

OREGON STATE TRAUMA ADVISORY BOARD MINUTES

January 28, 2005

Lorenzen Center, Legacy Emanuel Hospital, Portland, OR

Members Present:

Mary Barnum, RN; Will Bean, RN; Brian Graunke, EMT-P; Daniel Hamre, MD; Christine Heyen; John Hopkins, Jon Jui, MD; Kerry Keeler, MD; Nathan Kemalyan, MD; Paul LeSage, EMT-P; William Long, MD (Chair); Robert Read, MD (Vice Chair); Kevin Van Syoc, EMT-P; Merlin Curry, EMTP for Craig Warden, MD; Rhonda Wood RN.

DHS Staff Present:

Susan Werner, Raelene Jarvis (recorder), Debbie Danna.

Absent: Susan Leathers, RN; Martin Schreiber, MD; Carla Smith, MD; Richard Urbanski, MD; Kent Yundt.

In attendance:

Cheryl Battazzo, RN; Maureen Harrahill, RN; Bobbie O'Connell, RN, Tate Williams.

Dr. Long, Chair, called the meeting to order at 11:05 am.

Review of Minutes – Dr. Long

It was motioned, seconded, and carried that the STAB meeting minutes of October 29, 2004 be approved with the correction to spelling of two names, and that Dr. Hamre was not yet a member of STAB and was therefore not absent. He is attending for his first meeting today.

Health Services Report – Susan Werner, RN

1. The new Prehospital Systems Manager is Tim Hennigan, supervising the EMS part of the EMS & Trauma Section.
2. The updated Application for Oregon Trauma Center Accreditation is now available. Please send any feedback to Susie Werner or Raelene Jarvis.
3. The Trauma Registry RFP is in the final stages of DOJ review and writing. It is expected to be out for vendor bid submission between 2/15 and 3/1/05, and have a completed contract by 3/31/05, providing a short timeframe (one month) to evaluate the top 3 vendors. Evaluations will be scheduled with 4 hours per vendor, resulting in 1½ days of evaluations.
4. Strategic Planning: the EMS & Trauma Systems Section is working on a “Top to Bottom” review of the office functions. In this process, a facilitator will be contracted to work with the office, and with the advisory boards, such as STAB.

Discussion: Trauma nurse coordinators are very interested in providing feedback on trauma registry software, and would like to provide input on the evaluation tool. Ten reviewers are needed who can consistently attend all three evaluation sessions. Additional persons may attend the evaluations to observe. The registry evaluation tool is nearly completed. Interface with hospital information systems is a critical piece.

Action: Ms. Werner will send a draft copy of the registry RFP to interested persons. The dates and schedule for software evaluation will be communicated to members as soon as it is available.

Action: Strategic planning session will be planned to follow the next STAB meeting in April. STAB will move to Thursday afternoon, with strategic planning for members all day Friday.

ATAB Reports

1. **ATAB 1** – Written report received and entered into the minutes: Met on January 10th, 2005. Raelene Jarvis provided a STAB update and provided the group with some epidemiological trends on trauma system entries within the last few years. Very notable was the increasing incidence of fall-associated trauma in the older age groups, highlighting the need for ongoing community prevention programs to control this public health problem in an aging population. Dr. Hedges presented an update on the Resuscitation Outcomes Consortium (ROC) and informed the group that the first trauma study will be a prehospital randomized blinded trial comparing the benefits of hypertonic saline (HS), HS/dextran versus saline in trauma system entries that are either hypotensive (BP < 90) or have a presenting GCS < 9. It is anticipated that recruitment will begin this summer. Dr. Sahni presented an overview of the Trauma Communications Center (TCC) highlighting the benefits of centralized trauma communications especially within the Tri-County Area. Dr. Wish presented results of some of his ongoing research with AAEMS regarding auto launch of Aeromedical EMS systems. Dr. Wish affirmed his desire to continue to work on auto launch criteria within ATAB-1 and include these in the next version of the ATAB-1 plan. A summary report from SAG was received. The TAG reported was deferred to the May meeting. The group closed with an update on the revision process for the ATAB-1 plan. It was decided that the co-chairs and key participants would continue to review and update sections of plan in the coming months.
2. **ATAB 2** – Written report received and entered into the minutes: Last Meetings were October 2004 and January 20, 2005.
 - Current Regional Issues and Concerns:
 - i. Web-based hospital resource status for entire ATAB with demo at the October meeting; all ATAB 2 hospital encouraged to “go live” asap.

