

## OREGON STATE TRAUMA ADVISORY BOARD MINUTES

April 20, 2007  
Portland State Office Building, Portland, Oregon

### **Members Present:**

Mary Barnum, RN; Will Bean, RN; Susan Benedict, RN; Brian Graunke, EMT-P; Christine Heyen (via teleconference); Christoph Kaufmann, MD; Nathan Kemalyan, MD; Robert Read, MD (Chair); Ritu Sahni, MD; Richard Urbanski, MD (Vice-Chair); Kevin Van Syoc, EMT-P.

### **OHD Staff Present:**

Susan Werner, Grant Higginson, Raelene Jarvis.

### **Absent:**

Dilantha Ellegala, MD; Jon Jui, MD; Kerry Keeler, MD; Susan Leathers, RN; Paul LeSage, EMT-P; Martin Schreiber, MD; Carla Smith, MD.

### **In attendance:**

Cyndi Halaas, EMT-P; Maureen Harrahill, RN; Bobbie O'Connell, RN; Ameen Ramzy, MD; Holly Love, RN; Kevin Rood, RN; Michelle Haun-Hood, RN; Bev Jones, RN.

Dr. Read, Chair, called the meeting to order at 10:05 am.

### ***Review of Minutes – Dr. Read***

There was a motion, second and unanimous vote to approve the STAB meeting minutes of January 19 as written. Following the meeting, Ms. Heyen e-mailed a correction to Senator Westlund's name in the Legislative Subcommittee discussion.

### ***EMS and Trauma Systems Section Report – Grant Higginson***

- 1) Dr. Ritu Sahni has accepted the position of EMS & Trauma Systems Medical Director, effective July 1.
- 2) EMS/Trauma Director interviews are underway. Nine applicants received initial interviews, and three moved on a second round of interviews which will be conducted with 11 stakeholders April 23.
- 3) There are 6 applicants under review for the Prehospital Systems Manager position.
- 4) Jennifer Manchester has been hired as the executive assistant to the EMS/Trauma Director and will also provide support to the Trauma/Tertiary Care Manager and Prehospital Manager.

- 5) EMS-C Coordinator position has been reclassified as an Operations and Policy Analyst 3 position and will be posted as such. Meanwhile, a temporary position has been approved and there is an interested candidate.
- 6) Raelene Jarvis has resigned as Trauma Coordinator effective April 27. The position has been posted, and recruitment efforts are underway.

**Action: For information.**

***ATAB Reports – as presented:***

1. ATAB 1 – No meeting since last STAB meeting.
2. ATAB 2 – Meeting held April 19<sup>th</sup>. QI cases discussed. The variance request for trauma patient triage and transport related to the close proximity of a Level II and III hospital has been tabled. Review of the data demonstrated that a change in current triage practices is not needed.
3. ATAB 3 – Meeting held February 21<sup>st</sup>. No report received.
4. ATAB 5 – Meeting held April 18<sup>th</sup>. The ATAB has adopted the SAM sling pelvic device. There was an ATV educational presentation, and QI case reviews were conducted.
5. ATAB 6 – Meeting held April 17<sup>th</sup>. Autolaunch will be implemented as a dispatch protocol for the rural areas, and the MCI plan has been updated and is being communicated. A full drill will be held May with a contaminated patient surge scenario.
6. ATAB 7 – Meeting held February 21<sup>st</sup>. There are plans for increased EMT-B training in frontier areas, focused on airway management. There was an excellent discussion about a difficult scene with multiple critically injured patients and one paramedic responder. Discussed current legislative activities, and had a demonstration of the Trauma One software.
7. ATAB 9 – March meeting cancelled.

***Discussion:*** The use of pelvic wrap vs. commercial pelvic sling devices was discussed. It was noted that any pelvic wrap device requires constant monitoring of pressure delivered.

**Action: For information.**

***State EMS Committee Report – Jon Jui, MD***

***Bioterrorism / WMD Report – Jon Jui, MD***

Reports deferred.

***Association of Air Medical Responders of Oregon (AAMRO) – Ameen Ramzy, MD***

AAMRO met in February in Corvallis. There is a plan to participate in educational forums related to air medical issues at the State EMS Conference in Bend. There has been a continued focus on education and safety issues. It was

noted that, because they are a vendor representative group, AAMRO has no protection or non-discoverability for quality improvement review.

**Action: For information.**

***Legislative Update – Susan Werner and Grant Higginson***

1. SB 162 – a workgroup of stakeholders assisted with the development of amendments to submit to the Joint Committee on Emergency Preparedness. Although there was general support of the concepts, many of the concepts required further revision. A second workgroup will be convened to submit the final product to the legislature for the February special session. The issues are:
  - a. The scope of the program
  - b. Committee structure and reporting structure for the advisory boards
  - c. Details of the Emergency Medical Responder Board
  - d. Strike team approach for State EMS, particularly the DAS issues related to liability and reimbursement.
2. The Policy Option Package (POP) was zeroed out of the budget. The outcome is unknown for dedicated funding, although it is a high priority item for Public Health.
3. ATV bills – there are no scheduled hearings, although the focus appears to be educational in nature rather than any limitations to age or weight of riders.
4. EMS bill for volunteer Firefighter/EMS small tax credit is awaiting hearing scheduling.
5. Motorcycle bill to repeal use of helmets was tabled.
6. SB 251 repealing protection for QI was tabled.

