

STATE TRAUMA ADVISORY BOARD MINUTES

April 23, 2004
Portland State Office Building, Portland, Oregon

Members Present:

Mary Barnum, RN; Will Bean, RN; Michael Dorsen, MD; Brian Graunke, EMT-P; John Hopkins; Kerry Keeler, MD; Nathan Kemalyan, MD; Susan Leathers, RN (by teleconference); Paul LeSage, EMT-P; William Long, MD (Chair); Robert Read, MD; Ritu Sahni, MD; Martin Schreiber, MD; Carla Smith, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Craig Warden, MD; Rhonda Wood RN.

OHD Staff Present:

Susan Werner RN, Raelene Jarvis RN (recorder), Donald Au, Debbie Danna RN

Members Absent - Excused: Randy Chesnut, MD; Jon Jui, MD

In attendance:

Brad Barnum, RN; Maureen Harahill, RN; West Livaudais, MD; Elizabeth Morgan, EMT-P; Bobbie O'Connell, RN.

The meeting was called to order by Dr. Long, Chair, at 9:35 am.

Review of Minutes – Dr. Long

It was motioned, seconded and carried that the STAB meeting minutes of January 30, 2004 be approved with the following correction: page 5, action item for Guidelines for Suspected Aortic Injury from Blunt Trauma should read “Guideline to be emailed out by Susan Werner when revision received from Dr. Schreiber.”

Introduction of New STAB Members and remaining Vacancy – Dr. Long/Susan Werner

- Will Bean, RN, from Madras
- Nathan Kemalyan, MD, Oregon Burn Center
- Ritu Sahni, MD, Emergency Physician, Level I
- Marty Schreiber, MD, Trauma Surgeon, Level I
- Carla Smith, MD, Orthopedics, from Bend
- Christine Heyen, Public Member

Remaining open STAB position: Level III/IV Surgeon. One application was received, and at least two nominations are needed to move forward for approval.

Action: Level III/IV Surgeon position is pending applicants. Interested applicants should send a letter of interest and CV/Resume to Susan Werner.

NEW BUSINESS: *Oregon Hospital Capacity web site Demonstration – Allan Visnick*

The State Bioterrorism Group has contracted with Harborview Hospital in Seattle to manage a statewide hospital information web site, similar to the current Washington State site. This would provide current hospital resource information in the event of a terrorist incident. A demonstration of the Web site was given. This site will be used during the Portland area Red Rose II drill on May 12.

Action: Members are encouraged to go to www.oregonhospitals.org to request a password to enter the site. For questions and comments, please email allan.d.visnick@state.or.us.

Health Services Report – Susan Werner

1. Focused hospital reviews are ongoing. Five have been completed.
2. Two Medford hospitals were surveyed in February – final reports are pending.
3. OPCIS – Oregon Prehospital Computer Information System is well on its way to collecting EMS data. It will integrate with the Trauma Registry when it is fully up and running.
4. NTSA survey revisited – EMS is updating and reviewing the 1992 data.
5. EMT-I revisions are in progress. The BME has approved an increase in the scope of practice.
6. Statement entered into the minutes from Gail Shibley, Administrator, Office of Public Health Systems: On Monday, March 29th the EMS and Trauma Systems Section was advised that Jonathan Chin has been placed on paid administrative leave. At this time, the length of the leave has yet to be determined. As more information is made available we will pass it along. In the interim all EMS related issues will be handled by Paul Bollinger, Prehospital Systems Manager, and all trauma and tertiary care related issues will be handled by Susie Werner, Trauma and Tertiary Care Manager.
7. RFP process is moving forward for a new Trauma Registry. Office of Information Systems is writing the proposal in conjunction with the Attorney General's Office.

Discussion: Several members expressed their frustrations with the slow pace of the RFP process for a new Trauma Registry. Ms. Werner shared with the group that it is imperative that the RFP be written very precisely to eliminate

substandard products and appropriately meet the needs of the users. Dr. Schreiber questioned whether other funding mechanisms outside the state process could be used, such as a federal grant.

Action: Susan Werner will coordinate a Registry meeting to explore other funding processes.

