

# State EMS & Trauma Joint Advisory Council Meeting Minutes

September 15, 2015

11:00 a.m. - 1:00 p.m.

Memorial Center for Learning & Innovation

228 W. Miller St., Springfield, IL 6702

Call to Order-Richard Fantus, MD at 11:00 a.m.

Illinois Department of Public Health Report/Jack Fleeharty, RN, EMT-P:

## SPECIAL PROGRAM UPDATES:

### • **UPDATE ON EMS ASSISTANCE GRANT APPLICATIONS**

The FY16 EMS Assistance Fund Grant applications have been reviewed by the Department. Award and denial emails have been sent to the applicants. There were 82 completed EMS Assistance Grant applications submitted to the Department for FY16. The Department awarded 54 applications totaling \$65,000.

### • **UPDATE ON HEARTSAVER AED GRANTS**

The Department will be able to provide a Heartsaver AED Grant for fiscal year 2016. There is approximately \$15,000 to be awarded. Each grant award will be for \$466 towards the purchase of an AED. Any School, Public Park District, Municipal Recreation Department, Conservation District, Forest Preserve District, College or University will be eligible for those grants.

### • **REGULATORY UPDATE**

— The Rural In-field Upgrade rule amendments have passed through JCAR this month and have been adopted and published so that the Department will be able to begin implementing these rules.

— The Department has completed the review of the EMS rules to reflect the new EMS education standards. This was done with the assistance of Brad Robinson, Rosemary McGinnis and Connie Mattera. The Department would like to thank them for their time and expertise in the review of the EMS rules over the past year. The Department sent approximately 11 months working diligently four (4) hours a week on these rules.

— The Stroke and EMSC rule amendments will be going to first notice this month. The Council may remember at the last meeting these amendments were passed by the Council and moved to JCAR.

### • **LEGISLATIVE UPDATE**

The Department has placed the 4-tiered trauma system legislative proposal on the legislative agenda to be reviewed and approved by the Director of IDPH for running the bill this Spring.

## TRAUMA PROGRAM UPDATE:

• The Department distributed Trauma Center Funds. The fund distribution showed a significant decrease this year as the funds went from \$4.9 million to \$1.4 million due to “fund sweeps” which occurred earlier during legislative session.

• The program continues to review data requests and enter into Data Sharing Agreements with researchers and institutions.

• The Department completed two (2) trauma surgeons’ contracts for the upcoming Trauma site surveys for FY2016.

• The Department continues to work on requested reports for Trauma Centers who are unable to run their own reports.

• The Department continues to collaborate with members of the Trauma Registry Subcommittee for guidelines on transition from ICD-9 to ICD-10 codes.

• The Department has visited and approved two (2) Level II pediatric trauma centers in Region 5. St. Mary’s Hospital and Deaconess Hospital both contain pediatric Level II status and are located in Evansville, IN.

• The Trauma program has completed review of the application for approval for Level II pediatric at St. John’s Hospital in Springfield. The hospital will have to undergo a site visit.

## **STROKE:**

- The Stroke applications are being processed as they are received. The current stroke designation listings are on the IDPH web site as well as at through the Division's webpage. It will not be long before the current rules get through JCAR and the Department will be able to add comprehensive stroke centers to the web page as well.

## **EMS PRE-HOSPITAL DATA AND BYPASS UPDATES:**

- The Department went through a bid process and purchased three (3) software modules called PHEPARMS. The first module consists of EMResource which is the replacement for the current bypass system which was a Division-built system. The second module is the WebEOC which is a disaster management system. The third module is EMTrack which is a patient tracking from field or hospital system. These systems are with the same company that does SIREN for the State. This same company has the State's Illinois Help System. The modules will roll out in this order and the goal is to have these modules up and running, managed, and in service and function by the end of the Fiscal Year.
- The Department is moving towards NEMSIS 3.0 on the pre-hospital data. Currently, the Department has close to a million records on file and has been able to collect data through Scantron and electronically with the majority of it being electronic. There is only two (2) percent of all pre-hospital data that is collected on a paper-base.
- The Department has taken on another major task and has been successful. It is the migration to the IDPH Website. The Division of EMS will be moving away from the original website and everything will be linked through the IDPH website. The new website will be more interactive and helpful as well as there is a lot of other data available. A memorandum will be sent out to all Systems to inform them of the new link (dph.illinois.gov).

