

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN
ADVISORY BOARD
Meeting Minutes
December 18, 2015**

Present: Christine Bishof (ISMS)*, Young Chung (American Red Cross), Mark Cichon (EMSC)*, John Collins (IEMTA), Darcy Egging (IENA)*, Susan Fuchs, Chair (Natl. Assn EMS Physicians), Jeanne Grady (IL DSCC)*, Mike Hansen (IL Fire Chiefs Assn), Kevin Katzbeck (Family representative), Dan Leonard (EMSC), Evelyn Lyons (IDPH/EMSC), Laura Prestidge (EMSC), Bonnie Salvetti (ANA-Illinois)*, Kathy Swafford (ICAAP)*, Kristen Tindall (IHA)*, Terry Wheat (Pediatric Rehab)*

Excused: Paula Atteberry (IDPH), Joseph Hageman (ICAAP), Amy Hill (SafeKids), Ruth Kafensztok (EMSC), Elizabeth DeLong (Trauma Nurse Coordinator), Maura McKay (IAFP), Herbert Sutherland (ICEP), Christina Swain (EMSC), Michael Wahl (MCHC)*, J. Thomas Willis (IL Fire Fighters Assn)

Absent: Roy Harley (Prevent Child Abuse Illinois), Teresa Riech (ICAAP)

*Via teleconference

TOPIC	DISCUSSION	ACTION
Call to Order	Susan Fuchs called the meeting to order at 10:05am. Before beginning the meeting, she called for a moment of silence to honor fallen Chicago Fire Department Firefighter Capuano, whose funeral is today.	None
Introductions	Introductions were made.	None
Review of 9/18/15 Meeting Minutes	The September 18, 2015 meeting minutes were reviewed and approved. Dr. Chung made a motion for approval; Terry Wheat seconded the motion. All in attendance agreed to approve the minutes.	Minutes approved
Announcements/ Updates	<p>Susan Fuchs reviewed the following announcements/updates:</p> <ul style="list-style-type: none"> ▪ <i>Welcome Christine Bishof, MD</i> – New Illinois State Medical Society representative ▪ <i>Other open board positions pending approval</i> – John Collins for IEMTA is pending Director approval ▪ <i>Technical Resources, Assistance Center, and Information Exchange (TRACIE)</i> for Disaster Medicine Resources, DHS. https://asprtracie.hhs.gov ▪ <i>Clinical Framework and Medical Countermeasure Use During an Anthrax Mass-Casualty Incident</i>, CDC, Morbidity and Mortality Weekly Report: Vol 64(4); Released December 2015. ▪ Call for Abstracts for <i>2016 Illinois Integrated Public Health & Healthcare System Preparedness Summit</i>. Due date for abstracts – Jan 18, 2016. www.ipha.com. Conference June 21–23, 2016, Schaumburg, IL ▪ Other organizational reports/updates <ul style="list-style-type: none"> ○ DCFS – Kathy Disher has resigned from the board. Pending a new representative from DCFS. ○ MCHC – Dr. Mike Wahl was not able to attend today’s meeting. He noted the upcoming merging of MCHC with the Illinois Hospital Association which is planned in January 2016. ○ SafeKids – Amy Hill forwarded a written report regarding the following activities: <ul style="list-style-type: none"> ○ Car Seat initiatives – SafeKids sponsored a Child Passenger Safety Technician class for 12 participants in November 2015; During the past quarter, they sponsored 9 community car seat classes. 55 parents attended these classes with distribution of 60 low-cost seats; Working on a program to help nonprofit organizations that transport children get proper seats. In November, held a workshop for caseworkers at Lutheran Social Services of Illinois and gave 39 free seats to transport their clients safely (DCFS wards of the state); Distributed a total of 41 seats through their distribution network last quarter; Received an IDOT grant for child passenger safety which runs through October 31, 2016. 	<p>Board members are asked to share this information within your organizations</p> <p>Send any new announcements to Evelyn Lyons for future meetings</p>

