

**Illinois Emergency Medical Services for Children
ADVISORY BOARD
Meeting Minutes
December 6, 2018**

Present: Christine Bishof (ISMS), Anna Camia (EMSC), Young Chung (American Red Cross)*, John Collins (IEMTA), Petroux Dykes (DCFS),* Darcy Egging (IENA)*, Susan Fuchs, Chair (Natl. Assn EMS Physicians), Jeanne Grady (IL DSCC)*, Joseph Hageman (ICAAP)*, Angelica Hernandez (School Health Program, IDPH)*, Amy Hill (SafeKids)*, Kelly Jones (EMSC/IDPH)+, Evelyn Lyons (EMSC/IDPH), Lubna Madani (IAFP)*, Theresa Martinez (Pediatric Rehab representative), George Paul (ICEP), Bradley Perry (EMS System Coordinator)*, Teresa Riech (ICAAP)*, Bonnie Salvetti (ANA-Illinois)*, Kathy Swafford (ICAAP), J. Thomas Willis (IL Fire Fighters Assn). **NON-BOARD MEMBER ATTENDEES:** Adam Sowells+, Emily McDowell+, Patricia Schmuhl (NEDARC)*

Excused: Sheree Hammond (DCFS), Michael Wahl (IHA)

Absent: Mike Hansen (IFCA), Kevin Katzbeck (Family representative), Denise McCaffrey (Prevent Child Abuse-Illinois), Kimberly Pate Godden (ISAA), Kristin Tindall (IHA)

*Via teleconference

+Via video-conference site

TOPIC	DISCUSSION	ACTION
Call to Order	Susan Fuchs called the meeting to order at 10:04am.	None
Introductions	Introductions were made.	None
Review of 10/4/2018 Meeting Minutes	The October 4, 2018 meeting minutes were reviewed and approved. John Collins motioned for approval; Tom Willis 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"> • Welcome – Kelly Jones, RN, BSN <ul style="list-style-type: none"> ○ New EMSC Coordinator based in IDPH Springfield office ○ Phone: 217-785-2083; Email: Kelly.Jones@illinois.gov • Mandatory training for board members – Annual Ethics training and Sexual Harassment training <ul style="list-style-type: none"> ○ NOTE: All EMSC Advisory Board members need to complete these trainings ASAP • Federal EMSC Program Reauthorization Act (H.R. 6748/S.3482) introduced in House and Senate • <i>Overview of Pediatric Emergency Department Visits, 2015.</i> HCUP Statistical Brief # 242. 9/2018. Agency for Healthcare Research and Quality. www.hcup-us.ahrq.gov/reports/statbriefs/sb242-Pediatric-ED-Visits-2015.pdf • <i>2018 AHA Focused Updates on Advanced Cardiovascular Life Support and Pediatric Advanced Life Support.</i> https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/ • Studnek, Jonathan, et al. <i>Consensus-based Criterion Standard for the Identification of Pediatric Patients Who Need EMS Transport to a Hospital with Higher-level Pediatric Resources.</i> Society for Academic Emergency Medicine, 2018. doi: 10.1111/acem.13625 	FYI

