

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

**Present:** Paula Atteberry (IDPH), Young Chung (American Red Cross), Kathy Disher (DCFS)\*, Susan Fuchs, Chair (Natl. Assn EMS Physicians), Jeanne Grady (IL DSCC), Mike Hansen (IL Fire Chiefs Assn)\*, Kevin Katzbeck (Family representative), Dan Leonard (EMSC), Jazzcelyn Loleng (guest graduate student), Evelyn Lyons (IDPH/EMSC), Maura McKay (IL AAFP), Laura Prestidge (EMSC), Teresa Riech (ICAAP)\*, Bonnie Salvetti (ANA-Illinois)\*, Kathy Swafford (ICAAP)\*, Kristen Tindall (IHA), Michael Wahl (MCHC), Terry Wheat (Pediatric Rehab)\*, J. Thomas Willis, Co-chair (IL Fire Fighters Assn)

**Excused:** Glendean Burton (IDHS), Mark Cichon (EMSC), Darcy Egging (IL ENA), Amy Hill (Safe Kids IL), Victoria Jackson (School Health Program, IDPH), Ruth Kafenzstok (EMSC), Greg Scott (IEMTA), Christina Swain (EMSC)

**Absent:** Kevin Bernard (EMS System Coordinator), Joseph Hageman (ICAAP), Roy Harley (Prevent Child Abuse Illinois), Michael Pieroni (IL State Ambulance Assn), Herbert Sutherland (ICEP), Scott Tiepelman (Region 4 Coalition),Carolynn Zonia (IL SMS)

