

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
ADVISORY BOARD  
Meeting Minutes  
December 21, 2017**

**Present:** Christine Bishof (ISMS)\*, Young Chung (American Red Cross)\*, Elizabeth DeLong (Trauma Nurse Coordinator), Jack Fleearty (IDPH), Susan Fuchs, Chair (Nat. Assn EMS Physicians), Jeanne Grady (IL DSCC)\*, Sheree Hammond\* – representing Michelle Ealy (DCFS), Amy Hill (SafeKids), Ruth Kafenszok (EMSC), Dan Leonard (EMSC), Evelyn Lyons (IDPH/EMSC), Maura McKay (IAFP), Laura Prestidge (EMSC), Teresa Riech (ICAAP)\*, Kathy Swafford (ICAAP)\*, Kristen Tindall (IHA)\*, Terry Wheat (Pediatric Rehab representative), J. Thomas Willis (IL Fire Fighters Assn). **NON-BOARD MEMBER ATTENDEES:** Mike Epping (IDPH), Jennifer Hughes, Michelle Lorton (IDPH), Adam Sowell

**Excused:** Paula Atteberry (IDPH), Mark Cichon (EMSC), Darcy Egging (IENA), Joseph Hageman (ICAAP), Bonnie Salvetti (ANA-Illinois), Michael Wahl (MCHC),

**Absent:** John Collins (IEMTA), Dylan Ferguson (EMS Coordinator), Mike Hansen (IFCA), Roy Harley (Prevent Child Abuse Illinois), Kevin Katzbeck (Family representative), Kimberly Pate Godden (ISAA)

\*Via teleconference

TOPIC	DISCUSSION	ACTION
<b>Call to Order</b>	Susan Fuchs called the meeting to order at 10:10am.	None
<b>Introductions</b>	Introductions were made.	None
<b>Review of 9/16/16 Meeting Minutes</b>	The September 16, 2016 meeting minutes were reviewed and approved. Tom Willis made a motion for approval; Terry Willis 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>▪ Welcome newly appointed board member: <i>Michelle Ealy</i> – Illinois DCFS representative</li> <li>▪ Thank you and best wishes to Herb Sutherland and Vyki Jackson, retiring board members</li> <li>▪ <i>2016 Kids Count Data Book</i>: <a href="http://www.aecf.org/resources/the-2016-kids-count-data-book/">http://www.aecf.org/resources/the-2016-kids-count-data-book/</a></li> <li>▪ <i>Children’s Safety Network state fact sheets</i>: <a href="https://www.childrenssafetynetwork.org/state/illinois">https://www.childrenssafetynetwork.org/state/illinois</a></li> <li>▪ <i>EIIC Disaster Focus fact sheet</i></li> <li>▪ <i>Ron W. Lee, MD – Excellence in Pediatric Care awards</i> (nominations will be due March 24, 2017)</li> <li>▪ A new 2017 Broselow tape is due for release soon.</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, and Sheree Hammond is attending in her place.</li> <li>○ IHA – No report. Mike Wahl was unable to attend today’s meeting.</li> <li>○ SafeKids – Amy Hill reported on the following: <ul style="list-style-type: none"> <li>○ Continue to work on a number of community events through 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. Working with more immigrant families in the Chicago area.</li> <li>○ Bike Helmets and Pedestrian Safety – Working with Active Transportation Alliance to support Safe Routes to School media campaign Playground Safety Checks, and have conducted approximately 26 playground checks at childcare centers.</li> <li>○ They are working on a baby box program which aims to decrease co-sleeping by providing a bassinette type sturdy cardboard box to new parents.</li> </ul> </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>▪ Educational Opportunities               <ul style="list-style-type: none"> <li>○ <i>Region 7 Pediatric Priorities Conference</i>. January 27, 2017, Joliet, 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.stitch.luc.edu/emsc">www.stitch.luc.edu/emsc</a></li> </ul> </li> </ul>	
<b>IDPH, Division of EMS &amp; Highway Safety Report</b>	<p>Jack Fleearty provided the following report:</p> <ul style="list-style-type: none"> <li>▪ Jack introduced Michelle Lorton, RN who is the new HSVI/Stroke Coordinator. She transferred from IDOT, and previously worked as a Critical Care and Transport Registered Nurse. Also, a new Region 8 &amp; 9 EMS Regional Coordinator has been hired – Joyce McNamara-Coughlin. A new southern ambulance licensing inspector was hired in November – Beau Elam, and he is currently in training.</li> <li>▪ 146 hospitals have been designated through the stroke program.</li> <li>▪ Proposed changes to the EMS Administrative rules regarding Poison Control Center and Heartsaver Code sections were approved at JCAR in November.</li> <li>▪ The Division is on its third legal review of the New Education Standards in preparation for review by the Governor’s Office, and then pre-filing with the Secretary of State.</li> <li>▪ 48 EMS Assistance grant applications have been submitted. Deadline for submission is January 13, 2017.</li> <li>▪ 8 EMS Systems have submitted Mobil Integrated Health applications, allowing for participation in the pilot program.</li> <li>▪ Emergency Medical Dispatch Agencies continue to be licenses, with a current total of 89 EMDA licenses.</li> <li>▪ Ambulance Build Specifications review continues.</li> <li>▪ Federal grant funding has been obtained to convert Illinois prehospital data from NEMSIS Version 3.3.4 to NEMSIS Version 3.4 in 2017.</li> <li>▪ The use of paper forms to collect prehospital run data has been discontinued. Runs occurring after 6/30/2016 must be reported electronically.</li> <li>▪ There were 5147 new EMS licenses processed YTD; 6932 renewal licenses processed YTD; and 479 reciprocity licenses processed YTD.</li> </ul>	FYI
<b>New Business – EMSC Advisory Board bylaws review</b>	<p>Draft changes to the bylaws were reviewed. The board was in agreement with all revisions, however it was noted that currently there is not a meeting location in an IDPH office (as noted per the new language in Article V). Jack noted that one of the IDPH Regional offices could be used for meetings. Jack also noted that all locations need to have a sign-in sheet. Evelyn will follow-up on this.</p> <p>It was suggested at a previous meeting that the board should consider the addition of the Illinois Poison Center (IPC) and the Illinois Critical Access Hospital Network (ICAHN). Both organizations are supportive of participation on the board, however these organizations will need to be incorporated into the EMS Administrative Code before they can be included in the bylaws.</p> <p>During the review of the bylaws, the following motions were made and approved by the board:</p> <ul style="list-style-type: none"> <li>▪ Article 3.1, a motion was made by Tom Willis and seconded by Terry Wheat to change the Illinois Department of Human Services to the Illinois Department of Public Health, Office of Women’s Health to reflect program agency location changes. All in agreement for this motion.</li> </ul>	<p>Evelyn will followup on an IDPH location for future meetings.</p> <p>Evelyn will followup on all approved changes to the bylaws.</p>

