

Trauma Advisory Council
Meeting Minutes
March 1, 2012
Illinois Hospital Association and Video Conference

Review Rule of Order via Audio Conference

Meeting was called to order by Dr. Fantus at 11:10 am

Roll Call & Approval of Minutes

Present: Glenn Aldinger, James Doherty, Richard Fantus, David Griffen via audio, George Hess, George Hevesy, Michael Iwanicki, Kathy Tanouye, Scott Tiepelman via audio, Stacy Van Vleet, Christopher Wohltmann via audio

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

Proxies: Glenn Aldinger for Scott French

10 out of 15 voting members are present and we have a quorum.

Call to approve minutes – Motion on floor by Dr. Fantus to approve the December 1, 2011 meeting minutes, Glenn Aldinger moved and George Hevesey seconded. All were in favor, none opposed or abstained by members present and via video conference. The meeting minutes were approved.

Dr. Fantus asked when the TAC members who resigned will be replaced to which Jack Fleearty responded as Tammy Moomey is working on finding their replacements.

Reports

Division of EMS Report - Jack Fleearty

EMSC-

○ **Pediatric Facility Recognition**

Pediatric facility recognition requirements were approved by JCAR in November. Hospitals need to integrate pediatric components into their hospital disaster emergency plan.

Region 4 and 5 will undergo pediatric site visits this spring. Hospitals in Region 11 will undergo renewals later this year.

○ **Pediatric Education**

An educational module assessing mental health needs of children during disaster is being finalized and will be available spring 2012. That addresses pediatric seizures is available on the EMSC website.

○ **Pediatric Disaster Preparedness**

EMSC is rolling out Pediatric Mock Code Train the Trainer Program that will be conducted in each of the 11 regions for pediatric preparedness. EMSC convened four work groups to develop a pediatric surge guide which will serve as guidance on pediatric surge during emergency.

Trauma

The Department has completed two contracts with two out-of-state trauma surgeons. Currently, we are looking at conducting trauma site surveys on April to late May this year. There are two initial trauma site surveys scheduled for two out-of-state trauma center applicants in Wisconsin.

Special Programs and Legislation -

○ Legislative

The Trauma Center Fund rule was updated to include the TAC recommended language. The rule was approved by legal and will go on first notice for public comments. Dr. Fantus asked for a copy of the final language.

HB 3261 brought the EMS Act in compliance with the Education Standard. The Illinois Nurses' Association (INA) voiced concerns on taking out the Nurse License Act. The same language that TNS use was modified and put the same language for TNS, ECRN "must be a RN with an unencumbered license within the state where he or she practices".

○ EMS Grants

The Department has awarded less than \$100,000 in EMS grant for FY 12. EMS Grant Guidelines for FY 13 were sent out in February and due back to the Department on June 30, 2012.

The Department would like to remind the hospitals that EMS Week is on May 20-26, 2012. The EMS Day is celebrated on May 23rd, the slogan is "EMS more than just a job, it is a calling". Certificates for years of service are available in 5 year increment. All levels of pre-hospital personnel are eligible for certificates. Deadline for submission to the Department is April 20, 2012.

Heartsaver Grants

There is no funding for the AED Heart Saver Grant for FY 12.

Trauma Registry Subcommittee, Adelisa Orantia

Continue working on replatforming and was hoping to go live on week of March 19, 2012.

There was a recommendation from the Trauma Registry Subcommittee to adopt the National Trauma Data Standard (NTDS) List of Complications. Adelisa will add those complications to the registry with start date of 01/01/2012.

Trauma CQI/Best Practice, Wendy Callan

This group met on December 1, 2011 the last Trauma Advisory meeting. Registry tips will remain the responsibility of CQI until the Registry sub-committee can take over.

There is a task force that monitors compliance with the State's Minimum Field Triage Guidelines. Adelisa is working with this group by generating a quarterly report that will go out to each region to be reviewed by their Performance Improvement (PI) committees. They are working on a second draft that will go back to this group for review.

Best Practice committee has created a reference document with Best Practice National Websites. It is posted on the Trauma Coordinators Community site at the IDPH portal under CQI.

There is a state CQI plan developing committee looking at states with statewide PI process. The state CQI developing committee will look into creating a statewide PI process for implementation in Illinois since we currently leave the PI process up to each region.