## **EMSC PROGRAM UPDATES:**

- **PEDIATRIC PRE-HOSPITAL PROTOCOLS:** Currently, the EMSC Prep-hospital Committee is pending the release of the new AHA guidelines prior to finalizing the pediatric cardiac-related protocols. Twenty-two EMSC pre-hospital protocols have undergone revision. In addition, a new protocol has been developed entitled "Apparent Life Threatening Event (ALTE)". It is anticipated that the revised protocols will be finalized by December 2015.
- **PEDIATRIC FACILITY RECOGNITION:** For Region 8 hospital, pediatric site surveys will be conducted in October through December 2015. Regions 4 & 5 will undergo pediatric facility recognition renewal in 2016. Educational sessions have been scheduled in Region 4 & 5 hospitals in October to prepare for the upcoming site surveys. The schedules are as follows:

Region 5 - Monday, October 19th at Fairfield Hospital from 12:30pm - 4:00pm

Region 4 - Tuesday, October 20th at Anderson Hospital from 9:00am - 12:00pm

- **SCHOOL NURSE EMERGENCY CARE COURSES** - Nine (9) School Nurse Emergency Care courses were conducted this summer in various locations within the state, bringing emergency care and disaster preparedness education to over 230 nurses.
- **EMSC ADVISORY BOARD** - The EMSC Advisory Board has an open position for a Trauma representative (either a pediatric surgeon or trauma nurse coordinator) and a representative from the Illinois State Police. If interested, please contact the Program Manager, Evelyn Lyons.

## **TESTING UPDATES:**

- The Department will begin reviewing and re-writing the Intermediate/AEMT examination. The meetings have been scheduled for November 5<sup>th</sup> and 6<sup>th</sup>; and then again on December 3<sup>rd</sup> and 4<sup>th</sup>. The Department is looking for volunteers, lead instructors and EMS System Coordinators who would want to participate in the examination writing. If interested, please contact Stu Thompson.

### **TEST RESULTS FOR APRIL, MAY & JUNE OF 2015:**

- EMT Basic: 600 candidates took the exam 400 passed. First attempt pass rate of 77%
- Intermediate: 10 candidates took the exam 4 passed. First attempt pass rate of 57%
- Paramedic: 198 candidates took the exam 102 passed. First attempt pass rate of 72%
- TNS: 74 candidates took the exam 61 passed. First attempt pass rate of 86%
- Ten (10) reinstatement applications approved
- Ten (10) waivers for candidates with a history were granted
- Three (3) additional exams waivers were approved
- Three (3) special examination accommodations were approved
- The new testing dashboard reports have been well received and were reviewed at our Joint EMS System Coordinator and Trauma Nurse Specialist Course Coordinator meetings in August 2015.

### **EMS LICENSING:**

➤ New License Processed	YTD =	4,567
➤ Renewals Processed	YTD =	6,610
➤ Reciprocity Processed	YTD =	389

### **AMBULANCE COMPLIANCE PROGRAM UPDATES:**

- The Ambulance Compliance Program continues to work on improvements.
- The Department continues to work on completion of the Stretcher Van licensure.
- A lot of new forms have been posted to the new website including transport and non-transport applications. The forms are now much more user friendly. The Department recommended that if the individuals are using forms or making provider applications only obtain the forms from the Department's website. These are the most recent versions.
- The Department is moving all EMS provider files to an electronic filing system and is currently underway.
- The Department continues to address concerns about ambulance markings and the new cot retention systems. At present, the Department is not requiring the new cot retention systems and will be working on new ambulance build standards in the near future.

### **REMINDERS:**

- All Council members must complete Ethics training by October 30, 2015.
- Board membership applications are due back to the Department by September 18, 2015.
- Certificate of liability forms are required by the Department for any Council member who seeks mileage reimbursement.

### **STRATEGIC PLANNING UPDATE:**

- The Department has received requests from both the EMS Advisory Council and the Trauma Advisory Council to review the 2010 strategic plan. This plan contains hundreds of items in it. There is no way the Department can adequately cover at a single meeting without absorbing the entire meeting. Therefore, the Department will host an Adobe Connect webinar which would be interactive and post correspondence and a time. Anyone who is interested in the status of the items on the strategic plan would be free to participate in that meeting. The Department will go over a few items of the strategic plan just to give an example of what the Department is doing and how they are being accomplished.

#### **▲ Short-term: Create partnerships with other allied health professionals/organizations that impact Division of EMS operations.**

The Department has worked closely with Illinois Department of Professional Regulation, Illinois Department of Healthcare and Family Services, IHA, AHA, Illinois Ambulance Association, Illinois EMT Association, IAACT, Illinois Nurses Association, The State Fire Marshal's Office, IEMA, Secretary of State, Illinois Autism Society, Illinois Commerce Commission, Illinois Sheriffs Association, State and

local fire unions, and the Illinois State Police on issues regarding legislation affecting EMS operations, licensing issues, educational issues.

