

State Trauma Advisory Council Meeting Minutes

March 7, 2017

9:00 a.m. – 11:00 a.m.

Memorial Center for Learning & Innovation
228 W. Miller, Springfield, IL 62702

Call to Order-Dr. Richard Fantus at 10:00 a.m. (delayed start time due to technical difficulties)

Trauma Roll Call:

Council Members Present: Glenn Aldinger, M.D. (ICEP), Mohammad Arain, M.D. (ICEP), Richard Fantus, M.D. (ICEP), George Hevesy, M.D. (Springfield), Michael Pearlman, M.D. (ICEP), Jarrod Wall, Ph.D. (Springfield), David Griffen, M.D. (Springfield), Brad Robinson (Marion), Mary Beth Voights, APN (Springfield), James Doherty, M.D. (ICEP), Kathy Tanouye (ICEP),

Council Members Absent: Lori Ritter, R.N. (proxy by Kathy Tanouye), Stacy VanVleet, R.N. (proxy by Mary Beth Voights), Eric Brandmeyer, Richard Gonzalez, M.D., and William Watson, M.D. (proxy by Michael Pearlman, M.D.).

Quorum is established.

Approval of Meeting Minutes of December 1, 2016:

Dr. Arain requested that the minutes be corrected to reflect that he in fact was present on this day. Dr. Fantus requested a motion to approve the minutes. The motion was moved by Dr. Aldinger and seconded by Dr. Arain. Minutes were approved unanimously.

ILLINOIS DEPARTMENT OF PUBLIC HEALTH REPORT/ JOSEPH ALBANESE, RN:

➤ UPDATE ON EMS GRANTS

- All FY17 EMS Fund Grant awardees have been announced and grant award money is being paid to awardees. The Department awarded \$64, 599.00 in grant monies.
- The FY18 EMS Assistance Fund Grant application was announced on February 20, 2017 and has closed as of April 10, 2017. EMS Assistance Grants will be awarded, if funded and authorized by the Illinois General Assembly.

➤ Heartsaver AED

- The Department has amended the Heartsaver AED Fund Grant 530. The rules were adopted at the February JCAR meeting. The rulemaking implements P.A. 99-0246 which added sheriff's offices, municipal police departments and public libraries to the entities eligible to apply for a matching Heartsaver AED Fund grant.

➤ EMS WEEK

- Emergency Medical Services (EMS) Week is scheduled for May 21–27, 2017 with Emergency Medical Services for Children's (EMSC) Day being celebrated on May 24, 2017. This year's theme is 'EMS Strong: Always in Service'. The 2017 EMS Week Planning guide/kit is available on ACEP's website.
- Certificates for years of service in EMS will be available upon request. The certificates will be emailed back to the requester in PDF form. It will be the responsibility of the requester to print them off, preferably on card stock or certificate paper, and present them to the recipients. The deadline for submission of names to the Department is Friday, April 21, 2017.
- Awards for EMS Instructor, Public Education, Response/Professional and Response/Layperson will also be given again this year. The deadline for submission to the Department was Friday, April 7, 2017. For more information about the years of service certificates and award nominations, please go to dph.illinois.gov.

- **TRAUMA PROGRAM UPDATE:**
 - Assembling dates for site surveys are in April, May and June for Regions 8, 10 and 11. These hospitals have already received initial notification.
 - A new Level II Trauma Center designation was attained by Decatur Memorial Hospital in Region 6.

- **DATA REQUESTS:**
 - Drafted a MOU with University of Miami Data Request to study alcohol-related trauma admissions in Illinois and was sent to Legal for review, and to the Director’s signature.
 - Drafted a Data Sharing Agreement with IDPH I-Plan requesting BAC data to upload in I-Query.

- **REGISTRY AND REPORTS:**
 - Continue to assist registrars with reporting requests.
 - Working with IT to update the Trauma Tables.
 - Continue to provide technical assistance with registry issues.

- **CONTRACT AND PBC:**
 - Started PBC (Procurement Business Case) for trauma surgeons for FY18.

- **TRAUMA REGISTRY RFP:**
 - The Department continues to work towards publishing a RFP for a Trauma Registry. The Department has approached IDOT for financial grant assistance to move forward with a Registry. IDOT agreed to review and consider a grant application as they also utilize registry data to comply with initiatives regarding highway death and injury surveillance. Our data is utilized by their staff to better summarize roadway accidents and the impact on the general public. We will pursue grant applications to be reviewed by IDOT in the next fiscal period.

