

MINUTES

STATE TRAUMA ADVISORY BOARD

Legacy Emanuel Hospital & Health Center

Portland, Oregon

October 20, 2000

Attendees:

Jerris Hedges, MD, Bill Long, MD, Kevin Van Syoc, EMT-P, Craig Warden, MD, Rhonda Wood, RN, Brian Graunke, EMT-P, Tim Herrmann, RN, Jon Jui, MD, Susan Leathers, RN, Cheryl Eddy, RN, Bob Read, MD, Jim Krieg, MD, Fred Neis, RN, EMT-P, John Hopkins, Tom Johnson and Susan Harding

Absent:

Kerry Keeler, MD, Richard Urbanski, MD, Paul LeSage, EMT-P, Randy Chesnut, MD, Raul Mirande, MD, and Ron Sproat, MD

Guests:

Bobbie O'Connell, RN, Maureen Harrahill, RN, Gordon Everett, RN, Judy Bradshaw, RN, Heather Freiheit, RN, Kenneth Rhee, MD, Michelle Wright, RN, Lesa Beth Titus, RN, Ann Fuller, RN, and Everett Mozell, MD

The meeting was called to order by Dr. Long, Chair, at 0905. The minutes of the July 21, 2000 meeting were approved as written.

Dr. Long opened the meeting reading excerpts from a letter he sent to Gary Weeks which expressed concerns about the Oregon Trauma System unraveling and not functioning properly due to the loss of staff and lack of support by the Health Division. He also stated that Oregon providers lobbied successfully for funding from the Motor Vehicle Accident Fund to support the Oregon Trauma Registry, and asked what value we were getting from the Trauma Registry as it exists. Level I trauma centers need a registry which can submit data to the NTDB and TRACS. Dr. Long stated it was time that the Health Division used a recognized product, one used by other state trauma systems.

Mr. Johnson acknowledged these concerns and assured the committee that the Health Division was aware of these issues. He stated that the recent personnel changes could result in a positive step forward, and that the Health Division would attempt to rectify the serious deficiencies identified by Dr. Long that have built up over the past several years.

Dr. Long voiced concerns regarding the site survey process. Apparently, outside surveyors' backgrounds vary. He stated the need for an appropriate and competent peer review for surveying hospital trauma centers.

With regards to the interhospital transfer rule change, after the public hearings process, STAB did not get to the opportunity to review the rule changes made by the public hearings officer. There should be a feed-back mechanism to assure that the proposed rule changes are not worse than the old rules.

Mr. Johnson agreed with STAB's role in this process, and that the Health Division's trauma staff had failed to communicate the final decision and their reasoning.

QUALITY IMPROVEMENT

1) **Outcome Review Process**

No discussion regarding outcome review process.

2) **Neuro/Ortho Trauma COI**

There was discussion regarding neuro and ortho trauma peer review being performed by two or less specialists in each ATAB. It was suggested that STAB meet with specialists to establish practice guidelines. Dr. Jui raised the question as to whether or not there were any National standards.

HEALTH DIVISION REPORT

Mr. Johnson reported on the following activities:

1) **Personnel**

The Health Division has undergone major changes in personnel. Ms. Harrahill asked if it was expected to be difficult filling these vacancies. Ms. Eddy stated that previous trauma staff were always attentive and available to the ATABs and concerned that it might be hard to replace that level of dedication. Ms. Leathers also expressed the need for support in the rural areas. Ms. Wood stated that the needs of ATAB 2 have not been met since the vacancy of trauma staff within the Health Division. Mr. Johnson outlined the advantages of working for the State, and hoped to recruit individuals who are committed to the system. Mr. Johnson was optimistic that the trauma manager position would be filled by the end of February.

2) **Site Surveys**

Ms. Harrahill asked about the site survey schedule. Mr. Johnson stated that postponing some surveys until the trauma staff positions are filled will most likely be necessary.

