition.</li> <li>▪ <i>NHTSA Traffic Safety Facts – 2014 Data</i>, May 2016</li> <li>▪ Other organizational reports/updates <ul style="list-style-type: none"> <li>○ DCFS – No report. Michelle Ealy was unable to attend today’s meeting.</li> <li>○ IHA – No report. Mike Wahl was unable to attend today’s meeting.</li> <li>○ SafeKids – Amy Hill was unable to attend today’s meeting. She forwarded the following report: <ul style="list-style-type: none"> <li>○ Community Events – Supported many community events this summer through both the Community Volunteer Corps at Lurie Children’s Hospital and the Safe Kids Chicago and Illinois networks. Many National Night Out events and health fairs. Provided information/training/educational materials/safety giveaways to Safe Kids coalition members and other partners – 12 events and 2,500 products.</li> <li>○ Window Falls Prevention – By July 31st, 6 window falls were reported by Trauma Coords at area hospitals. 650 window falls prevention products distributed this summer.</li> </ul> </li> </ul> </li> </ul>	<p>EMSC will look into ways to reformat the Resources section of the website so it is easier to locate items on this page.</p> <p>Any board members that still need to complete their annual Ethics Training and/or Open Meetings Act training, please do so soon.</p> <p>Board members are asked to share this information within your organizations</p>

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	<ul style="list-style-type: none"> <li>○ Home Safety Program - Distributed 375 home safety bags from June – August. Received small grants through Safe Kids to educate parents about poison safety and water safety.</li> <li>○ Bike Helmets and Pedestrian Safety – Distributed more than 1,100 helmets this summer, 650 through Hope Fest at New Life Community Church and the rest through a partnership with the Active Transportation Alliance. Working with Active Transportation Alliance to support Safe Routes to School media campaign Playground Safety Checks. 14 playground checks performed at childcare centers since June.</li> <li>○ Child Passenger Safety – Received funding through IDOT for FY2017 to keep programs running. Seat check planned on 9/25 at a huge community safety event for families at Costco 1430 S. Ashland. Continue to hold 3 community classes per month at various locations. Distributed 300 car seats this quarter through their classes and at their distribution sites. Working on a distracted driving study for suburban teens. 2 completed the study and 4 more are currently enrolled. Through Safe Kids, still working to keep car seat techs certified. Worked with 6 suburban techs to keep up their certification in partnership with AAA. Additional re-certification event planned for October.</li> <li>○ Working with IHA on a Safe Sleep webinar and hope to use it at hospitals throughout Illinois and solidify connections with Safe Kids coalitions in Illinois.</li> <li>▪ Educational Opportunities <ul style="list-style-type: none"> <li>○ <i>Region 7 In the Midst of Chaos Disaster Conference.</i> September 23, 2016, Tinley Park, IL</li> <li>○ <i>Marion Region, Weathering the Storm Disaster Conf.</i> October 12, 2016, Marion, IL.</li> <li>○ <i>22nd Annual Prevent Child Abuse Illinois Statewide Conference.</i> October 20-21, 2016, Wyndham Springfield City Centre Hotel, Springfield, IL</li> <li>○ <i>Advocate Health Care’s 2016 Trauma Symposium: Trauma Tridecaphobia – What Are You Afraid Of?</i> Wednesday/Thursday, November 16 &amp; 17, 2016</li> <li>○ <i>National Healthcare Coalition Preparedness Conference (NHCPC),</i> December 13 &amp; 14, 2016, Washington, D.C. <a href="http://healthcarecoalitions.org">http://healthcarecoalitions.org</a></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.stitch.luc.edu/emsc">www.stitch.luc.edu/emsc</a></li> </ul> </li> </ul>	<p>Send any new announcements to Evelyn Lyons for future meetings</p>
<p><b>IDPH, Division of EMS &amp; Highway Safety Report</b></p>	<p>Evelyn provided the following report:</p> <ul style="list-style-type: none"> <li>▪ <i>EMS Grants</i> - All FY16 EMS Fund Grant awardees have been reimbursed. FY17 EMS Assistance Fund Grant application announced on August 17, 2016 and will close on October 4, 2016.</li> <li>▪ <i>Heartsaver AED Grants</i> - FY17 Heartsaver AED grant will not be available this year due to no funding.</li> <li>▪ <i>Regulatory Update</i> - The Department continues to review EMS New Education Rule amendments and working with the Department’s legal staff preparing rules for the Governor’s Office. <ul style="list-style-type: none"> <li>○ Adopted EMS rule amendments to comply with PA 99-0480 - requires Regional EMS Systems to include administration of opioid antagonists in their standing medical orders, and requires EMS personnel to be educated/trained in administration and use of opioid antagonists.</li> <li>○ Amended Regional Poison Control Center Code 215 to comply with PA 97-135. The rules are at First Notice for public review and comment. Seeks to update the Regional Poison Control Center Code with respect to the number of poison centers that can be designated by the Director, remove the</li> </ul> </li> </ul>	<p>Board members are asked to share this information within your organizations.</p>

