

**Illinois Department of Public Health
Poison Advisory Committee
Minutes
Monday, March 19, 2012
Metropolitan Chicago Healthcare Council**

MEMBERS PRESENT

Ortinau, John, Northwest Community Hospital, Arlington Heights
Hughes, Karen, Consumer
Aks, Steve, John H. Stroger Jr. Hospital of Cook County, Chicago
Wahl, Michael, Illinois Poison Center
Graneto, John, Illinois College of Emergency Physicians, Oakbrook
Leikin, Jerry, NorthShore University Hospital System

INVITED GUESTS

Rizzo, Dennis, Illinois Poison Center
Bryant, Sean, John H. Stroger Jr. Hospital of Cook County, Chicago
Moran, Gail, Illinois Poison Center
DesLauriers, Carol, Illinois Poison Center
Howard, Najja, Illinois Poison Center

MEMBERS ABSENT

Brennan, John, Memorial Medical Center, Springfield
Fleeharty, Jack, Chief, Highway Safety and Emergency Medical Services (Teleconference)
Short, Mike, Memorial Medical Center, Springfield (Teleconference)

CALL TO ORDER

The meeting was called to order at 10:10 am

The minutes of September, 2011 were reviewed and approved.

Motion: Karen Hughes

Second: Jerry Leiken

Letter On Behalf of Poison Center-

Dr. Wahl provided board members the letter written by Steve Aks representing the IDPH Advisory Board to support IPC funding. The letter was commended by the board.

POISON CONTROL CENTER REPORT

Dr. Michael Wahl, Medical Director of IPC, summarized the quarterly report that was sent for review to each committee member for the period July 2011 –December 2011.

The following points were included in the summary and open for board discussion:

- Summary of call center statistics
- Revenue Summary 2009-2012
- Expense Reductions in response to reduction in Revenue
- Clinical staffing changes and effect on call center quality metrics
- 2012 Illinois Poison Center Budget

Key Summary Points:

Call Center Activity:

- Over 39,000 poisoning cases were managed by the IPC and over 4,500 requests for information were handled in the final six months of 2012.
- Almost 10,000 calls came directly from healthcare facilities in that same time period (or just over 25% of poisoning exposures)

Revenue Summary

Public Funding:

- State funding has been proposed at level funding by the Governor. The state funding at the legislative level has yet to be determined Preparedness Funding for the 2012 has been eliminated
- HRSA Incentive funding for 2012 has been eliminated due to federal budget reductions
- HRSA Stabilization funding has been decreased by almost 40% due to federal budget reductions

Private Funding

- Fair Share funding is moving slowly upward but is not making up the deficit
 - Dr. Wahl mentioned how a few other states are now considering using a similar program for funding including neighboring states Iowa and Wisconsin.
- Overall, revenue reductions are about \$800,000 since 2009.

Expense Reductions in Response to Reduce Funding:

2009-2011

- Consulting expenses eliminated:
 - outreach satellite system moved from subcontract to volunteer relationship
 - Outreach community subcontracts eliminated
 - 0.6 FTE of medical direction eliminated
- Printing and shipping expenses eliminated:
 - Decreased outreach materials
 - Eliminated annual report (reinstated with a different, less expensive format)
 - Charge for \$5 for shipping
- Staffing
 - 2 call center positions eliminated
 - 2 open call center position closed
 - 1 Education outreach specialist position eliminated

2011 Expenses

- All FTE reduced to 90% hours
 - Loss of addition 1.3 FTE of phone time
 - Loss of second outreach position

Effect of Staff Reductions:

Increased wait times:

- Average wait time has increased from 12 seconds to 27 seconds. By way of comparison, the National Emergency Number Association (NENA) recommends 90% of emergency calls should be answered in 10 seconds and 95% of calls within 20 seconds. The IPC had been within the range for 911 standards, but has fallen significantly with the loss of staffing.
- Call Abandonment: Abandonment due to increased wait times has increased from 1.5% of calls to 3.4% of calls.

Education (internal and external)

- Fewer didactic lectures for schools provided by IPC staff
- Less projects, research by IPC staff
- Less participation in outreach events by clinical staff
- Less participation in onsite case and journal club presentations

Review of IPC budget:

The 2012 budget was reviewed by the Dr. Wahl. There was a general discussion with questions directed to Dennis Rizzo, VP of MCHC on indirect costs. All questions were answered to the satisfaction of the board.

A comparison of the IPC budget and costs to a national survey showed that the total cost per poisoning exposure managed nationally was \$56.57. The IPC budget would need to be \$4,342,000 (an increase of ~\$550,000 to meet the national average).

Old business:

Compensation for education of rotators (requested by Dr. Leikin): 3 pharmacy schools have agreed to provide compensation for \$500 per student rotation. The estimated income is approximately \$7,500 per year

Poisoning information in the digital world: In 2011, it was suggested by Dr. Ortinau that the IPC should be a leader in providing reliable information on non-toxic substances since people are using internet search to find poisoning information instead of calling poison centers. The initial web series of the 'My Child Ate' program was discussed.

Format of Next Meeting:

There was a general consensus to move to a shorter format with less CQI and outreach information and to continue with budget forecast, continuing discussion on call center impact and highlights of new programs/solutions to deliver on the IPC mission.

Date/Time of Next Meeting:

Dr. Wahl to discuss future dates with Dr. Aks and to send out Doodle for a September meeting date.

Adjournment:

12:15 pm