

**ILLINOIS EMERGENCY MEDICAL SERVICES FOR CHILDREN  
ADVISORY BOARD  
Meeting Minutes  
June 2, 2017**

**Present:** Elizabeth DeLong (Trauma Nurse Coordinator), Darcy Egging (IENA)\*, Dylan Ferguson (EMS Coordinator)\*, Jack Fleeharty (IDPH), Susan Fuchs, Chair (Nat. Assn EMS Physicians), Jeanne Grady (IL DSCC)\*, Joseph Hageman (ICAAP)\*, Ruth Kafenzstok (EMSC), Dan Leonard (EMSC), Evelyn Lyons (IDPH/EMSC), Teresa Riech (ICAAP)\*, Bonnie Salvetti (ANA-Illinois)\*, Kathy Swafford (ICAAP)\*, Kristen Tindall (IHA)\*, Michael Wahl (MCHC), Terry Wheat (Pediatric Rehab representative)\*, J. Thomas Willis (IL Fire Fighters Assn). **NON-BOARD MEMBER ATTENDEES:** Mike Epping (IDPH), Angelica Hernandez (IDPH School Health Program), Adam Sowell (UnityPoint Health – Trinity, Rock Island), Stacey Walton (UnityPoint Health – Trinity, Rock Island)

**Excused:** Paula Atteberry (IDPH), Jean Becker (IDPH School Health Program), Christine Bishof (ISMS), Young Chung (American Red Cross), Mark Cichon (Loyola), Amy Hill (SafeKids), Maura McKay (IAFP), Laura Prestidge (EMSC)

**Absent:** John Collins (IEMTA), Michelle Ealy (DCFS), 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 10:05am.	None
<b>Introductions</b>	Introductions were made.	None
<b>Review of 3/10/2017 Meeting Minutes</b>	The March 10, 2017 meeting minutes were reviewed and approved. Tom Willis made a motion for approval; Elizabeth DeLong 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>Proposed Federal FY2018 budget eliminates funding for EMSC program</i> – Sue noted that a number of professional organizations (e.g. AAP, ACEP, ENA, NAEMT) submitted a joint statement opposing the elimination of EMSC funding. She encouraged board members to contact their legislators to advocate for continued funding, and to emphasize that there is a continued need for EMSC initiatives.</li> <li>▪ <i>Ron W. Lee, MD – Excellence in Pediatric Care awards</i> – award recipients are listed below: <ul style="list-style-type: none"> <li>▪ Evelyn Susada, RN, Lifetime Achievement, Advocate Lutheran General Hospital</li> <li>▪ Evelyn Lyons, RN, Lifetime Achievement, Illinois Department of Public Health</li> <li>▪ Teri Campbell, RN, Clinical Excellence, University of Chicago, Chicago</li> <li>▪ Stefanie Clarke, RN, Clinical Excellence, OSF Saint Francis Medical Center, Peoria</li> <li>▪ Elizabeth DeLong, RN, Community Service, Riverside Medical Center, Kankakee</li> </ul> </li> <li>▪ <i>Safe Medicine Storage: A look at the disconnect between parent knowledge and behavior</i>, SafeKids Worldwide, March 2017</li> <li>▪ Broselow tape release still pending</li> <li>▪ Illinois Rural Health Association conference, 8/9-10/2017, Champaign <a href="http://www.ilruralhealth.org">www.ilruralhealth.org</a></li> <li>▪ Other organizational reports/updates <ul style="list-style-type: none"> <li>○ DCFS – No report.</li> <li>○ IHA – No report.</li> <li>○ SafeKids – No report</li> <li>○ Other – Terry Wheat announced that she will retire on July 28<sup>th</sup>, and will identify a replacement.</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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	<p>She was thanked for all her contributions and wished well in her retirement. Good luck Terry!</p> <ul style="list-style-type: none"> <li>▪ Educational Opportunities <ul style="list-style-type: none"> <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 a brief report on the new Education Standards. He also noted that there are multiple pending investigations that both EMS and Trauma are looking into. It is hoped that the budget impasse will be resolved soon and a stopgap budget put in place. The next EMS State Council meeting is scheduled on Thursday, June 8<sup>th</sup>.</p>	FYI
<b>Update on Illinois EMSC Partnership Opportunity</b>	<p>Evelyn noted that the Department has received applications from schools of medicine with interest in the Illinois EMSC Partnership opportunity. The applications have undergone review by a panel using an objective scoring process. Site visits are being scheduled at each institution. A final decision is anticipated by the end of the month.</p> <p>Illinois EMSC has been a collaborative program between IDPH and the Stritch School of Medicine at Loyola since 1994. Since that time, other institutions have made contributions of time, effort and expertise that have benefitted the EMSC program. This opportunity aims to identify the future home base for the Illinois EMSC program, and coincides with the Health Resources and Services Administration (HRSA) plan to release a funding announcement in 2017 regarding a new four-year cycle of funding for the EMS for Children State Partnership Grant Program (which will begin on March 1, 2018). It was felt that this new cycle of funding would present an opportunity for the state to explore all eligible partners (including Loyola) that may be interested in housing the EMS for Children State Partnership Program grant in the future. Note that only accredited schools of medicine and state entities can apply for the EMSC Partnership grant. Further information will be provided as this process moves forward. Contact Evelyn if any questions.</p>	FYI
<b>New Business – Review of proposed changes to sections of the EMS Administrative Code</b>	<p>The following sections of the EMS Administrative Code were presented to the board for their review and approval. The changes related to the facility recognition program have been recommended by the EMSC Facility Recognition &amp; QI Committee.</p> <ul style="list-style-type: none"> <li>▪ <u>Section 515.445</u> – Updates were made to the EMSC Advisory Board composition to ensure consistency with organization name changes. Illinois Critical Access Hospital Network and the Illinois Poison Center were added as new organizations to be represented on the board. The Illinois State Police was removed due to non-attendance. A motion to approve these changes was made by Tom Willis and seconded by Darcy Egging. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <u>Section 515.4000</u> – The Clinical Nurse Specialist role was added to the EDAP level in the Professional Staff section that outlines requirements for Nurse Practitioners and Physician Assistants. This change was made in response to requests. A motion to approve these changes was made by Tom Willis and seconded by Bonnie Salvetti. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <u>Section 515.4010</u> – Clinical Nurse Specialists were added to the Coverage section requirements for SEDP</li> </ul>	<p>All of the proposed changes were approved by the EMSC Advisory Board. This will be forwarded to Paula Atteberry in the IDPH Springfield office to proceed with the regulatory amendment process.</p>

