

## STATE TRAUMA ADVISORY BOARD MINUTES

St. Charles Medical Center  
Bend, Oregon  
April 26, 2002

**Attendees:** Randy Chestnut, MD; Brian Graunke, EMT-P; Jerris Hedges, MD; Tim Herrmann, RN; John Hopkins, Jon Jui, MD; Kerry Keeler, MD; Jim Krieg, MD; Susan Leathers, RN; William Long, MD; Raul Mirande, MD; Robert Read, MD; Ron Sproat, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Rhonda Wood RN.

**Absent - Excused:**  
Paul LeSage, EMT-P; Craig Warden, MD

**Absent - Unexcused:**  
Craig Warden, MD

**OHD Staff:**  
Susan Werner, Johnathan Chin, Raelene Jarvis

**Guests:**  
Bobbie O'Connell, Michelle Wright, John Wish, Maret Pfohman, Maureen Harrahill, Ken McGinnis, Mary Barnum, Andy Micheals, Karen Schade, Tony Hinz, Michael Dorsen,

The meeting was called to order by Chairman William Long, MD at 10:00. A motion to accept the minutes from January 11, 2002 was made and seconded. The vote to accept the minutes was approved.

### ***Health Services Report***

- Introduced new staff member – Raelene Jarvis RN has joined OHD as Trauma Nurse Coordinator. Susan will assisting with designation and accreditation visits and will have specific ATAB and Trauma Registry assignments.
- Designation visits – 14 have been completed. 20 are scheduled between now and July 2002. 17 more are scheduled for this quarter, with plans to complete the reviews by October 2002.

- Strategic Planning Meeting - There are limited trauma grant carry-over funds that are targeted to increase the trauma system infrastructure. A strategic planning meeting for STAB members and ATAB Chairpersons will be planned for late summer or early fall.
- Trauma Registry Subcommittee – The trauma coordinators and trauma registrars will meet quarterly to address trauma registry-specific issues. One goal for the trauma registry subcommittee is to complete a request for proposal for a new registry product by June, 2003.
- Bioterrorism Grant Funding – The State of Oregon will receive 1.5 million dollars in grant funding from HRSA for hospital bioterrorism preparedness. 150 thousand dollars have already been received. A CDC grant of approximately 12.5 million dollars has been applied for, and is awaiting approval. This will go to state and local health departments for lab and surveillance activities. Approximately 38 billion dollars will become available from FEMA grants, of which Oregon is projected to receive 500,000 million dollars. This would be directed towards EMS, Public Health, ODHS, Fire and Rescue, ME and Law enforcement. The award process for these dollars is currently unknown.

**Discussion:** The goal is a collaborative effort across the state for the planning and implementation of a bioterrorism response, including standardization within regions for training and equipment. The EMS office has the regional system for trauma, and it would be beneficial to use this system to review regional needs related to bioterrorism. This is an opportunity for evaluation and strategic planning time for the Department of Human Services, the trauma system, and the STAB/ATABs.

**Action: Add Bioterrorism to the STAB agenda as part of the Health Services report.**

**ATAB Reports:** See attached

**Discussion:** ATAB 1 has added a review of sentinel events to the CQI portion of meeting.

**State EMS Committee Report**

- Plans are underway to establish an ad hoc statewide EMS prehospital database that is separate from the prehospital database activities ongoing at ODHS.
- Combi-tubes have been added as an optional airway modality for EMT-B staff. Training and QI issues need to be addressed.

### *Standing STAB Reports*

- **CQI Neurotrauma Subcommittee**  
Dr. Dorsen submitted the Neurotrauma Standards of Care for review from the neurotrauma subcommittee. See attached. The standards were reviewed, and changes were suggested.  
**Action:** There was a motion and a second to approve the Neurotrauma Guidelines with the revisions. There was unanimous approval
- **Orthopedic Subcommittee**  
The need for an Orthopedic Subcommittee was discussed. Members requested guidelines specific to care and timeliness of orthopedic procedures in trauma care.  
**Action: Dr. Tony Hinz agreed to coordinate an orthopedic subcommittee.**
- **Trauma Registry Data**  
Registry data was presented. See attached.  
**Discussion:** Providers have noted the increasing age of trauma patients and the number of ground level falls (GLF) in patients with many co-morbid factors. A question was raised as to the validity of entering patients with ground level falls into the trauma registry. It was noted that the complaint “fall” is the most frequent call for EMS and that trauma prevention campaigns targeting falls in the elderly population would be very beneficial.  
**Action: ATAB 5 will present their data on elderly (65 years + ) falls.**