3) **Database Development**

Mr. Johnson stated that the development of an Oregon Trauma Registry (OTR) database has been a very lengthy process, which has spanned over four years and was recommended by staff at that time. However, based on recent information and poor performance of the project, purchasing an "off-the-shelf" package might make more sense. Ms. Leathers commented that currently, St. Mary Medical Center is double entering their trauma patients into Collectors and in AREV, in order to participate in the OTR.

3) **EMSC**

Fred Neis, RN, EMT-P introduced himself as the new EMSC coordinator. He reported that a needs assessment survey had just be mailed out to all hospitals and EMS providers.

STATE EMS COMMITTEE REPORT

Dr. Jui reported the key issues discussed as the last State EMS Committee meeting:

- ! Senate Bill 911 has begun funding monies for education and equipment to agencies who meet certain criteria.
- ! Private providers raised concerns regarding the impact on agencies due to the requirement of an associate degree.
- ! New airway standards are being implemented which should drop esophageal intubations down to zero.
- ! EMSC half-time position was recently hired which will help develop and promote pediatric education throughout the state.
- ! The Health Division is looking for a software package to be used by prehospital agencies for patient information. Ideally, information would not have to be re-entered at hospital level.
- ! Plans for weapon and mass destruction response capabilities in Oregon in the event of a disaster may be a source to develop emergency medical infrastructure.

OLD BUSINESS

1) **Neurotrauma Standards**

Did not have standards available. These will be provided at next meeting.

2) **Treatment Recommendations**

a. **Child Abuse:**

The committee reviewed the final draft of *Child Abuse Recognition and Management* recommendations. Ms. Harrahill stated that OHSU was not catching all child abuse patients, due to the fact that they are not recognized at time of injury. It was agreed that all cases need to be entered into the trauma registry, even retrospectively. Questions were raised as to whether there was a “Child Abuse Registry”. Susan Harding, OHD, will investigate and report back. Treatment recommendations were approved.

b. **Evidence Collection:**

There are now two protocols on this subject. Copies of Salem Hospital protocols for evidence collection were distributed. Dr. Long will check with the Medical Examiner’s office to see which version they support.

c. **Pediatric Trauma Response Criteria:**

OHSU was to present the findings of their pilot study. Ms. Harrahill requested that the time be extended in order to acquire a more significant amount of data. Dr. Jui stated that there are problems obtaining blood pressures on children, and that the Braslow measure should be added to criteria.

NEW BUSINESS

1) **Non-acceptance of Interhospital Transfers**

Mr. Herrmann stated that Sacred Heart Medical Center has had to refuse trauma patients due to lack of surgeon availability. Dr. Long suggested following the Level I method of diverting to eliminate this problem. It would be desirable to have rules on when to accept and inclusion in OAR's. Dr. Long suggested that a group be formed to set up proposal of rules that can be presented to the STAB for rule approval. Mr. Johnson did express that for the time being, everyone should abide by the existing rules and Attorney General's opinion.

2) **Providence Medford - Rogue Valley Medical Centers - proposed level change**

Providence Medford formally requested their trauma designation level be changed from Level II to Level III due to shortage of resources. Rogue Valley Medical Center also has same problems and concerns. Between the two hospitals, their surgical staff is down by 50 percent. Dr. Rhee, from Rogue Valley Medical Center stated that they would agree to remain at Level II status, with the condition of being able to not accept transfers outside their immediate area. Other Level II hospitals also have similar problems in their areas. Dr. Mozell shared Salem Hospital's experience dealing with this issue. There was lengthy discussion and suggestions regarding this topic. Dr. Long proposed that Rogue Valley Medical Center remain at their current Level II status, but limiting their volume by not accepting interhospital transfers from outside their immediate catchment area (Jackson and Josephine counties) on a temporary basis. Ms. Leathers made a formal motion. Motion was seconded and approved. The Health Division will notify hospitals within Curry county that they will transfer to ATAB 3, and Klamath county transfer to ATAB 7. This plan will be reviewed in six to nine months.

3) **2001 STAB meetings**

The first meeting for 2001 will be held in Bend on January 19th, from 0900 to 1200. Remaining meetings were not scheduled at this time.

Meeting was adjourned at 1130.