

**Illinois Emergency Medical Services for Children
ADVISORY BOARD
Meeting Minutes
October 4, 2018**

Present: Anna Camia (EMSC), Young Chung (American Red Cross)*, John Collins (IEMTA), Susan Fuchs, Chair (Natl. Assn EMS Physicians), Jeanne Grady (IL DSCC)*, Sheree Hammond (DCFS), Amy Hill (SafeKids)*, Evelyn Lyons (EMSC, IDPH), Theresa Martinez (Pediatric Rehab representative), George Paul (ICEP), Brad Perry (EMS System Coordinator)*, Teresa Riech (ICAAP)*, Kathy Swafford (ICAAP), Kristin Tindall (IHA)*, J. Thomas Willis (IL Fire Fighters Assn). NON-BOARD MEMBER ATTENDEES: Adam Sowell⁺, Emily McDowell⁺, Patricia Schmuhl (NEDARC)*

Excused: Christine Bishof (ISMS), Petroux Dykes (DCFS), Darcy Egging (IENA), Angelica Hernandez (School Health Program, IDPH), Lubna Madani (IAFP)*, Michael Wahl (IHA)

Absent: Jean Becker (IDPH School Health Program), Joseph Hageman (ICAAP), Mike Hansen (IFCA), Kevin Katzbeck (Family representative), Denise McCaffrey (Prevent Child Abuse-Illinois), Kimberly Pate Godden (ISAA), Bonnie Salvetti (ANA-Illinois)

*Via teleconference

⁺Via video-conference site

TOPIC	DISCUSSION	ACTION
Call to Order	Susan Fuchs called the meeting to order at 10:05am.	None
Introductions	Introductions were made.	None
Review of 6/28/2018 Meeting Minutes	The June 28, 2018 meeting minutes were reviewed and approved. Tom Willis motioned for approval; George Paul seconded the motion. All in attendance agreed to approve the minutes.	Minutes approved.
Announcements/ Updates	<p>Susan Fuchs reviewed the following announcements/updates:</p> <ul style="list-style-type: none"> • IDPH Acting EMS Division Chief - Leslee Stein-Spencer has a renewed contract to continue in this role while the search to fill the Division Chief position continues. • IDPH EMSC Coordinator position update – a nurse is in the process of being hired for this position, and will be formally announced when she assumes the position in a few weeks. Sue noted that this helps to further institutionalize the EMSC program within the state. • Federal EMSC Program Reauthorization Act (H.R. 6748/S.3482) introduced in House and Senate <ul style="list-style-type: none"> ○ Support letters sent to House and Senate that were signed by multiple national/local organizations ○ EMSC Fact Sheet was shared with board to educate those not aware of the EMSC program. • National Survey of Children’s Health Data, HRSA, https://mchb.hrsa.gov/data/national-surveys <ul style="list-style-type: none"> ○ Provides access to a quantity of child health related data • DCFS – Sheree reported that DCFS will be more participatory at the board meetings since they now have a new nurse manager (Pete Dykes). Sheree and Pete will assure one of them attends future meetings. • IHA—no report 	FYI

