

State Joint EMS & Trauma Advisory Council Meeting Minutes

September 22, 2016

11:00 a.m. - 2:00 p.m.

Memorial Center for Learning and Innovations

228 W. Miller St., Springfield, IL 62702

Call to Order-Mike Hansen at 11:00 a.m.

Presentation of Lifetime Achievement Award to Dr. David Boyd: Mike Hansen gave a synopsis of Dr. Boyd's background in the development of Trauma Programs throughout the State of Illinois. Dr. Boyd gave an overview of his work and achievements towards the development of Trauma Programs. Members were provided with some of his literature over the years. Dr. Fantus thanked Dr. Boyd for his contributions and agrees that both EMS and Trauma Advisory Councils should join together to work toward being first in the Trauma field again.

Correspondence/Mike Hansen: No correspondence for EMS or Trauma Advisory Councils.

Public Comment/Mike Hansen: No public comments for EMS or Trauma Advisory Councils.

Additions to the Agenda/Mike Hansen: No additions to the agenda for EMS or Trauma Advisory Councils.

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

Jack Fleeharty introduced Michelle Lorton as the new EMS Stroke Coordinator at IDPH. IDPH has also recruited Melinda Snyder to the licensing staff.

UPDATE ON EMS GRANTS

- All FY16 EMS Fund Grant awardees have been paid.
- The FY2017 EMS Assistance Fund Grant application was announced on August 17, 2016 and will close on October 4, 2016. Currently 28 grant applications have been started. Only seven of those have been completed in EGRAMS. Informed members of the new GATA requirements.

UPDATE ON HEARTSAVER AED GRANTS

- The FY17 Heartsaver AED grant will not be available this year due to funding.

REGULATORY UPDATE

- The Department continues to review the EMS New Education Rule amendments. At this time we are working with the Department's legal staff preparing the rules for the Governor's Office.
- EMS rule amendments to comply with PA 99-0480 have been adopted. 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 Department has amended the Regional Poison Control Center Code 215 to comply with PA 97-135. The rules are at First Notice for public review and comment. This rulemaking seeks to update the Regional Poison Control Center Code with respect to the number of poison centers that can be designated by the Director. It also removed the requirements of a poison control center to coordinate with EMS Systems to assure that all ALS vehicles are equipped with poison antidotes and have 2-way communication with EMS vehicles, and change the membership of the advisory committee.

- The Department has amended the Automated External Defibrillator Code 525. This rulemaking seeks to update the incorporated and references of this Part and clarify the requirements for submitting a complaint against a CPR course.
- The Department has amended the Heartsaver AED Fund Grant 530. The rulemaking implements PA 99-0246 and PA 99-0501 which added sheriff's offices, municipal police departments and public libraries to the entities eligible to apply for a matching Heartsaver AED Fund grant. This rulemaking also seeks to update the Part with respect to the current Illinois Department of Public Health grant process to provide that applications should be submitted electronically rather than via a written form.

LEGISLATIVE UPDATE

- Several bills were past that have an effort on the EMS community:
 - Public Act 99-0710 requires a freestanding emergency center (FEC) to limits its participation in the EMS System strictly to receiving a limited number of ambulance runs by emergency medical vehicles as pre-approved by both the EMS Medical Director and the Department and according to the FEC's 24-hour capabilities and protocols developed by the Resource Hospital within the FEC's designated EMS System.
 - Public Act 99-0711 provides the Department of State Police or a local governmental agency may authorize officers to carry, administer, or assist in the administration of epinephrine auto-injectors if they have completed the requiring training and must provide for policies on the use of epinephrine auto-injectors.
 - Public Act 99-066 defines "clinical observation" and "medical monitoring". The Act provides that "Basic Life Support (BLS) Services" includes medical monitoring and clinical observation and that "non-emergency medical services" includes clinical observation.
 - Public Act 99-0862 permits EMT, EMT-I, A-EMT, or Paramedics who have successfully completed a Department of Public Health approved course in the administration of epinephrine to administer epinephrine from a glass vial, auto-injector, ampule, or pre-filled syringe.
 - The POLST form revisions to comply with Public Act 99-0319 are complete and are now available in English and Spanish on the IDPH website.

