

Trauma Advisory Council Meeting Minutes

March 6, 2014

1:00pm – 2:30pm

Via videoconference connection at the following sites:

*Central DuPage Hospital, 25 North Winfield Road, Auditorium, Winfield, IL 60190

*SIU School of Medicine, 913 North Rutledge Street, Room 1252, Springfield, Illinois 62702

Call to Order

Richard Fantus calls the meeting to order at 1:02pm.

Roll Call

Present: James Doherty, Richard Fantus, Kathy Tanouye, Stacy VanVleet, Mary Beth Voights, Eric Brandmeyer, William Watson, *David Griffen, Lori Ritter, Christopher Wohltmann, and Mohammad Arain*

Absent: Glenn Aldinger (proxy to Richard Fantus), Dongwoo Chang, Scott French, George Hess, George Hevesy (proxy to Richard Fantus), Michael Iwanicki, and Scott Tiepelman

Richard Fantus announces a count of nine (including proxies); he announces there is a quorum. Mohammad Arain, Lori Ritter, Christopher Wohltmann, and David Griffen arrived after this initial roll call.

Approval of Minutes

A motion is made to approve the December 5, 2013 meeting minutes by William Watson; seconded by Stacy VanVleet; no oppositions; no abstentions.

IDPH Report (Jack Fleeharty)

- Concealed Carry (CCW) preliminary guidance was sent in December 2013; still concerns and IDPH has met with ISP twice hoping to get specific language into the Rule-writing process but their first Rules were published without IDPH's suggestions. ISP says they'll work with IDPH if current CCW bill passes.
- Regarding the Basic/Paramedic test analysis, teams met February 20-21; CTS provided a Power Point summary from which Jack read results. 133 Candidates moved from a Fail to a Pass result after re-scoring using the validated exams. IDPH will follow up the the EMS Systems regarding these results.
- The Scopes of Practice Survey was sent out and the results have been received from all of the EMS System Medical Directors; there is a meeting set up to review the results with Dr. Jack Whitney's guidance and following the meeting the results will be sent out to the medical directors.

- EMSC: Pediatric Facility Recognition Program surveys/reviews continue. Yesterday (March 5, 2014) there was a tabletop exercise for the Comprehensive Pediatric Disaster Annex. The Annex will be incorporated into State Medical Disaster Plan. The Burn Surge Annex is underway, as well, involving Chicago physicians and five states (the GLHP Group). School nurse emergency care courses will be overseen by the EMSC Program and are coming up. The EMSC Advisory Board is seeking to fill the position of Trauma Representative; please contact Evelyn Lyons for information.
- AED and EMS Assistance Grants were rolled out; applying via eGRaMS now required for grant requests.
- Regulatory: IDPH has proposed Rules for fee waivers, a decrease in CE hours for EMTs, an EMT bridge program for military personnel transitioning into the civilian workforce, a four-year ambulance license renewal, and employers to verify an employee's license and technical clean-up will go before JCAR on March 15. Revisions to the Specialized Emergency Medical Service Vehicles (SEMSV) language was approved by the EMS Advisory Council on March 4, 2014, which will move to JCAR, as well.
- Legislation: SB 3531 introduces the three-tiered Trauma Centers, SB 3414 introduces the changes to the New Education Standards, SB 3076 introduces the Advance Directive DNR form name to be changed to the POLST form, and HB 5742 Stroke Legislation. Jack states that the public may view progress of bills at www.ilga.gov and be a proponent or state opposition electronically.
- Pre-hospital Update: Dan Lee continues to work with the Data Subcommittee regarding NEMSIS updates to version 3.0 to be complete by June 30, 2014. The plan is to allow a one-year grace period for systems to upgrade to version 3.
- State Stroke Center Designation applications are being accepted by IDPH; the forms are on the IDPH website. The Emergent Stroke Ready ED's will be listed on the website, as well. The State Stroke Advisory Subcommittee is proposing legislation to change the name from Emergent Stroke Ready ED's to Stroke-Capable Hospitals. This will also create a Stroke Fund and allow IDPH to charge hospitals a fee for designation, which will fund the State-Wide data collection tool.
- Licensing data base enhancements are underway, but there are system issues. Some enhancements include allowing licensees to pay their late fees online, providing capability to process the Emergency Medical Dispatch Licenses, the implementation of the Provisional First Responders Licensing, four-year ambulance licensing (which will change when JCAR approves the Rule), and providing the capability to upload National Registry data.
- EMS System and TNS Course Coordinator Meetings will be held March 25 (ICEP, Downers Grove), April 22 (Rend Lake College, Mt. Vernon), and May 6 (St. Mary's, Decatur). Laura Harris will send a memo announcing the

dates/times/locations. The March 25 meeting may have to be re-scheduled if IDPH doesn't have the licensing data base issues worked out.

