

Item	Discussion	Decision/Responsible Party
Meeting Minutes Wednesday, November 14, 2018 11:00 p.m. – 3:00 p.m. Normal Fire Department Normal, IL		
Call to Order	Called to Order at 11:06 am Roll Call- On the Conference Call: 9 people were on the call: Anne Hanson, Dr. Shawn Wallery, Kelly Maple, Danelle Geraci, Carrie Sullivan, Anne Lindstrom, Heather Beckstrom, Sarah Truzelka, Zach VanKuhlen	Dr. Chris Richards
Minutes Approval Vote	August 8 th , 2018, Minutes reviewed None opposed-Minutes Approved	
IDPH Update <i>(standing item)</i>	<ul style="list-style-type: none"> • There is a total of 158 designated hospitals in Illinois thus far- ASRH=80 PSC=63 CSC=15 • New designations this term: ASRH=1, PSC=1, CSC=4 • The Stroke Fee Fund total as of September 20th, 2018 is \$142,766.20 • Dr. Richards reported that the RFP is going through the process to start a stroke registry 	Tracy Love
EMS Advisory Council <i>(standing item)</i>	<ul style="list-style-type: none"> • 2 meetings since the last SSAS meeting • Education changes now have changed the number of hours ECRN, PHRN are required, and there are changes in didactic hours too • SEMP-adopting changes now, Region 4 and Region 11 will start using SEMP with their 1st training on January 22nd for Region 4 and Region 5 • Prior Felony convictions-when applying to IDPH it used to be that the applicant could self-report in a check box if they had a prior felony, now IDPH is telling applicant to come forward before 12/31 and they will work with the applicant during the licensure process, after 12/31 could be issues if IDPH find someone did not report and will suspend the license and seek legislation to mandate felony background checks • Changes to EMT programs (Basic, I and Paramedics) include 	Brad Perry

changes to continuing education, ECRN, Med Dispatch, applications, lead instructor, PHRN, retention of EMS records, reinstatement process, scope of practice, policy and procedures

- Additional training required-minimal changes in hours, some cost changes could happen
- All EMT training must go through a college or EMS coordinator
- National Registry vote with strategic plan. In 2023 Illinois will be a National Registry state
- Brad reports there is still confusion on what a national registry is and how it works.
- 2020 must be under letter of Review with a site code needed to get CE hours, this is changing

Subcommittee Updates:

- Education Subcommittee
- Membership Review Subcommittee
- State Registry Subcommittee

All committees are ad-hoc at this time. Education subcommittee will be convened if needed
Membership committee will be called upon if needed if the committee has multiple applicants for one position

Dr. Chris Richards

(standing item)

Membership Update

(standing item)

- Waiting on 8 positions to be vetted (applications submitted)
 - EMS System Coordinator
 - Private Ambulance Service Representative
 - Hospital Administrator/Designee from a CSC
 - Hospital Administrator/Designee from an ASRH
 - Physician Providing stroke care at a PSC
 - Registered Nurse from a CSC
 - Region 1 Rep
 - Region 9 Rep
- Dr. Shownkeen received his letter and is now active on the committee
- **Current Open Positions (no applicants):**
 - Fire Chief from a Region >200,000 population
 - Representative from a Municipal EMS Provider
 - Physician providing stroke care from ASRH
 - Registered Nurse from a PSC (resignation pending)

Tracy Love

Regional Committee Update
(standing item)

It is the responsibility of the regional representatives to share information with the state committee and take information back to their region. Each region is asked to report updates at each State meeting.

All Region Representatives

1. **Region 1:** Region continues to work on transport patterns in the rural and urban areas of the region. Having extra meetings to determine LVO screening tools. Dr. Wallery is leading a team to review LVO tools and make recommendations at the next meeting, which is scheduled in roughly two weeks. Tracy Love
2. **Region 2:** Restructuring the committee, many people left their positions. Region is looking at LVO tools and use of EDNA. EDNA is Eye deviation, neglect and aphasia. This is a push to find cortical signs. No tools are validated with EMS, only in hospitals. Team feels need to study tools to validate Danelle Geraci
3. **Region 3:** Bylaws were developed. Large turnover on their committee, trying to add more members now. Difficulty getting people to participate and become members. One hospital not in the region but transfers to a hospital in the region is also participating. Dr. Richards notes they can be part of the committee as part of the stroke system of care. Region does call in and WebEx. Tiffany Whitaker
4. **Region 4:** Meeting next week. 5th grade education continues with good feedback from parents. LVO tools are being reviewed. Turnover is also an issue. Team wants to have more membership Alison Tindall
5. **Region 5:** Dara reviewed from the Region. The data is “eye opening”. Renee helped with the data. There are 13 participating hospitals out of 22. Team is encouraging hospitals to look at the data, changed the 6 hour LNW window to 24 hours. There are 3 PSC’s and no CSC’s in the Region. Cincinnati is used and adding BEFAST to the EMS Danielle Short