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	<ul style="list-style-type: none"> • DCFS – No report. • IHA – No report. • SafeKIDS <ul style="list-style-type: none"> ○ Safe on the Road - So far in 2018, have met all goals for child safety seats distribution with 12 partner organizations at 17 sites and taught more than 40 free workshops for community members and health care providers. FY 2018 – distributed 1,401 seats. Re-funded by IDOT for FY2019. ○ General – Multiple programs reported on: Partnered with Northwestern and US Drug Enforcement Agency on National Drug Take Back day on October 27th. Took back 68 pounds of prescription drugs. Focusing on preventing sleep related deaths in infants with programs starting this fall. Became a Cribs for Kids site in November. Received funding from Safe Kids worldwide to complete railroad safety education pilot for Head Start parents. Grant completed. Now have joined the Rail Safety Council sponsored by Union Pacific. Joined Chicago Drowning Advisory Council – working with a group including Chicago Fire Dept., Chicago Park District and others to develop a water safety plan for the city. Being led by Alderman Joe Moore. • American Red Cross – Young Chung noted that their recent efforts are focused on the California wildfires. • Educational Opportunities <ul style="list-style-type: none"> ○ <i>Region 7 Pediatric Priorities Conference.</i> January 25, 2019 ○ University of New Mexico, online pediatric training, Department of Emergency Medicine, https://emed.unm.edu/pem/programs/ems-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>Forward any new announcements to Evelyn Lyons for future meetings.</p>
<p>IDPH, Division of EMS & Highway Safety Report</p>	<p>Kelly Jones provided the Division of EMS & Highway Safety report.</p> <ul style="list-style-type: none"> • <i>EMS General</i> - Email went out on Nov 5th highlighting sections of the new rules and next steps for EMS plans. EMS Systems will have to submit SMO’s first followed by education plans, Lead Instructor changes for renewal, felony conviction explanation as reflected in our rules, site code checklist and expanded scope of practice. The Division will set up training dates for EMS Systems to learn how to electronically submit sections of their plans into CEMP and access to these plans. Training dates will be in Jan and there will be 4 sites in the state. The 1st notice rules were published on Nov 26th. These included the rules for law enforcement canines as well as infield upgrades for rural ambulances. • <i>CEMP training</i>- EMS System Coordinators were notified that they had to sign up for training on electronic submission of their EMS System Plans. The training will be in January with several locations in the state. The Systems need to identify one additional staff person to take the training as a back-up. • <i>New Regional supervisor</i> - Gary Bettenhausen, started on Nov 16th • <i>National Disasters</i> - An EMS Provider that deploys an ambulance to an out of state disaster in response to an official request does so thru the National Ambulance Contract or EMAC. An EMAC request goes through IEMA where the National Ambulance Contract (NAC) is under the direction of FEMA, which has contracted with AMR, to coordinate a disaster response. Any Illinois provider that deploys an ambulance out of state should have a formal and official notice requesting ambulances. For Hurricane Michael, IDPH requested that a provider notify the EMS System, IDPH, and the dispatch agency (if a 911 provider) via 	<p>FYI</p>

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	<p>email of the vehicles they were deploying and level of service to be provided out of state. There is nothing in our rules to mandate how this notification should occur. Therefore, to facilitate notification, Leslee recommended an email. In the future, a form will be developed that has a checkbox for official deployment in response to an official request. Upon return of a deployed vehicle, and if that vehicle is deployed for more than 10 days (an arbitrary number), then a self-inspection should be performed by that ambulance provider and the results reported to the Regional EMS Coordinator.</p> <ul style="list-style-type: none"> • <i>Licensing Section</i> - GL Suites was here over the last week working with Individual and Ambulance licensing. They will work on updating the system to reflect new rule changes. If still having problems with the data base, contact the EMS Office. • <i>EMS Data</i> - We have collected just under 1.3 million NEMESIS Version 3 records. About 90% of these were created using commercial third-party software, with the other 10% created using the free software available from the state. We are working with providers who have not submitted data and working out time frames for compliance. • <i>Trauma</i> - We are continuing trauma surveys, and have finished Region X. Vendor demonstrations occurred for the new Trauma Registry and hopefully a vendor will be chosen soon. • <i>Stroke Program</i> – There are a total of 158 stroke designated hospitals in our state. 	
<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>
<p>Federal EMSC Updates</p>	<ul style="list-style-type: none"> • <i>2018 Revised Joint Policy Statement Guidelines for Care of Children in the Emergency Department</i> - These are joint guidelines by the American Academy of Pediatrics (AAP), American College of Emergency Physicians (ACEP) and the Emergency Nurses Association (ENA), and endorsed by a number of other organizations and agencies. This version is updated from the 2009 guidelines. We don't yet know how these guidelines may change the next PedsReady survey scheduled in 2019/2020. These will undergo review by the Facility Recognition Committee to see if our facility recognition requirements should change. May consider streamlining the equipment/supplies for the SEDP level since the new guidelines define supplies for hospitals with a ED volume >10,000 pediatric patients. • The Joint Commission is seeking comments on revising the emergency department pediatric equipment/supplies requirement, which will allow hospitals to assess their own needs and decide what pediatric supplies/medications to have. Comments are accepted by 12/10/18. Sue noted that the 2009 version of the equipment/supply list was used in the Joint Commission survey, however the revised 2018 version is now available. George noted that he supports the scaled back supply list for EDs with a pediatric volume <10,000. Sue offered to submit comments on behalf of the board, or individuals can submit. Darcy suggested a combination of having comments from the board, and then individuals that feel strongly can also submit their own comments. It was agreed that Sue will submit comments from the board, and that there should be defined pediatric specific equipment/supplies/medications rather than leaving it entirely up to the hospital. Sue will email the board with the comments she will submit. To comment, go to: https://www.jointcommission.org/issues/article.aspx?Article=4sPt0oIBtNfFRC2Hdxvbt1o2s3EUmAKYkYwHoS6mI4k%3d&j=3954233&e=stellez@aap.org&l=94_HTML&u=135505082&mid=1064717&jb=35 	<p>Please share these guidelines within your organizations.</p>

