Trauma Advisory Council Meeting
September 6, 2012, 2:00 p.m. – 3:30 p.m.

Via videoconference connection at the following sites:

*Central DuPage Hospital, 25 North Winfield Road, Auditorium, Winfield, Illinois 60190

*Memorial Hospital of Carbondale, 405 West Jackson Street, Conference Room 1G, Carbondale, Illinois 62901

*SIU School of Medicine, 913 North Rutledge Street, Room 1252, Springfield, Illinois 62702.

Call to Order by Dr. Richard Fantus.

Roll Call.

Present: Dr. Scott French, Dr. Mohammad Arain, Dr. Glenn Aldinger, James Doherty, Kathy Tanouye, Dr. Richard Fantus, Dr. Christopher Wohltmann, Eric Brandmeyer, Mary Beth Voights, Dr. George Hevesy, George Hess.

Absent: Stacy Van Vleet (proxy given to Mary Beth Voights), Cathie Bell, Scott Tiepelman, Dr. Dongwoo Chang, David Griffen, Dr. Michael Iwanicki, Dr. William Watson.

Dr. Fantus announces they have 10 of 18, a quorum.

It's stated that Adelisa Orantia, Trauma Registrar at IDPH, is taking minutes for this meeting.

Approval of minutes: **Mary Beth Voights states correction to minutes, page 6, in Trauma Committee Reports, third paragraph states "they can table it back to EMS and discuss at the September meeting," this is NOT an EMS issue, should read "<u>they can table it back to the Task Force to be discussed at the September meeting</u>," referring to the Surgeon Activation piece of Triage Criteria. Dr. Fantus announces the change is duly noted.
Dr. Hevesy makes a motion to approve the minutes; Dr. Aldinger seconds the motion; minutes approved from the June 6, 2012 Meeting.

Director LaMar Hasbrouck's Appearance
Office of Preparedness and Response Deputy Director Winfred Rawls takes the floor to introduce Dr. LaMar Hasbrouck, Director of IDPH.

Director Hasbrouck takes the floor. He states he's been Public Health Director for just under five months now; he thanks everyone for their service and the invitation. He says the Department has around 80 boards or committees and it'll take time for him to get around to them all. His theme as a leader: if you're not learning, you're not leading. He'll be spending time getting acquainted with the Department, the General Assembly; knowing these relationships are important. He's met with local health administrators, association members, etc. to open the door for transparency and partnership-building. How do we firm-up the system in terms of helping to ready the system to service the health of residents of Illinois. His perspective on advisory boards is they give us the multiplier-effect and subject matter of expertise that we don't have; by design we're collegiate (working together). It should be a collaborative, synergistic relationship to provide direction for better decisions. Their perspectives are brought and are needed; realizing it's natural for tension and debate; but keeping in mind the end user when brokering decisions.

Director Hasbrouck notes the overlap between EMS Advisory and Trauma Advisory Councils. He's hoping boards are working together; partnerships work best when collaboration is put above competition. Resources are

scarce, but the Department wants to help broker the partnerships with logistics, minute-taking, etc.

Director Hasbrouck shares favorite quote by Michel Foucault: "We are doomed historically to history, to the patient construction of discourses about discourses, and to the task of hearing what has already been said." As we work, he hopes we're not rehashing thought processes, but being cooperative and innovative with solutions. He states by December we will have five-year strategic plan for IDPH, which will include legislative agenda detailing how we are aligned to support boards and commissions.

The Director opens the floor for comments and questions.

Dr. Fantus mentions about 44 individuals representing the trauma community are seated in the Central DuPage meeting room that video camera isn't showing. Dr. Fantus says Trauma has a group of passionate individuals committed to trauma issues, a strategic plan created in 2006, legislation, research, education, etc., but we have weaknesses, such as 1) Access to care/disparity between rural and urban areas in the State, 2) lack of funding, 3) limited availability of paying authority for an exclusive v. inclusivity for a trauma system (recommendation from 2006 ACS Survey)…our processes varying from national standards, etc., 4) Need for Trauma Legislative Champion, 5) Trauma Registry product doesn't allow necessary functionality at local, regional, or State level, 6) Need for Trauma Medical Director at State level, 7) Inadequate funding to pay for aspects of trauma activities at Department level and outside at the trauma centers, 8) lack of availability of specialty care, 9) unfunded and illegal patients. Dr. Fantus states Trauma group would like to see the Illinois' Trauma System being in the forefront with the other Trauma Systems across the country.

Dr. Hevesy reiterates that people are frustrated by leadership; Illinois needs to be a leader in Trauma; things aren't happening.