- **IDPH STROKE HOSPITAL DESIGNATIONS:**

TO DATE TOTAL: 149

| | |
|---------------------------------------|----|
| — ASRH (Acute Stroke Ready Hospital): | 81 |
| — PSC (Primary Stroke Center): | 58 |
| — CSC (Comprehensive Stroke Center): | 10 |

NEW DESIGNATIONS IN 2016:

| | |
|-------------------------|----|
| — ASRH: | 11 |
| — PSC: | 4 |
| — CSC (all former PSC): | 6 |

NEW DESIGNATIONS 2017

| | |
|-------------------------|---|
| — CSC (all former PSC): | 4 |
|-------------------------|---|

— State Stroke Fee Fund total as of February 2017: \$46,262.13

- **PRE-HOSPITAL DATA AND BYPASS PROGRAM UPDATES:**

- **PREHOSPITAL DATA PROGRAM**

- The transition from Version 2 to Version 3 of the NEMSIS Standard is underway, with one quarter of EMS agencies now submitting Version 3 data.
- Illinois has successfully transmitted Version 3 data to the NEMSIS national repository, but this can only be done manually at this point. An automated process is in the works. We are one of only 16 jurisdictions that have attained this goal at this time.

- The EMS System websites are not yet displaying information from Version 3 data. The software vendor is aware of this deficiency but has not provided an estimated resolution timeframe.
- Naloxone administration data continues to be of interest as a result of ongoing opioid use and overdose concerns. Regional breakdowns are available and Dan Lee would be happy to share this information.

- **EMRESOURCE**

- The migration from the Hospital Bypass System to EMResource was completed more than one year ago, and the transition has generally gone very smoothly.
- Of the 187 hospitals in the system, 54 are at 100% daily reporting reliability and another 43 are at 97%, based on January reporting levels.

- **EMTRACK**

- A round of face-to-face training is tentatively scheduled for the last two weeks of March 2017. The target audience is EMS agency-level personnel. EMS System Coordinators are also welcome to attend as a refresher course, or if they missed the training in April 2016.
- EMS agencies and Systems should contact the EMS Division if interested in setting up a pilot project using EMTrack.

➤ **EMSC PROGRAM UPDATES:**

- **2017 RON W. LEE, MD – EXCELLENCE IN PEDIATRIC CARE AWARDS**

Nominations for the 2017 Ron W. Lee, MD – Excellence in Pediatric Care awards have been received, and are undergoing review. These awards are typically presented during EMS Week to recognize excellence by those dedicated to pediatric emergency care and childhood injury prevention initiatives in Illinois.

- **PEDIATRIC FACILITY RECOGNITION**

- Regions 1 & 10 – Hospital site surveys in these regions are scheduled in May and June 2017.
- Region 9 – An educational session was conducted on February 15th at Advocate Lutheran General Hospital to review the renewal process. Their renewal applications are due Friday, May 26, 2017, and surveys will be conducted in late fall/early winter.

- **SCHOOL NURSE EMERGENCY CARE COURSE** - Eight (8) courses are scheduled this Summer 2017 to conduct the School Nurse Emergency Care course in Chicago, Elgin, Joliet, Maryville, Oak Brook, Peoria, Rockford and Winfield. This 3-day course provides school nurses with emergency care and disaster preparedness education and resources.

- **PEDIATRIC CARE MEDICAL SPECIALIST TEAM** – Recruitment is underway for this pediatric team within IMERT that will provide remote pediatric consultation during a disaster. This is not a “boots on the ground” team. They will instead provide guidance and consultation to hospitals and alternate care sites during a disaster. Information is available on the IMERT website.

- **EMSC PROGRAM PARTNERSHIP OPPORTUNITY** – A new competing EMS for Children State Partnership grant application is anticipated for release in Summer 2017, which represents a new cycle of funding that will begin on March 1, 2018. To date, this grant has been a collaborative effort at Loyola University Chicago. In light of future needs of the Illinois EMSC program, the Department has opened this opportunity to all schools of medicine in Illinois to explore all eligible partners that may be interested in housing the Illinois EMSC program, and to assess the resources that institutions can engage to support future goals/objectives and ensure continued growth and sustainability of EMSC initiatives. Recently, the Department sent correspondence to all schools of medicine within our state announcing this EMSC partnership opportunity. Contact Evelyn Lyons for any questions.

- **EMS LICENSING/GLSUITE**
 - Department of Innovation & Technology (DoIT) continues to work with CMS and GL Solutions in building the new software platform for GLSuite 6. GL Solutions anticipates that they will be turning GLSuite 6 over to IDPH on April 6, 2017 for UAT (User Acceptance Testing).

➤ **TESTING AND EDUCATION**

- A three-year EMS Testing contract has been awarded to Continental Testing Services.
- Jennifer Ludwig became the new EMS Education and Training Coordinator for EMS and Highway Safety on March 1, 2017.