\*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 September 19, 2014 meeting minutes were reviewed and approved. Tom Willis made a motion for approval; Mike Wahl 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>New IHA Board representative</i> – Kristen Tindall, RN, BSN (Clinical Lead Nurse, Pediatric Quality Coordinator, Emergency Department, Kishwaukee Hospital) was announced as the new representative for the Illinois Hospital Association (IHA). Welcome Kristen!</li> <li>▪ <i>New Parent/Family representative</i> – Kevin Katzbeck was announced as the new family representative. Welcome Kevin!</li> <li>▪ <i>Pediatric Surgical Center classification</i>, American College of Surgeons – new comprehensive guidelines were developed that define resources in surgical facilities that perform operations in infants and children.</li> <li>▪ <i>Winter Weather Preparedness Guide</i>. Illinois Emergency Management, 2014.</li> <li>▪ Ebola update – The CDC has been working with states to identify hospitals to serve as Ebola Treatment Centers (ETC). The majority of these hospitals have been identified, and the focus is now on developing Assessment hospitals to provide assessment and management for 96 hours. Federal funding will be available in 2015 to assist with Ebola preparedness: the PHEP program will release \$135 million in January 2015; the ASPR program will have \$166 million to support ETCs. Approximately \$134 million of this amount will be distributed to each state (the distribution formula is still under determination).</li> <li>▪ Other organizational reports/updates <ul style="list-style-type: none"> <li>○ DCFS – Kathy Disher provided a report. She noted that 14 DCFS nurses attended a November training to assist in assessing the home environment of children with asthma and provision of in-home education. A Congregate Care Report Card will be used to assess whether children are up-to-date with immunizations, especially HPV. DCFS nurses are planning two health fairs (Springfield and northern location). Lastly, they plan to attend a suicide prevention program.</li> </ul> </li> </ul>	<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"> <li>○ MCHC – Mike Wahl noted that they are pushing out holiday injury prevention and toy safety information per the Illinois Poison Center.</li> <li>○ SafeKids – Amy Hill forwarded a written report: SafeKids held an International Walk to School Day celebration at two schools in Bellwood on October 8<sup>th</sup>. The schools planned pedestrian safety presentations, and FedEx gave tips on safety around trucks. Their December meeting covered holiday/winter safety topics, including E-cigarettes. SafeKids Illinois continues to work to identify any Safe Kids Chapters in Illinois interested in transitioning to Safe Kids Coalition status. Thus far, the chapter in McHenry County and the coalition in McLean county have decided to terminate their relationship with SafeKids Worldwide. In the next few months, SafeKids Worldwide (which now requires that the coalition’s lead agency support funding of a coordinator position) will no longer recognize chapters as affiliates if they do not meet the new requirements</li> <li>○ American Red Cross of Greater Chicago – Dr. Chung identified that nominations are still being sought for their annual Heroes awards. Individuals are recognized at an annual breakfast. Applications available at <a href="http://www.redcross.org/il/chicago/local-programs/heroes/nominations">http://www.redcross.org/il/chicago/local-programs/heroes/nominations</a>.</li> <li>▪ Educational Opportunities <ul style="list-style-type: none"> <li>○ <i>Pediatric Priorities Conference</i> – January 23, 2015, Presence St Joseph Medical Center, Joliet</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>	
<b>IDPH, Division of EMS &amp; Highway Safety Report</b>	<p>Paula Atteberry provided the following report:</p> <ul style="list-style-type: none"> <li>▪ <i>New Staff:</i> EMS and Highway Safety welcomed Tena Horton, new Administrative Assistant.</li> <li>▪ <i>Veterans Bridge Program Curricula:</i> The military bridge education program continues to be developed in coordination with the Department of Veterans Affairs, 3 junior colleges and IDPH. The program is being modeled similar to that of the National EMS Academy. Pilot courses will be held in northern, central and southern Illinois. The goal is to start offering the programs to Veterans in fall 2015.</li> <li>▪ <i>Scope of Practice Survey:</i> The Scope of Practice surveys have been completed and returned to the Department. IDPH will summarize the findings and work to build out the educational components affiliated with the medical practices identified in the New Education Standards.</li> <li>▪ <i>National Registry Imports:</i> IDPH Information Technology staff are working with GL Suites licensing software to make needed changes to the license database. Updates will allow the Department to send licenses to the Emergency Medical Dispatch Agencies, and to move to the four year ambulance licenses.</li> <li>▪ <i>EMS Assistance Grants:</i> EMS Assistance Grant applicants were sent awards and regrets. The Department received 61 grant applications and awarded 41 grants to EMS agencies in the amount of \$100,000.</li> <li>▪ <i>Heartsaver AED Grants:</i> The Department awarded 71 grant awards in the amount of \$33,086.</li> <li>▪ <i>Regulatory:</i> The Department has had several meetings with subject matter experts and stakeholders from throughout the state to amend the EMS rules to reflect the new EMS Education Standards, and to amend the stroke rules. These amendments have been sent to legal for review. Rules to reflect infield rule upgrades have been sent to the EMS Advisory Council for review.</li> <li>▪ <i>Stroke Designations:</i> The Department continues to designate hospitals with stroke capabilities. To date</li> </ul>	<p>Board members are asked to share this information within your organizations.</p>

