

**POISON ADVISORY COMMITTEE Minutes
Metropolitan Chicago Healthcare Council
September 21, 2012**

MEMBERS PRESENT

Aks, Steve, John H. Stroger Jr. Hospital of Cook County, Chicago
Brennan, John, Memorial Medical Center, Springfield
Hughes, Karen, Consumer
Wahl, Michael, Illinois Poison Center
Leikin, Jerry, NorthShore University Health System

(Teleconference)

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

INVITED GUESTS

DesLauriers, Carol, Illinois Poison Center
Harkness, Alexander, MCHC-GR/PR
Moran, Gail, Illinois Poison Center
Dance, Vickie, Illinois Poison Center

MEMBERS ABSENT

Graneto, John, Illinois College of Emergency Physicians, Oakbrook
Ortinau, John, Northwest Community Hospital, Arlington Heights

Call to Order:

The meeting was called to order at 10:05 am

The minutes of the March 2012 meeting were reviewed and approved.

Motion to approve: Karen Hughes

Second: Jerry Leikin

Emergency Call Center Report:

Dr. Wahl summarized the quarter report that was sent for review to each committee member for the time period of January to June 2012.

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

- Continue to see a slight decrease in exposures, similar to the national trends regarding decrease in volume. The drop in call volume is mainly in pediatric calls in children less than 5 years of age.
 - A general discussion of postulated reasons ensued and revolved on better child resistant packaging; fewer number of children due declining birth rate; online search reducing the need for calling a poison center.

- The drop in call volume has been offset by an increasing acuity from a continuing increase in calls from hospitals. The cause/reason of the calls is mostly related to prescription drugs, primarily psychiatric medicines.
- Net effect on workflow
 - Total calls decreasing due to drop in non-toxic pediatric call however due to increased acuity the overall net effect is an increased work/time per call
- Clinical call center staffing and quality metrics
- Emergency Hotline Call metrics: Increased average time to answer and call abandonment rate.
 - Average wait time increased from 14 to 28 seconds from 2009 to 2012
 - Abandonment rate increased from 1.9% in 2009 to 4.8% which was the last quarter of the grant year.
 - Scheduling Challenges due to funding cuts and corresponding staff reductions leads to decreasing quality metrics and adds to job stress.
- Four IPC staff members took the 2012 CSPI exam in order to recertify as a certified specialist in poison information.
 - All passed the exam
 - Average IPC score 94.4%
 - National average score 78.7%
 - IPC 20% higher than national average
- Recently completed Healthcare provider satisfaction survey showed that 95% of providers were “very satisfied” with the provided service.

2012 Budget and 2013 Preliminary Revenue Forecast:

A review of the 2009-2013 revenue estimates showed an overall decrease in funding of \$900,000 or 20% since 2009.

A review of the overall budget was performed. The 2012 forecast shows a projected net loss of \$356,943.

Dr. Jerry Leikin discussed the indirect costs charged to the poison center. Karen Hughes commented on space costs for the IPC and if they were decreasing.

Dr. Aks asked if there were any more federal funds available for poison center support. Dr. Wahl discussed current efforts at a national level to look at other ways to increase available funding.

- There is a current ongoing pilot on medication safety line that would benefit the public in providing consumer information about medication interactions. Pilot states include NC and SC.
- The FDA is considering a large yearly purchase of PCC data, the bulk of which would be returned to poison centers.
- Corporate funding interest: Due to the Laundry Pods issue, there appears to be interest in using PCC data for post marketing surveillance .

Dr. Leikin asked how healthy other PCC were with the ongoing funding challenges:

- 2008 there were 63 PCC and now there are 57
- Other states are looking at other centers for possible consolidation (Va, Tx)

- IL will not pick up another state's activity/calls unless funding was fully compensating its efforts.

Lewin Report showed that the average cost of running a poison center was 44 cents per capita. The IPC currently has a budget of 33 cents per capita. To be at the national average the IPC budget would be \$5.6 million dollars

Outreach and Communications Report:

Metrics of electronic communication and engagement were presented.

- The blog has had steady growth in traffic with the last quarter showing over 15,600 unique visitors to the blog who visited almost 17,000 times and read over 28,000 blogs.
- Website metrics were reviewed which showed a steady growth in overall traffic from 2010 through the first half of 2012.

Other outreach education projects include:

- "My Child Ate" providing web based information on non-toxic pediatric exposures
- Expanded Resource library
- Facebook Like drive
- Grow Educators campaign with IPPM
- 60th anniversary celebration for 2013
- Increased media exposure

Dr. Aks asked if AAPCC will acknowledge online information be considered as part of the penetrance/count as a call/contacts.

Karen Hughes requested to have clips of media presentations involving IPC staff to be sent to her. Ms. Hughes asked how to leverage media opportunities to increase funding or contributions.

Old and Other Business:

John announced that he will be retiring in December 2012, after which he will be resigning from the Board.

Jack Fleeharty discussed the need for Open Meetings Act Training. The information and link will be to members so that they can obtain and Open Meetings Act certificate.

There was a discussion on the possible need to create by-laws. Jack Fleeharty recommended staying with a quarterly meeting schedule to stay in compliance with the law.

Date and Time of New Meeting

Dr. Wahl will send out a meeting planner request to identify potential dates for the next meeting.