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	<ul style="list-style-type: none"> ○ Home Safety/Window Falls – Continue to offer free home safety kits for community distribution. Last quarter, distributed over 700 bags to community sites – all sites must take online home safety training program; Over 17 children fell out of a window in Chicago area during the summer months. Now gearing up for next year’s media campaign; Kohl’s Cares continues to support home safety and window falls prevention. ○ Pedestrian – Continue to work on the Safe Routes to School committee. ○ Shriners Hospital for Children – Terry Wheat reported on Shriners 90th anniversary gala held at the Chicago Cultural Center on 11/12/2015. ○ American Red Cross, Chicago Chapter – Online applications for Annual Heroes awards, honored at a Heroes Breakfast in April 2016: http://www.redcross.org/local/il/chicago/heroes#nominate ▪ Educational Opportunities <ul style="list-style-type: none"> ○ <i>Region 7 Pediatric Priorities Conference</i>. January 29, 2016. Presence St. Joseph Medical Center, Joliet, IL. ○ <i>EMSC Online Courses</i> - https://www.publichealthlearning.com ○ Other educational opportunities at www.luhs.org/emsc/special.htm 	
IDPH, Division of EMS & Highway Safety Report	<p>Evelyn provided the following written report from Jack Fleeharty:</p> <ul style="list-style-type: none"> ▪ <u>EMS Grants</u> – The FY2017 EMS Assistance Fund Grant applications will be available in February. Go to idphgrants.com and register to receive emails as new grants are available. ▪ <u>HeartSaver AED Grants</u> - FY16 Heartsaver AED grant applications have been reviewed. The Department received 76 qualified applicants and awarded 33 applicants with grants of \$466 each totaling \$15,378. ▪ <u>Regulatory Updates</u> - Rural Upgrade amendments adopted; Stroke rules and EMSC rule amendments went to first notice on 11/6/2015 and available for public comment until 12/21/2015; Drafting amendments to the Regional Poison Control Center Code to comply with PA 97-135, which will change the number of poison centers designated by the Director from 2 - 3 to 1 - 3 poison centers, deletes 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 hospital administrator rep on Poison Center Advisory Board to a healthcare professional society rep and updates the requirements of a poison control center to current national standards. ▪ <u>Legislative Updates</u> - Requested on the Spring 2016 legislative agenda that the State move to a 4 tiered trauma system; Public Act 99-0246 passed in August exempts sheriff’s offices and police departments owning, occupying or managing the premises where an Automated External Defibrillator (AED) is present to not be liable for civil damages in the use of the AED unless willful or wanton misconduct, and allows sheriff’s offices and police departments to apply for Heartsaver AED Fund grant. Also requires a sheriff’s office in each county and police departments who employ 100 or more to have a working AED and AED user; Public Act 99-0480 passed to mandate every publicly or privately owned ambulance, special emergency medical services vehicle, non-transport vehicle, or ambulance assist vehicle, as described in the EMS Systems Act, which responds to requests for emergency services or transports must possess opioid antagonists. Also, every State and local government agency that employs a law enforcement officer or fireman (as defined in the Line of Duty Compensation Act) must possess opioid antagonists. Must also establish a policy to control the acquisition, storage, transportation, and administration of such opioid antagonists and provide training in administration of opioid antagonists. 	<p>Board members are asked to share this information within your organizations.</p>