TOPIC	DISCUSSION	ACTION
	<p>requirements of a poison control center to coordinate with EMS Systems to assure that all ALS vehicles are equipped with poison antidotes, and have 2-way communication with EMS vehicles, and change membership of the advisory committee.</p> <ul style="list-style-type: none"> <li>○ Amended Automated External Defibrillator Code 525 - seeks to update the incorporated and references of this Part and clarify requirements for submitting a complaint against a CPR course.</li> <li>○ Amended Heartsaver AED Fund Grant 530. Implements P.A. 99-0246 and P.A. 99-0501 which added sheriff's offices, municipal police departments and public libraries to the entities eligible to apply for a matching Heartsaver AED Fund grant. This rulemaking also seeks to update the Part with respect to current IDPH grant process to provide application submission electronically vs written form.</li> <li>▪ <i>Legislative Update</i> - Several bills have been passed: <ul style="list-style-type: none"> <li>○ Public Act 99-0710 requires a freestanding emergency center (FEC) to limits its participation in the EMS System strictly to receive a limited number of ambulance runs by emergency medical vehicles as pre-approved by both the EMS Medical Director and the Department and according to the FEC's 24-hour capabilities and protocols developed by the Resource Hospital within the FEC's designated EMS System.</li> <li>○ Public Act 99-0711 provides the Department of State Police or local governmental agency may authorize officers to carry, administer, or assist in administration of epinephrine auto-injectors if they have completed the requiring training and must provide for policies on the use of epinephrine auto-injectors.</li> <li>○ Public Act 99-066 defines "clinical observation" and "medical monitoring". Provides that "Basic Life Support (BLS) Services" includes medical monitoring and clinical observation, and "non-emergency medical services" includes clinical observation.</li> <li>○ Public Act 99-0862 permits EMS who have successfully completed an IDPH approved course in the administration of epinephrine to administer epinephrine from a glass vial, auto-injector, ampule, or pre-filled syringe.</li> <li>○ The POLST form revisions to comply with Public Act 099-0319 are complete and are now available in English and Spanish on the IDPH website.</li> </ul> </li> <li>▪ <i>Trauma Program</i> - The Trauma Center Fund was distributed. Continue to work with Trauma Centers in trauma registry application and reports.</li> <li>▪ <i>EMS Prehospital data and bypass</i> - All run reports after 11/30/16 must be NEMSIS Version 3 compliant. The Department recommends entities start their conversion early so validation can be completed timely.</li> <li>▪ <i>Ambulance Compliance program</i> – Updates on forms: Revisions to the special events form continues: Critical Care Application Guide developed, awaiting final approval; SEMSV Application Guide developed, awaiting final approval; MERCI radio guidebook update is in process; MERCI radio communications continue to be evaluated in the City of Chicago; All non-transport provider numbers changed to reflect the new alpha numeric provider number including “N.T.” After the agency number. An updated Non-Transport provider list will be sent to all systems by October 1, 2016.</li> <li>▪ <i>New employees</i> - Melinda Snyder is new Office Associate in EMS Licensure. She was previously sales assistant for a private company. Michelle Lorton, RN is the new HSVI/Stroke Coordinator. She transferred from IDOT, and previously worked as a Critical Care and Transport Registered Nurse.</li> </ul>	<p>Board members are asked to share this information within your organizations.</p>