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	<ul style="list-style-type: none"> • 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 	
Education	<p>Evelyn noted that a School Nurse Emergency Care (SNEC) course will be conducted for the Chicago Public School nurses on January 2-4, 2019.</p> <p>The revised EMSC Pediatric Seizures educational module was reviewed. A few of the slides are pending narration, and then it will be ready for posting on the IDPH Illinois TRAIN and the UIC Public Health Learning management sites.</p> <p>The next educational module that is undergoing revision is the Pediatric DKA module, which is pending further review by the Facility Recognition & QI Committee, and then will be shared with the EMSC Advisory Board.</p>	<p>The Pediatric Seizures module will be uploaded soon to the UIC Public Health Learning website and IDPH ITRAIN website.</p>
Pediatric Preparedness Workgroup	<p>Anna Camia provided the workgroup report:</p> <ul style="list-style-type: none"> • IMERT – Pediatric Care Medical Specialist Team. An in-person training is scheduled on February 26, 2019. At this point, there are potentially 3 new members (2 physicians and one APN). Recruitment for additional members continues • Functional and Access Needs (FAN)/At-Risk Populations Annex project – A presentation was conducted at meetings for each of the 11 regional healthcare coalitions. Overall feedback was positive. Using the slide presentation, a narrated webinar was created and posted on Illinois TRAIN so those unable to attend the in-person regional presentations could still access the education. A project steering committee meeting is planned for January. • FINAL DRAFT Pediatric Disaster Preparedness Guidelines – Anna provided the board with a walk thru of each section of the guidelines. Christine Bishof motioned to approve the document and George Paul seconded the motion. All were in favor of approving the document. • DRAFT Hospital Evacuation Guidelines – a preliminary draft of this document is underway, and will review general evacuation concepts, with a particular focus on special population considerations for pediatric specific units (pediatric inpatient unit, nurseries, NICU, PICU, Labor & Delivery/Obstetrics, child/adolescent psychiatric unit, and adult medical/surgical units that admit pediatric patients). • <i>Disaster Mental Health for Children</i> educational module – this module is now posted on Illinois TRAIN and publichealthlearning.org. • DRAFT <i>Caring for Children during Disasters: Pediatric Decontamination</i> educational module was reviewed. Tom Willis motioned to approve the module, and Christine Bishof seconded the motion. All 	<p>FYI</p> <p>Anyone interested in further info regarding becoming a PCMS team member, please contact Anna Camia.</p>