TRAUMA PROGRAM UPDATE:

- Distributed Trauma Center Fund FY2016.
- Adelisa is back and able to provide technical assistance with Trauma/HSVI registrars in registration for portal account, running reports, etc.
- Continue with data review and coordination with IDPH IRB in terms of Data Sharing Agreement Progress Reports and IRB Review and Update with research institutes requesting trauma data.
- Continue with to follow-up with hospitals receiving Trauma Center Fund on Expenditure Reports from Region 4 and 5 hospitals from 2015 distribution.
- Successful migration of the trauma registry from the 6.1 Websphere (server) to Websphere 8.5 (server) and database updating.

TRAUMA REGISTRY UPDATE:

- With Adelisa gone and the two releases of the registry into Websphere 8.5 and Trauma Center Fund distribution, the registry occupied most of the quarter related to trauma
- Continue to work with Trauma Centers in trauma registry application and reports.

EMS PRE-HOSPITAL DATA AND BYPASS UPDATES:

• PREHOSPITAL DATABASE

— NEMSIS Version 2

- Paper reporting was discontinued as of July 1st.
- 2,981,489 records received so far for the 12-month period ending June 30th.
 - a. 92% from third-party software users.
 - b. 8% from state-supplied software uses.
 - c. Small fraction of one percent from paper submissions.

— NEMSIS Version 3

- State-supplied software will continue to be made available for Version 3
 - a. Transition will occur automatically within the next 2 to 4 weeks.
 - b. User and administrator manual will be sent out to EMS System Coordinators beforehand, for distribution to applicable EMS providers.
- Streamlined, “single-pass” validation is available for third-party software users (only one sample submission rather than the customary two)
- Reports completed after November 30th in Version 3 format.
- NEMSIS national repository will not accept Version 2 data with 2017 or later run date.

• EMRESOURCE

- Monthly reliability report now available (similar to what had been sent out with the previous system).
- New statewide view available, displaying all regions on the same screen.

• WEBEOC

- Bringing local health departments on board.
- Establishing daily weekly activities for IDPH incident response personnel.

- EMTRACK: This program has tabled for a short period of time.

EMSC PROGRAM UPDATES

• PEDIATRIC FACILITY RECOGNITION

- **Regions 4 & 5** - Hospitals in these regions completed their hospital site visits this summer.
- **Region 11** - Site surveys will begin in Region 11 at the end of October and continue through December 1st.
- **Regions 1, 9 and 10** - Hospitals in these regions will undergo renewal in 2017.

— Educational sessions have been scheduled for Regions 1 and 10 as follows to review the renewal application and site survey process:

- **Region 1** - 9am - 12pm on Monday, October 17th at Rockford Memorial Hospital
- **Region 10** - 9am - 12pm on Thursday, October 20th at Advocate Condell Medical Center

- SCHOOL NURSE EMERGENCY CARE (SNEC) COURSES - Nine (9) School Nurse Emergency Care courses were conducted this summer in locations throughout the state. 200 school nurses participated in these courses which provide school nurses with emergency care and disaster preparedness education and resources.
- PEDIATRIC CARE MEDICAL SPECIALIST TEAM - A pediatric team is being developed within IMERT that will provide remote pediatric consultation during a disaster event. This is not a “boots on the ground” team. They will instead provide guidance and consultation to hospitals and alternate care sites that need to treat pediatric patients that they aren’t typically used to managing. Physicians and advanced practice nurses that may be interested in joining this team should contact Laura Prestidge or Evelyn Lyons via email: lprestidge@luc.edu or evelyn.lyons@illinois.gov .
- BURN SURGE PROJECT - A new full-day training course titled “*Illinois Burn Disaster Training Course: Management of Burn Patients at Non-Burn Hospitals*” is undergoing some final editing. Development of this course was supported through Illinois HPP funding. Burn hospitals will offer this training. The course 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 IDPH ESF-8: Burn Surge Annex is the state 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.

