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MEMORANDUM

TO: Hospital Administrators
EMS Medical Directors
EMS System Coordinators
Pediatric Quality Coordinators
Stroke Coordinators
Trauma Coordinators

FROM: Ashley Thoele, MSN, MBA, RN
Division Chief, EMS and Highway Safety

DATE: May 28, 2020

RE: **Roles required within EMS Administrative Code and furlough issues**

Due to the financial impact from the Covid-19 pandemic, some hospitals have needed to implement cost-saving measures, such as leadership salary cuts, hiring suspensions of open positions, and staff unpaid furloughs. Recently, it has come to our attention that some hospitals have furloughed staff for lengthy periods of time who are responsible for specific roles outlined in the EMS Administrative Code. Please note that hospitals participating in any of the following designation programs are required to have roles as outlined in the specific section(s) of the EMS Administrative Code noted below:

- **Section 515.320** (Scope of EMS Service) – Hospitals designated as an EMS Resource Hospital are required to have a full-time EMS System Coordinator.
- **Sections 515.5000, e, 3 and 515.4010, e, 3** (Pediatric Facility Recognition Program) - Hospitals designated as a Pediatric Critical Care Center (PCCC), Emergency Department Approved for Pediatrics (EDAP) or Standby Emergency Department for Pediatrics (SEDP) are required to have a Pediatric Quality Coordinator (PQC).
- **Sections 515.5060, c, 4** (Acute Stroke-Ready Hospital) – Hospitals designated as an Acute Stroke-Ready Hospital are required to have a Clinical Director of Stroke Care.
- **Sections 515.2030 and 515.2040** (Trauma Center designation) – Hospitals designated as a Level I or Level II Trauma Center are required to have a Trauma Coordinator dedicated solely to the Trauma program.

Any requested changes to the above roles and responsibilities, particularly as related to a furlough must be submitted to the Department for approval.

Please feel free to contact me at Ashley.Thoele@illinois.gov if you should have any questions.