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	<ul style="list-style-type: none"> <li>▪ Article V, a motion was made by Tom Willis and seconded by Terry Wheat to approve the meeting location and voting revisions. All approved this motion.</li> </ul> <p>EMS Administrative Code, Section 515.445 was reviewed and the following motions were made:</p> <ul style="list-style-type: none"> <li>▪ Motion was made by Tom Willis and seconded by Terry Wheat to delete the Metropolitan Chicago Healthcare Council, and add the Illinois Poison Center and the Illinois Critical Access Hospital Network. All approved this motion.</li> <li>▪ Motion was made by Tom Willis and seconded by Terry Wheat to change the Illinois Department of Human Services to the Illinois Department of Public Health, Office of Women’s Health to reflect program agency location changes. All approved this motion.</li> </ul>	<p>The revisions to the EMS Administrative Code will be reviewed again at the next meeting.</p>
<p><b>National EMSC Updates</b></p>	<ul style="list-style-type: none"> <li>▪ The new additional 2017 EMSC Program Performance Measures (PMs) were discussed. <ul style="list-style-type: none"> <li>○ <i>NEW: The degree to which EMS agencies submit NEMSIS compliant version 3.x or higher data to the State EMS Office.</i> NOTE that Illinois currently meets this measure.</li> <li>○ <i>NEW: The percentage of EMS agencies in the state/territory that have a designated individual who coordinates pediatric emergency care.</i> NOTE that this measure will be considered a hardship, particularly for rural volunteer agencies.</li> <li>○ <i>NEW: The percentage of EMS agencies in the state/territory that have a process that requires EMS providers to physically demonstrate the correct use of pediatric-specific equipment.</i> Jack noted that the updated EMS educational guidelines do contain pediatric requirements, which may assist with this. Terry asked whether skills done during prehospital care can count towards this, however it was noted that it is challenging to have a formal evaluation process available during the provision of prehospital care.</li> <li>○ <i>UNCHANGED: PMs 74 – 80</i></li> </ul> </li> <li>▪ Each state will need to conduct a survey of their EMS agencies to identify state baseline information for the new PMs (as noted above). This national survey conduction will run from 3/2017-2/2018. Illinois has been assigned to Cohort # 7 (September 2017 – November 2017)</li> <li>▪ FY2018 EMSC Partnership non-competing continuation grant report was submitted November 1, 2016. This will provide Year 5 funding for the current grant. The notice of grant award funding will likely occur in February 2017.</li> </ul>	<p>Further updates regarding the new performance measures and data collection will be provided at future board meetings.</p>
<p><b>Pediatric Preparedness Workgroup</b></p>	<p>Laura Prestidge reported on the following:</p> <ul style="list-style-type: none"> <li>▪ <i>JumpSTART Triage Provider Course online module</i> – An online version of the JumpSTART mass casualty triage training has been developed and was reviewed. An instructional design expert has incorporated interactive features that support display of patient scenarios and allow user selection of a triage category, with feedback on whether the selected category is correct/incorrect. Scripted text will be narrated by an online narration service to create narration components for the slide presentation. A motion to approve the module was made by Tom Willis and seconded by Terry Wheat. All approved.</li> <li>▪ <i>Caring for Children During Disasters: Tracking, Identifying and Reunifying Unaccompanied Minors</i> online module – This is one of 3 brief online modules that will provide education to hospitals on</li> </ul>	