The next CQI meeting following this TAC meeting will feature a NTDB person who will give a presentation on the Illinois Benchmark Report. Trauma Centers are encouraged to submit data to NTDB so they can be benchmarked with a comparative facility, as well as the state. This gives the hospitals insight into their strengths and weaknesses.

The CQI committee would like to recommend to the Legislative Subcommittee to include NTDB participation in their trauma rule revision.

A motion to require all trauma centers to submit data to NTDB was made by Dr. Glenn Aldinger and seconded by Dr. George Hevesy. The following voted affirmatively: Aldinger, Doherty, French (by proxy); Griffin, Hess, Hevesy, Iwanicki, Tanouye; Tiepelman; Van Vleet and Wohltmann. The motion passed unanimously. If this recommendation does not require changes in the Trauma Center Act, this recommendation will fall under the EMS Trauma Center Code Reporting Requirements.

The Minimum State Trauma Field Triage Guidelines that were approved at the Trauma Advisory Council meeting in June were moved to EMS and are now at the EMS Legislative subcommittee. Discussion on the CDC Triage Criteria Appendix C and F which describes category I and II will be held after the TAC meeting.

Advanced Practice, Jan Gillespie

Jan reported that they are working on evaluating the use of TNS and APs during ED and Trauma resuscitation. A survey about mid-level practitioners was sent to Trauma Coordinators and will have the final results on June TAC meeting.

TNS, Stacy VanVleet

Last meeting was held on February 10, 2012 at Carle Hospital. IDPH gave report on updated and published rules. Testing fee and recertification were discussed. There is still no testing site established in Elgin. TNS Education has a new rule where challengers has only one chance of taking the TNS test, otherwise, the person would have to go through the whole course. Passing score is 80% or better.

The Society of Trauma Nurses is interested in looking at the TNS curriculum, and since it is owned by IDPH, approval is needed before releasing it to the interested party. Dr. Fantus recommended franchise of the curriculum with the generated revenue to be spent on improving the Trauma Registry. Jack will seek legal guidance on proprietary rights since the Trauma Coordinators wrote the curriculum which is now owned by IDPH.

Injury Prevention, Jennifer Martin

Jennifer was invited to join the outreach committee at last meeting and have been working on several different activities. She was asked to develop a list of the injury related observances for the year and that has been accomplished. This has been added to the Trauma Nurse website. Also added is a list of injury related web links. All are .gov addresses but there will be access to

other websites as well. The committee is also talking about additional activities to add extra technical assistance to the centers as to how to meet injury prevention requirement. Looking at some journal articles and thinking about doing a survey to see how others are meeting this requirement. Doing a lot of investigating and research right now to gather information and hope to present that at the next meeting.

Looking into merging committee with outreach committee. Recommendation by Dr. Fantus to discuss during Outreach report.

EMS Advisory Council Update, Glenn Aldinger

There has been a major legislative push in follow-up to the stakeholder meetings. There is a big push to get EMS listed as an essential service like the police. The goal is to get a dedicated funding source for EMS. Looking at license plate fee and/or a tire tax with the goal of trying to improve Medicaid reimbursement for ambulance transports among other EMS initiatives. Triage guidelines and further alignment with national standards discussions will come up later.

Joe Albanese questioned if anyone is aware of legislators that would be interested and if so, to please let him know. Kelly Burke's name was recommended.

Legislative & Rules – Chris Wohltmann & Tom Esposito

This committee met over the phone and got some resolution to house bill rules. These have gone to JCAR and will be open to public sometime next week.

George Hess questioned if there was a legislative subcommittee meeting/call.

Joe Albanese: "We have met internally over the last few weeks regarding legislative initiatives. Unfortunately we have gotten sidetracked by a push from Representative Moffitt. Planning on reaching out in the next month or so to develop a plan for reviewing what has been discussed and future processes in alliance with the strategic plan".