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	<ul style="list-style-type: none"> ▪ <u>Trauma Program</u> – Ongoing work with the Legislative & Planning Subcommittee to review and revise current rules; Designated St. John’s Hospital, Springfield as a Level II Pediatric Trauma Center; Trauma Registry Reporting Section was moved to a CMS supported environment giving trauma centers capability to generate their own reports; Completed a contract for trauma surgeons (unable to process due to lack of a state budget); Continue to followup Trauma Registry RFP status with Procurement. ▪ <u>Stroke Program</u> - Stroke applications are being processed as received; Current stroke designation listings are on IDPH web site; Department has a letter requesting clarification on multiple questions from the State Stroke Advisory Committee. ▪ <u>Pre-Hospital Data and Bypass Updates</u> – Through a bid process, the Department purchased three software modules called PHEPARMS. EMResource module replaces the current bypass system; WebEOC module is a disaster management system; EMTrack module is a patient tracking system. A steering committee and implementation teams are in place. Dates for hospital training for EMResource are scheduled. The goal is to implement all three modules by June 2016; Department is moving towards NEMSIS 3.0 pre-hospital data; Division of EMS is working to migrate all online information to the new IDPH website, including forms, links to laws, rules, applications, etc. ▪ <u>Testing Updates</u> – Department is still looking for volunteers to help write the new AEMT/EMT-I exams. ▪ <u>EMS Licenses Processed</u> - New Licenses YTD = 5449; Renewals YTD = 7936; Reciprocity YTD = 446. ▪ <u>Ambulance Compliance Program</u> - Continue to update/revise forms specific to EMS provider and vehicle licensing (IDPH website has the current documents); MIH “application booklets” are being accepted for review for participation in the pilot program; Systems participating in the infield upgrade option should submit a policy to the REMSC for review; Due to software issues, new transport providers can’t be entered into the database therefore any new transport providers since February 2015 are providing service with an approval letter from IDPH, which acts as their license until further notice; Stretcher van licensing is near completion in the database. Once given final approval from I.T. staff, will send letters out to all providers that bill for stretcher van services and will begin the licensing process. ▪ <u>Strategic Planning update</u> - EMS and Trauma Councils requested an update of the 2010 Strategic plan. 	<p>Board members are asked to share this information within your organizations.</p>
<p>Pediatric Preparedness Workgroup</p>	<p>Laura Prestidge reported on the following:</p> <ul style="list-style-type: none"> ▪ <i>DRAFT Disaster Preparedness Exercises Addressing the Pediatric Population</i> – this document is undergoing revision to provide disaster preparedness education guidance that expands beyond mass casualty triage training. ▪ <i>DRAFT Pediatric Disaster Triage: Utilizing the JumpSTART Triage Training Model</i> – The powerpoint slides for this training are undergoing review and being updated to assure consistency with new practice standards/information. ▪ <i>Emergency Preparedness Planning Guide for Child Care Centers & Child Care Homes</i> – This document has been finalized, and a draft printed proof was shared at today’s meeting. Copies of this booklet will be printed and distributed to the 17 Child Care Referral & Resource Agencies within the state, who will then further distribute to the child care centers/homes that they oversee. A webinar to review with child care centers/homes how to use this booklet as a resource in their disaster planning is planned in March. ▪ <i>Regional Pediatric Resource Directory</i> – This document is also 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. 	<p>Send comments regarding any of the preparedness initiatives to Laura at lprestidge@luc.edu</p> <p>Evelyn and Laura will</p>