EMS LICENSING YTD

- New License Processed YTD = 4560
- Renewals Processed YTD = 5952
- Reciprocity Processed YTD = 413

EMS Licensing is currently running a backlog of 1 week for the issuance of new licenses.

NOTE: IDPH received a complaint regarding a website entitled “Quizlet”. It was rumored that these questions were provided by IDPH. Questions were reviewed and found out that this information is false and IDPH questions were not compromised.

TOTAL ACTIVE LICENSES IN DATABASE

EMT-B - Emergency Medical Technician Basic	20,334
EMT-P - Emergency Medical Technician Paramedic	15,590
FRD - First Responder Defibrillator	7,801
ECRN - Emergency Communications Registered Nurse	4,799
EMD - Emergency Medical Dispatcher	2,823
TNS - Trauma Nurse Specialist	2,744
LI - Lead Instructor	1,373
EMT-I - Emergency Medical Technician Intermediate	624
PHRN - Pre Hospital Registered Nurse	391
	56,504

EMS LICENSING/GLSUITES

- CMS deploying the necessary software changes on 09/22/2016 to the EMS Licensing system that keeps EMS and Highway Safety in compliance with Forte's "Legacy" Checkout standards that they are now using.
- The GLSuites Maintenance Agreement contract and the V6 migration contract are still in the hands of legal and procurement. GLSolutions has been slow to work on current operational issues with the current GLSuite V5 most likely due to a lack of not having a signed maintenance contract with IDPH.

AMBULANCE COMPLIANCE PROGRAM UPDATES:

- Currently drafting ambulance inspection guidelines.
- Currently reviewing CAAS, NFPA 1917, GSA, and ASTM build specs to update IDPH rules.
- Critical Care Application Guide developed, awaiting final approval.
- SEMSV Application Guide developed, awaiting final approval.
- MERCI radio guidebook update in process.
- MERCI radio communications 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.

— *An updated Non-Transport provider list will be sent to all systems by October 1, 2016.*

DEPARTMENT ITEMS IN PROCESS:

- Revisions of forms continue. Check IDPH web site for all latest forms; ensure to utilize Internet Explorer or Firefox browsers.

REMINDERS: There are still newly appointed EMS Council members who have not completed their Open Meetings Act Training (This is a one-time training). Also, all appointed EMS Council members must have their 2016 Ethics Training completed by October 28, 2016. This does not apply to those awaiting appointment.

Trauma Roll Call Vote: *Council Members Present:* Glenn Aldinger, M.D. (ICEP), Mohammad Arain, M.D. (ICEP), Richard Fantus, M.D. (ICEP), George Hevesy, M.D. (Springfield), Michael Pearlman, M.D. (by proxy Dr. Aldinger), Jarrod Wall, Ph.D. (Springfield), Lori Ritter, R.N. (Springfield), Stacy VanVleet, R.N. (ICEP), David Griffen, M.D. (Springfield), Mary Beth Voights, APN (Springfield), and Kathy Tanouye.
Council Members Absent: Eric Brandmeyer, James Doherty, M.D., and William Watson, M.D.
Quorum is established.

Approval of Meeting Minutes of June 2, 2016:

Dr. Fantus requested a motion to approve the minutes. The motion was moved by Kathy Tanouye and seconded by George Hevesy. Minutes were approved unanimously.