- Trauma Registry: IDPH staff reviewed five different registries to replace the current registry via RFI. IT and EMS staff are going out to RFP; but we're still working to bring our current registry to a stable platform to complete our validation deadline of May 31, 2014.
- OSF St. Francis in Peoria was designated as a Level I Pediatric Trauma Facility in January 2014. Two facilities in Evansville have applied for Level II Pediatric Trauma Designation; IDPH will be surveying them in the near future. IDPH will have another five surveys to complete this year.
- IDPH is involved in discussions with Mattie Hunter involving the lack of trauma centers in south Chicago. A hearing was held earlier this year and a follow-up conference call a few weeks ago in which many legislators and several IDPH staff participated. Senator Hunter is committed to holding meetings in central and southern Illinois to address the trauma desert problem.

Stacy VanVleet asked if Jack would send her the web site link to support/oppose legislation electronically; Jack responded that he would. Stacy then asked about SB 3531 changes and the EMS Act "all fines collected pursuant to this section shall be deposited into EMS Assistance Fund." What is this fund? Jack responds that it's one of three funds in our Division that as of 2010 is comprised of licensing fees collected from the licensing of ambulances and eight categories of individual licenses. \$100,000 of EMS Assistance money goes to the EMS Assistance Grant. Our testing service contract (CTS) is paid out of this fund. Monies left over go toward administrative costs for programs, enhancements to software, the ambulance inspection program, etc.

Dr. Fantus asks how IDPH will get funding for the Statewide Stroke Registry. Jack responds stating that Stroke Bill HB 5742 proposes that IDPH recognizes comprehensive stroke centers, the name is changed, and a fund is created by the legislative body to fund a state stroke data registry, with any leftover funds to be used for administrative staff to do surveys, etc. This proposed bill allows IDPH to charge a fee for this designation (\$100-\$500); these fees will go into a fund and pay for registry.

Subcommittee Reports

- Registry (Joseph Albanese): The Trauma Registry is moving to a 6.1 environment; pilot production testing next week with centers who've assisted in the past; hoping to be up by end of the month. The process is nearly complete regarding the RFP for the Registry; two-three weeks of work left to address the wish list. Dr. Fantus requests that the "wish list" is noted in the minutes, and Kathy Tanouye provided them to Laura Harris on 04/15/14:

- Capability of uploading files to state registry. “Open Architecture” to accept imports. (No double entry!)
- Universal identifier to help track patients across EMS and Trauma registries.
- Option for TQIP fields locally.
- PI portion not discoverable- House locally?
- Allow local/user defined fields which can be queried without going through IDPH.
- Fluid definitions for co morbidities and complications, based on NTDS/year of admission.
- Allow regional queries and drill downs of data.
- Add yearly updates for ongoing compliance
- Multichannel availability of validators
- State to be able to conduct own ILQIP/ or research
- Consider how to capture Level 3 data (keep in Trauma Registry) and Acute Stabilization (HSVI)

Dr. Fantus asks how the RFP process works and Jack explains.

Dr. Fantus asks where the money comes from for a new Registry? Jack replies and states IDPH’s leadership has stated that the funds will have to be “found” if it’s determined the need surpasses the trauma fund balance. Dr. Fantus said they want to help and asks if the EMS Act has to be re-written so we may have a viable software solution. Jack says IDPH can discuss this when the RFT comes through.

- CQI/Best Practice (Mary Beth Voights): Mary Beth discusses the results of the survey she created to examine trauma surgeon capabilities in the State of Illinois; 46 of 70 participated. CQI protected the survey and collected the results anonymously; 44% responded. Mary Beth refers to the projection screen with graphs/data as she narrates.

