

**Trauma Advisory Council
Meeting Minutes
March 3, 2011**

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

Review Rule of Order via Video Conference

Meeting was called to order by Dr. Fantus at 11:06 am.

Roll Call & Approval of Minutes

Present: Glenn Aldinger, Mohammad Arain, Cathie Bell, Thomas Byrne, Dongwoo Chang, James Doherty, Richard Fantus, George Hess, Michael Iwanicki, Kathy Tanouye, Scott Tiepelman, Stacy Van Vleet, Mary Beth Voights

Absent: Scott French, David Griffen, George Hevesy, Bruce Sands, Christopher Wohltmann

Proxies: None

Vote on video protocol to be seen and heard. Motion by Dr. Aldinger to allow audio only from Springfield to suffice to hold this Trauma Advisory meeting, second by Dr. Arain. Voting members in favor roll call: Glenn Aldinger-Yes, Arain-Yes, Cathie Bell, Thomas Byrne-Yes, James Doherty-Yes, Dongwood Chang-Yes, George Hess-Yes, Michael Iwanicki-Yes, Kathy Tanouye-Yes, Stacy Van Vleet-Yes

Call to approve minutes – Motion on floor by Dr. Fantus to approve the December 2 Advisory Council minutes, seconded by seconded by Dr. Aldinger by Dr. Hevesy; All in favor – Yes, Opposed or Abstained - None. Minutes were unofficially approved unanimously.

Reports

Division of EMS Report, Jack Fleeharty

EMSC, Evelyn Lyons

Trauma Surveys: Fifteen hospitals have been selected and are scheduled for trauma surveys. Adelisa, Dr. Gaines, and Dr. Enderson will be conducting these surveys beginning in April and will continue thru June.

New hospitals that are requesting designation include:

Cardinal Glennon Hospital, St. Louis (Pediatric level 1 designation)

Childrens Hospital, ST. Louis (Pediatric level 1 designation)

Barnes Hospital, ST. Louis, (Adult level 1 designation)

ST. Mary's Hospital, Evansville, IN, (Adult level II, and Pediatric level II designations)

Aurora Hospital, Kenosha, WI (Adult level II)

Review of the hospital trauma applications have not been completed on the Evansville and Kenosha WI hospitals.

Trauma Hospital Related Issues:

- **Lack of Trauma Centers on the South Side:** Dr. Gaines, Jack Fleeharty and Sheila Gerber attended a public hearing in Chicago to assist with information gathering concerning the need

for additional Trauma Centers in the South Side of Chicago. Kathy Tanouye has distributed an article that sort of summarizes the communities concerns. Other issues that were addressed were the amount of Bypass that occurs on the south side. Provident hospital has closed its ED to Ambulance patients and downgraded to a Basic ED which is moving approximately 4800 patients annually to other facilities which is also raising concerns by both the surrounding facilities and the community.