▲ **Intermediate: Address interoperability issues between response partners, systems and among each provider.**

IDPH has continued to work with hospitals and EMS providers to ensure they have adequate communications including back-up communications. IDPH has a radio expert contracted with the department who is part of the state communications planning group. IDPH has made significant grants available where significant purchases of Starcom Radio's have double and tripled the number of available radio's available to hospitals and health departments. The Department as also added a cache of radios to its inventory. Additional agencies such as the American Red Cross and Blood banks have been included in communications planning efforts. An entire communications template has been developed for coordination of frequencies so assignments can be readily established during a response or event. The Radio Coordinator has been providing education for the past three (3) years at the IDPH summits, for local hospitals and joint disaster planning meetings.

▲ **Intermediate: Develop and streamline regulations and processes for hospitals and alternate care facilities to utilize when activating their surge contingency plans.**

The Office of Preparedness and Response contracted with IMERT in 2012 to develop a mechanism for a hospital and local health department to staff and utilize a facility within a community to serve as a temporary treatment facility. This resulted in a temporary medical treatment station guide to be developed and was made available in both printed form and on a CD. This resource provides guidance to health care entities who find themselves with a surge of patients that would overwhelm the local health care facilities.

▲ **Long-term: As feasible, include EMS operations in any current grant funding opportunities.**

When the Department wrote the Hospital Preparedness (HPP) grant three (3) years ago, EMS was included as a planning partner. This enabled hospitals who receive HPP funding to assist EMS entities with training and supplies as deemed appropriate. EMS agencies are encouraged to be part of the coalitions that are developed regionally and to assist with the creation of the local disaster plans and participate in exercises and events. EMS is an integral part of local planning for the care of patients who are monitored for Ebola Virus Disease (EVD). The Department continues to engage EMS as partners. The department continues to provide grants through the EMS Assistance grant program issuing from \$65,000 to \$100,000 annually.

▲ **Short-term: Work with Office of Healthcare Regulation and the EMS Advisory Council to review current rules and laws governing the transport of "non-urgent" patients to Urgent Care Centers.**

The Department has worked on the legislative language during the adoption of bills and on administrative rules to adopt language that broadens the original transport language from the closest hospital to the most appropriate hospital based on a patient's needs. Additionally, the Department has adopted language to utilize the word "Health Care Facility" instead of hospital further broadening where a patient can be transported. Today, protocols specific to the care of a Trauma patient, STEMI patient, Stroke patient, or Burn patient are all part of the equation in determining patient destinations.

IDPH suggests that the Councils address the remainder of these Strategic Plan items by planning on attending an Adobe Connect meeting. Anyone who specifically wants to know the Department's progress, status of progress, items that were successful, that are pending, or need to be moved into the future, the Department will address these various issues in this meeting.

There are big ticket items (i.e., implementation and new education standards, new ambulance build standards, a pending RFP for Trauma registry, a new EMS licensing system for 60K license providers, 2500 ambulances, 600-700 transport and non-transport providers) which are all significant. These are major items still in front of the Department and will all carry forward into the next Strategic Plan.

There are still items in the Strategic Plan which have not been addressed and items that were not accomplished. Many of these items may move forward and others may be dropped due to legislative changes.

The Department has touched over 100 sets of administrative rules in the last four (4) years and continues to work and update these rules.

**RECOGNITION OF THREE (3) VERY DEDICATED INDIVIDUALS:**

The Department would like to take this opportunity to present some recognition awards to three (3) individuals who have spent the last 11 months helping the Department work on a set of draft rules to implement the new education standards. This was a goal that was supposed to be done by 2013. However, it took three (3) legislative sessions to get the language passed. This bill touched so many sections of the administrative rules that our group met four (4) hours almost every Thursday from September of 2014 until the August of 2015. Jack Fleeharty presented awards of appreciation to Connie Mattera, Rosemary McGinnis and Brad Robinson. Their professional input, attention to detail and knowledge about real world EMS operations and teaching EMS education is priceless. They demonstrated the ability to work together as a team, worked through differing opinions, and understood the diversity and challenges of education delivery throughout the State. Again, the Department would like to say thanks for all of their assistance.

The Department would also like to thank Sara Fricke and Memorial Medical Center for sponsoring the EMS & Trauma Joint Advisory Council meeting.

