

**Trauma Advisory Council  
Meeting Minutes  
December 2, 2010**

Illinois College of Emergency Physicians,  
St. John's Hospital, John Logan Community College

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**Review Rule of Order via Video Conference**

Meeting was called to order by Dr. Fantus at 11:05 am.

**Roll Call & Approval of Minutes**

Present: Glenn Aldinger, Mohammad Arain, James Doherty, Richard Fantus, Scott French, David Griffen, George Hess, George Hevesy, Michael Iwanicki, Kathy Tanouye, Stacy Van Vleet, Mary Beth Voights

Absent: Cathie Bell, Thomas Byrne, Dongwoo Chang, Bruce Sands, Scott Tiepelman, Christopher Wohltmann

Proxies: None

We are unofficial because we don't have 50% of the voting members; only 8 present.

Call to approve minutes – approval and second Aldinger 2<sup>nd</sup> by Dr. Hevesy; all in favor – Yes, none Opposed. Minutes were unofficially approved unanimously.

**Reports**

**Division of EMS Report, Jack Fleeharty**

**EMSC, Evelyn Lyons (report by Jack)**

**Pediatric Facility Recognition:**

- Pediatric hospital site surveys are currently being conducted in Region 7 and will be completed this week.
- Pediatric renewal applications were mailed out to Region 2 hospitals in October and an educational session was held for these hospitals to review the facility recognition renewal process. Their renewal applications are due on Friday, February 4<sup>th</sup> and site surveys will then take place in the spring/early summer 2011.
- Region 8 hospitals will also undergo pediatric recognition renewal in 2011 and will be contacted with further timeline information.

**Pediatric Education:**

- EMSC is sponsoring a School Nurse Emergency Care (SNEC) course in January and February 2011 at Harper College in Palatine. This course is team taught by school nurses, emergency department nurses and EMS personnel, and provides school nurses with pediatric emergency and disaster preparedness education and resources.
- EMSC is developing a set of guidelines and instructional materials to assist hospitals with Pediatric Mock Codes and Pediatric Rapid Response Team development to support their pediatric preparedness activities.

**Data:**

- EMSC worked with IDOT's Crash data and developed 11 fact sheets that contain statistics and other information related to traffic safety and motor vehicle incidents in Illinois. These fact sheets are available on the Illinois EMSC website.

**Trauma Program updates:**

- Continue to work on the re-platforming of the Trauma Registry program. This includes updating the data dictionary, the 2010 ICD-9 codes, and the AIS 2005 program.
- We are working to get additional Information Technology support to assist with completing the needed updates by the end of this fiscal year. We have some preliminary pricing to be able to upgrade to TQIP validators for our system. The price tag is significant so we will work with our Deputy Director to try to obtain funding to update the Registry to include TQIP in Fiscal 2012.
- We recently held a conference call with some trauma centers in northern Illinois who are interested in being able to use third party vendor software to determine if it is possible to export the required data elements to our Trauma Registry. I believe we are still waiting for the technical specifications from the company. We will then make the inquiries about the cost and data information agreements with Central Management Services and if importing this to our Trauma Registry is a possibility and what those costs will be.

**Trauma Registry Training:**

- As promised, Adelisa and Shane conducted training on the use of the trauma registry for new users on November 5, 2010. Another training is scheduled for December 7, 2010 at the DNR Building. Our goal is to continue to provide this training on an annual basis. There is also interest in conducting training in Northern Illinois (Chicago area); Adelisa is working on this.

**Trauma Facility Designation:**

- 11 of the 12 hospital letters went out for the re-designation site visits that were conducted in the spring of this year. We apologize for the delay in getting these out. We have initiated the contract procedures to secure our trauma surgeon for our upcoming site surveys. We will be scheduling trauma center site surveys for February, March, and April. Adelisa will be giving letters of notice for these surveys sometime in the near future. Dr. Gaines and Adelisa will be working on scheduling these visits and preparing the survey materials.
- We have three hospitals in the St. Louis Area who have completed their applications for Adult and Pediatric trauma center designation. We will be submitting for Out of State travel approval for our team to complete their initial site visits of these facilities. We also have a hospital in Evansville who has submitted an application for Level II Adult and Level II Pediatric designation and will continue to work with them. We also have received an application from a hospital in Wisconsin for Level II Trauma Center Designation. We have not completed a review of that hospital's application yet.

**TNS Course Curriculum Changes:**

- The TNS Course Coordinators have been working for quite a while on some significant changes and updates to the TNS Course that needed to be reflected by administrative rule change. These were submitted to IDPH. We formatted them and had Mary Beth Voight proof the final drafts. These were then submitted to our Legal Counsel and will then be sent to the Governor's Office. Once they are reviewed at the Governor's office we will be forwarding them to this Council for review and approval. From there they will go to the Joint Committee of Administrative Rules (JCAR) for comments and hearings.

Darlene Thorpe will continue to come to TNS and Irene Wadhams will be also.

