

**EMS and Trauma Advisory Council  
Joint Meeting Minutes**

June 2, 2011

Department of Natural Resources  
Springfield, Illinois

**Call to order, Mike Hansen 11:02 am  
Roll Call & Approval of Minutes**

Present for Trauma Advisory Council: Glenn Aldinger, Cathie Bell, Thomas Byrne, Richard Fantus, Scott French, George Hess, George Hevesy, Kathy Tanouye, Stacy VanVleet, Mary Beth Voights, and Christopher Wohltmann.

Present for EMS Advisory Council: Glenn Aldinger, Kevin Bernard, Don Davids, Richard Fantus, Randy Faxon, Ralph Gaul, Michael Hansen, David Loria, George Madland, Connie Mattera, Mary Ann Miller, Annie Moy, Kathleen Schmidt, Douglas Sears, Thomas Stecher, Herbert Sutherland, Jack Whitney, J. Thomas Willis, and L. Bill Wood.

Absent from Trauma Advisory Council: Mohammad Arain, Dongwoo Chang, James Doherty, David Griffen, Michael Iwanicki, and Scott Tiepelman

Absent from EMS Advisory Council: Melissa Dunning, Stephen Holtsford and Terry Pool.

Proxy: David Loria for Dongwoo Chang, George Hevesy for David Griffen, Kathy Tanouye for Michael Iwanicki, Don Davids for Stephen Holtsford, Leslee Stein-Spencer for Marc Levison, Jennifer Haner for Brad Robinson.

We have a quorum.

Call for the approval of the minutes from the previous meeting. Motion made by Glen Aldinger and seconded by George Hevesy. All in favor and no one opposed. Minutes stand as approved.

Dr. Fantus-Couple of questions on the earlier party report. The south side trauma desert, the whole issue with that...there was a resolution from the Cook County Board for a 90-day turnaround. Jack stated that the resolution was actually from Alderman Cochran to the Cook County Health Department and Board. To Jack's knowledge we have never received any type of official resolution from the Cook County Board.

Dr. Fantus also asked about HB 1391 and the outside vendors for the registry.

**Trauma Registry Report – Adelisa Orantia and Dr. Richard Fantus**

The last Trauma Subcommittee meeting was in Joliet on May 24<sup>th</sup>. Shane Clontz from IDPH shared the progress made on the data mapping. There is a lot of concern about the Illinois trauma data elements matching the national trauma data set. Supports matching the national trauma data banks data dictionary. Subcommittee is concerned about T-Quip and how we can validate some of

the data elements for the T-quip quality reports as well as enhancing data elements added in 2012 or 2013. Maybe they can talk with the legislative subcommittee about getting that included in the Administrative Rules. It was recommended and they will investigate a way to track who is accessing patient registry reports and also who has run and updated reports. Also recommended - how all the elements in the Illinois registry map over to national trauma database. They are requesting violence registry to find out who stakeholders are and who is actually entering data, what data elements and what the inclusion criteria are because there seems to be a lot of confusion. Data subcommittee is to support data integrity statewide. Recommending when updates come out they are sent to subcommittee so they can discuss potential impact and keep a public log of registry changes. Additional recommendations involved the way the registry is structured as far as length of stay and ventilator days and changes to the start times and dates.

Dr. Fantus asked Jack about outside vendor and possibly outsourcing, such as skyway and parking meters. Do we have any timeframe? Jack said we will have to decide if, when or how we go about it. We would have to write an RFP contract for what the registry would need to do and identify the requirements of the registry. There is a set of rules regarding the state contract, it will have to go through committees outside of our agency for approval and then go out to the national vendors. Our biggest issue would be identifying the requirements of what a vendor would have to meet. We would need advice from the Trauma community on what the requirements we will need to meet. Dr. Fantus asked how many trauma centers would pay a few thousand at their level to have a registry, as opposed to being supplied one by the state. Similar to a user fee like most software programs have that your hospitals utilize. Interested parties present were interested and suggested that this question should be taken back to their institutions and pose; also wants a better definition of what it would cost.