The EMS Advisory Council introduced Dr. Nirav Shah. Dr. Shah is the Director of Illinois Department of Public Health. Having been now in the office for the past eight (8) months and is trying to learn about everything that is going on at the agency. Dr. Shah is trying to attend meetings, advisory committees, and understanding the various issues. Has worked closely with Win Rawls and Jack Fleeharty to understand the landscape of Trauma and EMS

**TAC REPORTS: REGISTRY SUBCOMMITTEE-ADELISA ORANTIA, RN:**

- IDPH is working on moving the Business Object reporting component to a new environment. The Trauma Registry is the only system being unsupported and on an obsolete environment. The Registry is having difficulty generating running their reports. IT is working to complete this task. When completed and moved, the remaining Trauma Centers will be able to access their reports. Currently, most of the Trauma Centers have been able to access their reports. For those unable to generate their reports, Adelisa will continue to generate their reports upon request.
- The Trauma Funds have been distributed. If anyone has questions on when the funds were actually received, the Department will send the information via email.

*Question from Dr. Fantus:* Where is the RFP and at what processed step?

*Answer from Jack Fleeharty:* The RFP is at the Legal Procurement. The Department was under the impression that the RFP had already posted. But, it hasn't and it is possibly due to the budget impasse; unknown as no appropriation.

Kathy Tanouye suggested that a comment be made regarding ICD-10 for October and possibly the plan. Joe Albanese indicated that the Department is stuck at doing the data collection with current Registry. In short of that, the Department is limited on the abilities to expand. Until the Department gets a new Registry, data will be collected on ICD-9 codes for reporting purposes. Memorandum was submitted last week and sent it through the chain of command for approval. Once approved, the memorandum will be going out to all Trauma Centers and would like to distribute the first set down further through the participating and Associate Hospitals that are required under HSVI Registry's data. On a one-to-one basis, the Department will be happy to work with any Trauma Registrar that needs additional assistance. Unfortunately, because of limitations of the current software, the Department will be stuck on the ICD-9 codes.

### **CQI/Best Practice-Mary Beth Voights, APN:**

- The CQI Committee met in June 2015. At the June meeting with the Trauma Advisory Council, the Committee finally approved the language for the In-house Trauma Team and Surgeon Activation and Evaluation Criteria.

For clarification, the Field Triage Criteria which was approved by EMS Joint Council back in June 2012 is different from the criteria just approved in June 2015 by the Trauma Advisory Board. The differences are the minimal field triage criteria tell EMS who to take to Trauma Centers. The in-house activation team criteria further defines when do surgeons need to see those patients.

This has been a point of discussion and confusion as the Committee uncoupled what is currently joined in the rules to be two (2) separate sets of rules. One focused on the EMS section of care and the other focused on the in-house section of care. The College of Surgeons agreed with the Committee in this endeavor. In Chapter 5, pages 37-40 of the Orange book describe the concept and provide good examples.

The Committee would also like to clarify that these are minimum State-wide criteria. Hospitals meaning that hospitals can make the criteria tighter based on their own resources. The Committee will still be able to query how the minimum field set is working in the database. Additional elements will be put in which are common to many Trauma Centers for evaluation.

Recommendations are not finalized. The Committee recommends Regions to begin to work toward making these rules operational.

The Legislative Committee asked CQI to review the rules which are pursuant to the PI portion of Trauma care. The conversations just began at the last meeting in September and will continue at the next meeting which will be on December 3, 2015.

MaryBeth received a round of applause for her work toward this project.

### **Rules & Legislative Subcommittee/Stacy Van Fleet, RN:**

- The Rules and Legislative Subcommittee met on June 18, 2015 as well as August 27<sup>th</sup>. The Subcommittee is trying to hone down on specific sections of the rules. They opted to take different sections to try to move both sections forward instead of trying to do the whole project. Some areas were identified which needed rule changes. The Subcommittee would like to ask for some of the recommendations particularly in the green and red sections.
- In section 515.2030 Level I Trauma Center c, it deals with the recommended verbiage. The Subcommittee derived at the recommended verbiage “the trauma center should provide a trauma or acute care surgery service, that is an identified hospital service functioning under the designated director and staffed by board certified/eligible according to current requirements: general surgeons credentialed by the trauma center for trauma surgery.

*Dr. Fantus asked if the Council was looking for comments, motions or if the rules were going to be taken individually or together for one overview. Dr. Fantus request any comments from the Council regarding the first recommendation. The Department recommended that the rules be submitted after they have been reviewed by the Subcommittee for drafting consideration(s).*

- Under Level II same section c, the recommended verbiage is “the trauma center should provide a trauma or acute care surgery service, that is an identified hospital service functioning under the designated director and staffed by board certified/eligible according to current requirements: general surgeons credentialed by the trauma center for trauma surgery.

