

State Trauma Advisory Council Meeting Minutes

March 3, 2016
10:00 a.m. - 12:00 p.m.
St. John's Dove Conference Center
800 E. Carpenter St., Springfield, IL 62702

Call to Order-Richard Fantus, MD at 10:07 a.m.

Approval of Meeting Minutes of December 3, 2015:

Dr. Fantus requested a motion to approve the minutes. The motion was moved by Dr. Glenn Aldinger and seconded by Dr. George Hevesy. Minutes are approved.

Roll Call Vote: Council Members Present: Glenn Aldinger, M.D., Richard Fantus, M.D., George Hevesy, M.D., Michael Pearlman, M.D., Jarrod Wall, Ph.D., Lori Ritter, R.N., Stacy VanVleet, R.N. (proxy), David Griffen, M.D., Eric Brandmeyer, James Doherty, M.D., and Kathy Tanouye.

Council Members Absent: Mohammad Arain, M.D., Mary Beth Voights, A.P.N., William Watson, M.D.

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

SPECIAL PROGRAM UPDATES:

• **UPDATE ON EMS ASSISTANCE GRANT APPLICATIONS**

The FY17 EMS Assistance Fund Grant applications will not be issued out in 2017. Grant appropriation was never received for the grant which was pushed out in 2016. The grants that would have been pushed out in February 2016 will be held pending the approval of a State budget. The 2016 grants that have been approved may have to go to Court of Claims.

• **UPDATE ON HEARTSAVER AED GRANTS**

The Department had \$15,378 leftover funds for FY16 Heartsaver AED Grants and they have been awarded. The Heartsaver AED Grant for FY17 will not be pushed out.

• **EMS WEEK**

Emergency Medical Services (EMS) Week is scheduled for May 15 - 21, 2016 with Emergency Medical Services for Children's (EMSC) Day being celebrated on May 18, 2016. This year's theme is "EMS Strong: Called to Care". The 2016 EMS Week Planning guide/kit is available on ACEP's website.

Certificates for years of service in EMS will be available. However, due to budget constraints, 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.

REGULATORY UPDATE

- The Stroke and EMSC rule amendments went to second notice and have not been placed on the Joint Commission of Administrative Rules (JCAR) calendar.
- The Department continues to review the EMS Code amendments. The paperwork is also being completed for the Governor's Office review in order to be presented to the EMS Advisory Council for review and vote.
- The rules for the Opioid Antidote Act (HB-0001) have been presented to the EMS Advisory Council to be voted on next week. This bill would create the ability for all first responders and BLS Ambulances to carry Naloxone as well as the ILS and ALS vehicles.
- IDPH has sent amendments for the Regional Poison Control Center Code to comply with PA 97-135. The amendments will change the number of poison centers that can be designated by the Director from 2 to 3 down to 1 to 3 poison control centers. IDPH will also delete the requirements to coordinate with the EMS Systems to assure that ALS vehicles are equipped with poison antidotes and it deletes the requirements that Poison Control Centers had to have a two-way communications with the ambulances. The amendments also changes representation from a hospital administrator on the Poison Control Advisory Board to a representative of a healthcare professional society and updates the requirement that a poison control center must meet national current national standards.

LEGISLATIVE UPDATE

- The Office has requested on the legislative agenda for Spring 2016 that the State move to a 4-tiered Trauma system. IDPH did file the Multi-tiered Trauma Bill with Chapin Rose and Representative David Rice. The Department currently has been advised that IHA is still in opposition of the Bill. IHA did visit this Council at the last meeting. The Council agreed to hold a subcommittee meeting and discuss issues around the current payment methodology as well as other issues IHA brought the Council's attention. Joe Albanese has been working with Stacy VanVleet to try and get the Legislative Subcommittee members together to schedule the meetings with IHA.

TRAUMA PROGRAM UPDATE:

- Met with Legislative and Planning Subcommittee to establish the subgroup which will be working with IHA.
- HSVI ICD10 codes for HSVI Inclusion Criteria as well as a conversion website were sent out to the Trauma Centers and Hospitals. If anyone has any questions regarding these two (2) items, please reach back to IDPH and speak with Adelisa Orantia.
- The reporting section on the Trauma HSVI Registry is now working and should allow hospitals to generate their own reports. Anyone who has difficulty in generating their reports can reach back to the Adelisa Orantia as well.
- IDPH Division of Information Technology staff was able to secure a contractor to assist with moving the Registry from the Websphere 6.1 to the Websphere 8.5 platform. The contractor will be in place until the end of June 2016.
 - ▲ **OF SPECIAL NOTE:** Most of the Nursing staff knows that IDFPR nursing licenses have gone to a paperless system this year and that renewal notices will not be mailed. Currently, IDPH is still sending out renewals through the mail system. The Department's licenses have a three-point system (i.e. verification of education, etc.). The discussion is ongoing about a RFP for a new licensing system. The Department will eventually become more paperless in the future; but, not entirely.