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	<p>designated facilities. Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant were added to the Backup requirements, which previously only allowed for physician backup. The Clinical Nurse Specialist role was added to the SEDP level in the Professional Staff section that outlines requirements for Nurse Practitioners and Physician Assistants. A motion to approve these changes was made by Tom Willis and seconded by Mike Wahl. All were in agreement, none opposed. The motion was approved.</p> <ul style="list-style-type: none"> <li>▪ <u>Section 515.4020</u> - Nurse Practitioner, Clinical Nurse Specialist and Physician Assistant were added to the composition requirements for the PICU Committee. Clinical Nurse Specialist was added to the section currently titled PICU Nurse Practitioner and Physician Assistant Qualifications. The title of the Advanced Practice Nurse leadership role has been changed to a Pediatric Clinical Nurse Expert, and the qualifications have been expanded to address requests from the PCCCs. The nursing pediatric continuing education requirements no longer need to be specific to critical care. A motion to approve these changes was made by Tom Willis and seconded by Mike Wahl. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <u>Appendix K</u> – Changes were made in the facility recognition application to ensure consistency with the above changes in the EDAP and SEDP sections. A motion to approve these changes was made by Tom Willis and seconded by Mike Wahl. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <u>Appendix L</u> – Equipment “recommendations” was changed to “requirements”. ECG paddles requirement will now also allow pads. IV colloid solutions was removed. The components that comprise a Cyanide antidote were detailed out. The restraining device section which currently includes only a papoose, now expands to include methods such as distraction devices, comfort hold, swaddling. The initial newborn resuscitation equipment section was combined into the OB kit section. The spinal immobilization board no longer specifies “infant/child and adult”. A motion to approve these changes was made by Tom Willis and seconded by Mike Wahl. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <u>Appendix N</u> – Changes were made in the PCCC/EDAP application to ensure consistency with the above changes in the EDAP and PCCC sections. A motion to approve these changes was made by Tom Willis and seconded by Mike Wahl. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <u>Appendix O</u> – Changes were made to the PCCC Plan to ensure consistency with the above changes in the PCCC section. A motion to approve these changes was made by Tom Willis and seconded by Mike Wahl. All were in agreement, none opposed. The motion was approved.</li> </ul>	
<p><b>Federal EMSC Updates</b></p>	<p>Evelyn noted the following: Current EMSC Partnership grant (3/1/2017 – 2/28/2018)</p> <ul style="list-style-type: none"> <li>▪ Illinois EMSC received email in March identifying that only partial funding is being provided (\$74,789) since the federal government is operating under a continuing resolution until April 28, 2017.</li> <li>▪ On 5/19/2017 received an email from Theresa Morrison-Quinata, Branch Chief, EMSC - “Although the President signed the FY2017 budget (“Omnibus”) on May 5<sup>th</sup>, there is a standard process (apportionment) that takes approximately one to two months for the Bureau to receive funding in its accounts. In the meantime, the Agency/Bureau is doing everything it can to fund awards with its current funding and is taking proactive measures to be able to release awards as expeditiously as possible once full-year funding becomes available. We are standing by to receive HRSA appropriations and anticipate that the additional funds for the EMSC State Partnership grants for the budget period 3/1/2017 to 2/28/2018 are</li> </ul>	<p>Further federal funding updates will continue to be shared.</p>