### **OLD BUSINESS**

#### *Guidelines*

- **Format for Guidelines**  
Dr. Hedges submitted a final format for Patient Care Guidelines for review and approval (attached).  
**Discussion:** Clarification was given that the STAB guidelines are for resource and education vs. the expectation of care given. Members requested that the document contain references (optional); include the class of evidence (optional); and the date created. It was noted that updates are the responsibility of the author and/or the appropriate task force/committee leader, and that review and/or updates will occur on a three year cycle.  
**Action: There was a motion and second for the approval of the Guidelines format with the above revisions. There was unanimous approval.**
- **Radiology Guidelines**  
There was discussion regarding radiologic studies for trauma, specifically the need for guidelines that suggest which films are needed (or not needed) when patients are being transferred and recommendations for radiology reads at a receiving hospital. Issues related to dye load with repeated aortograms and recommendations for spine injury films and CT scans were also identified.  
**Action: Radiology Guidelines sub-committee was formed with the following members – Dr. Sproat, Dr. Hinz, Dr. Long, Dr. Chesnut, Dr. Read, Dr.**

**Dorsen, and Dr. Jui. The members will develop radiology recommendations and report to the committee. Agenda item.**

***Damage Control Study***

Dr. Andy Michaels reported that the abstract was sent without Oregon data. There were issues with the patient inclusion criteria.

**Action: Delete from the STAB agenda.**

NEW BUSINESS

***Medford Request for Variance***

On March 6, 2002, Rogue Valley Medical Center and Providence Medford Medical Center requested that their trauma center accreditation be formally reclassified from a level 2 status to level 3 accreditation. Susan Werner granted the request for both hospitals. In a letter dated March 18, 2002, RVMC is requesting a "special dispensation" that would allow them to accept trauma patients in transfer from Three Rivers Community Hospital in Grants Pass (level 3) and Ashland Community Hospital in Ashland (level 4).

**Discussion:** There was lengthy discussion and suggestions on the topic. Klamath Falls is concerned that federal guidelines requires patient transfer to the nearest facility. Klamath Falls representatives noted that their neurosurgical coverage is limited to 10 days per month. They report instances of refusal of neurosurgery transfers by Medford hospitals. Bend will take neurosurgery patients, but may not have the resources to consistently provide care for transfer patients. Klamath Falls notes that if they were a level 4, they could transfer to Medford hospitals without difficulty. It was noted that Medford hospitals advertise in Klamath Falls for elective surgery patients, but do not want the trauma transfers. It was noted that ground transport time from Klamath Falls to Bend is 120 minutes+, Klamath Falls to Medford is 70 minutes, and that there is no difference in air transport times between Klamath Falls and Bend versus Klamath Falls and Medford.

**Action: There was a motion and second to deny the request for variance. The vote was held by show of hands, with 9 votes yea, 0 votes no and 7 votes abstaining. The Medford facilities are required to abide by ATAB, STAB and EMTALA regulations.**

**There was a motion and second to approve trauma center level 3 to level 3 transfers for multi-system trauma when there is no other appropriate care alternative available. There was unanimous approval.**

**There was a request to review cases of level 3 to level 3 multi-system trauma transfers at the ATAB/STAB level.**

**There was a request that the Trauma Program clarify the definition of single system injury and multi-system injury.**

**Discussion:** Susan Werner noted that the Medford facilities have a variance that limits their catchment area to Jackson and Josephine counties.

**Action:** There was a motion and second to remove the variance granted the Medford hospitals by STAB on 10/20/00 that limited the catchment area for Level II status to Jackson and Josephine counties. The motion was approved. Susan Werner will notify ATAB 5 hospitals.

***Anesthesia ED Emergency Airway Specialist proposed rule change***

Dr. Hedges presented a proposed rule change regarding use of airway specialists for full trauma cases. This change would allow the Level I Emergency Department Physician or Trauma Surgeon to determine when to request anesthesia involvement for airway management based on institutionally developed guidelines. This change would affect only Level 1 trauma centers, who have anesthesiologists in-house. See attached.

**Discussion:** Dr. Keeler noted that a rapid anesthesiologist response in the ED allows rapid movement of the patient to the OR and promotes continuity of care for the patient needing surgical intervention.

**Action:** At the request of the STAB, Dr. Hedges will meet with emergency medicine physicians and anesthesiologists at the two Level 1 centers to clarify and discuss this proposed rule change, and Dr. Hedges will report back to STAB.

***Next meeting*** – Friday, July 19, 2002 at Good Samaritan Hospital, Corvallis.

The meeting will be held from **9am to 3pm**, with lunch provided. ***Please note the change in meeting time.***

Due to the hour, the remaining agenda items were tabled. The meeting was adjourned at 1:30 pm.