### **Trauma CQI/Best Practice Mary Beth Voights**

This group met on May 24<sup>th</sup> in Joliet; with other committees as well. The recent focus has been to coordinate and collaborate with our regions and determine the consensus on the minimum field triage criteria for the State of Illinois for Trauma. We also looked at the EMSC derived pediatric head injury imaging guidelines. We have recommendations on both of those for the council. The joint meeting derived American College of Surgeons CDC document that is nationally based and then did a gap analysis document of each of our regions in Illinois. This document looks the same as the previous with some new ones thrown in from the national set. New focus has been sustained hypotension of less than 90 in an adult and less than 80 in a pediatric patient, respiratory compromise: rate less than 10 or greater than 29, altered mental state: Glasgow coma scale of 10 or less, anatomic injuries, penetrating injuries to the head or neck or torso or groin. Two or more body regions with potential life or limb threat, combination trauma with greater than 20% total body surface area burns, amputations above the wrists or the ankles, limb paralysis and/or sensory deficit above the wrist or the ankle. All of these would mandate notification of the trauma surgeon from the field and would initiate field triage treatment protocols and would have rapid transport to the highest level trauma center within 25 minutes. The ones that the national level has that we don't have is a crushed, deformed or mangled extremity - four regions do have but the other seven would fit into one of the other criteria. Unstable pelvis fractures were not included-four regions, and the others did not because those patients would be

hypotensive if they had an unstable pelvis that was bleeding. The other one that the national recommendations have is open or depressed skull fracture. Five of the Illinois regions have those and the other six do not. The next set is Category II's in the national scheme; these would initiate field triage protocols, rapid transport to the nearest trauma center within 25 minutes. These are all mechanisms of injury. Either ejected or thrown from motorized vehicles including motorcycles, death in the same passenger compartment, intrusion greater than 12 inches on the occupants side or greater than 18 inches on any side, auto vs. pedestrian or bicyclist thrown, run over or with significant impact greater than 20 miles per hour, falls greater than 20 feet in the adult and greater than 10 feet or two times the height of a child for pediatrics. The one national criterion that we did not include in this set is vehicle telemetry data consistent with a high risk of injury. We aren't currently seeing vehicle telemetry data out there; it could be added later. The last category is special considerations and the action would be to contact medical control and consider transport to a trauma center or a specific resource hospital. We did not change the age of older adults from 65 to 55. Children should be triaged to pediatric capable trauma centers, burns without another trauma mechanism should be triaged to the burn facility, time sensitive extremity injuries, without a present pulse, end stage renal disease requiring dialysis, pregnancy greater than 20 weeks which is a deviation from our current set where those people are evaluated by the trauma surgeon and now EMS would call medical control and decide what to do, thrown or kicked or mauled by a large animal.

A motion to accept Mary Beth's report as written was given by Dr. Aldinger and seconded by Dr. Hevesy. All are in favor and no one opposed.

#### **Advanced Practice – George Hevesey**

Next will be June 23<sup>rd</sup> at 3pm in Peoria; will try to get conferencing. If anyone is interested in attending they can contact Dr. Hevesy by emailing him at [gzevesymd@pol.net](mailto:gzevesymd@pol.net) or contact Jan. Meeting report will be provided at September meeting.

#### **Trauma Nurse Specialist – Stacy VanVleet**

Section 515.750-Rule changes for trauma nurse developed and revised by the TNSCCs in conjunction and feedback from the community, our constituents and the hospitals. It was also worked with through IDPH and went through approval as well up to the governor. Motion 515.750—Dr. Hevesy moves and seconded by Dr. Aldinger. All in favor and no one opposed.

#### **Injury Prevention – Jennifer Martin**

Jennifer is trying to identify ways of getting information out to professionals and families. There are a few warnings that have been sent out. One is about the possible suffocation or drowning hazard regarding the large plastic balls that people can get into that are used for water sports or on grass. Another warning is swallowing and chemical burn hazard with regards to the button batteries. More recently, there were some smoke alarms that we recalled in Atlanta that were counterfeit.

Illinois was also one of the top ten states that have the highest cost of medical care and work loss due to crashes. National Ask Day is to encourage families that when they send their children to another home to find out if there are firearms in the home and if they are stored properly.

### **Legislative & Rule - Chris Wohltmann & Tom Esposito**

IDPH has offered to align strategic plan and remove what doesn't apply. In order to align the trauma rules of the strategic plan and to move forward on some of the initiatives that are in the strategic plan, IDPH could assist in sitting down with work groups to go through the existing legislation and strike out what doesn't apply. We can also help craft and re-draft language that will help move trauma care forward; this has been done very successfully with some of the EMS Legislation. IDPH's goal is to work as a partnership with the Trauma Advisory Committee. We need the guidance from the committee on where trauma should go in the state.

