

**Trauma Advisory Council**  
**December 5, 2013**  
**1:00 p.m. – 2:30 p.m.**

Via videoconference connection at the following sites:

\*Central DuPage Hospital, 25 North Winfield Road, Auditorium, Winfield, IL 60190

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

\*IDPH Marion Regional Office (Late addition to videoconference site locations)

**Call to Order** by Dr. Fantus at 1:03pm.

**Roll Call**

Present at Central DuPage: Glenn Aldinger, Mohammad Arain, James Doherty, Richard Fantus, Michael Iwanicki, Kathy Tanouye, Stacy VanVleet

Present at SIU: George Hevesy, Lori Ritter, Mary Beth Voights, Christopher Wohltmann, David Griffen (arrived after Roll Call)

Absent: Dongwoo Chang, Scott French (proxy to Glenn Aldinger), George Hess, Scott Tiepelman, William Watson (proxy to Richard Fantus), Eric Brandmeyer

Dr. Fantus announces there is a quorum.

**Approval of September 12, 2013 Minutes;** Dr. Aldinger motions to approve; Dr. Arain seconds the motion; no oppositions; no abstentions; minutes are approved.

**IDPH Report –Jack Fleeharty:** Trauma Registry version 5.65 has one issue that must be trouble-shot before production deployment, yet IDPH is proceeding with preparation of an RFP. An RFI (request for information) process must precede the RFP and vendor demonstrations will begin next week to replace the Trauma Registry software in the future. The Trauma Program is working on data requests and site surveys are being scheduled for 2014, with two recently being conducted at Springfield hospitals. A Pediatric Level I Trauma application has been approved by IDPH and site visit is scheduled. The Rules and Legislative Subcommittee held their first meeting via teleconference 12/4/13 to revise the rules to prepare for the expanding trauma system legislation potentially becoming law. A senate committee hearing was held in December and facilitated by Senator Mattie Hunter regarding the lack of trauma centers on the south side of Chicago--physicians attended and testified. Other hearings will be forthcoming to address the same issue in central and southern Illinois. The concealed carry weapon (CCW) law was passed and IDPH/EMS is working on a guidance policy for EMS Systems so they may prepare their own policies to address concerns EMTs may face when a CCW-permit-holder is taken into their care. IDPH is working with the Department of Veterans Affairs to create a curriculum to assist veterans with integrating back into the work force using some of the medical training they've received toward EMT-I and EMT-P education requirements. Illinois was picked as a pilot state with EMS staff participating in meetings and conferences. "Draft" curriculum is posted on the Department of Veterans Affairs website. EMS Grant and Heartsaver AED Grant applications will be available in February using the new EGrAMS system. Stroke Rules and Stretcher Van amendments passed JCAR and are going to be filed with the Secretary of State this month. Rules were set before the EMS Advisory Council at the November 7, 2013 meeting for fee waivers, decrease in CE hours for EMTs, EMT bridge program for military, 4 year ambulance license renewal, employers to verify an employee's license and technical clean-up. IDPH continues to work with the Department of Aeronautics in revising the Specialized Emergency Medical Services Vehicle Rules and since the draft is completed and has been approved by Illinois Association of Air and Critical Care Transport (IAACCT), they will be forthcoming once approved by the Governor's Office. HB 2778 passed both houses and is at the Governor's Office for signature. This allows for ambulances to upgrade for the level of personnel

on board and limits advertising to the level that runs 24 hours a day. There was great hospital participation in the National Pediatric Readiness Project Survey in which IDPH's Emergency Medical Services for Children (EMSC) program; the EMSC program wishes to thank them. Illinois received the 3<sup>rd</sup> highest score in the nation. Evelyn Lyons will distribute results in the near future. The federal EMSC program is conducting an assessment currently of pediatric equipment on ambulances; 66% of EMS agencies have responded thus far with a goal of 80%—ongoing participation is encouraged. Pediatric Facility Recognition site visits are underway. The Burn Surge Annex project cultivated by the EMSC program will be discussed during Evelyn Lyons' presentation in a few minutes. The project has included meetings between many healthcare affiliates from a variety of disciplines; a workgroup has been formed and the Annex must be completed by the end of FY 2014. This Annex will be a component to the State's Emergency Disaster Plan when it is finalized and approved. IDPH is waiting for finalization of a contract to move to Version 3 for the Pre-Hospital Data system; when approved the vendor will upgrade the system. IDPH has implemented enhancements to the By-Pass system so that reports may be electronically transmitted seamlessly to the federal government using the HaVbed system. GIS staff have been working to implement a better mapping tool to provide further enhancements to the By-Pass system. Computer/Electronic testing began for EMT exams on October 1, 2013 and the results are reflecting higher than normal failure rates. Jack provides statistics on pass rates of paper-based and then computer-based exams and states when enough data is collected, IDPH will evaluate the results and assess whether corrective action is necessary.

