



State Trauma Advisory Board Quarterly Meeting Minutes 2024 Quarter 4 | October 11, 2024

Chair: Ron Barbosa, MD | Vice Chair: Amy Slater, RN

Appointed Board Attendance		
Present	Ron Barbosa, MD	Level 1 Trauma Surgeon
Absent	Mac Cook, MD	Level 1 Trauma Surgeon
Absent	Jonathan Kark, MD	Level 1 or 2 Orthopedic Surgeon or Neurosurgeon
Present	Justin Sales, MD	Level 1 Emergency Medicine Physician
Present	Heather Wong, RN	Level 1 Trauma Program Manager Nurse
Absent	Jennifer Serfin, MD	Level 2 Trauma Surgeon
Present	Amy Slater, RN	Level 2 Trauma Nurse Coordinator
Present	William Foster, MD	Level 3 Emergency Medicine Physician
Absent	Judi Gabriel, RN	Level 3 Trauma Nurse Coordinator
Present	Timbra Burrup RN	Level 4 Trauma Nurse Coordinator
Vacant	VACANT	Urban Area Trauma Hospital Administration
Vacant	VACANT	Urban Area Emergency Medical Services Provider
Present	April Brock, MSN	Rural Area Trauma Hospital Administration
Present	Diane Johnson, P	Rural Area Emergency Medical Services Provider
Absent	Michelle Renault	Public Safety Answering Point Representative
Present	Aaron Ott	Public Member
Absent	Joel Carmody	Public Member
Present	Jim Cole, P	EMS Committee Representative

Oregon Health Authority (OHA) Attendance
Mellony Bernal; Robbie Edwards; Rachel Ford; Peter Geissert; David Lehrfeld, MD; Julie Miller; Laxmi Pallathadka; Madeleine Parmley; Nicole Perkins; Albert Ramon; Stella Scott; Dana Selover, MD

Public Attendance	
Tiffany Anderson, Providence Hood River TPM	Johnathan Jones, Providence Medford TC
Jeremy Buller, St Charles Bend TNC	Melissa Levesque, St Charles Prineville TNC
Sarah Daniels, Salem TPM	Megan Lundeberg, Legacy Emanuel
Sarah Davis, RiverBend	Lauri Martinich, Sutter Coast TNC
Clif Dodson, Providence Hood River TNC	Laura Middleton, Curry General TNC
Matt Edinger, Asante Rogue TNC	Keith Quinlan, Willamette Valley McMinnville

Frank Ehrmantraut, Polk County Fire District No.1	Alena Romanyuk, Legacy Emanuel TPM
Leslie Engलगau, St Charles Redmond TNC	Linda Sheffield, Santiam TNC
Pamela Halbrook, Samaritan Pacific TPM	Jordan Tiller, Legacy Emanuel TNC
Velda Handler, Adventist Tillamook trauma registrar	Kathy Tompkins, Salem PIPS coordinator
Katie Hennick, Good Samaritan Corvallis TPM	Emily Weber, Willamette Valley
Zack Hittner, Willamette Valley TNC	Joey Van Winckel, Salem West Valley TC
Stacey Holmes, Sky Lakes TPM	Elizabeth Windell, Salem Hospital TMD
Anthony Huacuja, Adventist Tillamook TC	

Call to Order – Ron Barbosa

The meeting was called to order at 1:04 p.m.
Roll call was taken; quorum was met.
2024 Quarter 4 agenda was presented and no changes were requested.

Review/Approve Minutes – Ron Barbosa

2024 Quarter 3 State Trauma Advisory Board minutes were reviewed. No changes were requested.
Jim Cole motioned to approve the minutes as presented; Heather Wong seconded.
All members in favor, none opposed. Motion carried.

Committee Updates – Rachel Ford, Justin Sales, Jim Cole

EMS for Children Update – Rachel Ford, Justin Sales
Final meeting was held yesterday. Excited for 2025 changes.

- [Prehospital Pediatric Readiness Project Assessment](#) was completed with 51% response rate from transporting agencies. It will reopen later for internal agency use.
- Recruiting for [new EMSC committee](#), with priority application deadline October 31.
- Pediatric emergency readiness workshops will be held November 4 in Stayton and Independence. Contact Rachel Ford (rachel.l.ford@oha.oregon.gov) for more information.
- [Pediatric Readiness Program](#) education session will be held November 21 ([registration](#)).
- Pediatric Emergency Care Applied Research Network (PECARN) [study](#) produced new clinical prediction rule for cervical spine clearance for pediatric patients in emergent settings.