Dr. Mohammad Arain takes the floor and addresses the fines that were assessed for Administrative Rules violations regarding trauma surgeon coverage at hospitals. Jack responds that when the Department becomes aware of violations, it requests plans of correction (POCs). When POCs are violated, then the regulatory side of the Department is approached and that oftentimes includes fines. The Department has multiple hospitals/trauma centers and we’re working with others at the POC phase, while others have gone into the fine process. The Department is paying close attention to the Primary Surgeon on call at multiple locations. Dr. Fantus asks what next step is necessary to better delineate what is reasonable for primary, back up, and general surgery call. Jack says the Department is open to those discussions—the Rules do not treat Level I’s and Level II’s equally; both Level I and II in Rules state the trauma surgeon program had to be separate from the general surgery program. The model

may need to be changed. Patients are being transported because surgeons are not available when IDPH has given designations to hospitals that have agreed they'd have surgeons available. The public's trust is in that designation. Hopefully a multi-tiered trauma system will better define the requirements of a Level I versus a Level II. Discussion about the survey results ensues. Dr. Fantus states that Rule language needs aggressive change/updates.

Dr. Faran Bokhari (Cook County Trauma Director, present in person at the SIU location), asks for clarification.

Dr. Doherty states the state code clearly defines what a trauma surgeon is...

Dr. John Sutzyak (Trauma Director at Springfield Trauma Service, present in person at the SIU location) says this topic was discussed at their region meeting and the problem is that smaller institutions don't have enough surgeons. He states that their patients will all be transferred with lacking resources; also, in blunt trauma the number of operations has gone down and data presented shows operations infrequent. He suggests not making too stringent a criteria (as long as patient is not being harmed), NOT how many people. More discussion ensues.

Dr. Fantus is moving discussion to a subcommittee.

- Trauma Nurse Specialist (Stacy VanVleet): They met on February 2, 2014 and reviewed testing on the computer versus paper (86% pass rate on computer). Access is an issue but IDPH is working on this and CTS has opened more sites in Springfield and 14 sites in northern IL region. Curriculum is under revision for the fall release and we will need new exam items; they have an additional section for bariatric trauma. Let her know if there are any issues accessing courses or test sites. A Q&A sheet will be loaded to the trauma listserve web site they may help with testing. They hope to have a training site soon in upper region area (Elgin).
- Rules and Legislative (Stacy VanVleet): They met by phone on 1/30/14 and discussed Administrative Rule 515.2303, which focuses on trauma surgeons being board certified. There was a group consensus that yes for Level I and II'; Level III's not sure about yet. Discussion regarding CME's to be unified, it was decided 20 hours and two years for both ED and trauma surgeons for Level I's and Level II's; no comment on Level III's. Also discussed was resident response time for the trauma surgeon (they don't have independent operating clearance, but recommendation is clinical 4-year in general surgery or above). They discussed Rule 515.2040 (primary and back up coverage) but it was discussed earlier. They will look at CQI data and discuss in subsequent meetings.
- EMS Advisory Council (Richard Fantus): Dr. Fantus reports that he was not there but that he'll provide a better report next time.
- Outreach Injury Prevention: Currently under re-organization.

New Business

Evelyn Lyons reports on the Illinois Burn Advisory Committee Proposal that was distributed to the Council members at 10:00am on 3/6/14.

Evelyn says the Burn Surge Annex is needed and must be completed by the end of June. They've developed three workgroups and they've developed burn management protocols, recommendations for supplies to have on board, and educational recommendations. They're recognizing this work involves on-going oversight to make sure they remain consistent with education guidelines and develop a more formalized infrastructure. Burn facilities have no way to network, discuss, or share info, so Evelyn is proposing to establish an infrastructure so facilities can have representatives to establish a committee to report to the TAC. The document Evelyn distributed outlines the background, the proposal to develop a committee, and its purpose. Mary Beth makes a motion to develop this subcommittee and Dr. Arain seconds the motion. Dr. Fantus takes a vote: 13 yes votes; unanimous. Evelyn says Dr. Art Sanford (Loyola) has offered to chair and Dr. David Griffen has agreed to co-chair.

Evelyn also says HPP has provided grant funding to support ALS courses; contact her for dates/times/locations coming up in March and May.

Washington Tornado Response

Troy Erbenraut (OSF St. Francis Peoria RHCC) begins the slide show presentation and Dr. Haisler (OSF St. Francis Peoria) concludes.

December 2014 Meeting Date; Dec 4 tentative.

Open Forum

Dr. Doherty reports that he has a matter of Old Business; there are two Indiana institutions that have submitted ACS verification applications as trauma centers.

Adjourn

A motion is made to adjourn at 3:02pm.

Future Meetings:

June 5, 2014

September (JOINT)

December