**Burn Surge Annex Report—Evelyn Lyon:** (Power Point presentation given with Evelyn Lyons narrating—17 minutes in duration) Several questions are asked about the type of students they are looking for, the issue of burn center and trauma center distances, and benchmark of 640 being accurate for the entire State.

### **Committee Reports**

Registry—Joe Albanese: IDPH is working with Dunn to move to a 6.1 web-sphere. They have completed the RFI and will be moving to the RFP process soon after. Vendors not involved in the RFI aren't excluded from the RFP process. At the last meeting they discussed where Illinois wants to move with data elements; may move forward with current data elements appropriate for Illinois.

CQI/Best Practice—Mary Beth Voights: They have not met since the last Trauma Advisory Council (TAC) meeting, but continue to work on real-time transfer patient reporting structure. Regarding the activation criteria for in-hospital team activations...they're holding off since the potential creation of three tiers during the spring legislation session will affect the criteria. The next meeting will be before next TAC meeting but has yet to be determined (TBD).

Trauma Nurse Specialist (TNS)—Stacy VanVleet: They have not met since the last TAC meeting. They are meeting next week to discuss the computer-based testing process implemented in October. They continue to update and should have the curriculum out by beginning of 2014. The TNS lists for the 2014 schedule are on the trauma list serve website. Jack Fleeharty asks if Stacy has had any reports from TNS students having difficulty finding testing sites. Michael Richard states he's heard complaints and reports about difficulty getting times and dates for tests and complaints of noise levels; Mr. Richard opines there may be competition for seats. Jack asks Stacy to announce during next week's TNS meeting to report any complaints to Stu Thompson and IDPH will try to address.

EMS Advisory Council—Glenn Aldinger: Using Dr. French's notes (as he was unable to attend the last meeting), Jack Fleeharty covered concealed carry issue and the problem with EMT testing. There was discussion regarding funding deficiencies for Illinois Poison Center (IPC). The education requirements have decreased yet medical directors are able to maintain higher requirements at their choosing. The Mobile Integrated Health Care Subcommittee had some discussion regarding standard protocols and consistent applications to IDPH regarding demonstrations in the future; the VNA is showing some opposition. The Emerging Issues report by George Madland included updates with NARCAN education and training and that more health departments are discussing distributing NARCAN. There was discussion regarding Comprehensive Stroke Centers versus Primary Stroke Centers and By-Pass rules and how they're affected by Stroke Rules that were recently passed; regional stroke subcommittees are working to define By-Pass rules for

some regions that have By-Pass Stroke transport rules. Jack Fleearty comments that Stroke legislation is in publication and once the application is approved, IDPH will start approving Stroke Centers and will start designating Primary Stroke Centers and Emergent Stroke Ready Hospitals (ESRHs). The State Stroke Advisory Subcommittee is working on new legislation to add the Comprehensive Stroke Centers and also to change the name of ESRHs to Stroke Capable Hospitals, which is a more nationally- recognized term.

Rules & Legislative Subcommittee—Stacy VanVleet: They met yesterday via teleconference with IDPH (Joe Albanese). They laid out the structure of the plan; some of the hospitals involved are not trauma centers. They utilized resources such as the trauma strategic plan put out in 2010 and discussed the ACS Orange Book changes. Joe explained legislative process regarding rules and they tackled some rules that differentiate between the Level I and Level II centers. Their next meeting is in late January.

Outreach/Injury Prevention: No report.

## **Old Business**

Indiana Trauma System Update—Dr. Dougherty: No report.

Partnership with Insurance Industry Update—Dr. Fantus: Still looking to support a quality-improvement program (like Michigan has implemented) that collects state data then sends to a company that does advanced analytics and modeling. Dr. Fantus met with the company to discuss specifics; Dr. Esposito met with them to discuss funding. The process involves the collation of data and is registry dependent.

## **New Business**

Future Meetings—Dr. Fantus: 2014 meeting dates include June 5, 2014; the September 2014 Joint Meeting date has not been set yet; Jack Fleearty states that Dr. Fantus and Mike Hansen should establish the September date, to which Dr. Fantus agrees.

