

# State Trauma Advisory Council Meeting Minutes

June 4, 2015

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

Simmons Cancer Institute @ SIU

315 W. Carpenter, Room 1012, Springfield, IL 62702

## Call to Order-Richard Fantus, MD at 11:07 a.m.

## Roll Call-Richard Fantus, MD

**Council Members Present:** Christopher Wohltmann, M.D., Lori Ritter, R.N., Glenn Aldinger, M.D., Stacy VanVleet, George Hevesy, M.D., David Griffen, M.D., Eric Brandmeyer, Robert Hyman, Mary Beth Voights, A.P.N., James Doherty, M.D., Kathy Tanouye, William Watson, M.D., and Richard Fantus, M.D.

**Council Members Absent:** Scott French, M.D., Mohammad Arain, M.D., Dongwoo Chang, M.D., and Michael Iwanicki, M.D.

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

### EMSC Program Updates:

- The Department Director, Dr. Nirav Shah, presented the Lifetime Achievement Award to Dr. Sally Reynolds who works at the Pediatric Emergency Medicine at Lurie's Children's Hospital in Chicago on May 27, 2015.
- **Pediatric Pre-hospital Protocols** - EMSC Pre-hospital Committee continues to update the 22 EMSC Pediatric Pre-hospital Protocols. New HA guidelines are anticipated to be released in the Fall of 2015 and will be used to guide revisions to the cardiac related protocols.
- **Pediatric Facility Recognition** - Pediatric Facility Recognition site surveys are being conducted in Region 2 hospitals in May and June 2015. Hospitals in Region 8 have submitted their renewal applications and will be surveyed in the early Fall/Winter 2015.
- **School Nurse Emergency Care Courses** - Every year in the Summer, the School Nurse Emergency Care Courses. Nine (9) schools emergency care sources are scheduled this Summer at various locations within the State. To date, there are over 230 nurses registered to attend one of the courses.
- **EMSC Advisory Board** - The EMSC Advisory Board has an open board position for a trauma representative (either a pediatric surgeon or trauma nurse coordinator). If anyone is interested, should contact Evelyn Lyons.
- **Burn Surge Project** - The Council adopted the Burn Surge Subcommittee and several activities have taken place:
  - A presentation on the Illinois Burn Surge Annex was conducted at the National Summit in Atlanta, Georgia, in April 2015, and was well-received. 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 that were conducted in March 2015 to test the components of the Burn Surge Annex, and allow hospitals to test implementation of the annex. There was good feedback and allowed opportunities for improvement were obtained from these exercises. Thank you to all who participated in the exercises.
  - An Advanced Burn Life Support (ABLS) provider course is scheduled on Saturday, June 6, 2015 at Memorial Medical Center in Springfield.

### Testing Scores:

- TNS test scores currently in the last quarter were 71% pass rate on the first examination; 43% pass rate on the second examination; and 25% on the third examination.

### **Special Programs:**

- **UPDATE ON HEARTSAVER AED GRANTS:** The Department awarded \$33,000.86 for the FY15 Heartsaver AED Grant. There were 71 qualified applicants and the Department awarded 71 AED grants. With the financial constraints, future AED grant funds are questionable. There is a very small amount of money remaining in the fund. Once depleted, if it is not reallocated, the Department will have to discontinue the grant until funds are received.