Dr. Esposito – legislative cycle and process needs to be more fluid as TNS curriculum, not in Trauma Registry Administrative Rules. Jack agreed – there has been considerable discussion and meetings with TNS coordinators. Legislation provides less flexibility; we reference back to course manual and try not to put in legislation as long as Jack and TNS Coordinators are okay with process. There will be two comments periods during JCAR review. If necessary, changes can be made at that time.

**Staffing additions:**

- Two Licensing Staff have been added to our division. They have been trained and are now working with Carolyn Manley and Mike Epping to improve the proficiency of our EMS and Trauma Licensing services.

**Legislation:**

- We have spent a good deal of time and effort on multiple pieces of legislation that required rule making this summer and fall. Much of that work has been completed and is now making its way through the approval process.

**Strategic Plan:**

- One of our next big projects is to begin work on the short term goals of the strategic plan. One of the Division's goals is to place considerable emphasis in the area of Trauma Services. Jack is in the process of completing a thorough review of the American College of Surgeons Report after their Survey in late 2006. He will meet with trauma surgeons in various areas around the state for ideas and gain insight on what is the best approach to move some of these issues forward. We will also be establishing some smaller workgroups to tackle some of the specific areas identified in the strategic plan. We will need to reach out to this council and its subcommittees for assistance as we address some of these recommendations. We will keep the Council updated on our progress at these meetings.

**Trauma Registry, Adelisa Orantia & Richard Fantus**

Adelisa Orantia is working on DRs from NW University regarding trauma mortality. She'll report and later share with Trauma Coordinators.

**Trauma COI/Best Practice, Mary Beth Voights**

Last meeting was September 2; there is a new Registry Subcommittee.

The Category II response time was sent to the Legislative Rules Committee. The focus should be on best practices and quality improvement guidelines. First they should look at ACS (they have a minimum) field triage and use regional triage; also look at EMSC pediatric guidelines and some others. Need to standardize the approach of care.

Any transfers greater than two hours go to Southern Illinois (two research studies regarding over/under triage and the transfer within 2 hours out). The last two studies do stratify the data by regions. Need to identify where the resources need to be allocated.

**Advanced Practice, George Hevesy**

Did not meet recently; the next meeting will be determined via video conference in January 2011. Survey for trauma surgeons to be sent middle of January 2011 and will give a report at the next Trauma Advisory Council meeting set for March 3, 2011

### **TNS, Stacy VanVleet**

Recommendation is at Legal for proposed changes for TNS. Next meeting is next week.

### **Injury Prevention, Jennifer Martin**

A list was provided at this meeting of the most recent recalled items.

A warning was submitted to not use infant sleep positioners (added to cribs). These were used to reduce the child from going from back to stomach and reduce SIDS, but actually there is an endangerment of entrapment.

Violent prevention – There is a training regarding sexual violence scheduled for March 22 in Springfield; the contact information is included in handout.

December is National Observation for Injury Prevention Month. Topics cover safe toys and gifts and safe driving. No monthly topics are set for January and February 2011. March is National (inaudible) Prevention Week, and April 2011 is National Public Health – “Injury-prevention: Safety is no accident, live injury free.”

She reminded us that the CDC has a wealth of information regarding brain trauma.

### **EMS Advisory Council Update, Glenn Aldinger**

Jack has been writing rules and regulations and some are being released. The Military and Stretcher Van were distributed to EMS Advisory Council this morning. Next these will go to the Illinois Register for a comment period.

The Stroke Bill is almost done. There are still some members to be named for the State Stroke Council.

Jack discussed fees for licenses at the EMS Advisory Council, the Region 8 STEMI is still being worked on, the EMT levels of education standard that will be changing, and updates on the Rules and Regulations regarding data collection. Protocols have been endorsed and EMS Systems can adopt as wanted but not promulgated. BLS protocols and regulations were meant to be statewide – more discussion re this subject (inaudible).

The Emerging Issues Committee is working on Felony conviction rules that will go to the Illinois Register soon, HB 6065 discussion (some inaudible) and that is has gone to the Governor and been vetoed; changes are being made to make the School Age Diabetes Act a more comprehensive plan for all school age children.

Chief Hansen discussed the legislation to remove a certified paramedic as a person to draw blood at the request of police for a possible DUI. Additional discussion about whether these staff people should go to court due to DUI blood testing.

Dr. Fantus asked if the Stroke Legislation would require a stroke registry or STEMI in the state. Jack said that there is a requirement for a primary stroke center to collect the data and they review it internally but don't have to send it. (inaudible discussion) Dr. Esposito said to be forward-thinking we need think about emergency care system or acute condition system and prehospital data in NEMESIS, what data elements are important for stroke and STEMI. Trauma Stroke and STEMI are what's important now, think about questions that need to be asked, subsequent to prehospital care.

The co-chair of the Trauma Legislative Committee requested that any legislation being passed by the EMS side also be ran past Dr. Esposito or Dr. Wohltmann so as not to be redundant with other legislation.

The EMS Data Committee met prior to last EMS Advisory Council and that the state went NEMSIS-compliant in April 2010. The State Data Committee asked that if we look at additional data elements to collect as pre-hospital, those be funneled through the State Data Subcommittee; have the EMS Data Subcommittee work with State Trauma Advisory Council to avoid the confusion/redundancy and agrees with Dr. Esposito.