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<p><b>New Business – EMSC Advisory Board bylaws review</b></p>	<p>Draft language was reviewed that allows board member meeting participation by conference call and member voting by conference call. This language was shared by Mike Hansen and drafted by the State EMS Council for their bylaws. The EMSC Advisory Board was in agreement with using this same verbiage. It was identified that this language could be added to page 4 in Section 5.11 or a new bullet 5.14 in the bylaws could be created. In addition, it was noted that the board composition on page 1 needs to delete the Metropolitan Chicago Healthcare Council (MCHC) since it has merged with the Illinois Hospital Assn and is no longer its own entity. Sue Fuchs noted that the board should consider the addition of the following new representatives: the Illinois Poison Center (IPC) - followup with Mike Wahl; and the Illinois Critical Access Hospital Network (ICAHN) - Dylan Ferguson offered to contact Peggy Jones who he knows as the current ICAHN representative on the Stroke Advisory Board.</p> <p>Mike Hansen asked if the Illinois State Police (ISP) participates on the EMSC Advisory Board since the State EMS Council has had difficulty getting their participation. Evelyn noted that John Lewin was the ISP representative on the EMSC Advisory Board in the past, however when he retired from ISP, there has not been another assigned representative. Kathy Swafford noted that the Child Fatality Review Teams have ISP representation and that these ISP representatives might be interested in serving on the advisory board.</p> <p>The bylaws with drafted language will be forwarded to the EMSC Advisory Board for review. Discussion will continue at the December meeting regarding the above draft revisions and consideration to add the IPC and ICAHN as board organizations.</p>	<p>Evelyn will include the draft language into the bylaws and forward to the board for review.</p> <p>Evelyn will followup with Mike Wahl re the consideration to include the IPC on the board. Dylan will contact Peggy Jones on behalf of the board.</p> <p>Evelyn will followup with the Illinois State Police.</p>
<p><b>Pediatric Preparedness Workgroup</b></p>	<p>Laura Prestidge reported on the following:</p> <ul style="list-style-type: none"> <li>▪ <i>Pediatric Preparedness Newsletter: National Preparedness Month</i> – September is National Preparedness Month. Theme is “Don’t Wait. Communicate. Make Your Emergency Plan Today.” Laura reviewed the newsletter that she developed and distributed to focus awareness on pediatric disaster initiatives.</li> <li>▪ <i>Pediatric Care Medical Specialist Team (PCMS)</i> – Susan Fuchs and Laura Prestidge reviewed the efforts that are underway to recruit physicians and advanced practice nurses for this team, which will provide remote pediatric consultation during a disaster event. A one-page handout reviews the role, responsibilities, training requirements and commitment. Contact Laura with any questions.</li> <li>▪ <i>DRAFT Addressing the Needs of Children in Disaster Preparedness Exercises</i> – This document has undergone revision. Laura highlighted key changes and how the scope of the document has expanded beyond hospital use. It now includes all entities that need to address children in their disaster exercises, i.e. EMS, emergency management, law enforcement schools, child care centers. A motion to approve this document was made by John Collins, and seconded by Christine Bishof. All were in favor to approve the revised document.</li> <li>▪ <i>Disaster Mental Health Response for Children</i> educational module – The site code for this module needs to be renewed, so the module has undergone review. Other than a minor change on one slide and updating of the References section, there were no other changes to the module. A motion to approve this module was made by Christine Bishof, and seconded by John Collins. All were in favor to approve this updated module.</li> </ul>	<p>Forward any comments regarding the preparedness initiatives to Laura at <a href="mailto:lprestidge@luc.edu">lprestidge@luc.edu</a></p>

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<p><b>National Pediatric Readiness Project</b></p>	<p>Sue Fuchs noted that the Federal EMSC program has funded a new National EMSC Resource Center called the EMSC Innovation and Improvement Center (EIIC), which is based out of Baylor Children’s Hospital in Texas. Their first newsletter was recently released and a copy was provided to board members.</p> <p>The Emergency Nurses Assn PedsReady State Champions Project has merged with the National EMSC Facility Collaborative, which aims to assist the following states with implementing a pediatric facility recognition program: Connecticut, Colorado, District of Columbia, Florida, Indiana, Kansas, Kentucky, Louisiana, Michigan, New Mexico, New York, Oklahoma, Pennsylvania, South Carolina, Texas. Each state needs to develop a State Improvement Team to spearhead this effort, and states that have a program in place have been asked to serve as “coaches”. Both Sue Fuchs and Evelyn are serving in the coach role.</p>	<p>Further updates will be provided at future board meetings.</p>