Dr. Esposito—HB1391-trauma funds. His intent is to go through the entire legislation and strike out things that don't apply and to insert items from the strategic plan. Then reconvene with IDPH and the committee.

### **Outreach – Stacy VanVleet and Jackie Quick**

Last met on May 24<sup>th</sup>. They are in infancy stage but are excited because it is not just trauma coordinators but injury prevention coordinators as well; they discussed what objectives and goals would be. Would include outreach to the public, injury prevention for the public and injury prevention and education for the trauma coordinators. The biggest goal is to meet with Jennifer Martin; and that is being scheduled.

### **Old Business – Trauma**

Nothing to report.

### **New Business – Trauma**

- Chairman Election for 2011/2012

Nomination for Dr. Fantus motioned by Dr. Hevesy and seconded by Dr. Aldinger.

- Co-Chair Election for 2011/2012

Motioned by Dr. Fantus to retain Dr. Hevesy as Co-Chair and seconded by Dr. Aldinger.

- Future Trauma Advisory Council meeting dates for 2011/2012

### **Upcoming Meetings – Trauma**

Motioned by Trauma Advisory Council to have a yearly combined meeting trauma advisory council meeting. Scheduled for Tuesday, June 5, 2012. Favor- 6 proxy-2, no one was opposed.

Additional 2011/2012 Trauma Advisory Council meeting dates to be voted on:

September 1, 2011

December 1, 2011

March 1, 2012

June 5, 2012 (joint meeting with EMS Advisory Council, Springfield)

Motioned by Kathy Tanouye and seconded by Dr. Hevesy.

### **Wrap Up & Call for Public Comment – Trauma**

Dr. Aldinger motioned and Dr. Hevesy seconded to adjourn the Trauma Advisory Council portion of the meeting.

**Meeting reconvened after 15 minute break for the EMS Advisory Council portion.**

**Committee Reports – EMS**

Motion for approval of the minutes from the last EMS Advisory Council meeting from the EMS council. Connie Mattera moved and seconded by Tom Willis. All are in favor and no one opposed.

Name change- Dr. Sullivan should be Sutherland. On Page 13, Paragraph 5.

**Legislative & Planning – Mike Hansen**

Nothing to report.

**EMS Rules & Regulations – Mike Hansen**

Nothing to report.

**State EMS Protocols – Annie Moy**

Is setting up a meeting to talk about protocols. Nothing else to report.

**EMS Data – Mike Hansen**

Nothing to report.

**EMS Education - Connie Mattera**

Met on April 25<sup>th</sup>, 2011 and got positive feedback from both meetings. Getting the state transitioned over to the new education standards. There will be a letter from IDPH about dates and the transitioning that the state is doing; everyone will be transitioning to the new scope of practice model by January of 2013. Everyone will be transitioned to the new education standards and licenses will be changed in terms of what they are going to be called. EMT-I's will be recognized thru 2017. There will be a five-year transition period for intermediates to transition up to Paramedic level or go to the Advanced EMT level. Only recognize site codes for new programs after January of 2013. Sent data off to Continental Testing Services because we will be revamping the blueprints for all levels at examination; starting with the EMTs. The Paramedic level will have very little change. There will be three meetings to look at current performance of all three levels of the exams. Anything that needs to be referenced is available on the IDPH website. The biggest change will be learning to write your own curriculum. There are multiple subcommittees working: one is working on CEU hours regarding what other states are doing as far as their hours and the other is focused on distributive learning. There will be a monthly survey seeking what you are currently doing on a distributive learning model and how it is working. What would be the goals and how does this work in the ConEd realm? There is also a clinical improvement performance report that Linda Angarola and her team looked at to determine the best national standards and guidelines.

**EMS Recruitment & Retention - Bill Wood**

The committee of about ten people met on May 11<sup>th</sup>, 2011 and discussed letters that had been submitted to Representative Moffit. There is a proposal aimed at bringing relief to rural EMS

providers and reducing the need for staffing waiver requests; this is waiting on feedback from Public Health and the Advisory Council. There is great concern about the Intermediate level and with liability issues due to level of training. Rep. Moffit has been putting together a committee; just need a few more appointments. Jack Fleeaharty announced recently that all EMT-I's must declare by Jan 1<sup>st</sup>, 2013 their intention to complete an I to P bridge program or reduce their license level to an EMT; this process will be phased through 2017. The elimination of the EMT-I level could create hardships to the rural areas that cannot afford to raise their level to Paramedic. It could force reduction of care for the EMTs to provide the people in their community. Issue: One of the concerns about providing proper education to our pre-hospital people is that so many of them want to do it online. Clinical or classroom settings are better for this.