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	<p>the Department has designated 84 hospitals. Of those, 50 hospitals are Primary Stroke Centers and 34 are Emergent Stroke Ready Hospitals. A list of designated hospitals can be found on the EMS website.</p> <ul style="list-style-type: none"> <li>▪ <i>Trauma Program Update:</i> The Department has conducted several trauma site surveys this past year; the Trauma Registry moved to a new platform and is currently addressing issues related to migration functionalities as reported by the trauma community; the Department continues work on the Trauma Registry Request for Proposal.</li> <li>▪ <i>Testing Updates:</i> The Department conducted another review of the current Illinois EMS tests on December 2 &amp; 3, 2014 for the Basic and Paramedic exams. This was conducted by a different group of Lead Instructors and EMS Coordinators. Ten questions were removed. So far 317 have taken the State exam with 156 passed, 111 failed, 50 still in the process. Practice tests were offered for free the first time and \$10 for each time taken after that. Three EMS education workshops (conducted by Connie Mattera) were offered to Lead Instructors throughout the State.</li> </ul>	
<b>Advisory Board Member Updates</b>	<p>Sue Fuchs and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> <li>▪ 2014 Revised Advisory Board bylaws – The bylaws with approved changes from the September meeting were distributed electronically to all board members. The bylaws are also available on the EMSC website.</li> <li>▪ Open board positions at this time are: pediatric surgeon or trauma nurse coordinator, and Illinois State Police representative</li> <li>▪ Meeting attendance – To ensure compliance with Illinois EMS Administrative Code, representatives need to be able to participate in minimally 2 meetings per calendar year (3-4 meetings/year is desirable).</li> </ul>	<p>Advisory Board bylaws available at <a href="http://www.luhs.org/emsc">www.luhs.org/emsc</a>. Contact Evelyn with recommendations for any open positions.</p>
<b>Pediatric Preparedness Workgroup</b>	<p>Laura Prestidge reported on the following:</p> <ul style="list-style-type: none"> <li>▪ Burn Surge Annex project update –The burn surge annex has been adopted into the State ESF-8 Plan (state medical disaster plan). It outlines the state response during a disaster with a surge of burn patients that overwhelms the local healthcare system. Two online table-top exercises are planned to test the annex (an exercise on 3/10 targets hospitals in northern Illinois; and the 3/24 exercise is for hospitals in central/southern Illinois). Laura reviewed a Burn Management poster and pocket card that are being finalized for statewide distribution. The information in both documents are in line with ABA guidelines.</li> <li>▪ Revisions to the disaster powerpoint slides and the chapter in the School Nurse Emergency Care course were reviewed. This chapter is titled: <i>School Emergency Response and Crisis Management</i>. Key additions include an example of a tornado scenario, and how the emergency response would unfold.</li> <li>▪ JumpSTART training –EMSC conducted JumpSTART instructor courses in 7 of 11 EMS Regions. The EMSC office was notified that 30 provider courses were conducted in various locations thruout the state.</li> <li>▪ Illinois Department of Human Services (IDHS) Child Care Preparedness Taskforce – This taskforce has convened 3 workgroups to develop a state plan for day care centers in the event of a disaster. In addition, the EMSC Pediatric Preparedness Workgroup is revising a planning guide for day care centers as a component of this project. Laura walked through the draft planning guide document which will provide basic preparedness information and template forms/documents that all day care centers can use.</li> </ul>	<p>Send comments regarding the day care center planning guide to Laura at <a href="mailto:lprestidge@luc.edu">lprestidge@luc.edu</a></p>
<b>Facility Recognition and QI Committee</b>	<p>Sue Fuchs and Evelyn Lyons reported:</p> <ul style="list-style-type: none"> <li>▪ Surveys of recognized hospitals in Region 7 were conducted in November and early December 2014.</li> <li>▪ Region 2 renewal applications are due on January 23, 2014.</li> <li>▪ Region 8 hospitals will undergo renewal in 2015. An educational session for Region 8 hospitals is</li> </ul>	

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	<p>scheduled 9am–12pm on February 12, 2015 at Hinsdale Hospital.</p> <ul style="list-style-type: none"> <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 515.3090 to change SEDP/EDAP/PCCC renewal from every 3 years to every 4 years. This change will allow the rules to accurately reflect the timeframe in which hospitals currently receive their formal renewal. Hospitals begin the renewal process by attending an educational session and receiving a renewal application 3 years after their last renewal, however the renewal process than takes another year to complete;</li> <li>○ Revise Sections 515.Appendix L and 515.Appendix O – delete 12Fr size nasal airways;</li> <li>○ Revise Section 515.Appendix O – delete size 00 oral airway;</li> </ul> <p>A motion to approve the above rule changes was made by Tom Willis and seconded by Jeanne Grady. 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 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>▪ Sue reviewed the following Regional QI updates: <ul style="list-style-type: none"> <li>○ <i>Region 1:</i> Pediatric sepsis indicator has been extended to increase the number of records for review. The region is also looking at use of PEWS in triage to achieve quicker intervention as needed.</li> <li>○ <i>Region 2:</i> Work continues on reporting of child abuse and neglect cases, particularly in contacting the child’s Primary Care Provider. Region is also preparing for the facility renewal process in 2015.</li> <li>○ <i>Region 3:</i> The QI project regarding door-to-intervention for long bone fractures is now seen as a Core Measure, so data is also being collected by other hospital personnel. A possible new project is a “Back to Sleep” campaign since several pediatric deaths have been seen due to co-sleeping.</li> <li>○ <i>Region 4:</i> An indicator regarding prehospital care continues, and includes reviewing management of pediatric seizures, and emphasizing education of prehospital providers on this topic. Record reviews currently show 90% compliance with appropriate management of the seizure patient and matching assessment between EMS and ED. By contrast, an opportunity for improvement was found with addressing prehospital assessment of glucose, which showed 45% compliance. Reviews of interfacility transfer cases continue by two Children’s hospitals in St. Louis.</li> <li>○ <i>Region 5:</i> Audits of child abuse cases included clarification on responsibilities for reporting to DCFS.</li> <li>○ <i>Region 6:</i> Concerns related to at-home assessment and treatment for fever and pain prior to ED arrival prompted a QI project to develop a brief survey to ask parents how they obtain temps and measure medication doses at home. Then, in follow up, education and other materials (e.g., possibly a packet, including a thermometer and measuring spoon) can be developed for future use.</li> <li>○ <i>Region 7:</i> An indicator monitor tool was developed regarding fever management in pediatric patients, including checking if the patient was treated at home and if reassessment temperatures were taken. Work also continues for the upcoming Region VII Pediatric Priorities Conference in Jan 2015.</li> <li>○ <i>Region 8:</i> The region reviewed psych visit trends over time in their region, but decided not to</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> <p>FYI</p>