<p><b>Facility Recognition and QI Committee</b></p>	<p>Susan Fuchs and Evelyn Lyons reported on the following:</p> <ul style="list-style-type: none"> <li>▪ Regions 4 &amp; 5 – Renewal surveys are completed. One new EDAP application and one new SEDP application was received, and one SEDP hospital chose to not renew their recognition status (Region 4).</li> <li>▪ Region 11 – Surveys are scheduled from late October through December 1<sup>st</sup>.</li> <li>▪ Regions 1 and 10 – Will undergo renewal site surveys in 2017. Educational sessions are scheduled: <ul style="list-style-type: none"> <li>○ Region 1: 9am-12pm on Monday, October 17<sup>th</sup> at Rockford Memorial Hospital</li> <li>○ Region 10: 9am – 12pm on Thursday, October 20<sup>th</sup> at Advocate Condell Medical Center</li> </ul> </li> <li>▪ The Facility Recognition Committee is continuing the discussion regarding the inclusion of the CNS role in the PCCC, EDAP and SEDP regulations. In addition, revisions are being made in the EDAP/SEDP equipment/supply list.</li> <li>▪ Review/Approval of revised Pediatric Continuing Education Guidelines document – revisions to this document include changing the word “certification” to “completion”, decreasing the number of hours that can count for PALS to 12-14 (from 12-16), and adding a reminder that both cognitive and practical skills need to be included in APLS and PALS courses. A motion was made by Young Chung to approve this document and seconded by Mike Hansen. All were in favor to approve the revised document. <ul style="list-style-type: none"> <li>○ Christine Bishof noted that oftentimes it is difficult to access these standardized courses, particularly if the physician group is contracted by the hospital (so the hospital may not be obligated to allow the physicians to attend hospital-based courses) or if only the skill component is needed, i.e. if the lecture component has been completed online. Evelyn noted that this issue can be brought to the Facility Recognition Committee for discussion.</li> </ul> </li> <li>▪ Interfacility Transfer Workgroup project – Since Dr. Zonia has retired, the activities of this project will be undertaken by Anne Porter and Bev Weaver, who currently serve on the Facility Recognition Committee. The goal of this project is to develop guidelines and tools related to communication/quality improvement information sharing between referral and receiving hospitals.</li> <li>▪ Current participation in the pediatric facility recognition program (109 hospitals) <ul style="list-style-type: none"> <li>○ PCCC/EDAP level = 10; EDAP level = 88; SEDP level = 11</li> <li>○ Note: In 2015, there were approximately 950,000 ED visits for 0-15 years of age. 78.7% of these visits took place in a PCCC, EDAP or SEDP. Of the 950,000, approximately 27,000 required admission with 95.3% of these admissions taking place in a PCCC, EDAP, or SEDP facility (Source: Illinois Hospital Assn Compdata)</li> </ul> </li> </ul>	<p>Physician and nurse surveyors are always needed for site survey visits. Contact Evelyn if interested in being on a survey team.</p> <p>Evelyn will bring this issue to the Facility Recognition Committee.</p>

TOPIC	DISCUSSION	ACTION
	<ul style="list-style-type: none"> <li>▪ Susan Fuchs reviewed the following Regional QI updates:               <ul style="list-style-type: none"> <li>○ Region 1: The region is continuing its work to establish the PEWS process to improve communication at all participating facilities.</li> <li>○ Region 2: A second quarter of data is being collected for the monitor of pain management and reassessment for extremity fractures (excluding phalanges), including the use of pharmaceutical and non-pharmaceutical pain interventions and the use of pain scores.</li> <li>○ Region 3: The use of a pediatric appendicitis score is being reviewed. In addition, one facility is developing a pediatrics rehydration protocol. The region also noted concerns about hospital participation in the regional meetings.</li> <li>○ Region 4: The region is continuing a project based on the Special Needs Tracking &amp; Awareness Response System (STARS), hosted by SSM Cardinal Glennon Children's Medical Center. STARS trains first responders, families, and local hospital ER staff in the management of special-needs children.</li> <li>○ Region 5: The region is working on a project to evaluate pediatric psychiatric care issues in the ED.