

**Trauma Advisory Council
Meeting Minutes
September 1, 2011**

University of St. Francis, John Logan Community College, Webinar

Review Rule of Order via Video Conference/Webinar

Meeting was called to order by Dr. Fantus at 11:00 am

Discussion was held regarding Webinar Etiquette; 8 of the 15 voting members 15 are present.

Motion to allow George Hess vote through Webinar via speakerphone by Dr. Fantus and seconded by Mary Beth Voights. All in favor - Ayes; none opposed or abstained; motion passed.

Motion to allow voting and interface via Webinar by Dr. Arain and seconded by Mary Beth Voights. All in favor - Ayes; none opposed or abstained; motion passed.

Roll Call & Approval of Minutes

Present: Glenn Aldinger (tardy), Mohammad Arain, James Doherty, Richard Fantus, George Hess (John Logan webinar), Michael Iwanicki (webinar), Kathy Tanouye, Scott Tiepelman (John Logan webinar), Stacy Van Vleet, Mary Beth Voights, Christopher Wohltmann

Absent: Cathie Bell, Thomas Byrne, Dongwoo Chang, Scott French, David Griffen, Bruce Sands

Proxies: Dr. Fantus has proxy for George Hevesy.

Call to approve minutes – Motion on floor by Dr. Fantus to approve the June 1 EMS & Trauma Advisory Council minutes. Mary Beth Voights noted on page 3 regarding her pre-hospital field triage report that it doesn't note that the Council actually motioned and approved and the minutes need to be corrected to say that motion was accepted. Dr. Fantus - with this addition, we have a motion to approve, seconded by Dr. Arain. All in favor – Ayes, none opposed or abstained. The June 2, 2011 State Trauma Council portion of the meeting minutes were approved with changes.

Reports

Division of EMS Report, Jack Fleeharty

Introduction of Joe Albanese as IDPH's New Trauma Program Coordinator.

Thank Kathy Tanouye for her assistance in getting the meeting organized. Thank St. Francis for hosting the meeting at Joliet and John A. Logan for hosting the Teleconference Site in Carterville.

Trauma Program Updates:

- 16 trauma site surveys were completed.
- Review of two Level II trauma center applications were completed with comments sent back to the applicants for trauma plan revision and resubmission.
- A newly replatformed Trauma Registry has been deployed to the TEST environment; testing by volunteer Trauma Registrars will start the week of September 12, 2011.
- A Beginners Trauma Registry training is scheduled for October 18-19, 2011 at Provena St. Joseph Medical Center in Joliet and for October 24-25, 2011 at DNR in Springfield.

- Trauma Center Fund in the amount of \$4.5M has been distributed to designated Trauma Centers; last year's distributed amount was \$3.5M.
- Language has been drafted to address the changes of trauma distribution regarding HB 1391. After Legal has finalized the language, we will submit the draft to the Trauma Advisory Council Members and the EMS Advisory Council for approval.

EMS Assistance Grant:

- The EMS applications were due to the Department from the Regional EMS Advisory committee by June 30, 2011.
- The EMS Assistance Fund Grants will go before the Department's Grant Review Board in September. Approximately \$90,000 will be awarded. Letters to awardees will go out sometime in October.

Legislative Report:

- The following rules will go to JCAR in September:
 - Arbitration, Reserve Ambulance, BLS Protocols, Military, Stretcher Van and VA Facilities.
- The TNS, EMS/EMSC and the Critical Care rules have been published for public comment.
- The Spinal Cord Injury with paralysis Research Grant went before the State Board of Health Rules Committee and was approved and now goes to the State Board of Health this month for approval.
- The Department this month will be working on drafting rules for HB1391, relocation of Trauma Funds and HB 3134, and changes to the DNR form.
- We will be working with the Trauma Advisory Councils Legislative Subcommittee to look at updating some of the existing rules and needed changes to the trauma center code.

EMSC Report:

- Region 2
 - Surveys for PCCC, EDAP and SEDP recognition were completed in May and June.
- Region 8
 - PCCC, EDAP and SEDP applications were received.
 - Surveys will be scheduled in November/December 2011/January 2012.
 - Sessions to cover renewal requirements are scheduled for October 24 in Region 5 and October 25 in Region 4.
 - Regions 4 and 5 renewal applications will be due sometime in February 2012.
 - Regions 4 and 5 surveys will take place in late spring and early summer.
- Current participation in facility recognition (107 hospitals)
- PCCC/EDAP level = 10; EDAP level = 81; SEDP level = 16
- If you would like to be a surveyor, contact Evelyn Lyons.
- Several School Nurse Emergency Courses were held around the State. These courses were well received. This year we were able to do two courses in Southern Illinois.

