

State Trauma Advisory Council Meeting Minutes

June 2, 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 10:00 a.m.

Approval of Meeting Minutes of June 2, 2016:

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

Roll Call Vote: Council Members Present: Glenn Aldinger, MD (ICEP), Mohammad Arain, MD (ICEP), Richard Fantus, MD (ICEP), George Hevesy, MD (Springfield), Michael Pearlman, MD (ICEP), Jarrod Wall, PhD (Springfield), Lori Ritter, RN (Springfield), Stacy VanVleet, RN (ICEP), David Griffen, MD (Springfield), Mary Beth Voights, APN (Springfield), James Doherty, MD (ICEP), and Kathy Tanouye, RN, MSN, ACNP (ICEP)
Council Members Absent: Eric Brandmeyer and 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 were not announced this February 2016 as the Department does not have a budget appropriation.

• UPDATE ON HEARTSAVER AED GRANTS:

The Department will not issue the announcement for FY17 Heartsaver AED Grant applications. No budget appropriation, as well.

REGULATORY UPDATE:

- The Stroke and EMSC Rules amendments were approved at JCAR at the April Meeting. The changes have been filed with the Secretary of State and have required some small technical changes. Those changes were adopted on June 3, 2016 and are to be published on June 17, 2016.
- The Department continues to review the EMS Code amendments. The biggest set being worked on currently is the New Education Standards. The paperwork is completed for the Governor's Office to review and is currently under review by the Rules Coordinator.
- EMS Rule amendments to comply with PA 99-0480 are at first notice. This is the "Opioid Antagonist Act". This is the Act that requires Regional Emergency Medical Services (EMS) Systems to include administration of opioid antagonists in their standing medical orders. The Act also requires EMS personnel to be educated and trained in the administration and use of opioid antagonists. The rules amendments outline the requirements to fulfill the intention of the Act.
- The Department has sent amendments to the Regional Poison Control Center Code to comply with PA 97-135. These changes were addressed by the State Board of Health Advisory Subcommittee in late May. These changes were passed at the full State Board of Health on June 14, 2016 and did pass and will go to first notice.

LEGISLATIVE UPDATE:

- Multi-tiered trauma level legislation did not go anywhere during Spring session. There was a call with IHA and some of the Trauma Councils legislative affairs members. IHA remains opposed to the legislation as written based on concerns of their constituent hospitals. The Division does not expect this bill to advance in 2016.

TRAUMA PROGRAM UPDATE:

- Reviewed data request and data sharing agreement from Indiana as drafted by DPH Legal. The Department also continues to work on data requests application with University of Miami and Cook County.
- Trauma Plan change for Centegra Huntley to transition designation from Woodstock campus to the new Huntley campus.

TRAUMA REGISTRY UPDATE:

- The Department continues to work towards moving the Trauma Registry to Websphere 8.5 development. A contractor was brought onboard to assist with the development and the changeover is very close.
- The Department also continues to work with Trauma Centers in trauma registry application and reports.

NON-TRAUMA RELATED:

- IDPH will continue to send out license renewal notifications through the U.S. Postal Service. The non-transport licenses will not be mailed out as it is not required. A listing will be provided to all EMS System Coordinators. Also, verification of non-transport licenses can be done online.

EMS PRE-HOSPITAL DATA AND BYPASS UPDATES:

- Work continues to increase hospital awareness and utilization of the new bypass system (EMResources). Training was provided in February of this year, and a refresher will be provided at next week's Integrated Preparedness Summit in Schaumburg. So far, the software has worked very well and is compatible with Chicago's system. We have utilized the system on a few occasions for additional reporting during special events (i.e., Marathons, large public events, and pediatric bed shortages).
- The Department continues to work on deployment of WebEOC and EMTrack software, as well. There is hope to roll out EMTrack out to the hospitals on June 28, 2016. EMTrack Phase II will include EMS Providers who want to participate and Phase II will be the reach out to other healthcare entities.
- The Department will no longer accept paper-based submissions of pre-hospital data starting July 1, 2016. Paper forms completed for care rendered through June 30, 2016 should be submitted to the Department as timely possible. Any providers needing assistance with utilization of the Department's free web-based software should contact Dan Lee. About 50% of the EMS System Coordinators are signed up to use a secure EMS System website that includes a dashboard and data download tool.
- All run reports after November 30, 2016 must be NEMSIS Version 3 compliant. The Department recommends entities start their conversion early so validation can be completed timely.