- ii. Data: reviewed ATAB volume data, as well as age, mechanism, designation, ED disposition, outcome by ISS group, Subcommittee to review 4th quarter transfers out of ATAB via all modes (air, ground, specialty transport unit, etc.)
 - iii. Will start a concurrent look at specialty transport services by both ground and air providers for interfacility transfers, 7/1/05-12/31/05
 - iv. Looking at overtriage (discharged from ED) for ATAB 2
 - Significant Regional Events
 - i. Educational presentation on liver injuries
 - ii. TNCC Instructor Course 2//25/05 at Salem
 - Changes to the ATAB plan: None
 - Elections: Chairs: Shawn Baird (open session) and Bob Read (QA session); Vice Chair Bobbie O'Connell, Secretary Rhonda Wood
3. **ATAB 3** – Report presented by Mr. Van Syoc – no meeting was held.
4. **ATAB 5** – Report presented by Ms. Barnum – Rogue Valley Medical Center is moving into a new ED in 10 days; ATAB 5 is looking at the oregonhospitals.org website as the computer system to replace their current Red/Green system, and will have regional training on the system on 2/1/05; Dr. Paul Rostykus was elected ATAB QI chair; a mass casualty drill is planned for spring; ongoing recruitment for neurosurgeons. Introduced Cheryl Batazzo, the new Trauma Nurse Coordinator at Providence Medford.
5. **ATAB 6** – Written report received and entered into the minutes: Last meeting was held January 18th at PHRMH 3:30 –5:00 with attendance representing both hospitals and one ambulance company, plus attendance by state trauma representatives.
- Discussed primarily the Quality improvement section of ATAB 6 plan, comparing our current document to ATAB 7 to get an idea for improvements to ATAB 6 plan. Discussed at length the need to get more involvement from pre-hospital agencies in ATAB 6, especially in the QI review area. Brainstorming took place about various ways to increase participation in the ATAB, especially with getting involvement from physician, trauma surgeon or ED MD. Both hospital agencies will attempt to recruit before the next scheduled meeting.
 - Trauma education is being offered in conjunction with Life Flight, with a class in both Hood River in February, and The Dalles in March. Each of these conferences will offer an opportunity to discuss difficult cases, and set the stage for this kind of discussion at the ATAB level.
 - Much progress has been made with the overall update of the ATAB 6 Plan. Final changes for sections reviewed at last meeting were briefly discussed. A subcommittee will compile all the completed work to date, believe we only lack finalization of the QI section to be complete with the plan update. Hope to present final plan at next meeting.

6. **ATAB 7** – Report presented by Mr. Bean. Met November 2004. Health Region preparedness board is working towards cooperation between the ATAB and HPIC; issues of safe transport and airway protection for patients coming down off the mountain slopes with ski patrol was discussed.
 - Written report received and entered into minutes: Rural Health Preparedness Project (Leslie Terell), to facilitate the system in place for natural disasters, large scale events and regional response plans; EMS agency case reviews: total of 13 trauma deaths reviewed; Hospital Trauma reviews: LOS to diagnosis to transfer > 2hrs reviewed, Major airway issues on mountain transports, pre-hospital equipment issues. ATAB will follow up with communication to transport agency.
7. **ATAB 9** – No report available.

Discussion: Question from Dr. Kemalyan regarding hypertonic saline use for field resuscitation of burn patients may be addressed to Dr. Ramzy.

STANDING STAB REPORTS

State EMS Committee Report – Jon Jui, MD

1. Prehospital database is progressing well.
2. Board of Medical Examiners approved EMT-I scope of practice, including additional medication administration, such as morphine, Toradol and ACLS meds.
3. Committee is undergoing strategic planning process.
4. Committee will be working with state Health Preparedness group.
5. Dr. Susan Allen joining DHS will provide welcome medical leadership at the state level.
6. A selected panel interviewed two final candidates for Section Manager position, EMS & Trauma Section.

Association of Air Medical Responders of Oregon (AAMRO) – Ameen Ramzy, MD
Dr. Ramzy is attending today's committee meeting.

EMS for Children – Debbie Danna, RN

Written report received and distributed.