George Hess would like the trauma distribution information; Adelisa Orantia will send it to him. Reclarify spinal cord research per Kathy Tanouye – the fund was established years ago for research grants. Administrative Rules were never written though and we are writing that now. Questioned if the rules went to the Trauma Advisory Council last time? Jack will check on this.

Michael Iwanicki questioned the House Bill passing. Jack stated that when the Bill passed, it became effective immediately. Funds cannot be distributed to regions outside of Illinois; it will be distributed to hospitals that provide emergency services. Once the Rules are into Law, IDPH must get Administrative rules on how to distribute the funds. Michael Iwanicki thought that the Trauma Advisory Council had opposed this bill and that is correct. Dr. Fantus says this is an Old Business item for discussion later.

Trauma Registry, Adelisa Orantia & Richard Fantus

Did not meet, so there is no agenda. First CQI questions responses were given to Mary Beth Voights.

Trauma CQI/Best Practice, Mary Beth Voights

No meeting in interim; the next meeting is after this meeting. The Trauma Advisory Council approved minimum field triage criteria. This minimum field triage criteria has been submitted to the EMS Advisory Council for review and comment. They should receive feedback from the EMS Advisory Council after their meeting on 9/15/11. This committee's next meeting is 12/1/11 immediately following the Trauma Advisory Council meeting.

Advanced Practice, George Hevesy

Jan - They met in June. Definitions are needed for trauma resuscitation. They are getting a survey tool out. Currently, they are working on advanced practice and resuscitation piece of the rules and regulations.

TNS, Stacy VanVleet

Meeting held on June 24 and reviewed test databank; development of a new test estimated by spring 2012. Changing the curriculum was postponed because ATLS curriculum will change. The older curriculum will be pulled out and placed into its own chapter. Skills validation will be revised. www.illinoistraumanurse.org for news on tests, dates, etc.

Injury Prevention, Jennifer Martin

Minutes were read by Jennifer 9/1/11 provided; she will push the minutes out to everyone.

EMS Advisory Council Update, Glenn Aldinger

Joint Meeting was held 6/2 and most everyone was present at both Councils. The minutes from that meeting were circulated earlier. Since that meeting EMS and Educational Subcommittees have met.

Legislative & Rules – Chris Wohltmann & Tom Esposito

Met with IDPH and verified who were the committee members and recirculated that list. Planning a discussion with help of IDPH and any other legislative groups to inventory what's going on and any proposed Bills. Need to figure out which items can be implemented without legislation and which ones need legislation and funding. Then they'll contact committee members to meet. Jack stated that he plans to have meetings midway between the quarterly Trauma Advisory Council meetings, look at the Strategic Plan and try to mirror goals. The objective is to take each section, make proposals, get Trauma Council approval and move through.

George Hess wants notified when the legislative subcommittee meets.

Outreach, Stacy VanVleet & Jackie Quick

They met August 25 by phone conference with Jennifer Martin. We will combine efforts and still give prevention report separately. Turnover of trauma coordinators has hampered efforts. The committee will set up a webinar for trauma programming troubleshooting and prevention initiatives. Look at strategic plan; need to mirror the objectives and realign their committee.

New Business

Trauma Plan Templates – Joe Albanese

Joe mailed past due trauma plans to trauma coordinators. He is working on a template that follows Appendix A. Contact Joe Albanese at joseph.albanese@illinois.gov if you need more time or have questions.

Pediatric Trauma Letter Transfer Intent

Letter sent from Sam and Jack in July 2010 was discussed.

Jack stated that the letter was a product from inquiries about variations regarding Category 1 or Category 2 pediatric trauma patients. The letter was a reminder to all trauma medical directors about the guidelines, based on legislative rules. Keep in mind that trauma systems in the state have different scenarios; pediatric transfers are being managed to maintain good trauma care. There are variations from region to region based on available resources.

Clarification of Field Triage for Pediatric Trauma

Trauma Triage rules to clarify for pediatric trauma patients.

All of St. Louis – 2

Pediatric Critical Care Center (PCCC) is not a level 1 pediatric trauma designation.

Jack stated that if it is a Category 1 or Category 2 just trauma - within trauma services. But to move them out of trauma services, then that's a problem. Dr. Gaines stated that in southern Illinois it will be different, whereas in Chicago you have the resources. Jack also stated that for Medical Directors and the trauma system to make the determination of whether these transfers are appropriate.

Clarification of Trauma Surgeon call limitations (Tanouye)

No discussion

Old Business

Videoconference – Better Way to Meet

Michael Iwanicki and George Hess want to move the meeting location back to Springfield. Dr. Iwanicki says that the technology needs to be figured out; George Hess noted that it's been a year and it is still not a good way to meet.