- The Subcommittee unified the rule for Trauma Section 1 trauma surgeon CME every 2 years from 10 hours to 20 hours. The recommended verbiage is “trauma surgeons shall have 20 hours of trauma-related CME every 2 years”.
- The next change was the trauma surgeon requirements may be fulfilled by the residents. The recommended verbiage “...by clinical 4<sup>th</sup> year general surgeon resident or above and current Advanced Trauma Life Support (ATLS) verification”. Dr. Fantus indicated that the resident should be “general surgery resident”.
- Section 4 was verbiage was changed to “if the resident is fulfilling the trauma surgeon requirement, it is mandatory that an attending be present in the OR for patients undergoing operative procedures by the time the surgery begins.
- Dr. Hevesy states for housekeeping purposes that under Section 6, column 2 “Physicians” implies ED MD, the verbiage should be ED MD or DO. Dr. Fantus indicated that nothing is being revised in orange, just the green sections. Subcommittee will take note.
- In Section 2 of Level II, recommended verbiage is “the trauma surgeon requirements may be fulfilled by the residents by clinical 4<sup>th</sup> year general surgeon resident or above and current Advanced Trauma Life Support (ATLS) verification”.
- Next recommended verbiage addresses the primary and back-up trauma surgeon under the Level I which was not part of it. This is an addition to the Level I criteria. The recommendation is “the trauma center shall maintain a published call schedule that identifies a primary and back-up surgeon. Both surgeons must be dedicated to a single trauma center while on trauma call”.
- The next recommendation is the verbiage for the Level II Trauma Center. “The trauma center shall maintain a published call schedule that identifies a primary and back-up surgeon. Both surgeons must be dedicated to a single trauma center while on trauma call”.
- Next green section refers to the CME hours and clarifies instead of the 10 hours it is the 20 hours of trauma-related CME and mirrors the Level II Trauma Centers.
- Section 11 addresses the need for organ procurement agency relationship. It is recommended that this be stricken as it is already part of the Illinois Anatomic Gift, Section 5.25. Not addressed in Level II.
- On page 10, number 4 addresses the policy for blood alcohol testing for both Level I and II Trauma Centers. This policy is included in the Illinois Motor Vehicle Code. It is recommended that these be omitted from the rules.

*Kathy from Springfield had a concern about the mandates in the orange for universal screening for alcohol use in all injured patients. She recommended that the Subcommittee substitute additional language about universal screening for alcohol. Recommendation to make these rules for further discussion at the next meeting.*

- Motion to accept the green sections’ language with the exception of blood alcohol changed to orange for further review.

**Roll Call Vote: Council Members Present/Yeah:** Scott French, M.D. (proxy), Mohammad Arain, M.D., Christopher Wohltmann, M.D., Lori Ritter, R.N. (proxy), Glenn Aldinger, M.D., Stacy VanVleet, George Hevesy, M.D., David Griffen, M.D., Eric Brandmeyer, Robert Hyman, Mary Beth Voights, A.P.N., James Doherty, M.D., Kathy Tanouye, and Richard Fantus, M.D.

**Council Members Absent:** Dongwoo Chang, M.D., Michael Iwanicki, M.D., and William Watson, M.D.

Motion passed unanimously.

- The Subcommittee wanted to address the two (2) red selections with the limited time remaining. The sections address Radiology. On page 11, the recommendation refers to the Pediatric Level I and II Trauma Centers. The sections mirror each other. These recommendations were brought to the Subcommittee's attention at some Pediatric Site Surveys. The Subcommittees were asked to address and request to the Council. On Section 515.2035 Level I and II Pediatric Trauma Centers (b) reads "A radiologist with the ability to read CAT scans and perform angiography and credentialed by the trauma center for pediatric radiology privileges available within 30 minutes. Teleradiographic equipment may be used to transmit CAT scans to radiologists off site in lieu of the radiologists' response to the trauma center to read CAT scans. The radiology department shall provide a quality monitoring process for compliance with the time requirements and competency. The Subcommittee wants to strike out "This requirement may be met by a Post Graduate Year (PGY) II radiology resident with six months experience in CAT and angiography, and also Section C from Levels I and II. On Level II, the pediatric radiology privileges reads "available within 60 minutes".