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	<p>forthcoming. We appreciate your patience and support.”</p> <p>FY2018 ASPR Funding Opportunity Announcement for Hospital Preparedness Program (HPP)</p> <ul style="list-style-type: none"> <li>▪ Illinois EMSC provided letters of support to both the State and Chicago HPP applications, since this was requested as part of their applications.</li> <li>▪ HPP awardees - required to report on percent of hospitals with an ED recognized thru a statewide/territorial/regional system that are able to stabilize and/or manage pediatric medical emergencies.</li> </ul> <p>Survey of EMS agencies to identify state baseline information for the new PMs (3/2017-2/2018)</p> <ul style="list-style-type: none"> <li>▪ Every state is required during this current budget period to conduct a survey assessment of their EMS agencies to obtain information related to their access to a pediatric care coordinator and the conduction of pediatric skill competency.</li> <li>▪ Illinois has been assigned to Cohort # 7, which means that our assessment needs to be conducted from September 2017 – November 2017. An 80% survey completion is expected.</li> <li>▪ In regards to the new EMSC Performance Measure related to pediatric competencies, Jack suggested working with the EMS Committee to include skills into initial and continuing education, and also support the inclusion of pediatric skills into annual competencies that all EMS Resource Hospitals need to address. Dylan identified that many EMS Systems require PALS or PEPP, which require a hands-on component and could serve to assist with the advanced level competencies.</li> </ul>	
<p><b>Pediatric Preparedness Workgroup</b></p>	<p>Evelyn briefly reviewed the following educational modules and documents which are being brought to the board for final approval. These documents have been reviewed previously in their draft state.</p> <ul style="list-style-type: none"> <li>▪ <i>Pediatric Decontamination educational module</i> – A motion to approve this module was made by Mike Wahl and seconded by Tom Willis. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <i>Pediatric Decontamination checklist</i> – A motion to approve this module was made by Mike Wahl and seconded by Tom Willis. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <i>Unaccompanied Minor Reunification checklist</i> – A recommendation was made to add text to this checklist that gives examples of tracking systems that are in place such as EMTrack, ARC Patient Connection program, hard copy tracking, etc. A motion to approve this module with the addition of this recommendation was made by Mike Wahl and seconded by Tom Willis. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <i>Pediatric Exercise educational module</i> – A motion to approve this module was made by Tom Willis and seconded by Mike Wahl. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <i>Pediatric &amp; Neonatal Disaster Pocket Surge Guide</i> – A summary of new changes to this document were reviewed. Recommendations were made by Kathy Swafford and Sue Fuchs re Cefuroxime and Epi dosing. A motion to approve this module with the additional recommendations was made by Tom Willis and seconded by Joe Hageman. All were in agreement, none opposed. The motion was approved.</li> <li>▪ <i>Pediatric &amp; Neonatal Care Guidelines</i> – A summary of new changes to the guidelines was reviewed. A motion to approve these guidelines was made by Tom Willis and seconded by Joe Hageman. All were in agreement, none opposed. The motion was approved.</li> </ul>	<p>Evelyn will forward the recommended changes to Laura, so they can be incorporated into the documents.</p> <p>Forward any comments regarding the preparedness initiatives to Laura at <a href="mailto:lprestidge@luc.edu">lprestidge@luc.edu</a></p>

