

State Trauma Advisory Council Meeting Minutes

March 5, 2015

11:00 a.m. - 1:00 p.m.

SIU School of Medicine

913 N. Rutledge St., Room 1252, Springfield, IL 62702

Call to Order-Richard Fantus, MD at 11:00 a.m.

Roll Call and Approval of Minutes-Richard Fantus, MD

Council Members Present: Mohammad Arain, M.D., Lori Ritter, R.N., Glenn Aldinger, M.D., Stacy VanVleet, George Hevesy, M.D., Eric Brandmeyer, Mary Beth Voights, A.P.N. (proxy), James Doherty, M.D., Michael Iwanicki, M.D. (proxy), Kathy Tanouye, William Watson, M.D., and Richard Fantus, M.D.

Council Members Absent: Scott French, M.D., Christopher Wohltmann, M.D., Dongwoo Chang, M.D., David Griffen, M.D., and Robert Hyman

Have an official quorum for an unofficial meeting due to the closure of the IDPH Marion office. The closure was due to the 12-18 inches of snow. The Open Meetings Act requires a 48-hour announcement to the public which was unable to be posted due to the snow storm and cancellation of this site.

Approval of Minutes from March 6, 2014: Motion for approval by Dr. Aldinger and was seconded by Dr. Arain. Motion to approve passes. No oppositions.

Approval of Minutes from December 4, 2014: Motion for approval by Dr. Watson and was seconded by Dr. Doherty. Motion to approve passes. No oppositions.

Illinois Department of Public Health Report/Jack Fleeharty, RN, EMT-P:

- The Department apologizes that the Marion Office was closed due to the snow. The Department was able to set up Bell Building site in order to continue the meeting although under the Open Meetings Act again because of lack of public notice as mentioned, the Council cannot do official business.
- **Veterans Bridge Program Curricula:** The Veterans Bridge Program with changing of the new Directors and Division Chiefs hasn't progressed. It is still set to roll out in the Fall of 2015.
- **Scope of Practice Survey:** For the New Education Standards, the Department has completed its two (2) surveys with the EMS Medical Directors and is currently working on the Administrative Rules for the New Education Standards. Once the administrative rules are completed and filed with IDPH Legal, the Department will begin working on documents to distribute in order to set the minimum and maximum scopes of practice as established with the new EMS Education Standards.
- **National Registry Imports:** The Department is still working to be able to import individuals who test with the National Registry.

Special Programs:

- **UPDATE ON HEARTSAVER AED GRANTS:** The Department awarded \$33,086 from the FY15 Heartsaver AED Grants to 71 qualified applicants.

Regulatory:

- The Rural Infield Upgrade amendments are at the Advisory Council and should be voted on by the Advisory Council for the March 10th meeting.
- The Department is continuing to work on the New Education Standards rules with subject matter experts and are approximately 70% completed. These are worked on every Thursday. The Stroke rule amendments; all reviews were completed and are at IDPH Legal, from there they go over to the Governor's Office for approval.
- **UPDATE ON EMS ASSISTANCE GRANT APPLICATIONS:** The grant applications are now available on the Department's Electronic Grant Administration and Management system. All applications will need to be completed by April 3, 2015.

Trauma Program Updates:

- The Legislative and Planning Committee has been working and will reconvene in March 2015 to work on current rule revisions and there is another report to follow.
- The Request for Proposal (RFP) has been written. The Department is currently working on the evaluation tool, once completed the RFP will be published in the near future.
- The Department continues to work to fulfill data requests. The Department indicated that they had approval to move the Multi-tier Trauma Bill forward. Again, it was on the Legislative agenda and we have received opposition to that bill by the Illinois Hospital Association for the third year.

There seems to be a disconnect somewhere between the Trauma Programs and their CEO's. IHA indicates that their membership is very concerned about expanding the Trauma Program. There are concerns regarding adding another tier and possibly the disbursement of Trauma funds when there is another tier added. The Department at this time feels that we cannot move this bill forward this session. The Department encourages the Trauma Program and Trauma Community to talk with CEOs and CFOs and see if they are in agreement or understand what the Multi-tier system involves. The CEO/CFO's should reach out to IHA and explain that they are supportive in moving forward with the Multi-tier Trauma level.