HB 1391

Question as to how this Bill got through. We initially opposed the Bill but were directed to go neutral. EMS bills, unless there's a strong lobby that goes to the capital, will get passed.

Dr. Esposito stated his disappointment with the dysfunctional organization of the lead agency in Trauma. The strongest lobby that Trauma has goes to the Governor (the director) and does nothing to stop the Bill. There was no courtesy notice to Trauma as to what the direction of the bill was going - ill-advised. Dr. Esposito had a number of questions he brought with him and Jack responded:

1. Which hospitals in Illinois? Any out of state? No trauma funds will go out of Illinois.

2. When is the anticipated disbursement? Next fiscal year.
3. Regions 4 & 5 don't have trauma; 40-45 hospitals per Region.
4. Provide ER services; what does that mean? Standby ER, basic or comprehensive ER departments.
5. Capacity to determine the amount of funds raised in EMS regions? We get all that by individual regions; know amounts to hold for Regions 4 & 5. Dr. Esposito wants this information provided to the Trauma Chair. Ballpark figure \$600,000 total between both Regions; Region 4 was under \$300,000 with a little more for Region 5
6. How is amount of allotment being determined because current equation doesn't have trauma? Draft language looking at HSVI will include budget for hospitals to demonstrate how they will provide it toward ER services and the rest will remain unchanged. Short synopsis, Council members will see that language when it comes to you. In regions where non-trauma hospitals exist, hospitals that have licensed ERs will get some of these funds. Must have means to show that they are providing ER services. There are 80+ hospitals that are not providing trauma services.

Dr. Esposito says that's the problem – giving trauma funds to non-trauma hospitals. Dr. Aldinger noted that we asked all to be at trauma level. Discussion was held about the need to participate in the trauma registry fully. Dr. Aldinger stated that we use this legislation to get trauma information in those regions. Paragraph added to Trauma Data (maybe 3 sentences) – Jack/Fantus.

Jack recommended that when the draft language is done, it will be submitted to council members. IDPH legal staff will advise you as to whether that language is acceptable.

George Hess noted that this is the Law and now we have to move forward. This is about patient care, losing funding. Jack stated that we would have to go back and change statutory language to change this Law.

Meeting Format

Dr. Fantus polled the audience as to whether to continue this format for next meeting; 20 participants still connected via Webinar. Broadcast the votes – 7 yes, 12 no (George included, NO, never did have video)

Council member votes: Aldinger-Aye; Arain-aye; Bell-absent; Byrne-absent; Chang-absent; Doherty-Aye; Fantus-Aye; French-absent; Griffen-absent; Hess-Opposed; Fantus proxy for Hevesey-Aye; Iwanicki-Aye; Sands-absent; Tanouye-Aye; Tjepelman-absent; VanVleet-Aye; Voights-Aye; Wohltmann-Opposed. 70% of the audience voted Aye on Webinar. The Joliet participants had an overwhelming Aye to continue meeting this way.

Jack reiterated his opinion of this format not being successful. As a governor's appointed board, there's a lot to be said about being face-to-face and he does not think this is a productive way and he's opposed to holding future meeting in this fashion.

Discussion was held regarding other locations, face-to-face meeting space and future meeting locations capabilities. Dr. Fantus agreed there were flaws and apologized to George for the lack of connectivity. George agreed with Jack that we should not do this anymore; we have had a year to figure it out.

Kathy also noted that we have a commitment from IHA to allow video conference at Springfield and Naperville in March 2012; we can vote at the December meeting if we want to try video

conference again. Brad Robinson noted that Memorial-Carbondale is also available if we choose to use video conference again in future. Jack offered that the State has video conference and could use CMS' bridge if we decide to do it this way again.

George Hess and Kathy Tanouye stated to keep Trauma and EMS separated.

Glenn Aldinger motioned to continue the December 1, 2011 meeting in the same format, seconded by Dr. Fantus and added that one site be Springfield. All those in favor – Ayes, one opposed, none abstained. Ayes have it; the December 1 meeting will be held in the same format and details will be forthcoming.

Wrap Up

Upcoming Meeting Dates

- December 1, 2011 TBD – possibility Bromenn (Normal) if not St. Francis (Joliet) or IHA (Naperville, Springfield)
- March 1, 2012 IHA (Naperville, Springfield)
- June 5, 2012 Joint EMS/Trauma Advisory Council DNR (Springfield)

Meeting adjourned at 12:52pm by Dr. Fantus.

Location and Contact info:

Joliet:

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