- **Bypass Issues:** Bypass continues to occur on a regular basis typically causing a domino effect creating situations where patients are being transported further to other hospitals. IDPH has a goal to try to address some of the issues with bypass and will be increasing our monitoring of these bypass occurrences. There are no simple solutions to this issue and unless hospitals have an incentive to pour more resources towards their Emergency Departments it will be difficult to curb these occurrences. This is probably an area where we will need to assistance of the advisory council to help change the EMS Act or administrative rules to help resolve this issue long term.
- **Trauma Center Funds:** State Representative John Bradley has proposed HB1391 which essentially states that monies collected in one EMS Region cannot be allocated to Trauma Centers within another region and where there are no trauma centers that the funds would be distributed within that region. He is going to call this bill next week. If the State Trauma Council is going to either support or oppose that bill it would be good to have some representation to address that issue before the house committee. The amount of funding that would be re-distributed from the Trauma Center fund to these downstate hospitals would be approximately three to four hundred thousand dollars. I believe from discussions I had with Representative Bradley he is willing to amend the bill but will not waiver on the monies being given to the downstate hospitals versus being given trauma centers in the northern half of the state.
- **Trauma Registry Update:** IDPH continue to work on the upgrade of our Trauma Registry, these updates include AIS2005 software enhancements, upgrading to 2010 ICD nine coding, and the completion of replatforming to websphere 6.1. The good news is that our IT department has gained one additional new staff member who has previous experience and we have been able to get a 75 day contract of another retired employee who will also be able to assist with some of the IT projects. This will be a huge benefit to Shane Clontz as it will help free him up to spend more time on the Trauma Data Base projects. Working with our vendors our project timeline is to have these enhancements completed by the end of June of this year.
- **Trauma Quality Improvement Plan (TQIP):** Adelisa and I have met with our accounting department and we believe we can fund the TQIP enhancement in fiscal year 2012. We have requested that this amount be established within our budget to allow for it. It will have to be the major upgrade for the Trauma Registry in 2012 due to the expense of the upgrade.
- **Import tool:** The department has received a request to develop an import tool so we can receive data from one of the major trauma vendors. We are working on that with our vendor. Unfortunately, at this time it appears that we will only be able to import the section of the demographic data and not all of the sections of data that are included in the registry. To import additional sections of the registry require additional programming changes that would be very costly to accomplish at this time. We are continuing to look at the issues with this request.

- **Trauma Registry training:** Adelisa and Shane Clontz completed another Trauma Registry training session in December. Adelisa advised that it was a successful training session. We will again offer training in 2011 for any new Trauma Registrars. If the Registrars feel there is need for enhanced or higher level training I am sure Adelisa would be willing to assist with the training needs.
- **TNS Course Administrative Rules:** Submitted to the Trauma Advisory Council members 3-3-11.
- **Trauma Center Code Administrative Rules:** IDPH has completed the work on several new laws that have been implemented since 2009 and 2010. Since August we have completed 19 different areas of administrative rules and we only have one more piece to write in its entirety. The Department would like to work with the Trauma Advisory Councils Legislative and Planning subcommittee to look at the current Trauma Center Code and begin work on drafting needed language for necessary proposed changes. The Department would like to focus heavily on Trauma in 2011 as well as we continue to work on our Helicopter Emergency Services Program.

Emergency Medical Services for Children: Evelyn Lyons and Paula Atteberry continue to prepare for the upcoming Facility Recognition surveys for EMS Region 2. I believe correspondence has been provided to those facilities that are due for facility site surveys in May and June 2011.

There is a pediatric exercise that is a state exercise that is being planned for May 21st. Evelyn Lyons, Molly Lamb, and Brandy Lane are part of the exercise planning team. This exercise evolved out of Midwest states workgroup and has been primarily organized by Chicago Department of Public Health, IDPH's Asper Hospital Preparedness Program and Metropolitan Chicago Health Care Council. Some of the downstate hospitals may have limited participation due to the fact that this exercise is at the end of the National Level Exercise (NLE) for downstate Illinois.

EMSC program conducted the School Nurse Emergency Course (SNEC) in January and February of this year. Please contact Evelyn Lyons for dates and availability of this course.

EMSC and the Pediatric Bioterrorism Committee have recently completed revisions to the SNS ventilator guidelines and that was distributed to hospitals throughout the state last week.

EMSC proposed rule changes are at IDPH legal being reviewed. From there they will go to the Governor's office and back to the EMS Council.

Hospital Radio Narrowbanding: The Emerging Issues subcommittee has volunteered to provide some of its interested members to work with IDPH on a narrow-banding plan for hospitals. Our representative Billy Carter will be providing guidance on some of the issues surrounding this process. Narrow-banding of the Merci-Radio and Med Channels must be completed by 2013. Hospitals should already be making arrangements to be changing their FCC licenses as needed. The Illinois Terrorism task force is also working with a subcommittee to address local issues as this has to be coordinated on a local level. There is also opportunity for

the states to have input on the D-block band allocation and there is hope that the FCC will preserve part or all of the D-Block for public safety communications.