Stroke:

- Stroke hospital designation applications continue to be processed and the Department had 84 stroke designated hospitals at the last meeting. Currently, there are now 96 stroke designated hospitals. Of those, 52 are designated as Primary Stroke Centers, and 44 are Emergency Stroke Ready Hospitals. The Department has increased by an additional 12 hospitals since the last Council meeting.
- Once the new Stroke Administrative Rules have passed, the Department will be adding Comprehensive Stroke Centers to the list and changing the name of the Emergency Stroke Ready Hospitals to Stroke Capable Hospitals.

EMS Pre-Hospital Data and Bypass Updates

Hospital Bypass Systems:

- The Department continued to work on Phase I of the project that would link the Chicago hospitals to the State's bed resource reporting system and that work has been completed. The Department is now able to send bed reporting numbers to the Federal HAVBED site through an automated process. In the future, the Department has a Phase II project where hospitals will be able to report their status on the Chicago system and will not have to do the dual-reporting. For now the dual-reporting still remains in place. The Department continues to work on Phase II as IT staff time allows.

The Department will be working with National level for a reporting drill in May 2015 and also will run a practice drill in April 2015 for actual bed count reporting to the Federal Government.

Pre-hospital Database:

- The Department is converting over to NEMESIS Version 3 in 2015. The Schematron file is in place and Dan Lee is pushing out information so the EMS Systems can prepare to be able to meet the Version 3 compliant vendor solutions.
- The Department is also working on an EMS Data Access Website to develop a dashboard. This will allow EMS Systems to be able to extract their own data from easy reporting tools. They will also be able to obtain snapshots. Some of this data will also be available to the Public. This work continues as well.
- The Department is down to less than 2% of all of the EMS providers who report to IDPH as reporting on paper. When the Department moves to the 2015 Version 3, they will discontinue paper patient care reports as all reporting will be performed electronically.

EMSC Program Updates:

- **Pediatric Pre-hospital Protocols** - The Committee continues to work on the 22 EMSC Pre-hospital Pediatric protocols. The American Heart Association plans to roll out their new guidelines in October 2015. The Pediatric Pre-Hospital Committee wants to review the AHA guidelines before releasing the protocols to ensure consistency.
- **Pediatric Facility Recognition** - Pediatric Facility Recognition site surveys will be scheduled for Region 2 Hospitals in late Spring and early Summer 2015. Eight (8) hospitals attended an educational session in February 2015. Their renewal applications are due on May 22, 2015. The Region 8 surveys will take place in late Fall or early Winter.
- **School Nurse Emergency Care Courses** - Planning is underway to conduct several school nurse emergency care courses this summer in various locations throughout the State.
- **EMSC Advisory Board** - The EMSC Advisory Board still has an open board position for a trauma representative (either a pediatric surgeon or trauma nurse coordinator). Any interested parties should contact Evelyn Lyons.
- **Burn Surge Project** - Several activities related to burn preparedness have taken place or are planned:
 - A Burn Surge Annex has been completed and adopted into the State ESF-8 Plan (state medical disaster plan). This annex outlines the state response and provides guidance to local entities in a large scale incident resulting in a surge of burn patients.
 - Two Burn Surge Annex Tabletop Exercises are scheduled in March to test components within the Burn Surge Annex, and allow hospitals to test implementation of the annex. All hospitals (especially Trauma Centers) are encouraged to participate in these exercises, which are online.
 - Tuesday, March 10th TTX - Northern Illinois (Regions 1, 7, 8, 9, 10 & 11)
 - Tuesday, March 24th TTX Central and Southern Illinois (Regions 2, 3, 4, 5 & 6)
 - An Advanced Burn Life Support (ABLS) provider course will be conducted on Saturday, June 6, 2015 at Memorial Medical Center in Springfield. More information to be released soon.
 - A poster for hospitals and a pocket card for EMS were recently provided to the RHCCs. Both of these are handy references and outline the initial assessment and management of the burn patient. These resources will be distributed by each RHCC to the hospitals and EMS personnel within their regions.
 - A burn education program is under development by an ad-hoc committee. This one-day course will review burn management principles beyond the initial 24 hours that ABLIS focuses on, and will address such areas as dressing application, fluid calculations, nutritional needs and other key burn information.

Testing Updates:

- Revisions to both EMS Basic and Paramedic examinations have now been completed. This is the second time revisions were made. Changes have been made to both questions and distracters. With the second review now being complete, the Department does not anticipate doing other reviews and have deployed all the changes out to the existing test now. For candidates to take the tests, they will be able to see their scores immediately after taking their examinations again.
- **Test Results for the 4th Quarter of 2014** - The Basics are currently on the first attempt have a passing rate of 75% statewide, and Paramedics are at 77% pass rate on their first attempt. For intermediates, the Department only had one (1) person who tested and passed in the fourth quarter. TNS in the last quarter had an 89% pass rate; third quarter they had 73%; second quarter was 80% and first quarter was 37%. Overall total pass rate on the first attempt for TNS was 80.9% for the State number.