EMS Committee Update – Jim Cole

- Committee sunsetted this morning. OHA staff provided a list of committee members who participated over the years.
- Cardiac Arrest Registry to Enhance Survival (CARES) was a highlight: staff have been able to capture 92% of prehospital cardiac arrests in Oregon through a long-term commitment to collecting quality data.

House Bill 4081 EMS Modernization – Dana Selover, David Lehrfeld, Stella Scott

[Oregon House Bill 4081](#)

STAB is being metamorphosed. The state's trauma system has a lot of tentacles, now expanding to other time-sensitive emergencies (TSEs).

Emergency Medical Services Advisory Board (EMSAB): application is open continuously, though specifically recruiting for three seats and from ATABs 6, 7, and 9. EMS for Children Advisory Committee is also recruiting with priority deadline October 31.

EMS Centers: likely overlapping with regional resource hospitals. The Area Trauma Advisory Boards (ATABs) were created from natural referral patterns. Not much will change for trauma. New rules recently adopted for trauma centers.

Board and committee diagram: moving away from siloed model. EMSAB receives recommendations from the committees. Regional EMS advisory boards will evolve out of ATABs. In order to ease that transition, currently asking ATABs to start including partners from other specialties.

Comments/Questions:

- **William Foster:** Do you have enough bandwidth for all the rules you need to make? **Dana:** No, we don't! The bill needs to be funded and resourced. Making a pitch to the legislature for 2025 to fund this work and staff it. **David:** Trauma has the most intensive rules of the TSEs. Also, the program knows how to create specialty system rules, given the background with trauma rules. Not expecting new systems to function at the level of the trauma system, certainly at least in the first five years. **Dana:** Other specialties may look different from trauma, and Oregon's systems may look different from other states.

OHA overall is rebranding and released their [Strategic Plan](#). Per HB 4081, the EMS & Trauma Systems Program will be changing to the Emergency Medical Services Program, therefore also rebranding. Patches for EMS providers will stay the same.

The new board, committees, and subcommittees will meet Tuesday through Friday during the first or second weeks of February, May, August, and November.

Comments/Questions:

- **William Foster:** How many positions on will be on the time-sensitive emergencies committee? **Stella:** Number is in flux, still deciding on seats to add. **Nicole Perkins:** 9 positions listed in statute. **David:** Only a few named in statute for the main TSE committee. Plan is to have concentrated experts on the specialty subcommittees. **Dana:** Membership is not anchored in statute because statute is hard to change. EMSAB will determine the seats, then OHA director appoints members. This setup has flexibility, with the committee able to recommend additions to EMSAB and via their bylaws.

Oregon Trauma Registry Data – Peter Geissert, Albert Ramon

National Trauma Data Standard (NTDS) 2025 Updates:

Oregon is adopting all changes published in the NTDS 2025 Data Dictionary.

Overview of NTDS 2025 changes

- One retired data element
 - SEX
- Nine new data elements
 - SEX ASSIGNED AT BIRTH
 - GENDER
 - GENDER-AFFIRMING HORMONE THERAPY
 - INTUBATION PRIOR TO ARRIVAL
 - INTUBATION LOCATION
 - PRIMARY MEDICAL EVENT
- Language added to descriptions for 1 data field
 - CONGENITAL ANOMALIES

Comments/Questions:

- **William Foster:** What does “primary medical event” mean? **Peter** [answered later in discussion]: A medical event experienced by the patient that immediately preceded the traumatic injury.

Pre-existing conditions added: autism spectrum disorder (ASD), bronchopulmonary dysplasia/chronic lung disease, ventilator dependence.

Additional information was added, removed, or changed for 22 fields. ED discharge fields were modified to reflect patient boarding. Several pre-existing conditions had “Based on the patient’s age on the day of arrival at your hospital” added to Additional Information. Hospital events (acute kidney injury and pressure ulcer) had verbiage changed to reflect that they began after arrival to emergency department (ED)/hospital. Hospital disposition and Glasgow Coma Scale (GCS) elements had Additional Information both added and removed.

Comments/Questions:

- **William Foster:** Will OHA be adopting something similar to NTDS for cardiac and stroke?
David Lehrfeld: Almost all national standards come with national databases with built-in performance metrics, including data dictionaries and revisions. Trauma has a large range of standards, whereas stroke and cardiac are smaller, because trauma has been around longer. There will be parallel structures with other TSEs.

OTR System Migration:

- Ironing out details in scope of work section in contract to get the best experience for end users. Hope to have contract finalized by end of this month.
- [Report census](#): in preparation for migration to new platform, data team is seeking input on the ways that hospitals are currently using the report writer function to guide production of standardized reports in new registry solution.