assessment to look at eyes and balance. No changes to transport due to hours from CSC. Danielle shared BEFAST tool for marketing stroke S/S to the community. This team is educating 5th and 6th grade students. Kids retain the information and will call 911 for family members. Go to Strokeawareness.com for tools. Erin reports CARLE does “scrub camp” to show school children and high school students about what healthcare does and from different perspectives.

6. **Region 6:** Large group for their committee. 12 SRH’s and 5 PSC’s participate in EMS Region meetings. Looking at data and saw the door to needle numbers changes-had good conversations on times, LKW times and EMS staff team said they wanted more information on Alteplase as a region. Looking at hospital policies in EMS system to make sure it fits the region plan. Door in and door out data-what is the goal for the team. Voted on a vice chair. Alteplase flush after dose to flush line was discussed. Erin Eddy

7. **Region 7:** No region update. Metro South is doing door to departure time project-working with Rush for Best Practice-goal of 80 minutes and currently now 2:37 (157 minutes). For transport, the CSC would determine air vs. ground and the team found air took an extra 20 minutes for transport, ambulance faster for LVO treatment. Need to make transport decisions early on, and should the LVO tool be used in the field or at the hospital. Metro is using the 3 item stroke scale in hospital to determine transport and treatment. Perfusion imaging not possible at metro due to cost. Now decrease in CTA from 110 minutes to read to 25 minutes for LVO treatment. Radiologist asked to only look for LVO MCA, ACA, etc. to expedite read and wants the radiologists to use ASPECTS scores. Discussion of keeping appropriate patients in the area- transfer to a CSC if needed, but be careful not to burden hospitals if transfer is not needed. Change the thought of “Why should I give tPA” to “Why shouldn’t I give tPA”. When challenging this, it changes perspectives. Region Rep

8. **Region 8:** Reviewing EMS criteria and looking at FAST. Edwards is using early notification of stroke for patients prior to arrival, started blood draws in the field, no hemolyzation of the blood yet. Edwards and CDH are placing orders for patient to go straight to CT on arrival, no registration issues. Using E-Bridge for pre-notification and patient information, sending secure information to control area at hospital. Similar to Twiage-shows where ambulance is at on the map. Dr. Jordan worries this will decrease communication between teams. Brad likes it for stroke and STEMI where things are TCD. Region Rep
9. **Region 9:** Current protocol has stroke algorithm, was to roll out November, now changed to May. Still choosing between VAN and EDFAST. Most region system not abiding by 30 minute transport because it took the EMS team out of service for too long-so changed to 15 minutes which looks to work better. Protocol notes if LKW less than 6 hours to CT/CTA and if over 6 hours do CTP. Door to departure time questions. How do we really review the process to decrease how complicated this is with system fails, how to decrease door to departure time, air vs. ground, medics vs. critical care team, who is in control when medics transport (neuro's not done)-TJC or DNV finding hospitals negligent on transfer but TJC and DNV are not giving a time frame to work with-too much variance in transport. TJC wants protocol on how patient is monitored from PSC to CSC during transport-this goes back to transferring hospital need to educate EMS on policy for neuro check post tPA-what does that look like, Alteplase education for EMS, frequency, etc. Region 6 is doing this education as a Region. Deb Rossman and Erin report TJC wants a policy to show what is a neuro check by definition at the hospital. EMS concerned in Region 9 about patient is hypertensive due to perfusion during transport-need more education. Dr. Matt Jordan

Region is looking at data, concern over delay in recognition and activation of 911. Dr. Jordan is concerned with VAN because it is simple, but difficult to teach EMS neglect and how will EMS check vision. Multiple regions discuss data points, door in and door out times, and transport process. They were able to decrease times by 45 minutes. Dr. Richards discussed giving feedback on “Why” tPA given vs. not given.

