CHICAGO COMMITTEE ON TRAUMA
OF THE
AMERICAN COLLEGE OF SURGEONS

March 8, 2011

The Chicago Committee on Trauma (CCOT) of the American College of Surgeons joins the Illinois Trauma Advisory Council in its strong opposition to HB1391. The CCOT is a professional organization of surgeons and other health care providers from the greater Chicago area whose thrust of practice focuses on care of the injured. The membership of over 50embraces the mission of advancing trauma care, not only in Chicago, but across the state through education and advocacy. The organization and its members have been active participants in the direction of the state trauma system since its inception and most recently the development of a Trauma System Strategic Plan. This plan was crafted in response to an independent fact finding evaluation by a panel of outside experts from the American College of Surgeons. The 5-year strategic plan addresses many of the opportunities for improvement identified in the American College of Surgeons’ final report, a summary of which accompanies this testimony (the full report has not been released to the public by the IDPH).

The CCOT considers the amendment to the EMS Act proposed by HB 1391 ill conceived and as serving no purpose in addressing broader problems with the trauma system and its funding mechanism, which extend beyond the EMS regions without trauma centers in the southern part of the state. These system-wide problems are most effectively addressed in the full context of a complex state-wide Emergency Care and Trauma System. The proposed amendment will benefit no parties, particularly the patients who are the recipients of trauma system care. HB 1391 will not assure quality and consistency of care, nor will it impact and mitigate out-of-state trauma patient transfers from non-trauma center hospitals who are either unwilling or not capable of participating in the Illinois State Trauma System through the Trauma Center designation process. The infusion of funds to non-trauma centers in an EMS region without trauma centers, particularly if disbursed without stipulation as to how they should be used to promote better trauma care at those hospitals and in those regions, will not be effective in solving the problem of absent or inconsistent trauma care. The redirection of funds to non-trauma centers in this manner will not buy commitment to trauma care, but rather penalize those hospitals that are committed to maintaining the standards of a trauma center and a trauma system in the surrounding EMS regions where many of these patients are transferred.
The CCOT takes issue not only with the content and ramifications of the Bill, but also with the manner in which it was conceived and introduced. This legislation is not in consort with efforts by the IDPH and Trauma Advisory Council to draft legislation to revise the EMS Act and Trauma Center Code in the context of a statewide Trauma system strategic plan. HB 1391 represents a piecemeal, stand alone, amendment which is not in synchrony with, and is counterproductive to, these efforts to draft broad, all encompassing legislation which drives a coordinated, integrated, Trauma and EMS system that delivers consistent trauma care of the highest quality and greatest value to the people of this and surrounding states. It appears there was no consultation by the sponsors of this Bill with the IDPH or its Trauma Advisory Council which are respectively, the system’s lead agency and the council of content experts and stakeholders who were appointed by the Governor to serve just such an advisory role to the IDPH and the Legislators prior to the Bill’s introduction. The CCOT views this, at best, as an unintentional oversight resulting from a lack of familiarity with the Trauma System governance structure. At worst, it constitutes a certain degree of disrespect and disregard for this Trauma System leadership construct. The IDPH and its TAC are ultimately responsible for the direction, function and stewardship of the trauma system and trauma care in Illinois. In the case of HB 1391, the appropriate trauma care constituents were not consulted or advised. As a result, this amendment, if passed, will hinder that joint mission of the TAC and IDPH.

The CCOT Executive Board, therefore, in partnership with the TAC, vigorously and unanimously urges the Legislature to abandon efforts to pass HB 1391, or to defeat it, and to pursue collaborative efforts with the TAC and IDPH in authoring and sponsoring more comprehensive legislation that will revise the current EMS Act and Trauma Center Code in a complete, organized, carefully thought out and vetted, integrative, fashion that takes into account the fabric of a complex statewide EMS/Trauma System and that is in accordance with the IDPH 5-year Strategic Trauma/EMS System Plan.

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