

STATE TRAUMA ADVISORY BOARD MINUTES

St. Charles Medical Center
Bend, Oregon
January 19, 2001

Attendees: Brian Graunke, EMT-P; Jerris Hedges, MD; Tim Herrmann, RN; John Hopkins; Paul LeSage, EMT-P; William Long, MD; Raul Mirande, MD; Robert Read, MD; Ron Sproat, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Craig Warden, MD; Rhonda Wood, RN.

Absent - Excused: Randy Chestnut, MD; Cheryl Eddy, RN; Susan Leathers, RN;

Absent - Unexcused: Jon Jui, MD; Kerry Keeler, MD; Jim Krieg, MD;

The meeting was called to order by Dr. Long, Chair at 9:05. The minutes of the October 20, 2000 were reviewed and approved with the following corrections: Cheryl Eddy was in attendance at the October meeting

The Neurotrauma Standards of Care Draft was discussed. The draft was not available to committee prior to meeting. The suggestion made that each representative discuss the standards with local Neurosurgeons and bring comments to April STAB meeting. One recommendation was to change name to "Practice Guidelines" instead of Standards of Care.

Action: Agenda item

Practice Management Guidelines – Handouts for Blunt Aortic Injury & Arch Vessel Injury, ED Spleen and Liver Algorithm, Admit Spleen and Liver Algorithm. Committee members were requested to review handouts with constituents and to get any recommendations back to Dr. Long. Dr. Sproat mentioned an overall "master list" of important standards/guidelines. Maureen suggested the approved "master list" of standards/guidelines be published on the Oregon Health Division web page. It was also suggested that a list of suggested algorithms/standards be developed. Dr. Hedges asked if institutions would be allowed to tweak the guidelines and Dr. Long responded, "Yes, these are guidelines the people can adjust".

Action: Agenda item. OHD: publish standards/guidelines on website.

OHD – Russ informed us a Trauma Manager has been hired. Susan Werner RN BSN MAS will start on February 12th. Also the trauma program data position is open and Susan Werner will be involved in hiring that position.

Action: Informational

Trauma Registry – Russ from OHD presented information regarding TraumaBase (an updated AREV trauma registry program). Because TraumaBase was developed on the same software platform as our current program, it may be less problematic to migrate data from our current OTR to TraumaBase. Maureen asked if we have thrown out the system we worked on two years ago. Tom Johnson from OHD responded that this is not the case, but that options are being considered.

OTR Subcommittee: Tom also suggested forming a trauma registry sub-committee that will meet when Susan assumes her position. Dr. Long mentioned that Wyoming and Montana are interested in database systems that speak to each other, and Idaho currently uses TRAX. Washington has used collector for 4 years. Tim Herrmann said that we don't want to lose the data we have and that it would be nice to communicate our information regionally, and develop objectives for what we want out of a registry. It was also stated that the trauma registry is essential in establishing benchmark information to determine how each facility compares to other facilities of the same size. An important objective for the subcommittee will be to set objective criteria for selection of a new registry. Tim H. said this committee should be a high priority and that we should have a game plan by the end of the meeting to put this on fast track.

Cost of new Registry program: Tom from OHD voiced that the biggest expense is to transfer the old data to a new registry. Dr. Long proposed to get money through the uninsured motorist fund. A one time use to fund the transfer of old data to new registry. Dr. Hedges wanted to know if there is other help financially. Tom from OHD said there might be federal funds, but it is also necessary to consider legislative action that would need OHD support and recommendation for a new registry program. Dr. Sprout mentioned it would be helpful for the rural areas to get help financially.

Action: Establish Trauma Registry Subcommittee to determine what should be included in the trauma registry and to determine criteria for selection of a new trauma registry. Identify alternate sources of funding for a new trauma registry.

Establish Statewide ATAB/STAB CQI appeal process – Trauma CQI proposal handout. Tom Johnson from OHD mentioned the necessity for the CQI process to be a confidential review held with committee members only. Discussion followed regarding the information that is reviewed at ATAB, the integrity involved in presenting cases and how this interaction can affect the relationships between facilities. There were questions about what is appropriately reviewed in ATAB vs. STAB CQI process. Discussion followed on what kinds of cases get sent to CQI and what is reviewed at ATAB. Dr. Long stated that Standards of Care differ significantly from one ATAB to another according to the Health Division. The organization of the CQI meeting can also be problematic, as some one will need to organize the cases and get the x-rays for the CQI meetings. It was suggested that the meetings be held every six month and that they be available as teleconferences.