Special Programs: The Department has awarded 213 Automatic External Defibrillator Grants for this fiscal year. The Department has also pushed out the EMS Assistance Grants to EMS Systems for this fiscal year.

Discussion regarding Trauma Funds/HB 1391

NorthWestern and Advocate requested IDPH to look at the possibility of outside entity – cc Advocate and NorthWestern on building a web portal for data by a 3rd party vendor, they could download the file to the state through their vendor and import the data registry information; not part of the original RFP. An HL7 format file would be needed (import tool) and could be done; what's not developed is another 5 sections of the registry, currently only demographics.

Dr. Esposito questioned the designation process outside state – Do we know the number of patients that go to hospitals or out of state for their care? No, we won't know until they submit to our registry. Hospitals needing designation, for patients that go out to other states - what is the perception of modus operandi to get in this state system, get at our trauma center funds? HB 1391 will preclude them from getting trauma center funds.

Jack stated that the Law states that no out of state hospital can get our trauma center funds. If HB 1391, it will further reduce the funds that our trauma centers get. There are currently six (6) trauma centers serving southern Illinois.

Trauma Registry, Adelisa Orantia & Richard Fantus

Jack provided updates previously in his report.

Trauma CQI/Best Practice, Mary Beth Voights

Stacy VanVleet reported for this topic. Minutes were provided prior to the meeting.

The Registry is now with the Registry Subcommittee. Regional representatives will go back to their trauma committees and gather information regarding elements agree, etc. and bring that information back regarding Category I and II and field triage.

Discussion regarding if individual regions had adopted the EMSC head injury imaging guidelines in their area yet.

Advanced Practice, George Hevesy

Absent at meeting – no report.

TNS, Stacy VanVleet

The TNS changes to the rules were approved by the Governor's Office and sent out to Council Members the day before this meeting. There is not enough time to look at these for discussion or vote. The TNS Rules will be held for discussion at the next TNS subcommittee and at the next Trauma Advisory Council meeting scheduled for June 2, 2011 in Springfield at DNR.

Jack instructed that these Rules are not to be distributed to anyone but Council members. Once this Council and the EMS Advisory Council approved them, they will be sent to the Joint Committee on Administrative Rules (JCAR).

All agreed to vote on these rules at the June 2, 2011 meeting which will be a joint meeting of the Councils.

Injury Prevention, Jennifer Martin

A handout was provided prior to meeting. Under 200 products were recalled last year.

A grant application was submitted for Federal funding through the CDC for injury prevention; this occurs every 5 years. They released their injury prevention programs - one requirement is to have home visiting folk collaboration.

There is a Sexual Violence and the Elderly training March 30 in Litchfield, Linking Adverse Childhood Experience to Health Care training May 20 in DuPage County, and Clinical Principals in Geriatric Psychiatry training April 26 in Kankakee.

There is a Lifesavers Conference (national highway safety meeting) Phoenix, AZ, March 27-29
<http://www.lifesaversconference.org/> .

The 2011 Joint Annual Meeting of the Safe States Alliance (formerly STIPDA), SAVIR and CDC Core State Injury Grantees is scheduled for April 6-8 in Iowa City, IA
<https://m360.safestates.org/event.aspx?eventID=20417>.

Johns Hopkins Center for Injury Research & Policy - Two Summer Institutes in 2011:

(1) Principles and Practice of Injury Prevention June 12-15 in Baltimore, MD

(2) Beyond the Basics: Evaluating Injury Prevention Programs & Policies June 16-17 in Baltimore, MD

http://www.jhsph.edu/injurycenter/training/Summer_Institute

EMS Advisory Council Update, Glenn Aldinger

No report because their next meeting for March 10, 2011 in Springfield. The subcommittees have been very active; bills, rules and items will be discussed next week and then reported on at the June 2nd joint council meeting.

