

STATE TRAUMA ADVISORY BOARD MINUTES

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

Members Present:

Mary Barnum, RN; Brian Graunke, EMT-P; Christine Heyden; John Hopkins, Jon Jui, MD; Paul LeSage, EMT-P; William Long, MD (Chair); Robert Read, MD (Vice Chair); 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, Susan Harding, Donald Au, Debbie Danna (recorder).

Absent:

Will Bean, RN; Randy Chesnut, MD; Michael Dorsen, MD; Kerry Keeler, MD; Nathan Kemalyan, MD; Susan Leathers, RN; Kent Yundt.

In attendance:

Maureen Harahill, RN; West Livaudais, MD; Marc Houston, DO, Mr. John Wish.

The meeting was called to order by Dr. Long, Chair, at 9:33 am.

It was motioned, seconded and carried that the STAB meeting minutes of April 23, 2004 be approved as distributed with the correct spelling of "NHTSA" on page 2.

Introduction of New Members – Susan Werner

Welcomed Christine Heyden – Public Representative Member

Health Services Report – Susan Werner

1. Jon Chin has resigned his position as EMS & Trauma Systems Section Manager. The open position has been posted.
2. The Trauma Registry RFP process is moving ahead rapidly. No timeline is available at present.
3. Trauma surveys and technical assistance visits were completed in the past quarter.
4. Approval for \$40,000 in 2002-03 trauma carryover funds was received from HRSA in early July, which must be spent by Aug 31, 2004.
5. Critical benchmarks in the Bioterrorism grant include EMS, Trauma, and Burn care. Funding has been requested from BT for proposed activities to address these benchmarks.
6. Temporary variance was granted to OHSU during the Legacy Emanuel work stoppage, and has since been terminated.

7. New variance request for a pilot study at OHSU has been granted – details will be presented later in meeting.

Action: For Information

ATAB Reports

1. ATAB 1- Written report entered into the minutes for Dr. M. Daya: Met on May 10th with excellent attendance. The group reviewed a proposed flow chart outlining the relationships and information exchange between the various groups within the region such as SAG, TAG, the Medical Examiners office, TCC Triage and the military. An updated flow chart will be presented at the next meeting. The group also discussed the issue of auto launch criteria for Aeromedical EMS for the region similar to what is currently done by AirLife of Oregon. The members agree to continue to work on auto launch criteria within ATAB-1 and include these in the next version of the ATAB-1 plan. The group was briefed on the activities and status of the ATAB-1 prevention committee and will receive a further update from Lucie Drum at their next meeting. Summary reports from SAG and TAG were received and Debbie Danna provided an update on the State's EMS-C activities including the availability of mini-grants for rural and frontier agencies and the October EMS-C conference which will include a pre-conference session on Pediatric Head Injury. The group closed with an update on the revision process for the ATAB-1 plan. The core values of ATAB-1 such as excellence of care, fairness, parity, access and availability were highlighted. It was decided that the co-chairs and key participants would review the entire plan in the coming months and strive to adopt modifications that are creative and emphasize excellence, compassion and accountability.
2. ATAB 2 – Verbal report presented by R. Wood, RN. Written report received and entered into minutes: Last met July 15, 2004. Current Regional Issues and Concerns: Web-based hospital resource status for entire ATAB, demo planned for the October meeting; Data: reviewed ATAB volume data, as well as age, mechanism, designation, ED disposition, outcome by ISS group, field agency, geriatric falls; Subcommittee to review 4th quarter transfers out of ATAB via all modes (air, ground, specialty transport unit, etc.). Significant Regional Events: Educational presentation on tracheal injuries. Changes to the ATAB plan: Approved Medical Resource Hospital/Agency Guideline, not as a formal part of plan.
3. ATAB 3 – No meeting held.
4. ATAB 5 – No meeting held.
5. ATAB 6 – No meeting held.
6. ATAB 7 – Met May 12, no report available.

7. ATAB 9 – Met July 9, no report available.

State EMS Committee Report – Dr. Jon Jui

No meeting held last quarter. EMT-I workgroup is focusing on clarifying the role. Morphine is presently allowed by rule, and it is the decision of the supervising physician regarding who uses it and how morphine is used. Board of Medical Examiners has not passed ACLS medications. This is expected to be a 6-month process.

Action: For Information

Bioterrorism/WMD (HRSA Group) – Dr. Jon Jui

The committee's activities increased in August after a site coordinator visit. Regional Health Service Areas have been created which follow the ATAB region boundaries. Each region will have a coordinator contracted by the state to oversee the region's grant activities. BT funding is being organized and distributed by the Oregon Hospital Association: 1.5 million in 2003; 2 million in each 2004 and 2005.

Discussion: Mass casualty care should be integrated into STAB programs. STAB needs to look closely at mass casualty care across the state, and the ATABs need to organize as well.

Action: For information.