TRAUMA ADVISORY COUNCIL REPORTS:

REGISTRY SUBCOMMITTEE-Joseph Albanese, RN:

- No report.
- Registry moved to Websphere 8.5. Region 2 Trauma Advisory is still having being kicked out of the registry. Requested for users to provide feedback about the performance of the current platform for the Trauma Registry. No feedback at present.
- Required by Administrative Rules run an annual report for which the Trauma Centers can do benchmarking reports themselves. IDPH will attempt to push this report out to the Trauma Centers by November 1st.
- No answer for the Request for Proposal (RFP).

CQI COMMITTEE-MARY BETH VOIGHTS, APN:

- The IL Trauma Committee met once via teleconference since the last Trauma Advisory Council meeting. Twelve (12) attendees representing all regions except for regions 2, 4 and 5.
- Registry reports remain a bit challenging in our quest to evaluate triage efficacy of the trauma patient. We are working with IDPH to create a solution.
- Completed the review of current rules pursuant to PI and recommendations for rule revisions. Using language from national and other state PI plans, we reached final points of consensus as outlined below. FINAL recommendations were provided to the Legislative Committee. Final recommendations document was also provided in the meeting packet to see overall placement of recommendations:
 - *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. **BOLD ORANGE font** was new this meeting. ALL language approved.

Trauma Program must demonstrate a continuous process of monitoring, assessment and management that is directed at improving care:

- a) Monitors compliance and maintenance of these rules;
 - a. Including review by peer committee as indicated by Trauma Medical Director
 - b. Process and /or Outcome measures to be monitored and reviewed include, but are not limited to:
 - Trauma Resuscitation Team response
 - Emergent consultant response
 - Patient transfers
 - Identified Opportunities for Improvement
 - Delayed diagnoses
 - Unexpected Negative Outcomes

- b) 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.
- ~~c) Includes peer review at regular intervals; -(already addressed in a) above so deleted here)~~
- d) 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.

- **Revisited the Anti-Coagulation Algorithm recommendation sent back for review by the Advisory Council:**

- Consensus: Confirmed the decision to allow independent protocol development vs creation of a single protocol for the State.
- Consensus: PI Protocol development inherently includes consensus development, current references and ongoing monitoring. Though we made this statement re: protocol development, we do not believe there is any need to specify it in the rules or elsewhere, unless JCAR deems it is needed as a definition.

- **NTDB Complications List Use and Accessibility:**

- Prefer to use this standardized document vs state-level development and maintenance. IDPH is checking with NTDB re: availability of the definitions without copyright infringement and will report back at our next meeting.
- New project: Standardized PI Feedback to Transferring Centers. Mock-up of potential tool at next meeting.

- **NEXT MEETING:** November 17, 2016 via teleconference; Save the Date notice sent September 13, 2016.

TRAUMA NURSE SPECIALISTS -LINDA RISEMAN, RN:

- The Trauma Nurse Specialist Courses for the Fall are in full swing throughout the State. A statistical review and an analysis of the exam at the August 2016 meeting. It was found that a State-wide average pass rate for the past quarter for all examinees is 71%. The sample size was less than 100 and this leads to a potential statistical error. No changes were made during the item analysis which would change exams cores. The psychometrician recommends that may students need to slow down when taking the complex content exam. Many unsuccessful candidates are finishing the exam in half the time allotted.
- The Committee would like to ask the Regional Trauma Committee members to do a survey and find out what their projected enrollment for future classes. Feedback received was "not enough courses provided". However, the Fall course was canceled due to lack of enrollment. Please provide information back to TNSCCs.

EMS ADVISORY COUNCIL/GLENN ALDINGER, MD:

- No report. EMS Advisory Council to follow.

RULES & LEGISLATIVE SUBCOMMITTEE/STACY VANVLEET, RN:

- The Rules and Legislative Subcommittee met on June 2, 2016 just before the Trauma Advisory Council. Another meeting is scheduled in the Fall. Legislation had closed the end of May. There is nothing active at this time. A format was laid out of what possibly level III Trauma Centers would like and Dr. Doherty challenged each of the Regions to review and discuss and then provide feedback. Received input from CQI Committee on rule changes. The Subcommittee will meet again with IHA and will discuss all of the rule changes at that time. The meeting will be held around the end of October or beginning of November 2016.