Legislative & Rules – Chris Wohltmann & Tom Esposito

Wohltmann – absent

Current administrative rules they have. When they start to redo the language and trauma center code want the strategic plan available - requested that at least one portion of that new legislation be ready for discussion at the June 2 meeting. We need something for the general population to review and then to IDPH legal.

At the last meeting, Dr. Esposito said they asked that these bills be run by the legislative committee or the chairman of the trauma advisory committee. IDPH's goal is to review the proposed changes while looking at the EMS Act, Trauma Center Code and the Strategic Plan. IDPH is willing to bring legislative and legal liaison and review these matters. Dr. Esposito still prefers to do the process the other way because they are the stakeholders and have ownership via a small group or committee. This committee or group would consult with Trauma Advisory members and then when they have a document, they would seek the help of IDPH about what is best.

Dr. Aldinger wanted to know if the Council gets to weigh in on HB 1391. Jack explained that the bill will take fines and fees from Region 5 and Region 4 and redistribute them to southern Illinois; these are funds the currently go into Trauma distribution group. This bill comes up next week for discussion.

Dr. Fantus has a motion on the floor to oppose House Bill 1391 by Dr. Aldinger, second by Dr. Arain. Set to vote on this motion.

More clarification was requested. Jack stated that it basically doesn't allow movement of funds in the trauma center fund to be expanded in another EMS Region; it mainly affects Region 4 and Region 5 - those funds will get redistributed to the other hospitals in those regions. Dr. Esposito said that the current legislation is worded that only trauma centers can share in the trauma center funds. Dr. Iwanicki noted that 20-25% of their patients are outside their area, would take money away from their hospital and it doesn't address those patients treated across lines. Dr. Esposito agreed that it would be best if this bill is defeated and rework directing these funds. Suggested that they look at the trauma center fund: how to increase, revisit and reallocate it and stipulations from the Trauma Advisory council – this needs to be lead by a trauma director.

Dr. Iwanicki motioned to accept the amendment per discussion to oppose HB 1391, seconded by Dr. Arain. Dr. Fantus reread the motion – there is a revised motion on the floor to approve the amended motion as follows for HB 1391 – A) Increase Revenue; B) How it is distributed at the Trauma Center level; C) Efforts to bring Trauma Center to those lacking; and D) New Trauma Registry.

Comments heard: some hospitals outside of state want to be trauma centers, while some in state say “give me money and I'll think about being one.” A trauma center doesn't make money and commend outside hospitals for being trauma center even without getting the money; they won't recoup the monies spent.

Motion called for vote:

Glenn Aldinger-Yes, Mohammad Arain-Yes, Cathie Bell-Yes, Thomas Byrne-Yes, George Hess-No, Michael Iwanicki-Yes, Kathy Tanouye-Yes, Stacy Van Vleet-Yes. They Ayes have the Vote, Motion passes as modified.

Dr. Esposito is willing to draft a position paper from this council and Jack said that the position paper must be submitted to Legislative Affairs and that they need someone at the capitol, maybe the chair of the Health Committee, if it's in opposition. Testifying needs to be identified and Jack will contact Legislative Affairs. Dr. Esposito wants them to contact him. IDPH is currently reviewing this legislation; discussion about the role of the Trauma Advisory Committee as an advisory position and that they have the option to go before the legislation. IDPH's position is out of Jack's control but he makes sure that their position as a council is heard. Dr. Fantus requested that Mr. Rawls or higher read their position paper. IDPH doesn't have the date/time that the bill will go before the Human Services Committee but Greg Harris is the chairperson; the meeting will be posted on www.ilga.gov when it is known. Dr. Fantus requested a Council Member to go to Springfield to testify on their behalf – no response. Dr. Wohltman will chair the subcommittee.

Outreach, Stacy VanVleet & Jackie Quick

Nothing to report. Need more members to their committee; their mission is injury prevention, outreach and trauma centers in Illinois.