The Department had eight (8) applicants who qualified for reinstatement examinations. We waived 24 ADA special accommodations for students who tested and granted seven (7) exception waivers for individuals with known felonies.

The Department recently completed a new Summary Test Report. The TNS Course Coordinators and Lead Instructors will see a new format when the next quarterly reports come out at the end of March

2015. These reports will be very useful. It provides graphs and pie charts in summary. An orientation will be conducted at the next semi-annual meeting in more detail.

- **EMS Licensing:**

New Licenses Issued YTD: 879
Renewals Processed YTD: 1,508
Reciprocity Processed YTD: 72

Currently, the Department has an EMS Licensing backlog and the turn-around time for licensing is about 2-3 weeks. Staff has been working overtime and it has been reduced from a 5 week turn-around time. This is due to an existing staff shortage.

The Department has seven (7) existing projects on their EMS licensing system which they would like to deploy. These items include the National Registry Imports, licensing of Emergency Medical Dispatch Agencies. The Department would like to add all of the licenses to the online fee payment system, as well as licensing stretcher vans. This concludes the Department's update.

- Discussion on the new Governor, IDPH Director and Chief-of-Staff regarding significant changes and a possible invite to the new Director. Also, a brief discussion on whether there is a possibility of the Trauma Fund being cut.

Trauma Program Updates - Adelisa Orantia, RN/Joe Albanese, RN:

- Approximately one (1) week, IDPH IT made behind the scene changes to the current problems with the responsiveness and speed operating within the Trauma Registry.
- Talked with the Registrars, the Department has had relative positive responses that they have been able to workflow through the charts much faster than with the previous version.
- The Department is aware of one (1) possible group that continues to have some difficulties with going through the different pages as well as entering the demographics. The Department will be working simultaneously with that particular hospital group to try to determine if it is an issue at their level versus the Registry.
- The Department's IT will be working on the 2014 NTDB changes, simultaneously. Last year, the Department was able to obtain a contractor and was able to deplete the backlog on the SDK kits from NTMB and complete the mappings.
- The Department's goal is to have NTDB submission through IDPH as done in previous years within the time frame stated for the NTDB call for data. The Department is aware of the new change with NTDB, who were previously willing to assist, are now no longer providing assistance.
- The NTDB will start charging for data submission.
- The Department recommends that Trauma Centers prolong submitting NTDB payments until it can be assure of meeting with data submission deadline.
- The RFP is now at the scoring module section and will be submitted very soon. It has also been through the internal processes. Once submitted and is published, the Department is at liberty to inform partners of the availability to review.
- Announced that if Council is aware of an entity that would be interested in submitting a proposal, they should inform the entity to go to the website at Illinois BCCS site. Vendor must register in order to review the proposal. Anticipating the next 30 days, the RFP would be available for review.
- Joe thanked all the Trauma Centers and Registrars for their patience with the Department's current dilemmas. Dr. Fantus questioned if there was funding for the new Registry. The Department met with leadership and was informed to move forward. Funds will be sought after the RFP's come back in with cost analysts.
- Previously, Dr. Fantus formally requested the State to provide a waiver to minimize data elements until a Registry is purchased and implemented. Now that the Registry is functional should this waiver be considered? Joe Albanese stated that as long as the Registry has no issues with performance or functionality, the Department will not be enforcing the timeline/deadlines.
- Further discussion regarding the functionality of the Trauma Registry addressed with Kathy Tanouye.