ATAB Reports:

1. ATAB 1 – Entered into the minutes for Dr. Ramzy: Met on January 12, with increased attendance and participation. The ATAB received the Tri-County MCI protocol, which will be utilized when this portion of the ATAB plan is reviewed. A majority of the time and discussion focused on a review of the Triage and Transport section of the ATAB 1 Plan. Items included: the role of the Trauma Communication Center (TCC), identification of patients with perceived non-serious penetrating injuries, destination of patients from outside the state, distribution of patients within the ATAB, and utilization of helicopter transport. Both level I trauma centers have major trauma conferences scheduled for this spring. SAG met January 12 and March 8; both ATAB and SAG meet again May 10.
2. ATAB 2 – Last met April 15. Current issues include organization of Medical Resource Hospitals, and an Advance Divert System (ADS) for the ATAB. A 50% increase in trauma volume from 2001 to 2003 was noted. Educational presentation was given on renal injuries. The ATAB approved a variance to the ATAB triage and transport plan for the Albany/Lebanon/Corvallis hospital group.
3. ATAB 3 – No report.
4. ATAB 5 – Met April 14 with good attendance. The QI program is becoming more active. In Medford, the two trauma hospitals are following a Red/Green light system in which Neuro and Ortho determine which hospital is Green for trauma based on their availability at only one hospital. The days are scheduled in advance, but may change based on the patient load of the specialty physicians. Four neurosurgeons are available in Medford, and they provide care for routine and emergent patients from Klamath Falls to the coast. Three neurosurgeons practice in Ashland, and do not take trauma call. Rogue Valley Medical Center is now paying general surgeons to be on call.
5. ATAB 6 – Met April 20. Nearing the end of the ATAB Plan revision and update. Discussed border state issues regarding trauma response and communications. Hood River has two new surgeons – general and plastics. The region has a comprehensive MCI plan that is well supported by Fire Dept.
6. ATAB 7 – Last meeting Feb 11, with an active QI program and good attendance. Trauma coordinators developed a feedback form for the receiving hospital to

return to the sending hospital that will provide immediate feedback for QI. This will be piloted and discussed further.

7. ATAB 9 – Met April 16. QI on trauma deaths was presented. A transport protocol was presented and approved for trauma patients injured on a section of canyon road that is dangerous in treacherous weather and is out of communication range. Discussion was held regarding the minimal availability of neurosurgeons in the ATAB 9 area. Grande Rhonde Hospital has requested a decrease in status from Level III to IV due to a lack of Orthopedic coverage. The area trauma plan review is ongoing, and expected to be finished at the July meeting.

Standing STAB Reports

1. State EMS Committee – Dr. Jui – Deferred
2. Bioterrorism/WMD – Dr. Jui – Deferred
3. Air Medical Transport Committee – Dr. Ramzy
Entered into the minutes for Dr. Ramzy: This group has been meeting approximately every 60 days. The original nomenclature of Oregon Air Medical Work Group evolved to Oregon Air Medical Association, but this is being reconsidered because of the possibility of confusion of OAMA with OMA. One major focus of work has been the resource guide, which is meant to provide an accessible reference for those who need to contact air medical providers. The degree of detail and ease of use of the guide continue to be areas of development. Subcommittees are also actively working on organizational structure and process, continuous quality improvement approaches, and a goal of common dispatching protocols for scene requests.

STAB Elections

Per the STAB Bylaws, elections for Chair and Vice-Chair are required every two years. This will be accomplished in the even-numbered years.

Dr. Long accepted a nomination for Chair. It was moved and seconded that Dr. Long serve as Chair for the next two years. The motion passed unanimously.

Dr. Read accepted a nomination for Vice-Chair. It was moved and seconded that Dr. Read serve as Vice-Chair for the next two years. The motion passed unanimously.

OLD BUSINESS

Duplicate Trauma Band Numbers – Susan Werner

Trauma Band numbers are each unique, and have never been reprinted. Susan Harding tracks which hospital or EMS agency receives which numbers, and never reissues numbers. The State of Washington also has sequential numbers, and will be avoiding the Oregon sequence of numbers to help avoid confusion. The primary cause of “duplicate” numbers is most likely a transcription error, or entering the number as having been used, but not placing the trauma band on the patient.

Action: For information.