</li> <li>○ Region 6: The region is developing a new project regarding head concussions in children age group of 7 to 13 years old, with a focus on sport-related injuries and return-to-play patient education.</li> <li>○ Region 7: The region is working on a pain management project, including the use of pain medications and re-evaluations at 60 minutes and at discharge.</li> <li>○ Region 8: The region is developing a project on the management of asthma, focusing on times to treatment (nebulizer and prednisone) and on patient education materials.</li> <li>○ Region 9: At the last regional meeting, Laura Prestidge presented materials regarding disaster preparation. Also, the region is working with Dr. Nozicka regarding performance improvement projects.</li> <li>○ Region 10: Work continues on the mental health indicator. The region is also preparing for upcoming site surveys, with an EMSC educational session scheduled for October 20, 2016.</li> <li>○ Region 11: Region 11 is continuing data collection on vital sign documentation and preparing for upcoming site visits. Also discussion took place regarding a possible sepsis tool. In the upcoming November 8 meeting, an educational session will be held regarding toxicology.</li> </ul> </li> </ul>	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> – Mortality data for CY 2008-2014 and CY 2015 Hospital Discharge data have been received and are being prepared for the reporting system. The web system is currently pending receipt of CY 2015 IDOT Traffic Records data and CY2014 Trauma Registry data.</li> <li>▪ <i>Traffic Crash “Quick Facts” Fact Sheets</i> – 2014 calendar year fact sheets are completed and posted on both the EMSC and IDOT websites. Fact sheets for CY2015 will be developed as crash data for that year is available.</li> <li>▪ <i>Data Quality Studies</i> – Dan discussed an initial report in which ITR and Crash records did not link. A second study regarding trauma transfers is being drafted.</li> <li>▪ <i>Updated Measures Associated with Facility Recognition</i> – Dan updated this analysis of pre and post-</li> </ul>	

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	<p>EDAP mortality rate with 2015 hospital discharge data. The post-EDAP mortality rate continues to be significantly lower than the pre-recognition rate. Copies of the findings were shared with the board.</p> <ul style="list-style-type: none"> <li>▪ Completeness Performance Measure Project for Trauma Data – Dan noted the analysis conducted of the Illinois Trauma Registry in the report titled <i>Mechanism of Injury and Severity by Type of Trauma Hospital in Illinois</i>.</li> </ul>	
<b>Education</b>	<p>Evelyn reported on the following:</p> <ul style="list-style-type: none"> <li>▪ Nine SNEC courses were conducted this summer, with 200 school nurses in attendance.</li> <li>▪ Courses were held at the following locations: <ul style="list-style-type: none"> <li>○ June SNEC courses: Oak Brook, Peoria, Rockford and Springfield.</li> <li>○ July SNEC courses: Joliet, Elgin, Elgin2, Skokie and Marion.</li> </ul> </li> </ul>	FYI
<b>Publications/ Presentations Update</b>	<ul style="list-style-type: none"> <li>▪ Kafenztok R, Leonard D. <i>A web-based interactive query system to track injuries and other health related events in Illinois</i>. Public Health Informatics Conference. Atlanta, GA. August 2016. Poster presentation.</li> </ul>	FYI
<b>Other</b>	<p>Sue Fuchs noted that there is a new law in place called Gabby’s Law that requires hospitals to have policies and practices in place to address the early recognition and treatment of both children and adults with sepsis.</p> <p>John Collins noted that the Chicago Fire Department plans to work towards an October 1<sup>st</sup> roll-out date for epi-pen and narcan availability.</p>	FYI
<b>New Business – Request to add Vtoll site</b>	<p>Evelyn reported on the following:</p> <p>Adam Sowell at Unity Point Health-Trinity (Rock Island) previously offered to be a Vtoll host site on the western border of the state for EMSC Advisory Board meetings, to support public access to the meetings. Based on discussion with IHA, they are willing to add this as an additional site connection, however they need time to test the IP address and assure a good connection. Adam’s contact information has been provided to the IHA so they can contact him and test the connection.</p>	Evelyn will continue to followup with IHA and Adam regarding this additional site connection request.
<b>Upcoming meetings</b>	<p>The next meeting is scheduled as follows from 10:00am – 12:00pm at the Illinois Hospital Assn.</p> <p>- Friday, December 16, 2016</p>	A meeting reminder will be sent to all board members
<b>Adjournment</b>	Meeting was adjourned at 11:29am.	None

Meeting minutes submitted by E. Lyons