### **Legislative & Rules – Chris Wohltmann & Tom Esposito**

Dr. Wohltmann was not in attendance. They have not met yet.

Strategic plan - Start revision of the Current Trauma Center Code and get more detailed language and discussion from strategic plan and the initial draft. Suggestion was to not be too detailed with what goes into legislation because it may not be appropriate later. Need to schedule a meeting before with Dr. Wohltmann before March 3<sup>rd</sup> to produce a preliminary product or portion thereof. Also, need to identify a legislative ally or rule-writing staff to help turn medical ease/trauma ease into legal ease.

### **Outreach, Stacy VanVleet & Jackie Quick**

(inaudible) Need clarification as to what EMS is planning regarding fees as they pertain to TNS and TNS renewal, ECRNs and renewals, or dual certified, EMS instructors. There is no intent to bundle the fees. (inaudible) The initial cost versus the renewal fees for ECRN or TNS were reviewed and they are considerably less than I, B and P's because these are adjunct certificates to the RN license. (inaudible) Illinois has not charged a fee for 30 years, now we do have a fee structure based on review of the National Registry fees and other states' fees. The goal is to keep Illinois fees lower than all national costs and surrounding states, which was accomplished. The fees are not posted right now. Regarding waivers - each waiver requires us to rely more on the GRF which is decreasing.

Looked at fees initially – 3 years given State Fire Marshall funding to maintain state costs, fund sweeps took State Fire Marshall fund for EMS back to the State Fire Marshall, now \$900,000. The testing contract us \$438,000/year that needs a funding source to maintain the testing database as well as fees. We are charging 80% of the National Registry Testing fee. The goal is to pull revenue to maintain the state test and support our fees (66,000 licenses in our database).

Dr. Esposito – Fees come out of Trauma Center Funding – trauma centers make sure these fees are covered, funds being allocated no nurse should have to pay those fees. Maintain Trauma Center Funds, Emergency Center Funds but budgeted toward – will they sweep it or leave it alone?

Jack is not aware of language passed to sweep these Funds.

Kathy – TNS that recertify, CEUs and TNS coordinator do majority of that work, what % of nurse need to retest to certify to retain their licenses. Renewal fee for TNS for 4 years is \$25.

### **New Business**

HB 5183 – PA 96-1469

## **Old Business**

### Strategic Plan

Work groups are being assigned and going out to the Trauma Community and asking for assistance with the State Trauma Committee. Assistance is needed for Legislation changes, data collection– need trauma, trauma triage– need medical directors. Jack Fleeharty is outlining each goal and objective; we have already started and are engaged in a lot of the short-term goals/objectives.

A lot of attention needs to be given to critical access hospitals. In the past, Level II trauma centers participated in Council – need to seek advice from Level II Trauma centers that have trauma surgeons willing to participate (the majority of the Trauma Centers in Illinois are IIs). Jack agreed and said we need to look at ACS guidelines and move the state to national guidelines, engage Level I and Level II, and also Educators and people throughout state. The Level I Trauma center surgeons are aware of the rural issues, and Level II Trauma centers are key players and need to be engaged; they have a lot of expense to support trauma centers. We need to engage trauma/general surgeons from Trauma center in this process, will have to work around them. Dr. Aldinger recommends that we not work around them because we would lose critical trauma data. The plan is to build a more comprehensive system with standard models for care.

Kathy said that there are 5 out-of-state trauma centers applying for Illinois status. Also, the Trauma Advisory Council used to be of the opinion a couple years ago to share data but not trauma center funds. Jack stated that hospitals are aware that there are no trauma funds and do not receive Illinois trauma funds. Michigan disaster plan discussed (inaudible) Symposium couple weeks ago, Dr. Stewart Long presented Michigan Burn Response, - plan posted on line – trauma coordinator interested to implement in Illinois. Emergency Preparedness to Large Scale Burn and Disaster to Burn Center to State or across Midwest. They have protocols, triage guidelines and education. Who do we contact? Jack falls in line with building systems or stroke or STEMI care – sounds like disaster type preparing plan. NICU evacuation sort of. Planning at hospitals, Chicago has their own ASPR, Gwendolyn Wooldridge at IDPH in Chicago could help maybe. If it involves disaster planning and moving patients or another specialized care on a day-to-day basis, then your own State Trauma Advisory Council needs to address in subcommittee.

Dr. Esposito – talked with Kathy about forming a coalition with burn centers in the state to explore possibility and speak with Dr. Wong. Bigger issues may be talk about repatriation if going to participate in the system and keep up with responsibilities and good job, unfair not to give them Trauma Center Funds – then use that as leverage.

Chicago has their own group for disaster planning. Bigger issue may be in Indiana; but may be unfair to give Trauma Center funds if they don't comply.

## **Wrap Up**

### Upcoming Meeting Dates

- March 3, 2011
- June 2, 2011

Meeting adjourned 12:20pm by Dr. Fantus.

Location and Contact info:

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