### **Regulatory:**

- **UPDATE ON EMS ASSISTANCE GRANT APPLICATIONS:** The Department usually gives out approximately \$100,000 annually for equipment, training, exercise. There is a certain allotment to each region. The applications were returned to the Department and have been sent to the EMS system for initial review. Once the initial review has been completed, the grant recommendations will be reviewed by the Department.
- The Rural Infield Upgrade amendments are at first notice. This amendment allows ambulances that have a higher level of care person (i.e. EMT-I, Paramedic, or PHRN) available, can upgrade a BLS ambulance from equipment stored on the ambulance in the field. The first comment period begins on June 22, 2015. From there, the amendment will go into second comment period until JCAR meets and should be passed into law. EMS systems interested in this upgrade will be able to apply for this infield upgrade.
- The Department has been meeting with a panel of subject matter experts, instructors and coordinators since September to work on the new education standard rules. There are approximately 200+ pages of administrative rules. The Committee has the initial draft language written and final review will be conducted. After final review, the administrative rules will be submitted to the Department's Legal Counsel within the next month.
- The new Stroke rule and EMSC rule amendments are at the EMS Advisory Council which will meet next week, June 11, 2015 for review. There are many hospitals that are comprehensive stroke centers who want to obtain the IDPH designation. This will change the emergency stroke ready hospitals to be known as a stroke capable hospital. These hospitals can be accredited by a nationally-recognized body and will also change the title verbiage as other nationally-recognized facilities.
- EMS Week was May 17-23, 2015. EMSC Day was recognized on May 20, 2015. There were over 1500 "Years of Service" certificates that were sent out by the Department. The Hero Awards was presented to Bill Stajura who works at Chicago Midway International Airport. Mr. Stajura quickly realized a coworker was choking and performed the Heimlich maneuver multiples times and dislodged a piece of meat; saving the individual's life. The EMS Week Instructor Awards went to Peggy Jones from St. James Hospital in Pontiac, IL and David Chase from North Lake County EMS and Vista Health in Waukegan, IL.

### **Trauma Program Updates:**

- The Request for Proposal (RFP) has been written for the new Trauma Registry. Work was initially completed and with new administration and grant guidance/template, the Department had to transfer the completed work to a new template for procurement purposes. Joe Albanese, Adelisa Orantia and IDPH IT Staff have been working to complete this project. The RFP should be submitted this week for final review.
- The Department continues to review the process for Trauma data requests and continue to assist Trauma Centers with their requested reports. The Division is working to move business objects to a new environment which will allow Trauma Centers to run their own reports.
- The Department has been working diligently to get the Trauma Registry in order to complete the NTDB Validation. The last two (2) years in a row the NTDB completed the Validation for the Department. However, they were not able to perform this task this year. Unfortunately, the Department has minimal IT resources, therefore, the mapping was not completed. The Department will not be able to perform the Validation for NTDB for submission this year.

- The business charter was submitted for the Trauma Registry. The Department is attempting to obtain a contract (specialized vendor) to specifically work on the Trauma Registry. Would like to have the individual start by July 1, 2015.
  - Briefing and discussion on various performance problems and attempts to improve the current Trauma Registry.
  - Per Kathy Tanouye, in the previous meeting of the Illinois Coordinator Trauma Coalition, the Coalition requested to Joe Albanese if the Department would be able to send out a memorandum or letter to Hospital CEOs waiving the current deadlines for data submission. Several hospitals are feeling a lot of pressure, feeling threatened with their jobs, etc. because they have not been able to maintain the submission. The Department will consider the Coalition's request and will not penalize hospitals for this current dilemma.
  - Discussion on issues involving benchmarking, data submissions, NTDB submission and waivers.
  - Dr. Fantus informed the group that there is a new fee structure for participation in NTDB. The fee is \$1,100 for level I and \$500 for level II. The fee is waived if you are BRC or ACS verified Trauma Center or a T-QUIP participant. It was suggested that no one pay the fee until the Department is 100% sure that the data they will be able to submit to NTDB. Trauma funds from last year can be used to pay the fee.

**Establishment of A Quorum and Approval of Minutes from March 5, 2015-Richard Fantus, MD:**

Final calculations are in and of 19 Trauma Advisory Council positions, two (2) are vacant and two (2) are asterix; leaving 15 filled and 13 present. An official quorum was established. Approval of the minutes for the past meeting. Moved for approval by Dr. Watson and was seconded by Dr. Aldinger. No oppositions. Motion to approve passes unanimously.

**TAC Reports: Registry Subcommittee-Joe Albanese, RN:**

- No report as previously discussed earlier.
- Noted to Council members and audience, if they know of any prospective vendors, have them visit the BCCS website for the RFP posting. Goal for completion is January 2017.