EMSC PROGRAM UPDATES:

- **RON W. LEE, MD - EXCELLENCE IN PEDIATRIC CARE AWARDS** - This award is presented annually to individuals and organizations that have gone above and beyond in addressing the emergency care needs of children. There are 3 categories of awards: Lifetime Achievement, Clinical Excellence and Community Service. The following individuals received awards during EMS Week:
 - Lifetime Achievement - Leslie Livett, RN, MS (EMS/Trauma Nurse Coordinator at Presence Saint Joseph Medical Center in Joliet) received this award at a ceremony on May 19th.
 - Clinical Excellence - Stathis Poulakidas, MD (Burn/Trauma Surgeon at Stroger Hospital of Cook County in Chicago) received this award during a ceremony on May 16th.
 - Community Service - The Lake Zurich Fire Department received this award during the Lake Zurich Board meeting on May 16th.
- **PEDIATRIC FACILITY RECOGNITION - UPDATES:**
 - Two hospitals were newly designated. Congratulations to AMITA Health Adventist Medical Center Bolingbrook in Bolingbrook and Northwestern Medicine Valley West Hospital in Sandwich. Both were newly designated as EDAP hospitals.
 - **Regions 4 & 5** - 22 Hospitals in Regions 4 & 5 are currently undergoing their hospital site visits in May and June. This includes new applications from 2 hospitals seeking pediatric designation.
 - **Region 11** - Renewal applications are in the process of being submitted. Their site surveys will take place in late Fall/early Winter.
 - **Regions 1, 9 and 10** - Hospitals in these regions will undergo renewal in 2017.

- **SCHOOL NURSE EMERGENCY CARE (SNEC) COURSE** - This summer, eight (8) School Nurse Emergency Care courses have been scheduled in various locations throughout the State. This course provides school nurses with emergency care and disaster preparedness education and resources.
- **BURN SURGE PROJECT** - A new full-day training course was piloted on Saturday, April 23, 2016 at Loyola Medical Center. The course is titled “Illinois Burn Disaster Training Course: Management of Burn Patients at Non-Burn Hospitals” and was supported through Illinois HPP funding. This training targets hospitals that typically do not care for burn patients, and provides physicians and nurses with fundamental burn concepts as well as advanced care of the burn patient. The training is a mix of lectures and skill stations, and is based on a course developed by the University of Michigan. Fifty-four physicians and nurses participated in the April 23rd course, including instructors and observers who provided feedback that will be used to modify and finalize the curricular materials. The Burn hospitals will offer this training to non-burn hospital personnel. During a disaster event that results in a large number of burn patients, trauma centers and other non-burn hospitals may need to serve as burn surge facilities and manage burn patients during such an event. The IDPH ESF-8: Burn Surge Annex is the State’s plan that addresses how the care of burn patients will occur during a burn mass casualty incident. The Annex identifies that Level I and Level II trauma/non-burn hospitals will need to admit and care for burn patients and serve as burn surge facilities. If any questions concerning Burn Surge Project, contact Evelyn Lyons at Loyola Medical Center.

TEST RESULTS FOR 2016:

- EMT Basic: 722 candidates took the exam. First attempt pass rate of 78%
 - Intermediate: 6 candidates took the exam. First attempt pass rate of 100%
 - Paramedic: 199 candidates took the exam. First attempt pass rate of 88%
 - TNS: 43 candidates took the exam. First attempt pass rate of 40%

YEAR TO DATE

- Twenty eight (28) reinstatement applications approved
- Fifteen (15) waivers for candidates with a history were granted
- Fourteen (14) additional exams waivers were approved
- Ten (10) special examination accommodations were approved
- Reinstatements (15)
- Miscellaneous waivers (3)

EMS LICENSING:

- New License Processed YTD = 24,444
- Renewals Processed YTD = 3,509
- Reciprocity Processed YTD = 202

AMBULANCE COMPLIANCE PROGRAM UPDATES:

- Revised special events form in conjunction with the State Terrorism Incident Center (STIC), awaiting STIC’s final approval.
- Critical Care Application Guide developed, awaiting final approval.
- SEMSV Application Guide developed, awaiting final approval.
- MERCI radio guidebook update in process.
- MERCI radio communications problem continue to be evaluated in the City of Chicago.
- All non-transport provider numbers have been changed to reflect the new alpha numeric provider number including “N.T.” after the agency number.
- We continue to conduct all non transport licensing via email with EMS systems. We do not mail non transport licenses.

DEPARTMENT ITEMS IN PROCESS:

- The Department continues to update and revise their forms. If newly-revised forms are needed, go to the IDPH web site at <http://www.dph.illinois.gov/topics-services/emergency-preparedness-response/ems/licensing>.
- POLST form revisions were completed and are now on the IDPH website, as well. The Spanish version is being revised by Publications.

REMINDERS:

The EMS System Coordinators and Trauma Nurse Course Coordinators Bi-Annual Meeting webinar has moved to July 2016.