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	<ul style="list-style-type: none"> ▪ <i>State Hazard Vulnerability Analysis (HVA) tool</i> – The state has developed/rolled out a state HVA tool to ensure consistency in how hospitals across the state are assessing their risks/vulnerabilities to various disaster events - EMSC hopes to add pediatric components. Mark Cichon motioned to proceed with including pediatric elements in the State HVA Tool, Terry Wheat 2nd the motion and all were in favor. 	work with CEMP personnel on adding pediatric components to the State HVA tool.
National Pediatric Readiness Project	<p>Updates were provided on the National Pediatric Readiness Project, which was a national assessment conducted of Emergency Departments across the country in 2013.</p> <ul style="list-style-type: none"> ▪ A National Pediatric Readiness Project Stakeholder meeting was held on April 9 & 10, in which a number of professional organizations committed their support to further the efforts of this initiative. The meeting minutes were sent out electronically to the board members for their review. ▪ The following publication that summarizes key findings from the assessment was shared: Gausche-Hill M, et al. A National Assessment of Pediatric Readiness of Emergency Departments, JAMA Pediatrics 2015;169(6):527-534.doi:10.1001/jamapediatrics.2015.138. ▪ The Emergency Nurses Association convened a PedsReady State Champions Pilot Meeting on November 12, 2015 to assist 5 states in furthering their PedsReady initiatives. Illinois was one of the participating states, and identified our proposed project as “Build/enhance collaborative partnership between the Pediatric Quality Coordinator and Pediatric Physician Champion roles in our state”. ▪ National EMSC Resource Center is convening an Expert Panel meeting in February to develop a Quality Improvement Collaborative to assist hospitals achieve Pediatric Readiness. To date, only 10 states have achieved a Facility Recognition program. Evelyn has been invited to participate on this panel. 	Board members are asked to share this information within your organizations.
Pediatric Prehospital Committee	<p>Sue Fuchs presented the following protocols that underwent revision by the Pediatric Prehospital Committee.</p> <ul style="list-style-type: none"> ▪ Allergic Reaction/Anaphylaxis BLS/EMR – motion to approve by Mike Hansen; seconded Mark Cichon. ▪ Altered Mental Status BLS/EMR – motion to approve by John Collins; seconded by Terry Wheat ▪ Apparent Life-Threatening Event – Recommended to add to Glucose box, “if unavailable, go to the Disposition”. With that change, motion to approve by Young Chung and seconded by Terry Wheat. ▪ Neonatal Resuscitation - Recommended to add D10% 2mL/kg in the Special Considerations box. With that change, motion to approve ALS/ILS protocols by Mike Hansen; seconded by Terry Wheat; motion to approve BLS/EMR by Terry Wheat, seconded by Darcy Egging. ▪ Bradycardia BLS/EMR – motion to approve by Mark Cichon, seconded by Mike Hansen. ▪ Pulseless Arrest – motion to approve by John Collins; seconded by Mark Cichon. ▪ Tachycardia BLS/EMR – motion to approve by Mark Cichon, seconded by John Collins. ▪ Toxic Exposures/Ingestions – Recommended to add IN (intranasal) route for Naloxone. With that change, motion to approve ALS/ILS by Mike Hansen, seconded by Young Chung; motion to approve BLS/EMR by Mark Cichon, seconded by Mike Hansen. ▪ Pediatric Trauma with Head Trauma Addendum – Recommended to revise the Pediatric Glasgow Scale to be consistent with EMSC pocket card. With that change, motion to approve ALS/ILS protocol by Mike Hansen; seconded by Terry Wheat; motion to approve BLS/EMR protocol by Terry Wheat, seconded by Mike Hansen. ▪ All of the above motions were agreed upon by all in attendance at the meeting. 	This finalizes the protocol revision process. The committee will review one last time for any typos or other minor edits, and then an electronic 2016 Edition will be sent out to the EMS System Coordinators and other stakeholders.
Facility Recognition and QI Committee	<p>Susan Fuchs and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> ▪ Region 8 renewal site surveys were conducted from late October through early December. 	

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	<ul style="list-style-type: none"> ▪ Two new EDAP applications were received from hospitals in Region 1 and Region 8. Pending submission of additional documentation. ▪ Regions 4 & 5 are undergoing renewal in 2016. Educational sessions for these regions were conducted in October, and their renewal applications are due January 22, 2016. ▪ Region 11 is the next region to undergo renewal. An educational session is scheduled from 9:00am-12:00pm on March 7, 2016 at Community First Medical Center, Chicago. ▪ Proposed EMSC revisions to EMS Administrative Code – regulations have been posted for first public comment period, which ends December 21, 2015. ▪ 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. A survey will be sent out in early 2016 to gather information on transfer experiences. ▪ Current participation in facility recognition (110 hospitals) <ul style="list-style-type: none"> ○ PCCC/EDAP level = 10; EDAP level = 87; SEDP level = 13 ○ 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) ▪ Susan Fuchs reviewed the following Regional QI updates: <ul style="list-style-type: none"> ○ Region 1: The region is reviewing standard guidelines for disaster plans and reunification, as well as pain management. Several disaster drills are planned. ○ Region 2: Work is concluding with the child abuse and neglect indicator. A new topic will focus on pain management for fractures, particularly the use of pain meds beyond Acetaminophen. Materials were presented regarding pediatric code debriefing tools. ○ Region 3: The region has expanded its “Back to Sleep” campaign, which includes educational materials regarding co-sleeping, to include community outreach, such as newspaper articles, handouts, etc. ○ Region 4: The pre-hospital QI monitor regarding assessment is concluding. The region is considering an indicator based on the Special Needs Tracking & 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. The program also includes developing pre-plans for known special needs children to be kept in a binder on ambulances. ○ Region 5: DCFS child abuse cases are being reviewed, in association with SSM Cardinal Glennon Children's Medical Center, particularly to emphasize appropriate communication for out-of-state transfers. Pediatric suicides are also being reviewed. ○ Region 6: Chart reviews are assessing LMP documentation prior to radiologic exam on peds/adolescents who have reached menstrual age. Reviews show use of shielding for extremity x-rays, so future reviews will focus on all CTs and x-rays only for chest, abdomen, or pelvis. ○ Region 7: The region continues to review cases of fever in children <5 yrs old. Improvement was found in the method of obtaining temperatures (rectal temp for age <3 yrs old). Also 	FYI