New Business

HB 1391 - This has already been discussed earlier.

Role of Mid Level providers in Cat. II trauma response

Deferred because Dr. Hevesy was to report and is absent. .

Clarification of Trauma Surgeon call limitations (Tanouye)

Deferred. Need opinion whether a trauma surgeon can be on call at more than one location at a time – the person asking was over Level I and Level II trauma centers.

Chicago Trauma, “South Side Desert” (Fantus)

Sun Times article provided before the meeting. Referred to earlier in meeting.
(lost video signal)

Meeting in Chicago 2/8/11 called by Willie Cochran due to lack of trauma centers in South Side Chicago. MCHC was present and would cover those in need where there were no trauma centers. Chicago Fire Department relinquished home rules to IDPH? IDPH noted that this is a voluntary system; IDPH can't mandate a hospital to become or stay a trauma center, look to trauma advisory council. Region 11 as the representative it's on the agenda today

2010 data is needed for all traumas on south side Chicago, where trauma patient went, where they were transferred. By utilizing trauma center data using run time and out, we will find out if there is disparity of trauma patients on south side Chicago. Produce data within next 90 days so by March 1 you should have an entire year of data. All trauma runs on south side Chicago, Christ, Sinai, North Western, Stroger, Cook County-Loyola, Christ with linkage to EMS data. Jack noted that two haven't submitted their data yet – City of Chicago and Image Trends. Dr. Fantus wants to look at this information excluding the EMS hole. Brought to Region 11 EMS Medical Directors meeting and they are in support of looking at the data to address, in an evidence-based manner, any issues related to trauma care. Jack requested that they provide a summary, the data elements needed and IDPH could try to pull that together. Did that go to the Chicago Department of Public Health? No, Dr. Fantus said it went to IDPH to do. A Stroger representative noted that the U of I School of Public Health has all of the IL registry data but is missing data from Chicago because of home rules; however, they can request if from U of I and IDPH can help. IDPH can assist but we haven't seen a request from anyone yet though.

Dr. Fantus, as the official Region 11 representative said they need trauma triage codes, need to bring to this committee A) named in resolution; B) something be done and IDPH should be the lead. Dr. Esposito suggested outsource other entities to help and have directive to IDPH and submit 1) Illinois trauma registry not best way to approach; 2) if so, not sure completely or accuracy in database nor resources to mine that data and answer the queries in this trauma system issue, 3) as long as IDPH has been named what is the accountability of the 90 days?

Further, the resolution of the city council refers to IDPH to form a committee to identify a solution to problem of lack of Level I Trauma Centers in south side within 90 days of the committee's formation. The date of the resolution is 2/8/11. This is the first that Jack or IDPH has heard of a resolution as mentioned. Dr. Fantus is forwarding this Resolution to everybody.

Jack noted that there are overcrowded hospitals; IDPH has no power statutorily to force a hospital to come off bypass. If we think bypass is inappropriate, IDPH can only levy a fine. IDPH is aware of the concerns and routinely monitors bypass. Some states have done away with bypass capabilities overall. IF IDPH changes bypass rules, we'll look for your support and the stakeholders.

Kathy read from 2nd to last paragraph regarding funding. Jack mentioned the Healthcare Reform Act; \$100M to go to trauma care in the states, but that is to be spread throughout 50 states and he talked with the Deputy Director about this issue.

Dr. Iawanick says that because of the closing of Provident Hospital, there is a deadly threat on the south side. The county is closing the hospital; this is also a county responsibility as well.

Old Business

Strategic Plan
No discussion.

Wrap Up

Upcoming Meeting Dates

- June 2, 2011 – Springfield
Coordinate with Mike Hansen to get enough time for both councils.

Meeting adjourned 1:00 pm by Dr. Fantus.

Location and Contact info:

Upstate

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Link to Campus Map: http://www.jalc.edu/online_student_handbook/maps/

Springfield:

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