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	<p>develop a project on this topic. For the current month, coordinators were asked to distribute Safe-to-Sleep materials at their facilities. Data collection continues regarding pediatric cardiac arrests. The region also discussed obtaining BPs in young children, age 0-5 years, relative to acuity.</p> <ul style="list-style-type: none"> <li>○ <i>Region 9</i>: The region reviewed pediatric death cases in the previous quarter. An indicator regarding neonatal and infant fever was completed. The region also discussed a study showing behavioral effects in children as a result of sleep apnea. However, this was considered a research project rather than a QI monitor. Other topics considered for a new project included psych transfers.</li> <li>○ <i>Region 10</i>: The region continues work on an Abdominal Pain monitor for ages 3-15, looking at assessment, imaging, interventions, time to pain meds, reassessment. They also continue to track child abuse cases. The region discussed safety issues in response to a local ED shooting incident.</li> <li>○ <i>Region 11</i>: Region 11 continues to collect quarterly Mental Health QI data and report back to the EMS Advisory Board. For the November 11th meeting, a 2-hour educational session was held at Mount Sinai related to child abuse by Dr. Mary Clyde-Pierce entitled: "Abusive Head Trauma: The Canary in the Coalmine", which addressed Abusive Head Trauma and Epigenetics.</li> </ul>	
<b>EMSC Targeted Issue Grant</b>	Evelyn noted that work continues on the <i>Facility Recognition/Categorization Toolkit</i> . As work proceeds, updates will be provided at future board meetings.	FYI
<b>Data Initiatives</b>	<p>Dan Leonard reported:</p> <ul style="list-style-type: none"> <li>▪ <i>EMS Data Reporting System</i> – Review/preparation of the 2013 Hospital Discharge database has been completed. Pending receipt of the 2013 Traffic Crash and Trauma Registry data as well as the revised 2008 mortality data file from Vital Records, in order to prepare data for the Reporting System.</li> <li>▪ <i>Traffic Crash “Quick Facts” Fact Sheets</i> – The fact sheets with Calendar year 2012 data were completed in the previous quarter. They were approved by IDOT and uploaded to the EMSC website. Fact sheets for 2013 will be prepared when 2013 crash data becomes available.</li> <li>▪ <i>Data Quality Studies</i> – EMSC has worked 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. An Access database was developed to automate the processing of ITR records prior to linkage, and linkage software has been successfully tested.</li> <li>▪ <i>Measures Associated with Facility Recognition</i> – 2013 data has been added to the pre-and post-recognition comparison data analysis. The post-recognition mortality rate was 10.1 per 1,000 inpatients, significantly lower than the pre-recognition rate of 12.2 deaths per 1,000 inpatients.</li> <li>▪ Dan noted that with many years of data, long term trends were recently examined. A preliminary finding identified that for younger children (age 0-14 years), a decline was noted in the number of pedestrian and pedalcyclist victims of motor vehicle crashes between the years 2000 and 2012. Further investigation is needed regarding this finding, and Dan asked for any thoughts. Kevin noted that kids spend less time on outdoor activities, including bicycling. It was suggested looking into whether bicycle sales have declined for younger population, and if the injury prevention community have noted similar trends.</li> </ul>	FYI
<b>School Nurse Initiatives</b>	Evelyn reported for Chris Swain who was unable to attend today’s meeting. The SNEC curriculum revision is progressing nicely. There are a total of 15 chapters. The majority have undergone review/revision by the SNEC Review Committee and are beginning to be shared with the project copy editor, who will conduct a formal review and professional editing. Planning has begun for the Summer 2015 courses. EMSC materials	FYI