**CQI/Best Practice-Mary Beth Voights, APN:**

- Mary Beth addressed the handout on Minimum IL Trauma Patient Categorization, Surgeon Activation and Evaluation Criteria.
- A consensus was reached with the CQ Committee at the March 2015 meeting.
- What is in place today are the ACS recommendations and should not be any controversy regarding Category II Trauma Patient criteria. Category II Trauma Patient criteria had really no change.
- There was an additional category: "Unique Population-anticoagulated patients". This item was still a controversy at the March 2015 meeting. The Committee decided to do nothing with OB or Peds.
- Discussion on guidelines for Level I Centers. Under Category II Trauma Patient, Mechanism of Injury Criteria, "unrestrained rollover" was added. In addition, the Level I Trauma Surgeon must arrive and evaluate patient within "12 hours of ED arrival". Feedback regarding identical verbiage in Level I and Level II.
- All transfers to a higher level of care "should" be en route to the receiving center within 2 hours of arrival to the ED "when stabilized within the capabilities of the referring institution". Debate of keeping the same language.
- The aforementioned changes were made to Level II Centers, as well.
- Algorithm: State of Illinois Minimum Trauma Field Triage Criteria which was approved in June 2012 did not change.
- On Appendix F: Template for Trauma Triage for Trauma Centers new language was added: "d) Unique Population: Anticoagulated patients with evidence of head trauma shall be evaluated as per ACEP Clinical Policy and EAST Guidelines. Institutional PI should reflect accurate and timely identification, evaluation, reversal of anticoagulation and consultation with the appropriate service based on the patient's injury."

- Open for discussion. There should not be a debate regarding Category I; could be a debate on Category II changes. Potential conflict could be having the same surgeon response time for Category I as Category II and also regarding the time frame for a transfer out.
  - Jan with Region 8 indicates that there is no national data to support “unrestrained rollovers” being included. Region 8 is requesting the criteria be removed. Duly noted by Mary Beth.
  - Dr. Aldinger supports Region 8’s request.
  - 43.50 suggest that the addition of the “12 hour” timeframe is ill-advised. Suggest leaving the time alone.
  - Dr. Fantus clarified the opening statement “this reflects the ACS”. The Trauma Triage Criteria adopted does not because GCS of 10 is now with ACS guidelines or the CDC is 13.
  - Further discussion on transferring of patients within 2 hours and the unnecessary testing. Mary Beth proposed to change the verbiage to read “delay of transfer to perform unneeded tests only delays definitive care and should be avoided”. Suggests verbiage change to read “delay of transfer to perform unneeded tests should be avoided”.
  - Dr. Aldinger motioned to accept CQI recommendations absent the “unrestrained rollover” in red and would accept additional language added “delay of transfer to perform unneeded tests should be avoided”. Seconded by Dr. Hevesy.
  - Dr. Fantus called for a Roll Call vote on accepting the Minimum Trauma Activation Guidelines on Level I and II with all of the attached supporting language documents, Level I/II 12-hour response, Unique Population which only includes anticoagulated patients, removing “unrestrained rollover” and after the red language add “delay of transfer to perform unneeded tests should be avoided”. Motion passes with Dr. Fantus abstained.
  - Dr. Hevesy recognized Mary Beth for her perseverance in the past years. Dr. Fantus seconds.

#### **Trauma Nurse Specialist/Michael Richard, RN:**

- The TNS is scheduled to meet next Friday and is looking to add question on the bariatric module. Ensure registered nurses are set up for testing with CTS.