CQI/Best Practice/ Kathy Tanouye, RN (proxy for Mary Beth Voights, APN):

- Mary Beth Voights worked to develop and achieve consensus on the new language schematic to replace the current joined minimum field triage criteria and the surgeon activation/trauma patient categorization schematic continues.
- The Task Force met on Thursday, February 26, 2015 via teleconference. There was disappointment because 29 invitations were sent out and only six (6) attend. Representation was from three (3) Level I's and two (2) Level II's and IDPH. This was included as there have been complaints in the past regarding previous decisions about lack of notice for Level II's surgeons to participate. However, this invitation was sent out ten (10) weeks prior.
- The Task Force reviewed the points of consensus that they have to date. These are the five points:
 - Categorization and Activation decision are based on accurate application of the 6-2012 approved Minimum State Trauma Field Triage Criteria which directs the two (2) highest tiers of criteria to the two (2) levels Trauma Centers in the defined regional trauma center.
 - Patients are categorized when they are identified to meet one of the criteria. It may be before or after arrival.
 - Three (3) categories would be too many; potentially confusing. This was Committee feedback.
 - Category I additions would mirror ACS Minimum Criteria for Category I. This would be the GCS < 10 or Needing Ventilatory Assistance; Infant Respiratory Rate < 20; Potential Surgical Airway Need; Blood Infusion to Maintain Vitals; and ED Physician Discretion. This is Optimal Care Chapter 5 and Chapter 23 cited.
 - Category II additions would be Moderate to Traumatic Brain Injury Patients which would be GCS of 11 to 13.
- The Task Force deliberated on three items that the QI Committee had requested approaching specialty populations such as elderly, pediatrics, OB and the anticoagulated. The Trauma surgeon response to Category II patients and up an isolation of injury. Details of the recommendations and the draft five (5) on this schematic will be shared at the next Trauma QI Committee which is March 17, 2015 from 2:00 pm to 3:00 pm via teleconference.
- The Task Force also noted the importance of more global issues facing the Illinois Trauma System which impact categorization and ongoing Trauma patient management including resource dilution and the limited ability to prevent preventable deaths without an inclusive Trauma system. This is a disappointment regarding the Multi-Tier Trauma System legislation being put back on the backburner and the data this would provide.

Discussion on Multi-Tier Suspended Bill

Dr. Fantus commented on "how many preventable deaths" are acceptable in the Trauma System after all these years. If it is more than one, it is too many. The Council has no way of knowing and the fact the Southside Trauma Desert had five (5) preventable deaths which got national attention. The Trauma System is unable to do a preventable death study the State of Illinois and the fact that the State has more than one desert. The issue of Multi-Tier Trauma is far bigger and needs to be addressed.

Dr. Aldinger commented that the Trauma System cannot obtain reasonable data until all of the hospitals in the State submit their data. He made a motion that the Legislative and Planning Subcommittee of the Trauma Advisory Council generated a position paper in support of the Multi-Tier Trauma System. The position paper should be circulated to every CEO in the State of Illinois. The EMS Advisory Council will support this paper if deemed necessary. The EMS Advisory Council will also render an opinion and request support from the Fire Chiefs.

Jack Fleeharty stated that the bill was prepared and ready for submission to a Sponsor. At this point, the bill is not with a House Sponsor and wasn't filed by deadline. It is common for legislators to put on their agenda multiple shelled bills (placeholders) for potential legislation which may arise at a later time during session. There is a possibility if the Council could rally enough support someone could potentially find a House Sponsor and see if they would pick up a bill. Or, if someone realizes that another bill is dead, many times the legislation will shell out a bill and amend with all new language and the bill

becomes a new bill. This could possibly be resurrected during the Spring Session of 2015. If not, then it could be resurrected next Spring 2016.

Dr. Fantus was reminded that there is a motion on the floor. Inquired if the Council was able to do a motion and vote. Council was advised to move forward by the Department. The Department would try to clarify during the meeting. If unable to clarify, it would have to be struck back off.

Again, Dr. Aldinger motioned to have the Legislative and Planning Subcommittee of the Trauma Advisory Council to generate a position paper than can be approved by the Council and then circulated throughout the State to try to sway some decisions and raise awareness of the importance of this data. Seconded by Dr. Doherty. Roll call vote taken and motion was approved unanimously.

Trauma Nurse Specialist/Michael Richard, RN:

- The TNS met on February 13, 2015. Some of the topics of discussion were the continued effort to get a copyright of the TNS curriculum. At this point, the Committee is going through several revisions as some of the authors requested changes to the initial form that was received. The Committee also asked if it were possible if they could move forward with copyright on the name “Trauma Nurse Specialist” and also in the “Injured Man Logo” will continuing to work on the curriculum.
- The Committee met with Dr. Rogers. The TNS examinations continue to perform as expected. There will be slight revisions made based on the new modular which was added to Trauma and Bariatric Patient. These revisions should be completed for the Fall courses.
- The Committee will also do an update the practical scenarios that are with each course for the Fall Session as well.