Outreach, Stacy VanVleet

Met on February 8th, 2012 and welcomed Stephanie Carter to the committee as chair and the group accepted nomination of Evelyn Clarkula as co-chair. There are only four on the committee during this time so if anyone would like to join please let them know by email. Took a look at the Trauma Strategic Plan and the initiatives. Reviewed the prevention section in particular. Identified that there is a lack of prevention programs, documentation of prevention programs as well as quality improvement. www.illinoistraumanurse.org has all the information on it that Jennifer referred to. Looking to combine the two subcommittees since they are working together already. Evelyn presented some articles on the history of the Illinois Trauma System and will be discussing that further. Also looked at information from CDC on violence data, talked about how to utilize the Trauma Registry as well as the violence registry to steer prevention efforts for each hospital. Many topics were not discussed due to time constraints.

Motion by Stacy Van Vleet to combine two committees and seconded by Aldinger. No discussion and motion passed.

New Business:

G8/Nato

Jack- Winfred Rawls attends workgroup meetings every two weeks. Another stakeholders meeting is coming up at the end of March. There was a stakeholder meeting with 75 members in attendance last month. Secret Service is not releasing a lot of information. More information will be passed out closer to event date.

Indiana

Dr. Doherty: "Indiana EMS commission just recently passed Title 836 which is currently awaiting signature of Governor Daniels and is due to be implemented on July 1st, 2012. It's the early skeleton of a Trauma System in the State of Indiana without any funding or official state support. It requires that Indiana EMS transport triage trauma patients to the nearest trauma center as long as the trauma center is within 30 minutes ground transport and 45 minutes air transport. The problem is that Illinois Trauma Centers are the closest.

Problems:

1. Rule was passed by Indiana EMS commission without any input from Illinois.
2. Christ is likely to receive the majority of patients. Busiest trauma center currently in Illinois. Currently the sole provider of care for the south suburbs of Cook County.
3. Christ does not get reimbursed for Indiana Public Aide patients. Indiana will not pay for patients treated in Illinois.
4. Encountered serious problems with getting unfunded patients back to Indiana for long term care.
5. This legislation mandates patients receive care in Trauma Centers even if across state lines but offers no financial support.

At this point using governmental affairs through Advocate with local legislators to see if they can turn up the heat with the Indiana legislators. Also meeting with EMS providers and some state officials in Indiana to voice concerns".

Aldinger made an urgent motion for the Department to take issue to the Department of Healthcare and Family Services (HFS) to open a dialogue. Dr. Hevesy seconded. Motion passed.

Old Business:

HB 1391 Revisions

Jack Fleearty: "Goal is to look with our vendor on HSVI to see if we can add those seven data points that were recommended by the council on February 14th. We have what we need to move forward on this. There was a recommendation to add field pre-hospital GCS total score to the list. Motioned by Stacy Van Vleet and seconded by Kathy Tanouye. Motion passed.

The State Trauma Field Triage Guidelines from June 2011

Looking at directing a quarterly monitoring report and looking at data elements that we might want to use. We are asking Adelisa to pull from registry to discuss at next meeting. We are also discussing blind data sharing concerns. We are asking Adelisa to pull some hospital specific information.

Update on teleconference between TAC and a member of EMS Advisory Council

It was decided that there is no way that anything was going to be decided today.

Recommendation that there be a small workgroup with four or five representatives from EMS Advisory and four or five members from Trauma Advisory that included geographic distribution as well as a trauma center level distribution that would allow for active interchanges as we move forward to try and come to an agreement with new minimum statewide trauma triage guidelines. There is an impact because of other sections within the trauma center code that are impacted by the minimum state field triage criteria.

Members of subcommittee: Dr. Colbenson from Peoria, Dr. Doherty, Michael Richard, Dr. Wohltmann, Dr. Iwanicki and Joe Albanese. Annie and Mary Beth will also be involved.

The group will talk with Annie Moy to see about setting up the first teleconference call and will hopefully have something put together for June.

Access to Trauma Care-Southern Cook County-Dr. Doherty

The county report was published and was well received.

Sue Avila: "The Cook County Health and Hospital system funded the report and it was approved and accepted with the recommendations that we outlined. Also working with others to leverage additional funds to look at establishment of the surveillance system".

Wrap Up

Upcoming Meeting Dates

- June 5, 2012 Joint EMS/Trauma Advisory Council DNR (Springfield)

Meeting adjourned at 12:45 pm by Dr. Fantus and seconded by Glenn Aldinger.