TOPIC	DISCUSSION	ACTION
	<ul style="list-style-type: none"> • SafeKIDS <ul style="list-style-type: none"> ○ Safe on the Road - So far in 2018, they have met all their goals for child safety seat distribution with 12 partner organizations at 17 sites and have taught more than 40 free workshops for community members and health care providers. Re-funded by IDOT for FY19. ○ General – Multiple programs reported on: Partnering with Northwestern and US Drug Enforcement Agency on National Drug Take Back day on October 27th. Distributed more than 1,000 bike helmets this summer. Focusing on preventing sleep related deaths in infants with programs starting this fall. Completed 40+ playground checks at Head Start in summer 2018. Received funding from Safe Kids worldwide to complete railroad safety education pilot for Head Start parents. Will build a playground with Bank of America at a Chicago Public School in Spring 2019. ○ Other reports – None • Educational Opportunities <ul style="list-style-type: none"> ○ <i>Pediatric Nursing Symposium: Kids ‘R’ Different. October 15, 2018. OSF Saint Francis Medical Center</i> ○ University of New Mexico, online pediatric training, Department of Emergency Medicine, https://emed.unm.edu/pem/programs/emsc-for-children-emsc/training-and-continuing-education.html ○ <i>Illinois EMSC Online Modules</i> - https://www.publichealthlearning.com ○ Other educational opportunities at www.luriechildrens.org/emsc 	<p>Send any new announcements to Evelyn Lyons for future meetings.</p>
<p>IDPH, Division of EMS & Highway Safety Report</p>	<p>Evelyn Lyons provided a Division of EMS & Highway Safety report that Leslee Stein-Spencer forwarded.</p> <ul style="list-style-type: none"> • Stroke program – There are a total of 158 hospitals designated at one of the following levels: Acute Stroke Ready Hospital = 80; Primary Stoke Hospital = 63; Comprehensive Stroke Center = 15. • IDPH is receiving prehospital care reports at an annual rate of approximately 1.1 million per year, which is the highest submission volume in the program’s history. This data supports oversight, surveillance and policy making. Approximately 2/3 of EMS agencies are currently reporting, and the majority of those are using NEMSIS Version 3. New enforcement tools that will be implemented soon include: involvement of IDPH legal services, fines, and licensure action. Note that NEMSIS 3 compliance is an EMSC performance measure. • EMTrack is a web-based information system that tracks patients in a disaster event. EMS are encouraged to use this process during exercises in order to test the system. • EMResource – reporting reliability has been stable over the past 12 months. The high hospital bypass numbers seen last winter in the Chicago area have decreased for all but a few hospitals. • EMS Education rules were adopted on 9/20/2018. EMS Systems have been informed of the changes, and dates are being identified to provide them with training. Beginning 1/1/2019, new training programs will need to reflect the revised rules. • The EMSC prehospital protocols were initially removed from the proposed rules, but have been reinstated. 	<p>FYI</p> <p>Provide any updates to Evelyn</p>
<p>Follow-up with Loyola on EMSC Fund Account</p>	<p>Susan Fuchs noted that she is still awaiting follow up from Dr. Cichon related to the EMSC fund account.</p>	<p>Susan will follow up with Dr. Cichon.</p>

TOPIC	DISCUSSION	ACTION
Federal EMSC Updates	<ul style="list-style-type: none"> • National EMSC Survey/Assessment of all U.S. hospitals with an ED (www.emscsurveys.org) <ul style="list-style-type: none"> ○ Assess presence of interfacility transfer guidelines (Performance Measure 06) and interfacility transfer agreements (Performance Measure 07). ○ 100% of Illinois hospitals participated in the survey by the August 18th deadline. ○ Results – see fact sheet summary which shows that 84% of Illinois hospitals reported having transfer guidelines (higher than National EMSC score of 69%). 86% of Illinois hospitals reported having transfer guidelines (higher than National EMSC score of 76%). ○ Patty Schmuhl (Nat’l EMSC Data Analysis & Research Center - NEDARC) participated in today’s meeting via conference call and noted that the full Peds Ready survey will likely not be rolled out to hospitals throughout the country until late 2019 or early 2020. She noted that Dr. Steve Krug (Lurie Children’s Hospital) is serving on the committee that is reviewing the PedsReady survey questions. • National EMS assessment conducted in 2017-2018 <ul style="list-style-type: none"> ○ Goal of this survey was to assess the presence of Pediatric Emergency Care Coordinators (PECC) and pediatric training at the local EMS agency level, which are Performance Measures 02 and 03. ○ 329 EMS agencies were selected thru random sampling to participate in this assessment with the following results: 23% of surveyed Illinois EMS agencies reported having access to a Pediatric Emergency Care Coordinator (matches with Nat’l EMSC score of 23%). 29.4% of agencies identified the use of pediatric specific equipment in training. In frequency of pediatric training, 59% of surveyed Illinois EMS agencies reported limited pediatric training; 23% moderate training; 6% extensive training. Illinois median score = 4 (Nat’l EMSC score = 3). ○ Patty Schmuhl (NEDARC) reviewed the Illinois data collected through this EMS survey. She had prepared a handout that provided demographic data on the survey agency participants, as well as the distribution of scores for each of the survey questions. She then conducted a demonstration of how the survey data can be further analyzed to provide additional information. Patty noted that Illinois EMSC has access to the data and can contact NEDARC for technical assistance. She identified that we are on track with moving toward meeting PMs 02 and 03 since the goals are to minimally reach 30% by 2020. • National EMSC Quality Improvement Collaborative – Comer Children’s Hospital is the Illinois training site and is working with several hospitals within our state. The hospitals are currently working to secure their data use agreements to support their participation in this quality collaborative. There are 4 areas of focus (bundles) and each hospital needs to choose a specific bundle to work on (see below). <ul style="list-style-type: none"> ○ Recording pediatric patient weight in kilograms ○ Developing a notification process for abnormal vital signs ○ Integrating inter-facility transfer guidelines ○ Establishing disaster plans that include children 	FYI
Pediatric Preparedness Workgroup	<p>Anna Camia provided the workgroup report:</p> <ul style="list-style-type: none"> • IMERT – Pediatric Care Medical Specialist Team. This team will provide remote pediatric consultation during a disaster event that involves children. Currently there are 6 team members (2 physicians and 4 APRNs). There are 2 more physicians interested in being on the team, one of whom has already 	FYI