STROKE:

- No report. The State Stroke Advisory Subcommittee was scheduled to meet on February 24, 2016. But, due to a winter storm, they were forced to cancel.

PREHOSPITAL/DATA/BYPASS UPDATES:

- **BYPASS SYSTEM**
 - ▲ The Department's bypass system which was originally utilized has been shut down. IDPH went to a new module web-based system by Intermedix entitled "EMResources". There was a significant rollout and training for hospitals. The old bypass system was remained operational and was available for a week during the conversion. All information is able to be transmitted up to the Federal Government in real time.
- **PREHOSPITAL REPORTING**
 - ▲ IDPH began accepting Nemsis Version 3.0 data beginning the first of the year and all prehospital data submitters will need to be in compliance by the end of November 2016. The paper "bubble sheet" submission will retire on June 30, 2016. Those submitters utilizing paper will need to switch to a third-party vendor or the State's free web-based software.
- **NEW INTERMEDIX MODULES**
 - ▲ The Department purchased three (3) modules from Intermedix which are WebEOC, EMResources, and EMTrack (Emergency Patient Tracking). A team has been put together and is working on implementation strategy. This will allow emergency patient tracking for MCI events, special events, as well as NMDS EMS activation, where the Department would move patients' over the State lines. The hospitals will be inserviced and hopefully be able to deploy the software to the hospitals by the end of June 2016. This will be Phase I of the project. Phase II will include

bringing on EMS Systems and Phase III will be other healthcare entities. Training for hospitals has been tentatively scheduled for late April 2016.

EMSC PROGRAM UPDATES:

- ▲ **PEDIATRIC PRE-HOSPITAL PROTOCOLS:** The EMSC Prehospital Protocols with revisions to all of the Pediatric protocols have been revised and are now consistent with the new American Health Association guidelines. These protocols have been disseminated to all EMS Systems. Anyone who did not receive the packet should contact the Department. There is a new protocol entitled “Apparent Life Threatening Event (ALTE)” and was included in the packet. The protocols are also available in Word in case a System would like modify to be specific to their system training requirements.
- ▲ **PEDIATRIC FACILITY RECOGNITION:**
 - **Regions 4 & 5** - Hospitals submitted renewal applications and are currently being reviewed by the Department. The recognition renewal surveys will begin in early Spring and Summer of 2016.
 - **Region 11** - An educational session for the Region 11 hospitals are scheduled at 9:00 am on Monday, March 7, 2016 at the First Community Medical Center. Their renewal application can be distributed during that session and are due back to the Department by May 27, 2016.
- **THE EMSC PREPAREDNESS WORKGROUP** has been working on Childcare Preparedness and has completed a booklet entitled “*Emergency Preparedness Planning Guide for Childcare Centers and Childcare Homes*”. These are hardcopy books and there are 5,000 for available for distribution. This book helps Childcare Centers prepare for disasters, disaster management, as well as day-to-day emergencies. The Workgroup should be commended for this work. Anyone interested in a copy, please contact Evelyn Lyons at IDPH.
- ▲ **SCHOOL NURSE EMERGENCY CARE COURSE** - Planning has begun and the Department is working on the schedules and various locations throughout the State. This course provides School nurses with emergency care and disaster preparedness education and resources. This is an ongoing program is overseen annually by the EMSC Program.

TESTING UPDATES:

- The Department continues to work on Intermediate and AEMT examinations for the New Education Standards. The Department would like to thank all of the volunteers who are willing to write new questions and have contributed their time and effort. There were approximately 300-500 new questions to develop.

TEST RESULTS:

- EMT Basic: 167 candidates took the exam; first attempt pass rate of 76%
- Intermediate: 0 candidates took the exam; first attempt pass rate of 0%
- Paramedic: 190 candidates took the exam; first attempt pass rate of 87%
- TNS: 79 candidates took the exam; first attempt pass rate of 85%

- ▲ **REMINDER:** For anyone who has Governor-appointed positions, a notarized “Oath of Office” form as well as a “Disclosure of Appointee Interest in State Contracts” form is required. There are Certificate of Liability forms available which are required for members who seek mileage reimbursement. Please forward all forms to Tena Horton.

STRATEGIC PLANNING UPDATE:

The Strategic Planning Update will be presented via webinar. Once prepared, a date will be set for reviewing. Also, the Department typically meets face-to-face with the North, Central, and South for the EMS System Coordinators and Trauma Nurse Course Coordinators, Program Manager as well as Staff Educators. For the Spring, the Department will move this bi-annual meeting to a webinar due to lack of budget constraints. This will be announced possibly in mid-Spring 2016.