INJURY PREVENTION AND OUTREACH/LORI RITTER, RN:

- The Committee met over the Summer and are currently working on several small projects related to sports-related injuries. These reports will be published in late Fall or early Winter. Solicited to the group for any new projects for their Committee.

ILLINOIS BURN ADVISORY SUBCOMMITTEE/DAVID GRIFFEN, MD:

- A Burn Advisory Subcommittee met on July 25, 2016. The Subcommittee will meet again on Monday, September 26, 2016.
- Julie Mateson informed the Council that the changes to the current annex were approved and new drills will be scheduled in the coming year to ensure that the annex is working effectively. In the upcoming meeting, the Subcommittee will be approving the changes for the Burn Education Program. Once approved, there will be 2 education sessions throughout the year as required by the Grant.

TAC OLD BUSINESS:

- **RECORD RETENTION:** IDPH General Counsel indicated that records should be retained for five (5) years for when the minutes were approved. This information should be included in the bylaws.

TAC NEW BUSINESS: No new business.

MEETING ADJOURNED AND RELEASED TO EMS ADVISORY COUNCIL: 12:08 pm

Roll Call Vote: *Council Members Present:* Glenn Aldinger, M.D. (ICEP), Richard Fantus, M.D. (ICEP), Stephen Holtsford, M.D. (Springfield), Connie Mattera (ICEP), Doug Sears (Rockford), Ralph Graul (Springfield), Mike Hansen (Springfield), J. Thomas Willis (proxy by Mike Hansen), Leslie Stein-Spencer (proxy by Dr. Ken Pearlman), Kim Godden (Springfield), David Loria (Rockford), Stuart Schroeder (Springfield), Randy Faxon (Springfield), Bradley Perry (Edwardsville), Brad Robinson (Springfield), Justin Stalter (Champaign), Robin Stortz (ICEP), Valerie Phillips, M.D. (ICEP), Mitch Crocetti (Rockford), and Kenneth Pearlman, M.D. (ICEP).

Council Members Absent: George Madland and Jack Whitney, M.D.

Quorum is established.

APPROVAL OF MEETING MINUTES OF JUNE 16, 2016:

Mike Hansen requested a motion to approve the minutes. The motion was moved by Ralph Graul and seconded by Dr. Holtsford. Minutes were approved unanimously.

COMMITTEE REPORTS:

MOBILE-INTEGRATED HEALTHCARE/GEORGE MADLAND: No report.

EMS DATA/MIKE HANSEN: No report.

EMS EDUCATION/CONNIE MATTERA, RN:

- The Committee is continuing to work on the rollout models for the new scopes of practice which were announced for all levels of EMTs.
- The Subcommittee has not met since the last Council meeting. However, there is a meeting in October 2016.
- The Committee is working on potentials for unified requirements for ECRNs and PHRNs. Reports were reviewed from the State testing committees.

EMS RECRUITMENT AND RETENTION/STUART SCHROEDER: No report.

EMERGING ISSUES/GEORGE MADLAND: No report.

STATE STROKE ADVISORY SUBCOMMITTEE/RANDY FAXON: No report.

AHA/MISSION LIFELINE/JULIE MIROSTAW: No report.

OLD BUSINESS:

- Public Act 099-0661 (Epi) passed.
- Public Act 099-0816 (Criminal Code Changes) passed.
- Public Act 099-0862 (EMS Language Changes) passed.

NEW BUSINESS:

- Dr. Fantus inquired as to possibly reducing the videoconference sites.

FUTURE MEETINGS:

- EMS Advisory meets on November 17, 2016
- Trauma Advisory meets on December 1, 2016.

Motion to adjourn by Brad Robinson and seconded by Dr. Fantus.

Adjourned: 1:28 pm