On page six, the Subcommittee would also like to strike out "This requirement may be met by a Post Graduate Year (PGY) II radiology resident with six months experience in CAT and angiography for Levels I and II.

Motion to change the red sections to green and vote. Dr. Doherty moves and is seconded by MaryBeth Voights. No further discussion.

**Roll Call Vote:** *Council Members Present/Yeah:* Scott French, M.D. (proxy), Mohammad Arain, M.D., Christopher Wohltmann, M.D., Lori Ritter, R.N. (proxy), Glenn Aldinger, M.D., Stacy VanVleet, George Hevesy, M.D., David Griffen, M.D., Eric Brandmeyer, Robert Hyman, Mary Beth Voights, A.P.N., James Doherty, M.D., Kathy Tanouye, and Richard Fantus, M.D.

*Council Members Absent:* Dongwoo Chang, M.D., Michael Iwanicki, M.D., and William Watson, M.D.

Motion passed unanimously.

Stacy received a round of applause for her work toward this project.

**Injury Prevention and Outreach/Kathy:**

- The Injury Prevention Committee has not met since the last Advisory Council meeting. No report available. The Committee does plan to meet to finalize their plans for "Distracted Drivers" resources this Fall.

**Illinois Burn Advisory Subcommittee/David Griffen, MD:**

- The Burn Advisory Subcommittee met on July 27, 2015. They reviewed in detail the improvement plan from the 2015 Burn Surge Annex Tabletop Exercise which occurred earlier this year. Anyone interested in reviewing the improvement plan, please contact Laura Prestige. The Burn Education Group continues to be active in the development of education modules for Illinois hospitals. The Burn Advisory Subcommittee is chaired by Dr. Art Sanford from Loyola. But has been expertly facilitated by Evelyn Lyons and Laura Prestige. It has always been the intent to move the facilitation from IDPH and Amy Helms and Julie Matson of OSF have graciously agreed to facilitate the Subcommittee. The next meeting of the Burn Advisory Subcommittee is September 28, 2015.



**TAC Old Business:**

- Tiered trauma system is going to be reintroduced. No further discussion.
- The Registry waiver process was addressed. The Department sent a memorandum stating that it would not hold hospitals to the quarterly report deadline until the Registry is up and running.
- Good news on the South Side Trauma Report. On Thursday, Mount Sinai Health System and University of Chicago have a collaborative agreement to establish a Level I Trauma Center. This is will be a long process.

**TAC New Business:** No new information.

**Transitioned over to the EMS Advisory Council** 11:59 am

**CALL TO ORDER-MIKE HANSEN AT 12:00 P.M.**

**ROLL CALL-MIKE HANSEN**

**Council Members Present:** Glenn Aldinger, M.D., Richard Fantus, M.D. (ICEP), Stephen Holtsford, M.D., George Madland, Connie Mattera, MS, RN (ICEP), Doug Sears (proxy), Ralph Graul, Michael Hansen, J. Thomas Willis, Leslee Stein-Spencer (ICEP), David Loria, Stuart Schroeder, Randy Faxon, Valerie Phillips, M.D. (ICEP), Chief Mitch Crocetti, Brad Robinson and Kenneth Pearlman, M.D.

**Council Members Absent:** Bradley Perry, EMT-P, Kevin Bernard, Jack Whitney, M.D., and Justin Stalter  
Mike Hansen introduced Chief Mitch Crocetti as the Region 9 Representative and replacing Don Davids.

**CORRESPONDENCE:**

- Mike Hansen informed the Council that a letter was sent out on behalf of the State EMS Advisory Council to General Counsel, Miss Mollie Zito. This deals with the Advisory Council requesting the State Law to address EMS issues pertaining to comments and advise Public Health regarding the ambulance fees. Under current process, the ambulance fees have been stripped of going back to the old rates. The Council wanted a public hearing before JCAR. Did not rule in the Council's favor. But, JCAR did vote along party lines and kept the matter of stripping the ambulance fees intact. Kim Godden, Superior Ambulance and Illinois Ambulance Association have been working to restore the rates. The Council has been successful in restoring them. But, they will still have 150 days of old rates before restoration. Currently, Council is looking at some legislation to make these rates, not from an administrative rule standpoint, but in statue.
- Ultimate travel on January 16-February 3, 2016 an all exclusive trip from Chicago to Riveria Cancun. Continuing education (CE) units will be attached with this travel.