TRAUMA ADVISORY COUNCIL REPORTS:

REGISTRY SUBCOMMITTEE-JOSEPH ALBANESE, RN:

- No report.
- The records for distribution should be submitted by the end of the Fiscal year. If anticipated that these records will not be completed, the Department is willing work with individual institutions.
- No update on the status of the RFP due to budget constraints.

CQI/BEST PRACTICE-MARY BETH VOIGHTS, RN, APN:

- The CQI Committee has met once since the last meeting. There were 21 attendees with all of the regions represented except for Regions 4 and 5. One of the projects is the Advocacy of Patient Movement.
- Registry reports remain a bit challenging in our quest to evaluate triage efficacy of the trauma patient. The Committee interacted with Shane Clontz (IDPH IT) and maybe the Committee can review single criteria versus an entire block of minimum field criteria. There may be a way to create a work around.
- Continue review of current rules pursuant to Performance Improvement (PI) and recommendations for rule revisions. Using language from national and other state PI plans, the Committee reached several points of consensus as outlined below:
 - **Consensus:** Combine Section G) and L) 6) to address both the development AND maintenance of the professional competency plan versus having development in one section and maintenance in another.
 - **Consensus:** New Section J): Bolster the generic PI plan language with specific monitoring suggestions from other national and state plans. Both Level I and Level II PI language is identical for this section. BLUE language approved (Orange font still needs review for consensus at next meeting):
 - ▲ **Trauma Program must demonstrate a continuous process of monitoring, assessment and management that is directed at improving care:**
 - 1) **Monitors compliance and maintenance of these rules;**
 - a. Including review by peer committee as indicated by Trauma Medical Director
 - b. Process and Outcome measures to be monitored and reviewed include, but are not limited to:
 - Trauma Resuscitation Team response
 - Emergent consultant response
 - Patient transfers (In? Out? Both?)
 - Identified Opportunities for Improvement
 - Delayed diagnoses
 - Unexpected Negative Outcomes
 - 2) **Includes program-specific reviews and coordination with housewide Quality Department;**
 - a. The processes of event identification and levels of review must result in the development of corrective action plans, and methods of monitoring, reevaluation and benchmarking must be present.
 - b. PI program is endorsed by the hospital senior leadership and is empowered to address events that involve multiple disciplines.

3) Includes peer review at regular intervals; and

4) Coordinates with local, regional and state PI efforts.

- a. Specific areas of focus include system effectiveness and patient safety based on sound evidence and performance benchmarks.
- b. Specific statewide audit filters/PI projects will be developed and communicated via the State Trauma Advisory Council.
- c. Specific regional audit filters/PI projects will be developed and communicated via Regional Trauma Committees.

➤ *Consensus:* National Trauma Data Standards Complications list will be used to define and standardize unexpected complications/morbidities.

- If the Advisory Council disagrees with any of our conclusions, please contact Mary Beth Voights.

NOTE: Orange font above requires discussion at the next meeting. Then, all points of consensus will pass forward to the Legislative & Planning Committee for inclusion in the Rules revision language.

- Time did not allow the Committee to revisit the Anti-Coagulation Algorithm recommendation which was sent back for review by the Advisory Council.
- Next meeting: Thursday, June 23, 2016, 3:00 pm to 4:00 pm, via teleconference.
- Discussion on ability for modification of State, Regional and Hospital PI or CQI activities.

Discussion on data sharing elements and agreements.

TRAUMA NURSE SPECIALISTS -LINDA RISEMAN, RN:

- The Trauma Nurse Specialist has finished for the Spring. The new numbers presented by IDPH will be discussed and analyzed at the next meeting. IDPH will validate these numbers prior to presenting to their Committee.
- The Committee continues to pursue national certification. Encouraging the Advisory Council members to contact their Course Coordinators and inquire as to a date when a class is coming up.

EMS ADVISORY COUNCIL/GLENN ALDINGER, MD:

- The EMS Advisory Council meeting in March 2016 had a lot of discussion regarding the follow-up of the EMS Week activities summarized by Jack Fleearty.
- Announcement of eight (8) pilot programs for Mobile-Integrated Healthcare that had been approved by IDPH.
- SB3335 passed both Houses and is going to the Governor's Office. This is the epinephrine bill which allows EMTs to use ampules and glass vials to administer epinephrine, as well as epi pens.
- SB2460 (EMS & Trauma Care Bill). The EMS Advisory Council is doing background work to get some of their legislation initiatives through the Houses.
- HB4388 Free-standing Emergency Center Bill has passed both Houses and going to the Governor for signature.
- SB2704 passed both Houses and is going to the Governor. It is an EMS Alliance bill that made changes in EMS to further clarify clinical observation and medical monitoring.
- SB2947 passed both Houses. This is an EMS Alliance bill that made some corrections concerning bodily harm directed at EMS personnel. The EMS Advisory Council is ensuring that this bill gets signed.