TOPIC	DISCUSSION	ACTION
	<p>completed much of the required self-study training. An in-person training is tentatively planned for February 2019. Recruitment for additional members is underway through distribution of flyers</p> <ul style="list-style-type: none"> • Functional and Access Needs (FAN)/At-Risk Populations Annex project – time was scheduled with each of the 11 regional healthcare coalitions to present the annex and obtain comments/recommendations. Presentations have been conducted in 7 of the 11 regions. The remaining 4 regions will be completed by early November. Their feedback will be presented to the project steering committee for final approval. • DRAFT Pediatric Disaster Preparedness Guidelines – a final draft is under development and will be ready for presentation to the advisory board at the December meeting. • DRAFT Hospital Evacuation Guidelines – a preliminary draft has been completed. The document reviews general evacuation concepts, and will also include special population considerations for specific pediatric units (pediatric inpatient unit, nurseries, NICU, PICU, Labor & Delivery/Obstetrics, child/adolescent psychiatric unit, and adult medical/surgical unit that admits pediatric patients. Areas of focus are triage, identification, tracking/reunification, equipment/supplies/resources, safety/security and transportation. • DRAFT disaster educational modules - the Disaster Mental Health for Children module was reviewed. Only minor edits were made to this module revision. John Collins motioned to approve the module and George Paul seconded the motion. All were in agreement to approve the module. The JumpSTART Mass Casualty Triage module also underwent review, however additional edits are still needed so it will need to be reviewed by the board at another meeting. • Caring for Children during Disasters module series – 3 modules that were previously developed are undergoing review/revision. These modules address the needs of children related to Decontamination; Identification/Tracking; and Incorporating Children in Disaster Exercises. 	<p>Anyone interested in further info regarding becoming a PCMS team member, please contact Anna Camia.</p>
<p>EMSC Data Initiatives</p>	<ul style="list-style-type: none"> • New updates to the EMS Reporting System include the inclusion of the 2015 IDOT Crash data and the first three quarters of 2015 of the IHA Hospital Discharge data (the 4th quarter begins with the ICD-10 data). In addition, new data for 2008 – 2014 have been added as well. • Data agreements are under development between Lurie Children’s Hospital and IDPH/IHA/IDOT 	<p>FYI</p>
<p>Facility Recognition & QI Committee</p>	<ul style="list-style-type: none"> • Regions 3 & 6 - Site surveys were completed in June, and their post-survey follow-up is almost complete. A new SEDP hospital has been designated in Region 6 – Union Hospital, Terre Haute, Indiana. They are an Illinois EMS Resource Hospital and required to participate in the facility recognition program. • Region 7 – Their site surveys are scheduled in November and early December 2018. • Region 2 – Their renewal educational session was held at OSF Saint Francis Medical Center, Peoria and their renewal applications are due Friday, January 11, 2019, with site visits tentatively planned for spring/early summer 2019. • Region 8 – A renewal educational session has been scheduled on December 19, 2018 at Elmhurst Hospital. Their site visits are anticipated for fall/early winter 2019. • Revised Sample Emergency Department Pediatric QI Markers/Indicators – the finalized version of this document was reviewed. It has been posted on the EMSC website. • Interfacility Transfer project – The project is pending at this time. Sue Fuchs is working to secure IRB approval through Lurie Children’s. 	<p>If able to participate on a site visit, please contact Evelyn Lyons.</p>