#### **EMS Advisory Council/Glenn Aldinger, MD:**

- The State EMS Advisory Council met on March 10, 2015. The next meeting is scheduled for June 11, 2015. The new Director of IDPH will be in attendance and the Council is requesting as many individuals to be in attendance to interact with the Director.
- At the last meeting, the Mobile-Integrated Healthcare Committee released the final template for a possible pilot study and the Department had a letter supporting the process.
- State examinations are balancing with more acceptable pass rates on the first attempt, Basic: 75%; Paramedics: 77%.
- The Council passed the EMS education standards.
- Bylaw change was announced allowing videoconferencing of the EMS Advisory Council meetings and the next meeting will have many sites attending.
- Dr. John Wipfler was approved as the new Chair of the Tactical EMS Committee.
- The Joint meeting between EMS and Trauma Advisory Council is September 15, 2015 in Springfield, IL.
- At the last meeting, the EMS legislation was reviewed with the House Joint Resolution 001 which passed both Houses. This resolution created a state task force to examine safety issues on roadways for first responders during accidents.
- EMS Week was May 17-23, 2015 as previously mentioned by Jack Fleeharty.

#### **Rules & Legislative Subcommittee/Stacy Van Fleet, RN:**

- The Rules and Legislative Subcommittee met by phone conference. The discussion was on sweeping of the Trauma fund (HB 0318). It became a public act effective March 26, 2015. Addressed how should the rules be re-written in order to avoid the sweep again referring to amended Trauma fund 515.2090.
- SB 1700 was the Medical Studies Act. Discussed notifying all Trauma centers and their administration to ask for letter writing. Also, reached out to ACS to include as a concern for their bill. The Subcommittee

did a letter writing to voice opposition to SB 1700 and information was sent out to Trauma Coordinators, the Legislative and Planning Committee, and TNS Group on April 8, 2015 and again on April 21, 2015.

- Discussion of the Trauma Watch Document. This was first designed by EMS.
- HB 2399/3298/1398 all which address the Trauma funding for specialized Trauma centers located in strategic areas. A letter-writing was recommended to the CEO to obtain support multi-tier trauma system which was drafted by Dr. Doherty and is in its final draft. This will be sent out to everyone to pass on to CEOs and administrations.
- A Draft A Writing Campaign to the legislators in regards to these specific House bills along with a fact sheet. A letter was written and sent out to Trauma Coordinators, Legislative and Planning Committee, and TNS Group on April 25, 2015 with a link in order to upload to their particular legislator.
- Rule changes to 515.2030 Organ Donation. Recommended to be removed with the rationale that it is already part of the Illinois Gift Act.
- Rule changes to 515.2030 Blood Alcohol Draw. Recommended to be removed as Illinois Vehicle Laws did not include address. However, this has now changed.
- Rule changes to 515.2030(8) Equipment Lift. Currently, the Committee is in the review and recommendation process.
- The next meeting is scheduled on June 18, 2015 at 3:00 pm by phone conference.
- Recommend sending emails out to the Trauma Advisory Council, as well.

#### **Injury Prevention and Outreach/Lori Ritter, RN:**

- The Committee meets monthly since March. Their project is “Distracted Drive”. Have a database of information via Public Service Announcements, education materials, and other valuable resources are available and ready for use. Dr. Fantus advises the Committee to review the ICD-9 codes for “Distracted Drivers”.

#### **Illinois Burn Advisory Subcommittee/David Griffen, MD:**

- The Burn Advisory Subcommittee met twice since the last Trauma Advisory Council. The dates were March 23, 2015 and June 1, 2015. Jack Fleeharty covered the Tabletop Exercises early. Currently, an education program is being developed and there is a task force of the Subcommittee involved in this project.

#### **TAC Old Business:**

- Tiered trauma system legislation, the CEO letters process, and the Registry waiver process were discussed previously.
- No new information on the South Side Trauma Report.

#### **TAC New Business:**

- The Joint meeting changed from September 10, 2015 to September 15, 2015.
- Dr. Doherty noted that in September of 2015 it would be five (5) years since the 5-year strategic plan for the EMS and Highway Safety was published. Suggestion to review the strategic plan and see what has been accomplished versus what has not been accomplished. Requested starting to work on a new strategic plan. Jack Fleeharty stated that the Department will review the “old” plan and report to the Council what has been achieved. This would give the Council an idea of what has been achieved and what still needs to be achieved.

**Adjourn:** Motion to adjourn moved by Dr. Aldinger; unanimously decision to adjourn at 12:33 pm.