The Director states that they can assist with the Legislative Champion area by brokering our relationships through Government Affairs to define/reinforce a "Champion." He said the Registry fits into one of five pillars in Strategic Plan; data dissemination/updating and modernizing is one of their pillars. Director Hasbrouck said disparities are one of five strategic priorities; the urban/rural disparity is being looked at as these fit in with agency-wide priorities. Regarding the Trauma Director issue, he's been briefed; there's not a lot of money attached to commissions; GRF is bleeding right now; there may not be any money to act on this. He said we need to look at fresh approaches to get the ball moving (partnerships).

Director Hasbrouck distributes three letters of approved appointments: Region 4, Eric Brandmeyer; Region 7, James Doherty; Region 10, William Watson.

Dr. Fantus thanks Director Hasbrouck for his attendance.

IDPH Report, Division of EMS Report—Jack Fleeharty

Jack Fleeharty states funds are down 1 million dollars due to lower fine collections. Adelisa Orantia sent out trauma fund distribution memo; questions about how they must demonstrate use of money in budget should be directed to Joe Albanese or Adelisa.

We have a trauma designation site visit for Level II in Indiana on Sept 12. Two hospitals applied in Wisconsin; Region 10 Trauma Committee designated St. Catherine's only (as Level II).

Department extends thanks to trauma registrars in testing, providing feedback, etc. We sent changes back to Dunn. Jack says scheduling regarding trauma system surveys will be sent out soon for 2012 & 2013.

Dr. Thomas Esposito takes the floor asking if IDPH is reporting how hospitals need to spend their money on injury care and if the way they spend it will be made public knowledge? Jack replies that the law includes they have to demonstrate funds are used for care of acutely ill or injured patients. Site visits include a component surveyed or if there are complaints/concerns we may ask them to demonstrate such, but language requiring them to report was not written into law. This is not a grant, just a fund distribution. Dr. Esposito asks how will Department know it's spent the right way? Jack responds: If there was a site visit or an audit, they'd have to demonstrate utilization of funds. Dr. Fantus asks for a recommendation; Dr. Esposito asks for a consistent and reliable method of the IDPH discerning that trauma center funds are used as specified per the law. Dr. Fantus asks if the Department should send an annual letter asking for hospitals to outline how the funds were spent? Dr. Esposito says since non-trauma centers aren't subject to surveys yet are receiving the funds, they'll never be asked during the site survey component how the funds are being spent. Dr. Esposito inquires as to site surveys being conducted without trauma surgeon on the team. Jack says the last three site visits for new designations have been conducted without trauma surgeons on the team. The trauma visit for St. Mary's in Evansville, Indiana will be without a trauma surgeon on the team. IDPH has been unsuccessful in acquiring availability dates from surgeons for the last two years. Dr. Esposito says from national perspective that not having a trauma surgeon on the team is inappropriate. Jack says there's nothing in the law that says surveys must include a trauma surgeon. Dr. Fantus asks if

in-state trauma surgeons can participate? Jack says if we recruit in-state trauma surgeons, does competition pose a problem? Jack asks Council's opinion of out-of-state v. in-state trauma surgeons. Council Member (?) asks who is the current team? Jack says the minimum criteria is Dr. Sam Gaines, two RNs from Trauma Program (Joseph Albanese and Adelisa Orantia), and an REMSC for category II reviews. Same Council Member (?) says trauma surgeon should be unbiased/no conflict of interest involved. Jack says the Department agrees the ideal survey would include a trauma surgeon but it's difficult to get them to commit to two-three days of travel for a site visit. Level II is ½ day, Level I is a full day. Dr. Glenn Aldinger moves that Council votes that State uses in-state trauma surgeon from a region not competitive and surveys include surgeon participation in future; Dr. George Hevesy seconds. Jack says we still have two contracts with out-of-state trauma surgeons. Move to put this to a vote that State will use a non-conflict trauma surgeon from within the State; (lost connection to Carbondale site at 2:53pm, George Hess only Member affected) Yea votes total 10.

Committee Reports

- Trauma Registry (Adelisa Orantia) No update. Dr. Fantus asks if we'll have ability to load data electronically..Adelisa answers we don't want to introduce changes yet because we don't know how stable importing or exporting is yet; demographics is a feature to be imported; no double entry on the demographics section.
- Trauma CQI/Best Practice (Mary Beth Voights) Written report given out. The Minimum Field Triage Criteria Consensus language was approved at the last meeting; next task for CQI is to make operational. Task Force working on report to be run from Registry; we're through draft #4; ready for state-wide use by summer of 2013 if rules ready. CQI Plan development, want to standardize regionally and will use new Triage Criteria and monitoring it region by region. Trauma been doing CQI a long time at local level; can be better at regional and statewide level. EMS new to the process but anxious to work with us. Region 10 great at partnering and doing CQI and regional reporting together; using that as model for others.