TOPIC	DISCUSSION	ACTION
	<ul style="list-style-type: none"> • Regional QI Committee reports/updates <ul style="list-style-type: none"> • <i>Region 1:</i> The region has 3 projects. 1). Ongoing staff education to improve pediatric pain management within 60 minutes of arrival (nursing non-pharmacological or advocate with physician). Great strides have been made but the focus is to improve provision of interventions within 30 min of arrival. 2). Early recognition and treatment of pediatric sepsis. Mercyhealth has shared their screening tool and flow sheet for early intervention at triage, triage protocols, collaboration with a physician, initiation with a positive screen. 3). Pediatric disaster preparedness and reunification. Mercyhealth shared a draft plan with the region. • <i>Region 2:</i> They are currently working on education for bronchiolitis and baseline data collection. • <i>Region 3:</i> Their region is working on transfers between facilities. Also are working on getting JumpSTART triage training extended to all of the other hospitals in the region. • <i>Region 4:</i> They continue to work on their pediatric sexual assault areawide treatment plan. The task force from House Bill 5245 is scheduled to meet in Springfield on October 1st, and hope to have representation at that meeting to gain insight into how to begin the plan development process. • <i>Region 5:</i> There is not a current report from this region, but they were working on a project to evaluate pediatric psychiatric care issues in the emergency department. • <i>Region 6:</i> Their region is expanding community awareness and hospital education for Safe Havens. Each hospital will partner with fire and police departments to create cohesion among public relation efforts and safe haven education for medical staff, firefighters and police officers. Carle Hospital will partner with the University of Illinois to discuss the possibility of Safe Haven education for students. • <i>Region 7:</i> The region continues their pain monitor related to the treatment and reassessment of patients. They may possibly focus on sepsis in 2019. However since they anticipate that the sepsis numbers will be small, they will also continue their pain quality improvement project into 2019 as well. Their annual pediatric conference is scheduled on January 25, 2019. • <i>Region 8:</i> Their region is looking at violence, identifying common issues and potential measures that can be implemented. They are reviewing length of stay, disposition, restriction of rights forms and acts of violence that occur while in the ED. Their goal is to determine if there is a need for education re completion of the restriction of rights form and prevention by early intervention. • <i>Region 9:</i> They are working on a retrospective evaluation of clinical prediction rules for decreasing CT utilization in pediatric blunt intra-abdominal trauma in the community setting. One of their trauma coordinators is leading this project; hospitals are obtaining research certifications to participate in this study. • <i>Region 10:</i> They continue their Pediatric Readiness – Back to Basics project. They have created ID badge size resources with pediatric vital sign guidelines, acetaminophen and ibuprofen dosages and fluid dosing. Each hospital has created their own badge and distributed them to their nursing staff and ED technicians. • <i>Region 11:</i> They are continuing work on their sepsis tracking – using a google document file that allows all hospitals to enter data and then their chairperson collates the data into a report. On November 13th, they will conduct an educational session on pediatric trauma. All are welcome to attend! 	FYI

TOPIC	DISCUSSION	ACTION
	<p>Current participation in facility recognition (111 hospitals)</p> <ul style="list-style-type: none"> ○ PCCC/EDAP level = 10; EDAP level = 88; SEDP level = 13 ○ Note: In 2015, there were approximately 950,000 ED visits for 0-15 y/o; 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 Health and Hospital Association Compdata) 	
Education	<p>Revisions to the EMSC Pediatric Seizures educational module were reviewed, including: all hyperlinks were checked to ensure functionality. Clip art has been inserted in lieu of photos to address permission concerns. Lurie Children’s logo has been inserted in the module. Phenobarbital was removed in the treatment for status epilepticus (but it is still mentioned in the neonatal seizures section). All references have been checked and several new Up To Date references were added to the reference section. Final tasks include new narration for a few slides and an IDPH site code will be secured for CE hours. George Paul made a motion to approve the module and Theresa Martinez seconded the motion. All were in favor of approving the module.</p> <p>Anna identified that photos on some slides of various EMSC modules undergoing review do not have cited permission for use. Evelyn noted that the Facility Recognition Committee recommended that clip art be used instead where possible, and to only use photos in which permission is obtained or in which the face of the individual(s) are not identifiable. Brad Perry suggested contacting trauma centers to see if they have photos that have permission for use in presentations, however Tom Willis noted that such permission may be limited to the organization that obtained the photo. Anna will check with Lurie’s marketing department to see if they may have photos that would be useful for the EMSC modules.</p>	<p>The Pediatric Seizures module will be uploaded to the UIC Public Health Learning website and IDPH ITRAIN website after narration slides are finalized, and the site code obtained.</p>
Other	<p>Evelyn noted that the Illinois Health & Hospital Association is convening a committee to look at the closure of pediatric units/beds throughout the state. This is a national trend, and was discussed at the last board meeting.</p>	<p>None</p>
Upcoming Meetings	<p>The next meeting is from 10:00am—12:00pm on Thursday, December 6, 2018 at the Illinois Health & Hospital Association as follows, with video and teleconference capabilities only at the IHA Springfield location. (Note: video-conferencing at the UnityPoint Health—Trinity location will not be available for the December meeting).</p>	<p>A meeting reminder will be sent to all board members.</p>
Adjournment	<p>With no further business, a motion for adjournment of the meeting was made by Tom Willis, and seconded by George Paul. Meeting adjourned at 12:00pm.</p>	<p>Meeting adjourned.</p>

Meeting minutes submitted by Evelyn Lyons