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	will be shared at the IDPH sponsored School Health Days, which are scheduled in January 2015 in the following locations – Rockford, Lisle, Arlington Heights, Whittington, Springfield.	
<b>Pediatric Prehospital Committee</b>	<p>Sue Fuchs presented the following protocols that underwent revision by the Pediatric Prehospital Committee:</p> <ul style="list-style-type: none"> <li>▪ Initial Medical Care/Assessment (ALS/ILS) – motion to approve by Tom Willis; seconded by Dr. Chung</li> <li>▪ Initial Medical Care/Assessment (BLS/EMR) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Pediatric AED (ALS/ILS/BLS/EMR) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Allergic Reaction/Anaphylaxis (ALS/ILS) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Allergic Reaction/Anaphylaxis (BLS) – motion to approve by Tom Willis; seconded by Jeanne Grady</li> <li>▪ Allergic Reaction/Anaphylaxis (EMR) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Tachycardia (ALS/ILS Narrow QRS) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Tachycardia (ALS/ILS Wide QRS) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Tachycardia (BLS) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Tachycardia (EMR) – motion to approve by Tom Willis; seconded by Dr. Wahl</li> <li>▪ Altered Level of Consciousness (EMR) – Recommendation to delete the D25% since EMR doesn't carry medications; also revisit the “gag reflex” language.</li> </ul>	<p>All approved protocols will be part of the final pediatric prehospital protocol manual.</p> <p>The EMR version of the Altered Level of Consciousness protocol will undergo review again by the Pediatric Prehospital Committee.</p>
<b>EMS Region 4 Coalition</b>	Scott Tiepelman was not in attendance. No report provided.	No report
<b>National EMSC Assessments</b>	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.	FYI
<b>Publications/ Presentations Update</b>	<ul style="list-style-type: none"> <li>▪ Edgerton E, Lyons E, Macias C, Remick K. <i>Pediatric Readiness Data: An Opportunity to Improve Quality of Care in Your Emergency Department</i>. Maternal &amp; Child Health Bureau, EMSC Program webinar. December 17, 2014.</li> <li>▪ Lyons E, Marchetti J, Prestidge L, Scott L. <i>Burn Surge Response: Local, Regional, State and Multi-State Strategies to Manage a Mass Casualty Burn Incident</i>. Abstract accepted for panel presentation at 2015 Public Health Preparedness Summit, National Assn of County and City Health Officials INACCHO). Atlanta, GA. April 14-17, 2015.</li> <li>▪ Paper accepted for publication, date pending: Taylor C, Piantino J, Hageman J, Lyons E, Janies K, Leonard D, Kelley K, and Fuchs S. <i>Emergency Department Management of Pediatric Unprovoked Seizures and Status Epilepticus in the State of Illinois</i>. Journal of Child Neurology.</li> <li>▪ Paper accepted for publication, date pending: 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.</li> </ul>	
<b>Other</b>	No other reports provided.	No action
<b>Upcoming meetings</b>	<p>The 2015 meeting dates were identified as follows. All meetings will continue to be held from 10am – 12pm at the Illinois Hospital Association.</p> <ul style="list-style-type: none"> <li>- Friday, March 6<sup>th</sup></li> <li>- Friday, June 5<sup>th</sup></li> <li>- Friday, September 18<sup>th</sup></li> <li>- Friday, December 18<sup>th</sup></li> </ul>	A meeting reminder and electronic invitation will be sent to all board members
<b>Adjournment</b>	Meeting was adjourned at 11:55am.	None