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	<p>preparing for Annual pediatric conference which is planned to be held on January 29, 2016.</p> <ul style="list-style-type: none"> ○ Region 8: Data collection is ongoing for pediatric cardiac arrests. Work is concluding on the indicator focused on obtaining BP in young children. ○ Region 9: The region continues to collect data using its behavioral health tool. Guest speakers were scheduled for the November meeting to discuss ED management of autistic children. ○ Region 10: The region will continue its work with the mental health indicator, including times to medically clear for evaluation and time to transfer. ○ Region 11: The region continues work on its pediatric Mental Health QI initiative. Free pediatric mental health education, including a panel presentation, was held on November 10, 2015 at Mount Sinai Hospital. New indicators are being considered regarding vital signs, BP, and weight documentation for pediatric ED patients. 	
Data Initiatives	<p>Dan Leonard reported on:</p> <ul style="list-style-type: none"> ▪ <i>EMS Data Reporting System</i> – Web application files have been completed for 2014 Traffic Records and Hospital Discharge data, and 2013 Trauma Registry data for the EMS Data Reporting System. Total visits to the system in 2014 was over 18,000 visits. ▪ <i>Traffic Crash “Quick Facts” Fact Sheets</i> – 2014 calendar data has been received, and next set of fact sheets being completed. ▪ <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. ▪ <i>Mweasures Associated with Facility Recognition</i> – reviewed the updated version of this analysis which is calculated with 2014 data. The findings continue to show statistically significant improvements. 	FYI
Education	<p>Evelyn reported on the following:</p> <ul style="list-style-type: none"> ▪ The 5th Edition of the SNEC curriculum will undergo additional editing based on feedback from the summer 2015 courses and the new AHA guidelines. ▪ Planning for the Summer 2016 SNEC courses will begin soon. 	FYI
Publications/ Presentations Update	<ul style="list-style-type: none"> ▪ Kafenszok R., Prestidge L. Statewide Pediatric Disaster Planning: An Assessment of Critical Care Resources. <i>American Public Health Association Annual Meeting</i>. Oral presentation. Chicago. 11/2015. ▪ Lyons E., Prestidge L. A Midwest Model for Pediatric Disaster Coalitions. <i>National Pediatric Disaster Coalition Conference</i>. Oral presentation. Scottsdale, AZ. 11/2015 	FYI
Other	<ul style="list-style-type: none"> ▪ Sue Fuchs reported that Congress has approved Federal EMSC funding at \$20.1 million. ▪ Tom Willis was unable to attend today’s meeting, but wanted to extend his holiday wishes to the board. 	No action
Upcoming meetings	<p>The 2016 meetings are scheduled as follows at IHA.</p> <ul style="list-style-type: none"> - Wednesday, March 9, 2016 - Friday, June 3, 2016 - Friday, September 16, 2016 - Friday, December 16, 2016 	A meeting reminder will be sent to all board members
Adjournment	Meeting was adjourned at 11:55am.	None

Meeting minutes submitted by E. Lyons