- **CTS 4th Quarter 2016 Test Results** A brief summary of 1st attempt results for the 4th Quarter are as follows:

| LEVEL | PASS | PASS PERCENTAGE | FAIL | FAIL PERCENTAGE | TOTAL | TOTAL PERCENTAGE |
|-------|------|-----------------|------|-----------------|-------|------------------|
| BASIC | 132 | 81% | 31 | 19% | 163 | 100% |
| EMT-I | 1 | 67% | 1 | 33% | 2 | 100% |
| EMT-P | 108 | 94% | 7 | 6% | 115 | 100% |
| TNS | 79 | 81% | 18 | 19% | 23 | 100% |

➤ **AMBULANCE COMPLIANCE PROGRAM UPDATES:** No report.

Question from Kathy Tanouye: Can you clarify what the implications for Trauma Surgeon procurement via RFP for 2018? Does it matter whether they are Level I or Level II.

Answer from Joe Albanese: The procedures are to publish the RFP on the Procurement website; take bids on it. The main thing the Department is looking for a board-certified, or board-eligible surgeon. Reasoning for board-eligible is if there is a surgeon who has worked and is retired and is still interested in doing surveys. Their time would be more flexible and the only other caveat is that they had to be a Trauma Medical Director of a Trauma Program for a minimum of two (2) years. Levels I or II do not necessarily matter now.

➤ **COI COMMITTEE-MARY BETH VOIGHTS, APN:**

The IL Trauma Committee met once via teleconference since the last Trauma Advisory Council meeting. Seventeen attendees representing all regions except for Regions 4 and 5.

- **RIGHT PATIENT, RIGHT PLACE, FIRST TIME:**
Adelisa was able to run a registry report in our quest to evaluate triage efficacy of the trauma patient. The Task Force will convene prior to our next meeting to review transport and transfer patterns of the population with initial GCS <10 (recognize that Trauma Advisory Council asked us to also review GCS 11-14 population, but we need to insure data validity first). Following data validation, query could be shared for local & regional PI work.
- **NTDB COMPLICATIONS LIST USE AND ACCESSIBILITY:**
Joe Albanese and Shane Clontz (IDPH) is reviewing the National Trauma Data Bank's complications list to see if it be used at the State level, if there is any problem with using it and where can it be put on the Registry in order to be available to Trauma Coordinators and Registrars. Goal is to post definitions in the Registry itself or Community Portal if it is not too onerous. Joe and Shane will continue to evaluate.
- **STANDARDIZED PI FEEDBACK TO TRANSFERRING CENTERS:**
Mock-up of potential tool created by Amy Helms and Stephanie Klavohn. Discussion recommended limiting standardized template to PI component only vs generic feedback. Committee members to discuss at regional meetings and obtain feedback. New draft and regional feedback will be reviewed at next meeting.
- **BENCHMARKING GENERIC TRAUMA METRICS:** Joe Albanese and Shane Clontz are working on generic reports with benchmarks and standard trauma metrics that would be disseminated to each Trauma Center.

Expansion might include not only volumes and mean ISS, but activations, ED intervals prior to disposition, etc. This is similar to recently published Ohio study. Concerns with data mapping validity would need to be addressed before we can disseminate anything.

- **DATA ENTRY:**

There were questions regarding opportunities to limit excessive data entry while maintaining appropriate data needed for PI activities and research (internal and external). In the meantime, many Centers have been doing dual entry and in order to obtain meaningful data out of the Registry they have purchased and independent Registry. Is all of the data entered into the Registry necessary; can some of the data be minimized? Historic decisions/updates in review. A task force or Registry committee needs to be appointed to make current state recommendations to the Legislative Committee for inclusion in Rules revisions. Joe also agreed to share current External Research projects using Trauma Registry data with the committee on an ongoing basis for overall awareness of our data utilization.

- **NEXT MEETING:** The next meeting will be sometime in May 2017 via teleconference. A Save the Date notice will be sent.

Question from Dr. Fantus: In the code or the EMS Act, how many exact finite data elements are required by law?

Answer from Various Members: Mary Beth indicated that she was uncertain as to how many are in the Act. I believe that in the Registry there are opportunities to enter 112 elements. Dr. Fantus reviewed the rules and found that there are 116 in the Administrative Rules, Section 515.2050, paragraph b, 1-116. Mary Beth indicated that Stacy Van Fleet recommended the Legislation and Planning Subcommittee could tie in with Dr. Doherty and potential make recommendations of data elements that could be deleted. It was also brought to the Council's attention to ensure because of the Trauma Center Fund distribution is based on data that is collected. These data points are figured into the formula which is used to determine the distribution of funds. Brief discussion on what elements could possibly be deleted.