Variations Currently in Force – Susan Werner

1. Level III trauma hospitals that do not perform interventional radiology may request a variance for use of teleradiology for acute trauma patient assessment. Annual QI on turn-around-time and discrepancies in readings is required at their hospital survey.
2. Level IV trauma hospitals that do not have general surgeons may request a waiver for the OR staff, anesthesia and OR/PACU equipment requirements.
3. Variations previously discussed at STAB:
 - a. Eugene and Springfield field triage of neuro patients – STAB voted to approve, the process was not implemented at the ATAB level.
 - b. Medford surgeons limited catchment area for transfers due to lack of resources – expired.
 - c. Neurosurgical response at OHSU by residents for modified trauma entries – expired.
 - d. Anesthesia vs. Emergency Medicine airway management for full activations at Level I – request discussed, was not brought to a vote.
4. No Level I or II variations are in effect at this time.

Variance Request for Level I Trauma Team Response – Legacy Emanuel and OHSU

It was noted that Exhibit 3 in the OARs does not differentiate between a Full vs. Modified Team Response for Level I hospitals. It was noted that the information at the bottom of Exhibit 3 is unclear, and will require a change in the OAR reword the statement and clarify the requirements.

Action: It was moved and seconded that STAB supports the granting of a variance to Level I trauma centers to excuse the respiratory therapist and laboratory technician from the modified trauma team response. The motion carried. Hospitals must request a specific variance in writing to DHS.

Guidelines for care and transfer of patients with suspected aortic injury from blunt trauma – Dr. Schreiber

Handout with the revised guideline was distributed to the group. There was agreement to add “+/- 15” to the SBP guideline under #5, page 2.

Action: It was moved and seconded that the guideline be approved as amended. The motion carried. The guideline will be distributed with this meeting's minutes, and posted on the Oregon Trauma System web site.

Payment for Physicians: California Medicaid – Dr. Long

Dr. Long noted that California medicaid not paying Oregon physicians who are not approved providers has been discussed at the Oregon ACS meeting. It was noted that California medicaid does pay Oregon hospitals for care. The group discussed the issue of payment and non-payment for non-Oregon residents. OHP does not pay for care provided outside Oregon. It was noted that Oregon physicians often become approved providers in other states to allow payment.

Action: For information.

EMS-C Report – Debbie Danna, RN

The EMS for Children program is focusing on training, injury prevention and research issues. The following activities are underway:

- Annual EMS-C Conference, October 22 & 23
- Preconference on Pediatric Traumatic Brain Injury, October 21
- PEPP Rural Grants – 8 to be awarded
- Educational CD-Rom on Special Health Care need of Children
- EMS Week May 16-22 with EMS-C day on May 19
- Working with various safety groups on prevention activities

Discussion: Dr. Sahni noted that a bill has been introduced in the House of Representatives to remove the federal EMS-C budget and place it as a program under Trauma.

Action: For information. Members are encouraged to advocate at the national level for continuation of federal funding for EMS-C.

NEW BUSINESS

Hand Call Issues – Dr. Long

Dr. Long presented information regarding orthopedic coverage for amputation of digits in the Portland Metro area.

Discussion: The group discussed difficulties occurring statewide with finding available specialty surgeons, specifically hand surgeons. However, amputation of digits is not presently a criterion for trauma system entry. Dr. Schreiber noted that this is a debilitating injury and should be cared for by the trauma system. Mr. LeSage noted that hand injuries is not a life-threatening injury, which is what the

trauma system is designed for. All agreed that it is a major patient care problem that is currently outside the scope of the trauma system to solve.

Action: A subcommittee was formed to address this issue. Members include Drs. Long, Schreiber, Read, Smith and Mr. LeSage. The group will report back at the next STAB meeting.

Administrative Rules Revision Meetings – Susan Werner

Ms. Werner will be sending out requests for comments on updates and/or changes to the Trauma OARs. Feedback is greatly appreciated.

Action: Workgroup meetings will be held on: May 21, June 25, and July 23 after the STAB meeting. More information on times and locations to follow.

Educational Opportunities

Northwest States Trauma Conference: April 28-30, Sunriver

Trauma & Critical Care Conference: June 3 & 4, Seaside

Prehospital/Hospital Conference on Injury Prevention in the Elderly: June 22

MEETING SCHEDULE

Next Meeting: July 23 at 0930, Portland State Office Building
October 29, 2004 in Portland

There being no further business, the meeting was adjourned at 12:25 pm.

Recorder: Raelene Jarvis, RN, Trauma Coordinator, DHS