**PUBLIC COMMENTS:** None at this time.

**SPECIAL ANNOUNCEMENT:** A moment of silence for a couple of EMS great colleagues who passed away since the last EMS Advisory Council meeting. Bobbi Ruban on July 29, 2015 passed away suddenly. She was a nurse for 16 years at Illinois Valley Hospital, an EMS System Coordinator for the last seven (7) years and a PHRN for the last three (3) years. Recently, Bill Belcher of El Paso Rescue Squad in Illinois was one of the leading pioneers of EMS in McLean County. He was a National Registered EMT in 1972. He also co-founded Lifeline Ambulance in that area along with his father. Bill succumbed to cancer on September 11, 2015.

## **COMMITTEE REPORTS:**

- **MOBILE-INTEGRATED HEALTHCARE-GEORGE MADLAND:**

The Mobile-Integrated Healthcare Task Force last met on August 24, 2015 and will meet again on November 9, 2015 at ICEP. The group has finished their initial stage where there is an application process which IDPH has accepted. The group will now begin pilot programs and will begin a second stage. The second stage has been broken into three (3) groups: Integrative Technology for MIH, Collection and Storage of Data (interpretation of data), and Legal (reviewing scopes of practice and the legal rules and laws from other states which may apply to MIH).

The group did make comment on the Illinois House Joint Resolution which will be talked about a little later in the meeting. The group respects and likes Representative Smiddy for his efforts in creating this Task Force. However, the members felt that the distribution of membership could be more equitable. A letter will be submitted on this basis to Representative Smiddy on the HJR.

- **EMS DATA SUBCOMMITTEE-MIKE HANSEN:** The first EMS Data meeting dealt with looking at the new NEMSIS 3.0 datasets and has been working with Dan Lee from IDPH. He has been keeping the Subcommittee on track. They are looking at a cutover date by September 2016 and are still waiting for the State vendor to become NEMSIS 3.0 compliant in order to do the data exchange.

There was another EMS Data meeting to review the Mobile Integrated Healthcare. Anyone interested in reviewing data to keep it separate from an ambulance data standpoint, the Council will provide guidance and work with the MIH Committee as well. In NEMSIS 3.0, there is a category for MIH.

- **EMS RECRUITMENT AND RETENTION:** No report.

- **EMS EDUCATION COMMITTEE-CONNIE MATTERA:**

Most of the year, the Education Committee has spent an enormous amount of time reviewing the upgrading of the Continuing Education options for Illinois programs. For the April and July 27, 2015 meetings, the Committee finally was able to provide a table for review. At the April meeting, the first part was to decipher what are the kind of hours or courses that would be acceptable and where could one obtain all of this education. There was a comparison with the current Illinois listing against National Registry's current requirements.

Increasingly programs in Illinois are having their students take the National Registry examination towards initial licensure. Many of these individuals want to maintain their Registry status. All of this was done under the assumption of the State's requirement of 100 hours for Paramedic, 80 for Intermediate and 60 for Basic. The document which was submitted to the Council members the first two (2) pages everyone is in agreement. There was a huge expansion for the amount of hours in which individuals could obtain education online as almost all programs are exclusively doing CE's online now. There was an expansion on the number of hours individuals could obtain for college courses which were healthcare related.

The table's last couple of page reviewed the division then under the education standards in terms of how many hours within a four-year span of time individuals' can have a distribution of their CE hours. Traditionally, sometimes skewed hours were accepted. The unanimous vote of five (5) different sites have been to bring together what the National Registry requirements were with the National EMS CE guidelines document had been and what Illinois thought the hours should be. The July 27<sup>th</sup> meeting was totally devoted to looking at the stratification and division of these hours. Every line of the table had a unanimous from every site. The document is now ready to be presented to the Council for their consideration and endorsement along with the proposed hours within the new draft rules.

Motion by Mike Hansen to approve the continuing education for EMS personnel as approved by the State EMS Education Committee; seconded by Brad Robinson. No comments.

Call for a vote by Mike Hansen. All in favor of approving the continuing education hours for EMS personnel as approved by the State EMS Education Committee say I; no opposition; unanimously approved.

The Committee has been reviewing at the National Registry level a significant shift in terms of how competency is documented and measured, particularly the Paramedics. All Illinois programs should have received a document from the National Registry which is labeled the 2015 Paramedic Psychomotor Portfolio. If not, it is located on the National Registry's site. The Education Committee will start looking at being able to provide some assistance to programs that are starting to build these portfolios.

This past weekend, the Committee had a large Lead Instructor Course at the Superior Headquarters in Elmhurst, IL. There was tremendous feedback from attendees and also had an educator from Saudi Arabia. There is an updated COAEMS workshop in early December 3-5, 2015 in Rosemont on student competency measurements. The Lead Instructor is David Page who is internationally renowned. The workshop is already posted on the COAEMS website for interested parties.