Legislative Update – Susan Werner, RN

1. Senate Bill 106 requires mandatory reporting of elder abuse by firefighters and EMTs. A separate bill makes elder abuse a crime.
2. Senate Bill 401 increases the unitary assessment fund, which provides funding for the prehospital database, poison control, and many other programs. Fines are proposed to be increased if the child is a victim so that communities will receive increased funding for child assistance programs.
3. The criminal fines and assessment fund has been proposed to provide funding for uncompensated trauma care. Accessing this fund is expected to be very competitive.

OLD BUSINESS

Orthopedic Hand Call – Bill Long, MD

No meeting as yet. This issue does not impact trauma system entry patients, but does impact timeliness of care.

Action: Dr. Long will schedule the meeting to follow up on data and further information.

Updating Guidelines – Aeromedical transport of non-life threatening but time sensitive trauma – Bill Long, MD

Discussion: Issues discussed include: stabilization of patients in their local area; hospitals without resources to provide care; communication processes; decision making and educational needs; unique regional issues; guidance to support patient outcomes and time-sensitive issues; when to transfer and when to provide further support/education/evaluation at the local level.

Action: Dr. Long will bring written guidelines to the STAB.

Level III/IV CQI Indicators and Interfacility Transfer Guidelines – Bill Long, MD

Handouts distributed: STAB approved CQI indicators for Neurotrauma care, and Oregon Trauma System Inter-hospital Transfer Criteria (Exhibit 5).

Action: For review and information.

NEW BUSINESS

Request of Merle West Medical Center (Klamath Falls) to change ATAB designation – Susan Werner, RN

Merle West has requested to move from ATAB 5 to ATAB 7. This allows alignment with the new Health Preparedness Region (HPR) plan, and reflects their trauma patient transfer patterns.

Discussion: Three other ATAB regions are slightly different than the new HPRs, based on the hospital's requests to be included in a certain region.

Action: It was moved and seconded to recommend approval of a variance to change Merle West Medical Center from ATAB 5 to ATAB 7. Motion carried.

Action plan for terrorism response – Jon Jui, MD

Many activities are occurring related to Health Preparedness Regions and bioterrorism response, and no clear definition of how to organize these activities across the state has been presented. Generally, neither trauma or burn care has been evaluated for system improvements. No discussion has occurred in the

regions regarding trauma care, even though trauma is the most likely scenario, with or without bioterrorism.

Proposed Goal: Identify the process for STAB to participate in HPRs.

Discussion: HRSA Benchmarks for hospital bed capacity, availability of healthcare personnel, trauma & burn care capacity and EMS; weather-related provision of care issues; providers reverting to systems they are comfortable with in the midst of chaos; regional coordination and movement of patients, including where to send (receiving hospitals) and how to send (transport agencies); how to care for patients at the scene; and how to reinforce the trauma system receiving hospitals. It was noted that hospitals with emergency operations centers provide a seamless contact with regional unified command structures, and it was recommended that hospitals have their incident command system in place.

Action: Group to meet prior to the next STAB meeting to discuss the above goals and issues – Dr. Long, Dr. Jui, Will Bean, Mary Barnum, Dr. Kemalyan, Brian Graunke, Merlin Curry, Maureen Harrahill, Paul LeSage, Susan Werner, Raelene Jarvis, Debbie Danna.

2005 Strategic Objectives for the State Trauma Advisory Board – Bill Long, MD and Susan Werner

Strategic Planning session will be held on Friday, April 29, at the Portland State Office Building.

Action: Meeting information will be sent to members.

Burn Patients in the Trauma System – Rhonda Wood, RN

ATAB 2 would like to see burn patients entered into the Trauma System.

Discussion: Dr. Kemalyan stated that the Oregon Burn Center supports the inclusion of burn patients in the trauma system. Patients entered should meet the American Burn Association criteria for transfer to a burn center. Data collected at the Burn Center could be added to the OTR.

Action: It was moved and seconded that the Oregon Trauma System include the definition of major burns as a patient population to be entered into the Trauma System. The motion passed. Drs. Long and Kemalyan will bring additional information and details to the next STAB meeting.

STAB MEETING SCHEDULE

DATE & TIME CHANGE FOR APRIL:

Thursday, April 28, 2005, 12 noon to 5pm	Portland State Office Building
Friday, 9:30am, July 29, 2005	Portland State Office Building
Friday, 9:30am, October 28, 2005	Portland State Office Building

There being no further business, the meeting was adjourned at 1:30 pm.

Recorder: Raelene Jarvis, RN, Trauma Coordinator, DHS