**Action: Ms. Werner will send out the Legislative Tracking sheet containing detailed information to STAB members.**

***Farewell to Raelene Jarvis – Robert Read, MD***

The membership recognized and thanked Ms. Jarvis for her service to the committee and the trauma program.

**OLD BUSINESS**

***Subcommittee Report: White Paper Group – Robert Read, MD***

Dr. Read noted that there is no new report and that the white paper is still a work in progress. STAB's direction and mission is expected to be affected by the current legislative progress, particularly the outcome of SB 162.

***Subcommittee Report: Data Group – Bobbie O'Connell***

Three handouts were presented. Additional trauma registry data concerning uncompensated hospital care was requested from the Oregon Trauma Registry.

***Discussion:*** Goal is to determine why we want a trauma system, and what does it do for us, developing clear, concise, solid presentation points including 1)

generalities to describe the Oregon Trauma System; 2) determining if the DNR patients are included in this mortality data; 3) comorbidity “other” category is very large; determine which comorbidity conditions are more significant than others; 4) determine if a symposium to discuss data collection issues is needed for trauma coordinators; 5) although mortality appears to have decreased when evaluated by age groups, but is confusing when evaluated by transport mode.

Uncompensated care issues were discussed, including 1) bad debt and charity care; 2) caring for patients the physician does not know and won’t get paid for; and 3) liability. It was determined that performing a detailed analysis on a targeted patient population (by specific diagnosis, age group, or ISS) would provide valuable information.

**Action: Ms. O’Connell will prepare ISS and mortality data and compare to National Trauma Data Base (NTDB) for presentation at next STAB meeting. Data comparing rural and urban data will be reviewed.**

***Subcommittee Report: Legislative Group – Christine Heyen***

Committee members met with Senators Bates and Westlund in Salem. The senators were attentive, and the challenges of securing funding for health care was discussed. It was described as a “get acquainted” session.

***Discussion:*** The current legislative session is a very difficult environment to get support for health care funding. It was noted that SB 162 is not moving forward. Senator Bates has tried twice to get funding for trauma systems, and is now supporting universal health care funding. It is difficult to assess what may happen in 2009, and what bills may be put forth.

**Action: The White Paper group will outline a STAB “Identity” paper; the Data group will continue to collate information from a variety of sources; the Legislative group will meet and offer advice on next steps.**

**NEW BUSINESS**

***Federal Legislation Update: Trauma Systems Planning and Development Act of 2007 – Susan Werner***

The Senate and House have passed the federal Trauma bill, although funding for the grant has not been appropriated. The bill provides requirements for development of state trauma programs and, if funded, would provide funding for the development of infrastructure for trauma systems and funding for demonstration projects.

**Action: Ms. Werner will provide the names of the members of the federal Appropriation Committee members.**

***Trauma OAR Revision Schedule – Susan Werner***

A small group meet on April 19<sup>th</sup>. Next meeting will be scheduled by web messaging program based on members' availability.

**Action: Ms. Werner will send out meeting request.**

***Designation Schedule – Susan Werner***

Schedule has been mapped for 2007-2009.

**Action: Ms. Werner will send out the Designation Schedule.**

***Communication following Virginia Tech shootings – Mary Barnum, RN***

It was determined that, as the State Trauma Advisory Board, it would be appropriate to send a letters of condolences to Virginia. It was also noted that it would be appropriate to inform the citizens of Oregon how the Trauma System would hand such an event in Oregon.

**Action: It was moved by Ms. Barnum and seconded by Dr. Kaufman to send letters of condolences to the State Critical Care Committee of Virginia (their Trauma Hospital Oversight committee) and to the President/Dean of Virginia Tech. The motion passed. Drs. Read and Kaufman and Ms. Heyen will author and send the letter.**

**Action: It was moved by Dr. Sahni and seconded by Ms. Barnum to send a letter to the Oregonian to explain how a traumatic event such as the shootings would be handled here in Oregon. The motion passed. Drs. Read and Kaufman and Ms. Heyen will author and send the letter.**

**Selective Spinal Immobilization EMS Protocol - Ameen Ramzy, MD**

There were concerns expressed during the executive session regarding possible inappropriate use of this protocol, and EMS use of the term "cleared the c-spine".

**Action: There was a motion by Dr. Sahni and a second by Mr. Graunke to request information from each ATAB: 1) Which prehospital agencies are currently using the Selective Spinal Immobilization protocol and which agencies are planning to utilize this protocol in the future and 2) what specific protocol/criteria is being used. The concerns that are identified will be communicated to the State EMS Committee. The motion passed.**

***Trauma Registry Update – Raelene Jarvis***

A live demonstration was provided on the Trauma One software program, including data entry and reporting functions.

**Action: For information**

**MEETING SCHEDULE**

July 20, 2007	Portland State Office Building
October 19, 2007	Portland State Office Building

There being no further business, the meeting was adjourned at 1:00 pm.

Recorder: Raelene Jarvis, DHS Trauma Coordinator