We would like to see development of grants for EMS education. There is potential money out there that could help offset expenses for rural Illinois. The committee desires to continue utilizing the population of 10,000 as the benchmark when discussing rural EMS proposals. Any increase in the EMS education hours will hurt recruitment especially in the rural areas. One of the things we discussed was that the Basic takes a course of about 120 hours and now they are going to go to 180 hours. Region 6 is taking five drugs away from them; they currently carry albuterol, nitro, aspirin, EPI and EPI junior. With the new standard and EMT Basic they will not be able to provide that and in discussions with IDPH representatives they would like to get away from expanded scope and away from waivers. EPI and EPI Junior state legislative says that they have to be carried on a BLS rig.

Would like consideration of issuing CEU credit for EMS personnel during calls and we discussed the possibility of them writing up their reports and counting missed CEU's. We will be talking to education committee about that opportunity.

Future meetings, held via conference call, will be held every other month on the second Wednesday. The next meeting is scheduled for July 13, 2011.

Jack discussed Intermediate scope of practice.

### **Tactical EMS - Patti Lindemann**

Nothing to report

### **Emerging Issues - Mary Ann Miller**

This committee meets every other month on the fourth Monday; the last meeting was 4/25. The next meeting will be 6/27/11. They are working on ambulance standards. Trying to get group together of 911 coordinators from various areas that are going to meet with Jack regarding narrow banding and the future of the MERCI radio in Illinois. We have been following STEMI and stroke. New Mission Lifeline coordinator introduced...Art Miller. We are adding another new topic and continue to study the federal lead agency and who that will be for EMS. EMS needs to get involved in this discussion as it is going to guide where our state is headed. We need to get involved and work toward picking the correct agency, and then we would be in the background. We are linked with the Illinois Ambulance Association as well as the American Ambulance Association and the Illinois Fire Chief and the Fire Chief's Associations throughout the nations. We want to make sure that we hear everybody's input, please send e-mails or attend the meetings to discuss. We are reviewing the Strategic Plan and would like discuss our desire of more emphasis regarding the STEMI activities. We are very excited that 515.860 the Critical Care Transport administrative

rules are complete; it has taken four years.

### **Old Business – EMS**

Nothing to discuss.

### **New Business – EMS**

#### **Proposed rules**

##### **○ 515.750 – TNS**

Tabled at last meeting by Bill Wood and Ralph. Ralph moved and Bill Wood seconded to untable. Motioned by Connie Mattera and Mary Ann Miller seconded to approve. All in favor to pass.

##### **○ 515.860 – Critical Care Transport**

Motioned by Mary Ann Miller and Seconded by Dr. Whitney.

Connie Mattera wants consistency in calling them Paramedics instead of EMT-P's. Jack says the verbiage will be changed and Jonathan Gunn mentioned that the terms will need to be redefined. All in favor to pass.

##### **○ 515.100 – Emergency Medical Services for Children**

George Madland questioned - All resource hospitals are required to be EDAP or PCCC. Why is this included in the language? Paula Atteberry says that this has already been used and just hasn't been through the process. The hospitals have already met these standards.

Motioned by Connie Mattera and seconded by Dr. Herb Sutherland. All in favor to pass for all 515 and appendixes.

Mike Hansen—Field Triage Criteria discussion. Lead by Connie Mattera. We have a belief that if there is national guidelines or standards then we should be moving towards them. To be moving away from them is a counter to what our approach would be. It was recommended that Annie Moy's committee look at it and bring forth at next meeting September 15, 2011.

### **Chairman Election**

Motioned by Mary Ann Miller and seconded by Bill Wood for Mike Hanson.

All in favor and passed.

### **Co/Vice-Chair Election**

Motioned by Bill Wood for Mary Ann Miller and seconded by Annie Moy. All in favor and passed.

### **Future Meeting Dates – EMS**

Mike Hansen motioned and seconded by Bill Wood. Dates are set for 2011 to June 2012.

September 15, 2011

December 2, 2011

March 15, 2012

June 5, 2012

### **Call for Public Comment**

No public comment.

Meeting was adjourned at 1:19pm