There are instituted medicine reports now on Cardiac Arrest Management and they are looking for EMS feedback and contribution to updating education plans on this management. The Education Committee has already volunteered to contribute to this process. Once the Committee obtains the new scope of practice module issued by IDPH, they will start writing the bridge curricula. Michael Dant is the Chair of this group who will be creating the bridge update curricula.

The next meeting is October 26, 2015.

Congratulations to the Committee from the Chair.

- **EMERGING ISSUES SUBCOMMITTEE-GEORGE MADLAND:**

The Committee met on August 24, 2015 and it continues to be a large group that meets every other month. The topics included Mobile-Integrated Healthcare. Dr. Phillips worked with IDPH (Jack Fleearty and Keith Buhs) on a very basic fundamental equipment list which was passed by the group and passed by IDPH.

There were a couple of presentations of programs that either made application or were going to make application the next day. The House Joint Resolution was discussed.

There were reports from EMS Alliance and American Heart Association being to include pre-hospital EMS in the process for STEMI, Strokes and recognition for their part.

The Ambulance Medicare Rate Reduction was discussed on July 1, 2015. Also discussed the Illinois Consolidated Dispatch and would like to make the Systems and providers aware of these efforts as well as the EMS Compass Performance Measures.

The next meeting is scheduled for November 9, 2015 at ICEP.

- **STATE STROKE ADVISORY SUBCOMMITTEE/KEVIN BERNARD:** No report.

- **ILLINOIS EMS ALLIANCE-MIKE HANSEN:**

The Alliance met last week and elected a new chair, Kemp Adams. There has been a change of Lieutenant Governors and are working through the process and they are interested in working with the Alliance with the Illinois EMS Summit. There is a possibility of having a Summit in the Spring of 2016.

- **AMERICAN HEART ASSOCIATION-ART MILLER:**

Art Miller introduced his new partner, Julie Mirostaw. Julie will be overseeing the new Government Relations position. Alex Milner has resigned. AHA is just starting new initiatives and is working with all involved. Julie welcomed by the Council.

- **OLD BUSINESS:**

- **MOBILE-INTEGRATED HEALTHCARE-MIKE HANSEN:**

IDPH has approved two (2) entities for Mobile-Integrated Healthcare. One was a hospital and the other was a provider. Another provider is also working on application for MIH. Mike Hansen mentioned that Illinois looking at what other states are doing. Some have really progressed in MIH because of their structure, especially Texas, Pennsylvania, Colorado, Minnesota and now California. Brief discussion on survey and analyses.

- **MOBILE-INTEGRATED HEALTHCARE TASK FORCE-MIKE HANSEN:**

Asked for membership from the Advisory Council as well as the Illinois Ambulance Association and Critical Assess Hospital. There are some glaring issues with this Task Force and the Council does not want it to implode before it gets started. Dr. Phillips and George Madland would like to have a better representation for this group.

- **EMS LEGISLATION-MIKE HANSEN:**

Mike is giving a warning to everyone regarding Public Act 0006. This Act is regarding the Consolidated Dispatch. The Governor signed this bill. The Council has leveled the playing the field between what can be charged for land lines and mobile devices. The land lines fees were raised and the mobile device fees were dropped. The State wants all the dispatch centers consolidated. Communities with a population under 25,000 are not going to be able to keep their PSAPs. There are six (6) different counties which have approved funding for 911 which was never implemented and another three (3) counties that never implemented any type of 911. The State's goal is have 911 at 99% for Illinois. Illinois Commerce Commission is not going to be involved in this any longer.

The Council is looking for support for STEMI legislation and American Heart Association. The Illinois Hospital Association is taking a stance against this legislation.

Julie Mirostaw informed the group that the Illinois Hospital Association had requested that the bill be put on hold last year. There was a STEMI bill and AHA is now in negotiations with IHA and they are not necessarily against it.

- **Future Meetings:** The next EMS Advisory Council meeting is scheduled for November 19, 2015. The Council has invited Dr. John Lumpkin to receive a lifetime achievement award to be presented at the November 19<sup>th</sup> meeting. The Trauma Advisory Council meeting is scheduled for December 3, 2015.

- **Approval of Minutes from June 11, 2015:** Motion to approve minutes by Mike Hansen; moved by Dr. Aldinger, and seconded by George Madland. No oppositions. Approved unanimously.

- **Adjourn:** Meeting adjourned at 12:45 p.m.