RULES & LEGISLATIVE SUBCOMMITTEE/STACY VANVLEET, RN:

- The Legislative Subcommittee met on May 18, 2016 and had representatives from the IHA. The group was trying to decide on key legislative points for rule recommendation changes. Dr. Doherty also commented on the additional meeting with IDPH and IHA.
- Each of the regions brought back information:

- 1) The section of rules addresses EDAP recognition and placed in the Trauma Center rules. All trauma centers would either be recognized as EDAP or PCCC. These rules will be presented by Evelyn Lyons to the EMS for Children Advisory Council. No need to vote on this portion here.
- 2) This section of the rules addresses the policy with alcohol testing to be drawn on any motor vehicle crash victim. This was in both Level I/II (Adult) and Level I/II (Pediatrics). It was recommended to remove as mandatory due to legal concerns at hospitals. ACS does not require mandatory testing.
- 3) The trauma center shall provide non-surgical services. It addresses Emergency Physicians 24-hour staffing in the Emergency Department for Level I/II trauma centers. This also addresses the competency and the need to clean up the language as it is currently written in the rules.
- 4) This section applies to alternate paths for physicians who were working in the trauma center prior to January 1, 2000, and has completed the 12 months of internship, followed by 7,000 hours in clinical. This alternate path is written in the Adult Level I/II. It is not written in the Pediatric trauma center sections. The decision is to retain this section and add a current ATLS and competency plan.
- 5) The next section addressed was Residents and their response time for the Attending Physicians. It was recommended that the current verbiage be retained. A recommendation was made that since the rule is written differently in the Pediatric, it should be reviewed by the Pediatric Trauma individuals for their information.
- 6) Future discussion with the Illinois Hospital Association (IHA). The group will start reviewing how Level III's would be developed.

Dr. Fantus moved the recommendations as motions. All recommendations moved for motions, except for the EDAP section. Brief discussion on alcohol blood testing. A side discussion on Trauma Center funding. A roll call vote was conducted on the aforementioned recommendations. Motion was passed unanimously.

RECAP/JOHN DOHERTY, MD:

There was a telephone meeting was set up with IHA in order to have representatives present regarding the multi-tiered designation proposal. IHA agenda was to propose a regional pilot study in a specific region to develop level II/III designations, unexpectedly. This study was strongly opposed by representatives of IDPH as well as stakeholders. This would unnecessary delay the legislation. It was proposed as an alternative would be to move forward through Legislative & Planning Subcommittee on developing a specific design for how level III's would be suitable into the system with specific criteria at the regional level. It is recommended that the Trauma Advisory Council to move forward with the development of the criteria.

INJURY PREVENTION AND OUTREACH/LORI RITTER, RN:

- The Committee is discussing resources and references which can be shared for opioid dependency with focus on heroin in area hospitals with large populations. This is the Committee's current project. Some information will be available on the Trauma Nurse website soon. Suggestions for future projects are welcome.

ILLINOIS BURN ADVISORY SUBCOMMITTEE/DAVID GRIFFEN, MD:

- The Subcommittee met on May 23, 2016. Julie Mateson informed the Council about the discussion on the Burn Communication Bill which was on February 18, 2016. The Subcommittee did receive the finalized After Action Report (AAR). An improvement plan was developed based on the AAR findings. The group will be working on improving this plan in future meetings.
- The Burn Education Program went extremely well. There was excellent feedback. There is a subcommittee derived from the Burn Advisory Subcommittee and they will review the information obtained. The plan is to conduct two (2) courses throughout the year.
- Working through the last bits of the improvement plan for the Burn Exercise in 2015 and it is almost complete. The majority of the Annex documents have been updated, approved by the Subcommittee and there are a few minor changes to make. Once the full annex is updated and completed, the webinar will be updated.

TAC OLD BUSINESS: *No report.*

TAC NEW BUSINESS:

- The Council received a question regarding the record retention of Regional Advisory Council meeting minutes. On the hospital level, this should be addressed by the hospital. On a regional level, this question will be answered by IDPH at the next Council meeting.
- Dr. Doherty is Chair and has received a lot of inquiries concerning ATLS for APNs and PAs. Apparently, it is not readily available at all sites throughout the State. In Chicago, ATLS courses routinely have APNs participating in these courses. The Council was informed that this resource is available in Chicago for APNs and PAs. These courses are also offered downstate, as well, per Mary Beth Voights. To locate courses, the search must include the “student course” and/or “student refresher course” on the ACS database.
- Announcement of Dr. David Boyd to received a Lifetime Achievement Award at the Joint EMS & Trauma Advisory Councils in September 2016.
- Bi-Annual webinar will be moved to July 2016 for the EMS System Coordinators & Trauma Nurse Course Coordinators.

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

Motion to adjourn; seconded.

ADJOURNED: 11:12 am