EMS Advisory Council/Glenn Aldinger, MD:

- The State EMS Advisory Council will not meet until next week on March 10, 2015. There is not a lot to report. Although, there significant progress on the movement of the Subcommittee Council as a whole. Quorum was present. An extensive IDPH report was presented by Jack Fleearty.
- On Mobile-Integrated Healthcare (aka Community Para-Medicine), there is a legislation that is possibly being persuaded. Chief Hansen is looking for direction from the Trauma Advisory Council to the EMS Advisory Council and the Fire Chief Association regarding the “Desert” and the legislation to support a Level I Trauma Center in Roseland, IL. The EMS Advisory Council has not yet made a position. The Council assumes this will be deliberated during Legislative and Planning. The EMS Advisory Council and Fire Chiefs Association would be willing to support whatever the Trauma Advisory Council suggests.
- Other business will occur at the next meeting.

Rules & Legislative Subcommittee/Richard Fantus, MD:

- The Rules and Legislative Subcommittee will meet directly after the Trauma Advisory Council meeting.

Injury Prevention and Outreach/Jacque Quick, RN:

- The Committee will have a teleconference on March 11, 2015. The Committee currently has some new representation from Regions 1, 7, 8, 9, and 10. The Committee will formulate goals and objectives. The Committee extended an invitation to Region 11.

Illinois Burn Advisory Subcommittee/ David Griffen MD (Jack Fleearty, RN):

- Dr. Griffen was absent. On his behalf, Jack Fleearty previously provided the report regarding the Burn Annex and the preparation of the posters, cards and exercises.

TAC Old Business:

- Dr. Doherty presented on the Indiana Trauma System update. Currently, there is one (1) Trauma center that has, in progress, verification as a Level III with the American College of Surgeons. There is a second Trauma Center that is looking into the initial stages of Level II verification, as well. Gary Methodist is in progress Level III verification and possibly St. Anthony and Crown Point are also in progress.

TAC New Business:

- Southside Trauma Center Report presented by Dr. Doherty. The IDPH report “The Trauma Center Feasibility Study” which surprised the Council. Dr. Doherty and several of his colleagues were asked to comment on the study by the media.

There are new House legislative bills that have been proposed, HB 1398 and HB 2399. Both bills are looking for funding for Southside Trauma Center in the suburbs, and one specifically for funding to Roseland Community Hospital as a proposed Trauma Center. IDPH gave a brief overview regarding the initiation of this study. It was also noted that there is third legislative proposal for the same area which is SB 1692. It should also be noted that the final report was published without the Division’s purview.

Two Comments from Dr. Fantus:

- 1) Indicates that subject matter experts from the State Trauma Advisory Council that were involved with input into this study. It is unknown who the participants would have been.
- 2) Unable to see the Governor tacking on another \$10 million taking away from Chicago public schools to pay for a Southside Trauma Center and a hospital that doesn’t want to do it.

The Trauma Advisory Council has been requested by the EMS Advisory Council to attend their next meeting on March 10, 2015. They are seeking direction on how the Trauma Advisory Council is progressing on the Southside or with the legislative activity. Or, they just may defer to whoever is in charge of Region XI (Dr. Fantus). The Council will also want to discuss the age change for pediatric patients in Chicago which has recommended by the University of Chicago.

Motion that the Trauma Advisory Council should have a statement in response to these proposed legislative bills. The Council would prefer the establishment of a multi-tiered system of Trauma designation for the entire State of Illinois. This would allow for varying levels of Trauma Centers to cover areas in the entire State.

IDPH Legal informed the Council that their ability to recommend and pass motions is as follows: “In the absence of quorum no action should be taken, no votes, no adoptions and no approvals”. It was noted that Council has a quorum. However, official action cannot be conducted without the outside “Open Meetings Act” because the public does not have access to the meeting in Southern Illinois. The Council can do a recommendation, but cannot take any official motion or any official approval or action.

Dr. Fantus inquired if the Council has consensus on the position to make a statement to establish a multi-tiered system for the entire State as a first solution before any of these bills. The Council was in favor of the consensus unofficially.

Future Meetings and Comments/Richard Fantus, MD:

- The future meetings have been scheduled for June 4th, September 10th (combined in Springfield), and December 3rd. Following the Council meeting is the Trauma Legislative and Planning Subcommittee.
- IDPH highly recommended the withdrawal of the first motion. The Council Chair removed the first motion due to the weather.
- No comments from the Council members upstate or downstate and no comments from the public audience.

Adjourn: 1:46 p.m.