Action: Rhonda Wood volunteered Salem Memorial for the meeting.

State EMS Committee report – Proposed revision of EMS Oregon Administrative Rules with 14 specific changes were taken to the state EMS advisory committee for comment on wording. The 14 changes have gone out for public comment. It's expected to take one to two months to complete. Roger Fox, employed as Operations Licensing and Planning is retiring next Friday.

Over 500 attended EMS conference, it was very successful.

Pre-hospital data base program is 30 computers were recently purchased as the first phase of the project. An additional 30 computers will be purchased shortly. The third step in the process involves preparing a Request for Proposal for prehospital database software (using 911 money).

The community college site accreditation for paramedic programs is approximately halfway completed.

Action: Informational only.

Old Business –

Child Abuse Recognition & Management – Completed, no changes requested.

Evidence Collection – There are 2 proposals, and it was decided that no decision would be made at this time. It was suggested that each option be considered by local ATABs until state recommends a method.

Craig Warden presented pediatric triage criteria. His research includes eighty-five patients at this time, and the results seem to be reliable information. Discussion followed regarding obtaining blood pressures in children. JoAnn Fairchild mentioned that it has been not been a priority to take pediatric blood pressures as research supports the premise that the heart rate is considered a more is accurate reflection of circulatory status.

Diversion: Non-acceptance of Interhospital Transfers. Tim Herrmann said a report form has been implemented at Sacred Heart in Eugene. The physician for each patient diversion fills it out. Since the form was implemented, there have not been any diversions.

Medford – 3 new surgeons are moving to Medford in August 2001. Rogue Valley administration requested that the state send a description of waivers as discussed during the October meeting. Dr. Urbanski asked what legal ramifications may result if they restrict their acceptance of interfacility transfers to a 2-county area. Tom Johnson from OHD stated that he could not give a legal opinion, but he would support them practicing within their capabilities. It was noted that Orthopedists and Neurosurgeons continue to

accept transfers. Some transfers that would have gone to Medford are being transferred to Redding and Yreka. Rogue Valley is aggressively working on increasing the medical staff. Dr. Long asked if Providence (Medford) would consider changing to a level 3 designation status. The comment was made that almost every specialty is asking for reimbursement.

New Business –

TNTT - JoAnn Fairchild talked about the proposed funding cut for this program. It has been proposed that all of the Public Assessment Safety Fund be used for law enforcement. She noted that Oregon is in top 3 for safety belt usage. She asked that we send letters to our senators or the Ways and Means Committee to continue the funding of education K-12, and that we not support HB5010 because it is not in our best interest for all money to go to enforcement rather than a split between enforcement and prevention. Options for support of Trauma Nurses Talk Tough were suggested, including the tobacco funds and the uninsured motorist fund.

Action: Members requested that JoAnn send STAB members fliers or e-mails with information useful for letters of support. STAB committee will send a letter of support to the Ways and Means Committee.

Misc –

Maureen asked the status of the Hospital accreditation site surveys. Russ said it is a top priority to get site visits underway. Currently we are 10 surveys behind. The State expects to maintain the current schedule and make-up those that are currently late.

Action: After Susan comes on board a memo will be sent notifying facilities of a tentative schedule for site reviews. Thought will be given to hospital preparation. Dr. Long requested a standardization of qualifications (credentials) for review team members and team composition. He requests feedback from members. These suggestions should be returned to Dr. Long by next STAB meeting.

June 1st and 2nd – EMS for Children Conference.

EMS-C bill has been introduced which would provide funding for a state EMS-C program and pediatric injury/illness registry. The OHD may contact members to request information prior to testifying at the hearing.

There are CD-rom's approved for pediatric education. They are free and may be requested from Fred Neis at the EMS office.

Effort is being made to raise PIP for motorcycles and extra \$30-\$40 a year. Also idea of increasing moving vehicle violation \$20.

Dr. Long requesting permission to present any damage control (packing liver, spleen, laparotomy) not hooking back up and transporting at spring meeting in Tampa in May. Dr. Long to get numbers 2 years back.

NW Trauma States Conference is May 2-4th in Sunriver.

Next meeting – Friday April 20th in Medford.

Agenda Items:

- CQI – A. Practice Management Guidelines, Neurosurgeons, Pelvic, and Aortic
- B. Adoption of CQI process.
- C. Case reviews.

Intro of new trauma program manager - Susan Werner.

Trauma Registry sub-committee report.

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Meeting adjourned at 12:00.