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	<p>addressing key requirements in the Hospital Pediatric Preparedness Toolkit. This module addresses key components that hospitals need to address related to patient tracking/reunification. A motion to approve the module was made by Tom Willis and seconded by Terry Wheat. All approved.</p> <ul style="list-style-type: none"> <li>▪ <i>IDPH ESF-8 Plan: Pediatric &amp; Neonatal Surge Annex revisions</i> – Laura Prestidge reviewed the recent revisions that have been made to this annex, including: redefining the types of events and circumstances of incidents that would lead to activation of the annex; separating the process to request medical and non-medical resources; clarification on how tracking numbers should be assigned to patients during a disaster; clarification on use of the Medical Incident Report Form in communication with the Pediatric Medical Specialist (PCMS); clarifying the role of hospitals in providing education to families on the process of transferring pediatric patients. In addition a new attachment was created to provide a one-page summary of the annex as a quick reference. Other annex attachments were revised to provide further clarification and/or guidance as well as ensure consistency with the ESF-8 Plan or other annexes. A motion to approve the annex revisions was made by Tom Willis and seconded by Terry Wheat. All approved.</li> <li>▪ <i>Illinois Pediatric Surge Planning Data Report</i> – Analysis of 2015 data from the Illinois Health Facilities Planning Board (IHFPB) Annual Hospital Questionnaire identified a continued trend of decreased pediatric inpatient beds within our state, which is concerning since it translates to less pediatric readiness (staff, supplies, resources and capabilities). A particularly steep decline has been seen in the Edwardsville Region located in southwest Illinois, where their pediatric bed count decreased from 93 in 2010 to 33 in 2015, with additional bed loss anticipated in a few months.</li> <li>▪</li> </ul>	<p>Forward any comments regarding the preparedness initiatives to Laura at <a href="mailto:lprestidge@luc.edu">lprestidge@luc.edu</a></p> <p>Evelyn will followup with Hospital Licensing regarding the pediatric inpatient bed issue.</p>
<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 has been prepared for the reporting system and tested on the development server. Work continues on processing the CY 2015 Hospital Discharge data. Receipt is pending for the CY 2015 IDOT Traffic Records data.</li> <li>▪ <i>Traffic Crash “Quick Facts” Fact Sheets</i> – Fact sheets for CY2015 will be developed as crash data for that year is available from IDPT.</li> <li>▪ <i>Data Quality Studies</i> – Dan discussed a draft analysis of race and Hispanic origin in motor vehicle crash injury data. The analysis shows clear differences by race and Hispanic origin in the rate of ED visits and also reviews blood alcohol content for injured drivers. Further analysis of patient demographic variable is pending. Jack suggested an analysis of mortality.</li> </ul>	FYI
<b>Facility Recognition and QI Committee</b>	<p>Susan Fuchs and Evelyn Lyons reported on the following:</p> <ul style="list-style-type: none"> <li>▪ Region 11 – One survey is pending in January; all other Region 11 hospital surveys are completed.</li> <li>▪ Regions 1 and 10 – Their educational sessions were conducted in October, and their renewal applications are due on Friday, January 27, 2017.</li> <li>▪ Region 9 – Their educational session is scheduled on Wednesday, February 15, 2017 at Advocate Lutheran General Hospital.</li> <li>▪ The Facility Recognition Committee has continued discussion regarding the inclusion of the CNS role in the PCCC, EDAP and SEDP regulations. The committee has begun to draft language.</li> <li>▪ DRAFT Revised Facility Recognition educational session powerpoint slides – Revisions have been</li> </ul>	Physician and nurse surveyors are always needed for site survey visits. Contact Evelyn if interested in being on a survey team.