Question from Dr. Glen Aldinger: There are a number of legislative issues in various stages. Whatever the STEMI legislation is now called, where is the Council at with the STEMI Center Bill?

Jack Fleeharty: The Bill is filed and is filed under two (2) different bills. Check under the ILGA.gov website and type in STEMI and you will find these two (2) Bills. They may be filed in the House and Senate both.

Question from Dr. Glen Aldinger: Is IHA supporting or not supporting?

Jack Fleeharty: The Department cannot speak for IHA. However, IDPH has initially opposed the Bill.

TRAUMA ADVISORY COUNCIL REPORTS:

REGISTRY SUBCOMMITTEE-JOSEPH ALBANESE, RN:

- No report.
- No update on the status of the RFP due to budget constraints.

CQI/BEST PRACTICE-STACY VANVLEET:

- Registry reports are now synchronized to the current data and work will resume work on the tool to evaluate triage efficacy of the trauma patient.
- The Committee is reviewing the current rules pursuant to PI and making recommendations for rule revisions. Several points of consensus were reached:
 - The Committee felt that PI rules should have broad language (global guiding statements) in the rules, eliminate duplication where able, and allow for specific projects to be developed in ‘Guidelines’ based on PI findings, TAC recommendations and/or national quality suggestions (such as TQIP).
 - Guidelines would be contemporary allowing for timely adaptation of specific recommendations/projects and could be posted in IDPH Portal for IL Trauma Coordinators or other IDPH access site similar to processes being used by Stroke and EMS Councils. Joe Albanese will collaborate with Paula Atteberry and Jonathan Gunn and provide more detail at our next meeting.
 - Consensus: Complication monitoring should be consistent. Historically, we adopted the NTDB complications, but the current for Illinois are possibly not current anymore nationally. Definitions could be guided by TQIP data dictionary. TQIP set will be reviewed at the next meeting.
- AntiCoag Reversal Protocol forwarded to our committee by TAC was discussed. The Committee discussed their role, availability for standardization of clinical protocols and algorithms.
- Given the diversity of the facilities and EMS Systems in the State, it was felt that the role of the PI Subcommittee would be more to provide examples and resources to how people create clinical care protocols versus recommending or creating a single, common protocol.
- The Subcommittee would like to know if the Advisory Council disagrees with any of these conclusions. Otherwise, the Subcommittee will operate accordingly at the next be moving forward with them at the next meeting.
- The next meeting is Tuesday, March 22, 2016 from 3:00 pm to 4:00 pm via teleconference.

TRAUMA NURSE SPECIALISTS -LINDA RISEMAN, RN:

- The Trauma Nurse Specialist Course Coordinators met in Champaign last month. Deanne Homer from Rockford was elected as the new Chairperson. The Council would like to thank Michael Richard from Quincy for his years of service in that position.
- The Council continues to work hard with IDPH and Continental Testing on making the computerized testing process smooth for the TNS students. Things are going better.
- The Council is re-writing the practical examination scenarios and this is being spearheaded by Pam Golden.
- The Trauma Nurse Council continues to pursue national recognition for their certification. The Council encourages everyone’s staff to continue to access the IllinoisTraumaNurse.org website. This site has had thousands of hits monthly, both nationally and internationally. There is information on continued education which gets updated. The CE summary sheet has a final page and an additional page with new updates for credit for continuing education in State conferences, etc.

EMS ADVISORY COUNCIL/GLENN ALDINGER, MD:

- The Chair of the EMS Advisory Council was in favor of the legislation, but ICEP and IDPH have not supported STEMI Centers. The Chair felt that EMS providers were not obtaining adequate follow-up information. It was commented that in Rules and Regulations, regional initiatives that follow-up should be possible and probably would not be resolved necessary by having more legislation. Again, the Council tried to push standards regarding EMS reports years ago to have interoperability between departments and hospitals. The Council thought this was a way to get feedback to EMS providers. Unfortunately, this did not work in Region 10. The Council encourages the various EMS Centers to try to get more feedback to EMS providers. At least some of the EMS Systems, for Trauma have an obligated multidisciplinary trauma meeting on a regular basis. There will be an EMS Advisory Council next week with a lot of discussion regarding this issue and other EMS matters.