Airmedical Transport Committee – Dr. Ameen Ramzy

Written report entered into the minutes for Dr. Ramzy: The Association of Air Medical Responders of Oregon (AAMRO) continues to meet on a regular basis, every two months. At the most recent meeting in Medford on July 15, the Air Medical Resource Guide was finalized. As arrangements had previously been approved to make this information available via the State EMS Website, this guide should be available in this fashion in the next few weeks.

Work continued at the most recent meeting on organizational bylaws, and discussion as to what the organization's role should be in CQI activities.

The group revisited its strategic direction, and established priority areas of focus for the year ahead. These will include a review of the OAR's related to air ambulance licensure, and a focus on CQI and safety.

Action: For information.

EMS for Children – Debbie Danna, RN

The advisory board last met June 4. Written report received and distributed – see attached. Two advisory board positions are open: Member at Large and EMT. Members are being requested from ATAB 9, 7, or 5 for statewide representation.

Action: Those interested in membership can contact Debbie Danna at 503-731-4011 or debra.m.danna@state.or.us.

OLD BUSINESS

Guidelines for care and transfer of patients with suspected aortic injury from blunt trauma – Susan Werner

STAB approved guideline has been posted on DHS Trauma Website.

Orthopedic “Hand” Call Workgroup – Dr. William Long

No progress.

NEW BUSINESS

Medical Logistics during Portland Blizzard 2004 – Dr. William Long

Handout from Dr. Long was distributed to group that listed some of the issues/concerns that affected hospitals during January’s severe weather conditions.

Discussion: The group discussed how this situation illustrates STAB’s need to operationally interface with hospitals and EOCs in these events. At present, the tri-county EOC contacts Medical Resource Hospital (MRH), but the information doesn’t trickle down to the hospitals. Mr. LeSage stated that the EOC was activated during this event, and recommends having a hospital representative on the EOC. STAB recommends forming a group with SEMSC and PH.

Action: Mr. LeSage will discuss this with the EOC group, and report back to STAB.

House Bill 2410 – Dr. William Long

Two handouts received from Dr. Long were distributed: HB 2410, and a letter from attorney Kurt Hansen to Dr. Long regarding HB2410. This bill, effective May 2003, allows establishment of a statewide registry of voluntary emergency health care providers and designation of a health care facility to provide care in a public health care crisis. The registry will allow emergency health care providers to be credentialed to provide care anywhere in the state, a process which is currently institution- or agency-specific.

Action: For information.

Review of Variance Request and QI Plan for 3Tier Trauma Activation at OHSU – Dr. Marty Schreiber

Presentation by Dr. Schreiber on OHSU’s request for a variance to provide a 3 tier trauma team response. Their analysis of the trauma patient population demonstrated that 65% of traumas are not critical, and 35% are critical. They hope to decrease the use of resources in excess of the patient’s needs, and reduce the overtriage of patients who are discharged home from the ED by 15%.

Discussion: Overtriage, for this analysis, was defined as patients entered into the Trauma System by paramedic discretion who had an ISS of 0 or 1. “Stealth trauma,” or trauma that is not identified in the field, is felt to be increasing in volume. Poor documentation, issues in trauma registry data entry, and population trends have not been addressed by STAB. No national standards or benchmarks are available for under/overtriage rates. Creation of a data subgroup was recommended to develop a trauma registry action plan to review data and recommend improvements/changes.

Action: DHS has approved the variance request for OHSU’s pilot program.

Use of Prehospital Normal Saline (NS) – Dr. Marty Schreiber

Dr. Schreiber presented that all prehospital carriers currently use NS (pH 4.5-5.4) for resuscitation, which causes severe acidosis and is not appropriate for hemorrhagic shock. Lactated Ringers (LR) with a pH of 6.5 is felt to be best for severe hemorrhagic shock. However, in head injuries, NS is believed to be the best fluid for resuscitation.

Discussion: The group agreed that this issue should be reviewed, and explore the science behind fluids used in resuscitation, including whether 2 liters NS delivered pre-hospital cause a decrease in the patient’s pH. It was noted that inter-hospital transfers need to have a consensus regarding types of fluid to use.

Action: Dr. Scheiber and Dr. Chen will serve on a subgroup to create a clear guidance and protocol for fluid resuscitation.

Educational Opportunities

- State EMS Pre-Conferences – September 22 & 23, 2004 in Portland.
- State EMS Conference – September 24 & 25, 2004 in Portland.
- Trauma Outcome & Performance Improvement Course (TOPIC) – October 20, 2004 in Portland. Targeted to Trauma Nurse Coordinators.
- Pediatric Traumatic Brain Injury Conference – October 21, 2004 in Eugene.
- EMS for Children Conference – October 22 & 23, 2004 in Eugene.
- OHSU Fall Trauma Nursing Conference – November 20, 2004 in Portland.

MEETING SCHEDULE

Next Meeting: October 29, 2004, 9:30 am, Portland State Office Building, Portland

There being no further business, the meeting was adjourned at 11:45am.