➤ **TRAUMA NURSE SPECIALISTS –LINDA RISEMAN, RN:**

- The TNS Subcommittee is in full swing with Spring courses. The Subcommittee is asking if anyone has needs that are not being met, such as seats for the Fall, please let them know. They are scheduling the 2018 sites for rooms.
- Testing has improved to 80% first pass rate with a score of 80% needed to pass the test; not 70%.
- Course revisions are underway and the group is working hard on updating the curriculum (content). Each TNS Course Coordinators has been assigned to this task.
- The Subcommittee is reviewing a National Recognition for the Masters Level Course.

➤ **EMS ADVISORY COUNCIL/GLENN ALDINGER, MD:**

- The Mobile Integrated Healthcare (MIH) initiative is the most ongoing activity. There is a MIH Data Meeting on March 27, 2017 which will be held at ICEP from 10am-12pm. A web presentation will be sent out at the EMS Conference which will have a speaker on MIH that will be useful to participating Systems. A HB3910 hearing is scheduled on March 8, 2017 in Springfield which will amend the IL Controlled Substance Act. This amendment would allow EMS providers to deliver Schedule II, III, IV, and V controlled substances in the field without a contact with a Resource Hospital. This mirrors the National legislation.
- The next EMS Advisory Council meeting is scheduled for April 18, 2017.

➤ **RULES & LEGISLATIVE SUBCOMMITTEE/JIM DOHERTY, MD:**

- The Subcommittee met via teleconference since the last TAC.
- The Subcommittee reviewed all the sections of the Administrative Code that were approved by the Council over the last nine (9) months. These amendments were sent to IDPH for writing and submission.
- There was a discussion on subspecialty response times as there are definitely area for change. One change would be to current code regarding the subspecialty response times for ENT oral surgery, plastics, and

maxillofacial. Given the fact that facial trauma coverage is provided by different subspecialists in different institutions, it would be more worthwhile to condense this code into one (1) single subspecialty requirement.

- The group will be reviewing some of the equipment requirements listed in code at their next meeting.
- The Subcommittee will be setting up a meeting with Representative Anderson who expressed interest in the multi-tiered trauma system legislation and has agreed to be an advocate. A face-to-face meeting in Springfield to be scheduled.
- There is a surveymonkey going out to all Level II trauma centers regarding the subspecialist capability and call. This survey will be anonymous. Date of dissemination unknown.
- The next meeting has not been schedule.

➤ **INJURY PREVENTION AND OUTREACH/LORI RITTER, RN:** No Report.

➤ **ILLINOIS BURN ADVISORY SUBCOMMITTEE/JULIE MATASON:**

- The Subcommittee recently finished a small scale communication drill with all of the Burn Hospitals. This drill went relatively well. The group will be discussing the After Action Report at the next Subcommittee meeting to evaluate if there are any needed changes for the Annex.
- Burn Disaster Training course will be held at Loyola University Medical Center. The first official class is scheduled for June 24, 2017. The contact person who will be coordinator this course was sent via listserve.

Question from Kathy Tanouye: Lutheran General was reviewing the Burn Surge Annex update. In the triage portion for EMS, it is recommended that Paramedics take all Category I burn patients directly to the closest Burn Center. Is this wise in a large scale event as opposed to going to their closest Level I or II and then being able to triage who actually gets the Burn Center care?

Answer from Julie Mattson: This can be presented and addressed at the next Burn Advisory Subcommittee which is being held at the end of March 2017.

➤ **TAC OLD BUSINESS:**

— **SOUTH SIDE CHICAGO TRAUMA REPORT-JIM DOHERTY, MD:**

The University of Chicago has hired a Trauma Director, Dr. Sullivan Rogers. Dr. Rogers is from Galveston, Texas and was a Chief Medical Officer at University of Texas-Galveston. He is recruiting Trauma Surgeons and construction is underway in the Trauma area. The University of Chicago will be presenting at Region XI on Monday, March 13, 2017 from 1:00 pm-4:00 pm at the Illinois Masonic Medical Center at the Region XI meeting. They will be presenting their plans for the Trauma Center. This is a closed meeting. The target date for opening the Trauma Center is in the Spring of 2018 and they are looking to open up the new Emergency Room in January 2018.

➤ **TAC NEW BUSINESS:**

— **ATLS-JIM DOHERTY, MD:**

ATLS is going through its 10th edition and will be released later this year. The new curriculum is quite different than previous years. There's not just the traditional 2-day course. But, there will also be a hybrid course which will be an online component for the lectures. It is yet to be determined if it will be a 1-day or 1½ -day practical component for the patient assessment testing as well as for the skill stations. No specific date has been provided as yet. Feedback was received from testing centers and will reviewed for the final curriculum. Discussion on inclusion of APN's and PA's, as well the structure of the curriculum.

Adjourned due to technical difficulties: 10:59 am