- Migration process overall: metadata nearly complete and can be used to pull information on most data elements, and troubleshooting the remainder. Using metadata approach provides replicable process.

AIS/ISS Data Entry:

Peter spoke with Chris at the American College of Surgeons (ACS) about compliance with transition to the new platform. Requirement is to submit data of sufficient quality within the appropriate reporting timeframe – no program will be excluded until the first request for data is six months past due. The first request for Q1 2025 data is June 15, 2025; therefore, the final date for inclusion in the spring 2026 benchmarking report is December 15, 2025. ACS is aware that many states are in similar positions and they are expecting lag times with data submissions. OHA-EMS is committed to continuity of operations and ensuring that Oregon Level I and II trauma centers participating in TQIP are able to meet their reporting deadlines.

Data team has met with ESO and communicated request for updates to the TraumaOne platform: 2025 NTDB updates and supporting hand-coding for AIS-2015.

ACS contact for follow-up questions: traumaquality@facs.org

OHA EMS/TS Director & Medical Director Update – Adam Wagner, David Lehrfeld, Dana Selover

Adam: Currently in recruitment for data team positions. [Stroke dashboard](#) now available on Posit. Professional Standards Unit working on rules and hiring for license predetermination. Staff released an [ambulance service plan compliance tool](#). CARES is making progress, including with the law enforcement AED program.

David: New trauma rules this year; thanks to those who participated in the rulemaking process. New trauma registry. Four hospitals looking at becoming trauma hospitals and/or upgrading. Work around EMS and EMS Modernization about systems of care. Part 2 will likely be more specifically about ambulance agencies and providers. Planning to do survey during licensing to find where providers are working. Legislative topics and local activities include recruitment incentives, loan forgiveness, education, interstate compacts, medical surge capacity, ambulance strike teams, and mobilization (based on fire plans).

Dana: Need to have resources to do this work. For legislative session, conversation around ED boarding as public health issue – legislators are becoming aware. Potentially also something around urgent care. Plenty of topics for EMSAB strategically. Hopefully trauma will be able to mentor/assist the other TSE committees, especially regionally.

ATAB Updates – Ron Barbosa

1: Megan Lundeberg. Held last meeting of the year earlier this week. Worked on ATAB plan. Going to collaborate on injury prevention.

2: Amy Slater. Meeting next week. Wrapped up ATAB plan. Continuing work on EMS under-triage and tracking/trending data.

3: Jim Cole, William Foster, Sarah Davis. Meeting coming up in a month or so. Plan is up to date. Just passed subsections to get Exhibits 2 and 3 incorporated. Working on referral patterns and getting beds available, including transfer processes and times.

5: Matt Edinger. Meeting next month. Working on ATAB plan. Potentially changing dates next year. Fall prevention coalition is in its infancy, working on getting folks across the state together for the provider side as well as making a public-facing website so folks can find initiatives in their area.

6: Clif Dodson. Meeting next week.

7: Jeremy Buller. Met last week. Started asking about how to make the meetings valuable for everyone in region. Reiterate Matt's sentiments, also putting together fall prevention program; there are only a few people in the region working on it, and working in silos. Trying to make it easier for people to access information.

9: April Brock. Meeting in two weeks. Working on PI for low-level falls and patients on thinners and honing related activations.

BIG 1 Workgroup Wrap-up – Stella Scott

Mac Cook was unavailable, so Stella Scott presented. Stella met with Mac and recorded education which is [available online](#). Since STAB is sunsetting, the documents are under trauma education.

Comments/Questions:

- **William Foster:** Interesting looking at. Providers are committed to using the guidelines in local area, but struggling with radiologists not defining subarachnoid hemorrhages by BIG standards. Getting radiology on board will be a big factor. **David Lehrfeld:** Previously had the same problem with solid organ injury grading. When people started getting docked on trauma surveys, it notified hospital administrators so radiologists changed. Accreditation has more bite with compliance. **Amy Slater:** We used the radiology liaison to take it to our radiology group using STAB materials and they have been pretty compliant.
- **Ron Barbosa:** Happy about this. Oregon has to look at ways of limiting some transfers, and it so happened that brain injuries were the first. Glad it was done.

Public Comment – Ron Barbosa

David Lehrfeld: STAB is the best-named board I have had the honor of sitting on.
No other comments.

Meeting was adjourned at 2:40 p.m.

These minutes cannot approved by the board because this was the final sunsetting meeting.