10. **Region 10:** Better interest and attendance. Erin shared her Region By-Laws with this team. They are working on Bylaws now. Region question if LVO tool should be used in the Region since the region is all PSC’s. May share LVO tools with Regions which share boundaries with them to increase compliance and education for EMS

Amy Barnard

11. **Region 11:** Education started to paramedics on Region 11 LVO screening, roll out on November 28th. If stroke suspected in the field, the LVO screen will occur per EMS. The 3 item stroke scale is the LVO tool chosen with a score of 4 as the cut off. This is part of the PCR. Important to have data capture, if the score is 4 or greater, information displays to EMS that patient is CSC eligible, reason why to transfer shows on the EPCR for the hospital. Grant funded ESPEED for hospitals in Region 11 for data funding downtown. SERIOUS project showed increase in paramedic recognition of stroke.

Dr. Chris Richards

Dr. Mendehelson will present Region 10 door in and door out times at ISC.

New Business:

Annual Meeting Vote for 2019

ALL

Vote for 2019 Officers

- Nominations for Chair:

Dr. Chris Richards

Yes=12

No=0

Dr. Richards will remain the Chair of the committee

- Nominations for Vice Chair:
Alison Tindall
Yes=12
No=0
Alison will remain the Vice Chair of the committee
- Nominations for Secretary:
Tracy Love
Yes=12
No=0
Tracy will remain Secretary of the committee

Dates for 2019 Meetings:

February 13th
May 8th
August 14th
November 13th

Vote on the dates:

Yes=11
No=0

These dates will be the correct meeting dates for 2019

Stroke Assessment Tool:

- Continue to recommend each EMS system adopt the minimal stroke assessment elements of FAST and include verbiage of last known well and recognition of endovascular capabilities in the regions
Yes=10
No=0

By-Laws:

- Bylaws approved without change/edits
Yes=12
No=0

Certifying Bodies:

- Current Certifying Bodies to endorse
DNV
TJC
CIHQ
HFAP

Recommend current Certifying bodies:

Yes=11

No=0

N/A=1

ICARE VOTE:

Dr. Esfahani was here in May to review the ICARE updates.

Committee to vote on recommendation verbiage for the proposed new verbiage to the bill.

Voting Ballot for ICARE Proposal

- (1) Recommend and/or support the proposed changes =3
- (2) Do not recommend/do not support the proposed changes =3
- (3) Neutral-no recommendation to the proposed changes =5
- (4) Abstain from vote =1

Committee vote majority to remain Neutral on the verbiage for the ICARE proposal

Public Comment

Peggy continuing to education for IDPH and ICAHN and for the state of Arkansas. ALL

Anne Schutt reports that patient education for BEFAST is coming, updates to the foundation so that patient can apply for help with income issues related to tPA.

Dr. Wallery thanked this group for their time.

**Open Meetings Act
(standing item)**

Any new member after January 1st, 2015 will have 90 days to complete the OMA training. ALL

Meeting Times	Meeting location for 2019: Normal Fire Department 11a-3p <ul style="list-style-type: none"> • February 13th • May 8th • August 14th • November 13th 	All
Adjourned	Team adjourned at 2:31 pm Motion: Dr. Chris Richards Second: All	

Name	Position	Attended
Peggy Jones	Acute Stroke Patient Advocate	Yes
Dr. Harish Shownkeen	Physician from a CSC	Yes
	Physician from a PSC	
	Physician from an ASRH	
	EMS Coordinator	
Dr. Chris Richards	EMS Medical Director	Yes
Tom Willan	EMS Rural Fire Chief	Yes
	Fire Chief from a region > 200,000 population	
	Hospital Administrator from a CSC	
Deborah Smith	Hospital Administrator from a PSC	No
	Hospital Administrator from an ASRH	
	Private Ambulance Provider Representative	
	Region 1 Representative	
Danelle Geraci	Region 2 Representative	Phone In
Tiffany Whitaker	Region 3 Representative	Yes
Alison Tindall	Region 4 Representative	Yes
Danielle Short	Region 5 Representative	Yes
Erin Eddy	Region 6 Representative	Yes
Dee Behrens	Region 7 Representative	Proxy: Erin Eddy
Andrea White	Region 8 Representative	No
	Region 9 Representative	
Amy Barnard	Region 10 Representative	Yes
Sonia Winandy	Region 11 Representative	Yes
	RN from a CSC	
	RN from a PSC	
Tracy Love	RN from an ASRH	Yes
Brad Perry	State EMS Advisory Council Representative	Yes