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	<p>made to these slides which provide regions undergoing renewal with education on the renewal and site survey process.</p> <ul style="list-style-type: none"> <li>▪ Interfacility Transfer Workgroup project – This project has been taken on 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. They have submitted an abstract regarding this project to the 2017 Illinois ENA Spring Symposium, and hope to generate open discussion by ED participants on challenges/needs associated with the interfacility transfer process.</li> <li>▪ A slideset that was conducted by the National EMSC program was shared with the board. The presentation is titled <i>Pediatric Emergency Department Readiness Among US Trauma Centers</i>. Based on PedsReady data analysis, it was found that trauma centers are no more ready to handle the needs of children than non-trauma centers.</li> <li>▪ Current participation in the pediatric facility recognition program (110 hospitals) <ul style="list-style-type: none"> <li>○ PCCC/EDAP level = 10; EDAP level = 89; 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> <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: Work continues on the pain management project, with data currently being evaluated. The use of intranasal fentanyl was discussed along with related nebulizer recall.</li> <li>○ Region 3: The region is considering new projects such as oral rehydration and a pediatric sepsis screen.</li> <li>○ Region 4: The region continues its 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. Providers are developing lists of special needs children in their area.</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 continuing a project to prepare head injury education for parents, with a particular focus on return-to-play materials following sports-related injuries. The region is also reviewing pediatric sepsis protocols.</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 currently working on an asthma project. They are looking at time to first neb treatment and steroid administration as well as monitoring for a complete set of vital signs. They are also continuing with their cardiac respiratory arrest project.</li> <li>○ Region 9: At their last meeting, the region discussed the need for a referral list of pediatric sub specialties to decrease the amount of time ED physicians spend trying to call pediatric</li> </ul> </li> </ul>	FYI

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	<p>sub specialty admissions. Collaboration is taking place to prepare a referral list both within Region 9 and with facilities outside of the region that are within their transfer agreements. Region 9 is also working on hospital audits focusing on the top 5 diagnoses.</p> <ul style="list-style-type: none"> <li>○ Region 10: Work continues on a mental health indicator. The region is also preparing for site surveys. An EMSC educational session took place October 20, 2016.</li> <li>○ Region 11: Region 11 is continuing its project regarding vital signs documentation. At the November 8, 2016 meeting, an educational session was held regarding toxicology. The region is considering a new project regarding pediatric sepsis.</li> </ul>	FYI
<b>Education</b>	Evelyn reported that planning will begin soon to schedule the Summer School Nurse Emergency Care (SNEC) courses. It is anticipated that there will be some additional revisions to the SNEC course manual.	FYI
<b>Publications/ Presentations Update</b>	<p>It was noted that Joseph Hageman, MD (an EMSC Advisory Board member) is now Editor-in-Chief, Pediatric Annals. Congrats Dr. Hageman!</p> <p>This journal attracts a general pediatric audience, and Dr. Hageman had let Evelyn know that an article providing an overview of the EMSC program as well as accomplishments and positive value of the EMSC program, would be well received.</p>	Evelyn will followup with Dr. Hageman on an EMSC article
<b>Other</b>	Sue noted that Gabby's Law now requires all hospitals to have a pediatric sepsis tool. A few regions are looking at this through their pediatric QI regional committees. She noted that it may be helpful to bring this to the Facility Recognition Committee to review and develop guidance documents.	This topic will be brought to the Facility Recognition Committee.
<b>Upcoming meetings</b>	<p>The 2017 meeting schedule was noted as below. All meetings will be held at the Illinois Hospital Assn.</p> <ul style="list-style-type: none"> <li>▪ 10:00am – 12:00pm on Friday, March 10, 2017</li> <li>▪ 10:00am – 12:00pm on Friday, June 2, 2017</li> <li>▪ 10:00am – 12:00pm on Friday, September 8, 2017</li> <li>▪ 10:00am – 12:00pm on Friday, December 1, 2017</li> </ul>	A meeting reminder will be sent to all board members
<b>Adjournment</b>	Meeting was adjourned at 12:00pm.	None

Meeting minutes submitted by E. Lyons