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	were in favor to approve the motion. The module will be posted soon on Illinois TRAIN and publichealthlearning.org	
EMSC Data Initiatives	Data agreements are under development between Lurie Children’s Hospital and IDPH/IHA/IDOT	FYI
Facility Recognition & QI Committee	<ul style="list-style-type: none"> • Region 7 – Their site surveys were conducted in November and early December 2018. • Region 2 – 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. • Interfacility Transfer project – The project is pending IRB approval through Lurie Children’s. • Current participation in facility recognition (111 hospitals) <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) • Regional QI Committee reports/updates – Kelly Jones reported on the following: <ul style="list-style-type: none"> ○ Region 1: The region continues to focus on pediatric pain response, and have made significant improvements at all of their facilities. Also making good progress in sepsis recognition and treatment, as well as their pediatric reunification and disaster response. They did not meet in September and will meet on December 12th to review and plan for 2019. Carrie Kinsley will be transitioning her role to Bekie Bauer as co-chair with Chelsea Colon for Region 1. Bekie will be the new ED Pediatric Quality Coordinator for both the Rockford Mercy Health facilities and will assist our sister hospitals. ○ Region 2: Their region is currently working on a bronchiolitis project. They began collecting data in October. Goals are to increase the use of suction to improve the bronchiolitis scores and to reduce the use of chest x-ray and nebulizers. ○ Region 3: No current report from this region. They have worked on transfers between facilities and are working to extend JumpSTART triage training to other hospitals in the region. ○ Region 4: They continue to work on a pediatric sexual assault area wide treatment plan, and are utilizing the Lurie plan as a template. ○ Region 5: There is no a current report from this region, but they were working on a project to evaluate pediatric behavioral health issues in the emergency department. ○ Region 6: Their region is working on a Safe Haven project to ensure awareness of appropriate care of a relinquished infant. A Safe Haven speaker will present at the February regional meeting and is also invited to the Region 6 Trauma Symposium. Each hospital is creating a Safe Haven policy to direct staff in the proper care of a relinquished infant, and providing staff education, resources and drills. Once facility policies are established and education provided, hospitals will reach out to area police/fire depts. to collaborate on their Safe Haven procedures. After 	<p>Site surveyors interested in participating on a site visit - please contact Evelyn Lyons.</p> <p>FYI</p>

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	<p>community collaboration is complete, hospitals will reach out to the media for community education/awareness.</p> <ul style="list-style-type: none"> ○ Region 7: The region continues their paint management monitor in children 3-15 years of age. The region is still having fall-outs with timely administration and reassessments. As a region, they are looking at an action plan for the fall-outs, and hope for improvement per facility. Their annual pediatric conference is scheduled January 25, 2019. Registration to open soon. ○ Region 8: Their region continues to work on their behavioral health audit. The focus is on safety and length of stay. ○ Region 9: They are in the process of resubmitting their pediatric blunt intra-abdominal CT project to the IRB, with changes to their Sub PI group. It will now include their committee members so it can be admissible for Magnet. Their data will be due for submission by April 2019. In addition, they updated their Region 9 Pediatric Transfer Sheet by Specialty listing specialist availability at hospitals. This sheet has been effective in lessening physician time spent finding pediatric specialties outside of their facilities. ○ Region 10: They continue their Pediatric Readiness – Back to Basics project. They had to recall their ID badge guideline due to no evidence-based publication. At the last regional meeting, they revised the ID badge guideline. One side has the ESI algorithm with fever guidelines and the other side has the pediatric assessment triangle, acetaminophen, ibuprofen and IV fluid dosing. They are anticipate finalizing and then distributing hopefully by the new year. ○ Region 11: They are working on a sepsis project. They had a meeting this week on Tuesday, November 13th and incorporated an educational session on pediatric trauma. Over 50 individuals attended, and the evaluations were excellent. 	
Other	<p>Sue Fuchs noted that the EMSC/HRSA partnership grant progress report is due to HRSA by 12/17/2018. She also noted the need to convene the Pediatric Prehospital Committee to address Performance Measures 2 & 3 related to defining a prehospital PECC and conducting pediatric equipment/supply skill competency in the prehospital setting.</p> <p>There was discussion re the new Sexual Assault Survivors Emergency Treatment Act. Hospitals need to decide if they will be a treatment facility for all ages or only adults/adolescents, or transfer these patients. Concerns were raised that this may result in children and families being sent to treating facilities at a distance (Kathy Swafford noted that in her region this may result in travel to St. Louis). The new act includes other requirements as well. Educational materials are anticipated.</p>	None
Upcoming Meetings	The next meeting is from 10:00am—12:00pm on Friday, March 22, 2019 at the Illinois Health & Hospital Assn with videoconference capabilities at the IHA Springfield location and UnityPoint Health—Trinity).	A meeting reminder will be sent to all board members.
Adjournment	With no further business, a motion for adjournment of the meeting was made by Tom Willis, and seconded by George Paul. Meeting adjourned at 11:58am.	Meeting adjourned.