RULES & LEGISLATIVE SUBCOMMITTEE/STACY VANVLEET, RN:

- The Rules and Legislative Subcommittee met towards the end of February 2016. The Subcommittee discussed a tentative communication with the Stakeholders. Each of the regions has two (2) representatives that attend the meeting. The representatives are to bring back items for discussion at each regional group.
- Each group should be looking at moving these rules forward and looking at the national standards, benchmark articles, clear-cut data that actually support the rule changes or rule recommendations.
- The Senate Bill 2460 that was presented and is also on the Legislative Watch List. The list is sent out weekly. Currently, there is no hearing. When it comes to a potential hearing, the Council may ask everyone to do the Witness Slips again. To obtain a Witness Slip, go to TraumaNurse.org website. The Legislative Subcommittee asked if the Trauma Advisory Council could do an official motion for recommendations for approval or not.
- If members find any additional bills out there that the Legislative & Planning Subcommittee is not aware of, send a notice to the Subcommittee and they will place it on the list.
- The Subcommittee was asked to review for consideration the Residents and the Attendings in the Operating Room. When passed in September 2015, a lot of this information was not made known at the Regional level. Therefore, there was limited input. The Subcommittee opted to look again at this particular item with discussion. Regions should specifically review the timing of how soon it is felt that the Attendings should come to see a Category I patient. This is the intent.
- The additional areas were EDAP and PCCC requirement for the Trauma Centers. The Subcommittee did hear back from the St. Louis region. The intent was that all Trauma Centers would be EDAP or PCCC at the recommendation of EMSC and National Guidelines. The St. Louis region had an issue regarding the their Children's hospital is almost right next door to the Adult Trauma Center and felt it would be a significant duplication of services. Their issue was referred back to Evelyn Lyons and her group to consider just the boundaries of Illinois.
- The next area was the "Blood Alcohol Level". Time was limited and the group was unable to discuss.
- The next area was "The Emergency Room Physicians" and what are the requirements for staffing and the education levels. The recommendation is to review as far as Emergency Room Physicians who are not board-certified or board eligible in Emergency Medicine and what route should be taken. ACS recommends that Physicians should be ATLS currently certified.
- An additional topic was whether the Subcommittee subset the requirements for Physicians who have worked in a Trauma Center before 2000 as an additional alternate pathway.
- There was a discussion on a subcommittee with IHA. A group will be set up to work with IHA every other month.

A discussion was held on the language in the synopsis of SB2460 and on Page 10, Lines 23-25: A redesignation of three (3) levels of Trauma Centers that meet Trauma Center National Standard as modified by the Department.

A motion was moved to support SB2460 by Dr. Glen Aldinger. It was seconded by Dr. James Doherty.

There was a Roll Call vote. Of the 14 appointed positions in the Trauma Advisory Council, 12 are present and the motion passes unanimously.

INJURY PREVENTION AND OUTREACH/LORI RITTER, RN:

- The Committee will focus on their next project entitled “Opioid Use and Prescription Drug Abuse” and will also highlight heroin. These projects are in early discussion.

ILLINOIS BURN ADVISORY SUBCOMMITTEE/DAVID GRIFFEN, MD:

- A Burn Communication Drill was completed on February 18, 2016 with all of the Burn hospitals to test the communication methods between the different facilities. There will be an After Action Report drafted.
- There is a free, all day Burn Education Program Pilot Course scheduled for April 23, 2016. The program is targeted for non-burn hospitals that would provide extended service to burn patients. The group is in need of inpatient unit and trauma center volunteers who are interested in the course. If interested, contact Laura Prestidge.
- The improvement plan from the 2015 Burn Exercises continues to be revised. One of the checkmarks was the Pilot Course.
- After the recent communication drill, feedback was compiled. The Subcommittee will also compile feedback from the Pilot Education Course, as well. It is anticipated that the webinars in i-train will be updated.

TAC OLD BUSINESS:

- **SOUTH SIDE TRAUMA REPORT:** Dr. Doherty indicated that there are some updates regarding this report. The University of Chicago plans to develop a level I trauma center on their campus to serve the South Side. No recent information has been provided. Last week, the University had a press release and provided some information regarding certificate of need for the expansion of their campus to 100+ beds. Completion of the expansion is January 2020 (soft target is January 2018). Additionally, the University posted the Trauma Director position on the WALST website and is actively recruiting.

TAC NEW BUSINESS:

- Brief discussion of rumor regarding opening of a trauma center in Regions 4/5. Some hospitals exploring this possibility. No other information is available.
- Brief discussion on Quality Subcommittee’s review of a reversal of Coumadin.
- Brief discussion on TNS course educators questioning when will the TNS dates will be filed on their website.

FUTURE MEETING: June 2, 2016 and December 1, 2016 via videoconferencing. Joint Council meeting is September 22, 2016 in Springfield and videoconference.

Motion to adjourn; seconded.

ADJOURNED: 11:14 am