(Carbondale site re-connected at 3:00pm)

The national benchmarks and trauma standards reference documents are posted at the Trauma Coordinator Community on the IDPH web portal. All links checked and live as of Aug 23; if wanting to standardized, use this document. Registry tip is to be aware ISS score is a snapshot in time; look at it before uploading page. Their next meeting is on December 6, 2012.

- Advanced Practice (Dr. George Hevesy) He states he gave report at June meeting.
- Trauma Nurse Specialist Course (Mary Beth Voights on behalf of Stacy Van Vleet) TNS Couse Coordinators met in June; pass rate at 80%; performing where it's suppose to. He notes that most who fail are in multiple areas; went over renewals and fees; candidates are given online instructions; TNS renewals must submit hard docs to TNS course Coordinators. After student passes exam, they have to pay $50 to Department; ongoing renewals $25. Some facilities pay fee for them. New site, Lutheran General now TNS teaching site; trauma coordinators across state asked why TNS is not nationally certified/recognized; American Nurse Credentialing Center being asked how to get courses can get certified.
- EMS Advisory Council Update (Dr. Glenn Aldinger) Last met at joint meeting; but there has been activity since; EMS has been planning for legislative session; trauma needs to have planning meetings before Spring Session (identification of a legislative champion; HB 5880 was signed by Governor). He suggests that Trauma goes first at next joint meeting and have it in September since election chairs take so much time. Dr. Aldinger asks for future joint meetings to use videoconferencing.

(Lost Carbondale connection at 3:12pm; Carbondale back at 3:14pm)

- Rules Committee (Dr. Christopher Wohltmann) Nothing to report.
- Outreach/Injury Prevention (Stacy Van Vleet/Evelyn Clark-Kula) Melissa Krull giving report in their absence: Committee looking for members, only five now; most meetings are done via conference call; next face to face in Peoria on Sept 17, 2012. Trying to develop online survey to trauma centers to find out what they're doing to meet code for injury prevention (Joe Albanese aware); not punitive. In 2013, the subcommittee is going to provide resources to trauma coordinators to challenge them to participate in April and September activities. Jennifer Martin provided handout for fall prevention (Sept 22).

Old Business

- SWOT presentation
- Open Meetings Act Training Reminder: Jack reminds all members of TAC must complete OMA prior to Jan 1, 2013.

http://foia.ilattorneygeneral.net/electronic_foia_training.aspx

- Trauma Activation Criteria--Mary Beth Voights: Re-deliberating the Trauma Categorization which is Surgeon Activation Criteria. Task Force increased by two emergency positions from level II trauma centers. Purpose is to identify which patients need immediate response at bedside, which can have

delayed response. Field Triage Criteria approved at last meeting gets patients to the trauma centers. The Activation Criteria defines who needs surgeon quickly and who can have delayed response. Presented is the minimum set for the State: each region/facility can make tighter, but these are the minimums (data pulled from State Registry and literature researched for information). Residency programs at level I but not level II trauma centers/we now CT/PAN-scan screen with board-certified ER physicians. Came up with six criteria for Category I patients (she lists); Category II has eight (she lists). Additionally they recommend the surgeon's response time for Category II be within 16 hours of admission. This information presented at CQI Committee; split agreement; 16 hours is too long. Dr. Fantus disagrees with several things; asks for comments. Council Member takes the floor and states we could discuss this for hours; suggests we take the next months and be prepared to make a decision at the next meeting. Dr. Arain, Dr. Hevesy, and Dr. Esposito add comments. Dr. Fantus suggests there should be an interim phone conference to work on/discuss off-line.

- EMS & Trauma Legislative Subcommittee: Dr. Fantus asks for volunteers to work with EMS to eliminate redundancy. If interested, contact Kathy Tanouye.
- Indiana Situation Update: Dr. James Doherty states that as of August, the Indiana Trauma System is in effect. They're working together with the EMS community to streamline some processes regarding transfer of patients across the State lines (e.g. the use of BLS rigs for trauma); next month there's a meeting to work these things out.

New Business—none to report.

Future Meetings

- December 6, 2012
- March 7, 2013
- June 6, 2013 (TBD); discussion about doing joint in September. We'll discuss at next meeting (says Dr. Fantus).

Wrap-Up & Call for Public Comment

Motion made to adjourn and motion to second at 3:44pm.