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<b>EMSC Data Initiatives</b>	<p>Dan Leonard reported on the following EMSC data initiatives:</p> <ul style="list-style-type: none"> <li>▪ <i>EMS Reporting System</i> - Files for mortality data (2008-2014), hospital inpatient data (2015) and traffic crash records (2015) have been prepared for the reporting system, and tested on the development server. Note that for the inpatient data, this only reflects 1<sup>st</sup> – 3<sup>rd</sup> quarters. The 4<sup>th</sup> quarter changed from ICD-9 to ICD-10 coding. The two coding system will not be mixed in the reporting system.</li> <li>▪ <i>Traffic Crash “Quick Facts” Fact Sheets</i> – Fact sheets for CY2015 have been completed.</li> <li>▪ <i>Using Linkage to Identify Patients Transferred for Rehabilitation Care: A Linkage Feasibility Study</i> – This report was developed by Dan re the feasibility of using database linkage to track patients transferred for rehabilitation care. Key highlights from the report were presented by Dan via a PowerPoint slideset.</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>▪ Regions 1 and 10 – Surveys in these regions are currently being conducted. One SEDP hospital in Region 1 has withdrawn their continued participation.</li> <li>▪ Region 9 – The Region 9 renewal applications were due on May 26, 2017. Surveys will be scheduled in the fall/early winter.</li> <li>▪ Interfacility Transfer Workgroup project – Anne Porter and Bev Weaver (who currently serve on the Facility Recognition &amp; QI Committee), conducted a presentation at the 2017 Annual Illinois ENA Spring Symposium on April 21<sup>st</sup>. It focused on pediatric interfacility transfer needs, and generated some audience discussion on challenges/needs associated with the interfacility transfer process. They plan to continue to work to develop guidelines and tools related to communication/quality improvement information sharing between referral and receiving hospitals.</li> <li>▪ Current participation in the pediatric facility recognition program (109 hospitals) <ul style="list-style-type: none"> <li>○ PCCC/EDAP level = 10; EDAP level = 89; SEDP level = 10</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 will focus on pain intervention and reassessment.</li> <li>○ Region 2: Work continues on the pain management project, with data analysis showing an opportunity to improve reassessment.</li> <li>○ Region 3: Region 3 is currently working on staff education for JumpStart Triage. Efforts include education sessions, disaster simulations with a pediatric component, and incorporating JumpStart as part of yearly competencies.</li> <li>○ Region 4: The region is continuing 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 binders of information for special needs children in their area.</li> <li>○ Region 5: The region is working on a project to evaluate ED pediatric psychiatric care issues.</li> </ul> </li> </ul>	<p>Physician and nurse surveyors are always needed for site survey visits. Contact Evelyn if interested in being on a survey team.</p> <p>FYI</p>

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	<ul style="list-style-type: none"> <li>○ Region 6: The region is reviewing fever education for parents and pediatric sepsis order sets.</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. Also planning Jan conference.</li> <li>○ Region 8: Results from record reviews of pediatric pain management showed opportunities to improve in treating patients within 30 minutes of ED arrival. Also reviews of cardiopulmonary resuscitation records showed an increase in drowning incidents so a pamphlet was developed regarding water safety.</li> <li>○ Region 9: Region 9 is working on an audit for head injury, including following the PECARN algorithm for use of CT scans. The region is also preparing for site surveys.</li> <li>○ Region 10: The region is surveying overall ED pediatric processes and education to address the needs of new and less experienced staff.</li> <li>○ Region 11: Region 11 continues to work with its pediatric sepsis monitor. Also an educational session is planned regarding child abuse and human trafficking.</li> </ul>	
<b>Education</b>	<p>Evelyn reported that 8 Summer School Nurse Emergency Care (SNEC) courses will begin this month and run through August 1st. To date, 235 school nurses are registered for courses in the following locations: Chicago, Elgin, Joliet, Maryville, Oak Brook, Peoria, Rockford and Winfield.</p> <p>The site code for the Pediatric Seizures educational module was approved and the module is now available online. The site code for the Pediatric DKA educational module is pending.</p>	FYI
<b>Publications/ Presentations Update</b>	Joe Hageman noted that he is always looking for articles for the journal Pediatrics. He also indicated interest in including EMSC in a manual related to pediatric simulation.	FYI
<b>Other</b>	Tom Willis reported that the National EMS Advisory Council (NEMSAC) is looking for council members. Nominations are open until June 16 <sup>th</sup> . Tom would like to see an Illinois representation.	Board members - please share this information.
<b>Upcoming meetings</b>	The next meeting is scheduled from 10:00am – 12:00pm on Friday, September 8, 2017 at the Illinois Health & Hospital Association.	A meeting reminder will be sent to all board members
<b>Adjournment</b>	With no further business, Tom Willis motioned to adjourn the meeting. Mike Wahl seconded the motion. The meeting was adjourned at 12:00pm.	None

Meeting minutes submitted by E. Lyons