Joe Albanese introduces Lori Ritter as the newest Council Member, filling the position of Trauma Nurse

Jack Fleearty addresses the Council and asks for input regarding the impact the trauma desert is having on the By-Pass System, especially during times of high-peak census. He states that some states have done away with by-pass. He's encouraging people to attend the trauma desert hearing that will be in Springfield and then somewhere downstate in the future; Jack believes this may be an opportunity to do away with by-pass. Jack asks for the Council's advice. Discussion ensues among Council Members about when hospitals do and when they shouldn't go on By-Pass. Dr. Aldinger asks that Jack lets the Council Members know when the hearings are scheduled. More discussion ensues. Jack Fleearty states he will distribute an article to the Council Members in the near future about the results of Massachusetts doing away with by-pass.

An unidentified speaker asks for clarification on the issue of trauma center surgeons on call. Jack Fleearty says the Rules are clear, each trauma center must have a trauma surgery program separate from its general surgery program. Jack asks if she means Level II Trauma Centers, to which she responds yes. Jack continues, that they must have a primary and secondary physician on call or available to respond within 30 minutes of being notified, on a schedule and by name. Scenarios are discussed and questions are asked. Discussion ensues about this Rule going against the modern model across country and financial concerns recruiting surgeons—that it's an old law and may need to be modified. Jack responds that under current law, this is the requirement for trauma center designation. Further scenarios are discussed to handle primary and secondary call assignment and the reiteration that someone takes the call, that there IS a primary and secondary, and all involved know who to contact. Jack says Health Care Regulation may have to be at the table when future discussions regarding this issue are held. Joe Albanese states IDPH recognizes how health care has changed and is in the process of addressing current shortfalls with the current Rules. The Legislative Subcommittee is addressing this issue, as well. Joe recommends that interested parties seek out their legislative and planning committee in their regions and discuss it with them. The Legislative Subcommittee will be taking this issue up at the next teleconference call meeting in January (2014), but right now we must hold to the laws currently in place. Hospital responsibility and accountability for adhering to these Rules is addressed (i.e. how are they to know if a surgeon

is also on call at another hospital?). Jack states if you run a trauma surgery program you need to have policies in place to prevent that, such as contracts with physicians that enforce these Rules. More discussion ensues regarding the lack of enforcement of these Rules in the past, and complaints from Level I and Level II Trauma Centers about patients who are transferred instead of being seen and about physicians who are on call at multiple hospitals. Jack states that IDPH has an obligation to enforce the Rules.

Stacy VanVleet takes the floor stating that the Legislative and Planning Subcommittee is looking at this. They are taking the information back to their regions. She encourages people to look at the data in your region, the make-up of your region, if you've ever used your back up surgeon, and where is trauma going in the future. Dr. Fantus asks if she's recommending an outcomes analysis statewide? Stacy says yes. Dr. Fantus asks for recommendations from the Council. Dr. Doherty recommends that as each region collects their own data for Level IIs regarding how many times they've used a back-up surgeon, etc. Joe Albanese asks them to also poll how many times their surgeons were late for the 30-minute response and why. Dr. Fantus reports that a time-period for this "study" has not been identified yet. Suggestions are heard that include developing a questionnaire so that the same data is gathered at each Level II Trauma Center. Mary Beth Voights states that she'll prepare something for her subcommittee. Joe Albanese confirms the subcommittee will work on this. Jack Fleearty asks them to include how often a Level II handles two patients within 30 minutes, and/or was the second patient (qualified to go to surgery) diverted elsewhere and/or transferred to a Level I? Dr. Iwanicki makes a motion to 1) Study the needs of the State regarding primary and secondary on-call surgeons at Level IIs, and 2) Suspend any ramifications/repercussions for non-compliance until we know if the Rules are "good" or "bad." He's recommending a suspension of the Rules until then. Dr. Doherty seconds the motion. Jack Fleearty announces that the Council doesn't have the ability to suspend the enforcement of existing laws. Dr. Iwanicki agrees and states it's a recommendation. "Yea" votes total 11 (out of 13, Mary Beth Voights votes "Nay" and Dr. Griffen abstains as he arrived late and didn't hear enough of the discussion). Dr. Fantus announces the "Yeas" have it. Jack asks that the recommendation of the Council and the voting results be sent to IDPH.

### **Adjourn**

A motion is made to adjourn at 2:47pm.