

**Oregon Health Services**  
**STATE TRAUMA ADVISORY BOARD**  
**MINUTES**

Sacred Heart Medical Center  
Eugene, Oregon  
July 27, 2001

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

**Absent - Excused:** Jim Krieg, MD; Craig Warden, MD.

**Absent - Unexcused:** Randy Chestnut, MD; Kerry Keeler, MD; Susan Leathers, RN; Raul Mirande, MD.

**Guests:** David Bliss, MD; Karen Sells; Elaine Knighton; Jackie Fox; Will Bauscher; Everett Mozell; Maureen Harrahill; Bobbie O'Connell; Darren Freeman.

**OHD Staff:** Susan Werner

Dr. William Long, Chairman, called the meeting to order at 9:30 a.m. Corrections were made to the minutes as distributed: Correction of spelling for Dr. Meyerding; deletion of "Eugene Update", p. 2 as the statement was erroneous; clarification of p. 6, State Quality Improvement Review to read: "It was determined that if an ATAB is unable to resolve a quality improvement issue, the ATAB may forward the issue to the STAB Quality Review Committee. Andy Michaels made the motion that issues that involve 2 or more ATABs that cannot be resolved among the parties can be referred to the STAB Quality Review Committee". It was moved and seconded that the minutes be accepted as amended. The vote to accept the minutes as amended was unanimous.

***Definition of Rural Trauma: W. Long, MD***

- The definition of Rural Trauma was discussed. It was determined that the definition should include specific language that reflects the scarcity of services, i.e. regarding population density and miles from comprehensive services.
- It was noted that there are many issues germane to "rural trauma" that need to be considered in trauma system development and assessment. These include
  - Identification of patient injuries and the identification of facilities that can provide necessary resources.
  - Identification of the appropriate mode of transport for the trauma patient in the rural setting
  - Training and education in "rural" Oregon

- Identification of “system” resource issues specific to the delivery of trauma care in a rural area.

**Action: Agenda item. Request ATAB involvement in the definition of rural trauma and the identification and resolution of rural issues. Agenda item**

***Neurotrauma Management Guidelines for Level III facilities with single neurosurgical coverage***

- These guidelines pertain to those Level III facilities with single neurosurgical coverage
  - It was noted that it is essential that the committee involve neurosurgeons from Level I, II and III facilities.
  - It was also noted that it is essential to include a cover letter to explain that these are draft guidelines only.

**Action: Dr. Long will contact Dr. Michael Dorsen to create a Standards and CQI Subcommittee for Neurotrauma related problems. This subcommittee will report to the STAB Quality Review Committee.**

***Pelvic Fracture Guidelines***

- The Pelvic Fracture Guidelines were reviewed. It was suggested that the guidelines be stratified as to severity of injury (major fractures vs minor fractures) and that the “North Region Major Pelvic Fracture Guideline” be incorporated into the guidelines to assist facilities in determining which patients should be considered for transfer and preparing them for transfer.

**Action: Dr. Jui and Paul LeSage offered to draft prehospital best practice guidelines that will include references.**

***Blunt Liver Injury / Spleen and Liver Injuries***

- The Mary Bridge Children’s Hospital and Health Center policy for ED Spleen and Liver Algorithm was reviewed. It was noted that Julie Ortman is currently researching the prophylactic treatments for post-splenectomy patients in Oregon facilities.

**Action: Dr. Bliss agreed to draft a guideline for pediatric treatment and follow-up.**

***DVT Risk Assessment Profile***

- The Risk Assessment Profile and Legacy/Emanuel’s DVT Prophylaxis Protocol was discussed.

**Action: Susan Werner will assure that the algorithm and risk profile are added to the website.**

***Thoracic Aortic and Arch Vessel Injury Protocol***

- This protocol was withdrawn from review as it is currently being updated.

***Guideline Process***

- There was discussion about the format of Oregon Trauma System Guidelines. The following inclusions were suggestions:
  - Purpose statement, disclaimer
  - Patient population / recognizing condition
  - Definitive care for the condition
  - Expectations for care at each Level (how the guideline impacts care determined by resources available)
  - Prehospital, ED/resuscitation, ICU, Transfer care guidelines
  - Bibliography

**Action: Dr. Hedges agreed to draft a proposal for guideline format.**

***CQI Process: W. Long, MD***

- Dr. Long requested that Susan Werner prepare a diagram of intra-ATAB, inter-ATAB and STAB CQI Process.

**Action: Susan will prepare diagram.**

***Radiolucent Backboards: J. Jui, MD***

- Dr Jui suggested that the State Trauma Advisory Board develop standards for translucent backboards. There was also discussion on including padding of backboards to decrease secondary complications from decubiti.

***State Legislative Efforts: S. Werner***

- ***SB 243 (EMS-C Bill)*** Establishes EMS for Children Program in the Health Division under the Trauma Program. This bill requires the implementation of a registry for severely injured and ill children. Current Status: the bill was passed with limited funding (\$200,000) for the biennium.
- ***HB 3218*** Increases motor vehicle liability coverage required for personal injury and property damage from \$10,000 to \$25,000. Current Status: Tabled in Health and Public Advocacy Subcommittee.
- ***HB 3785*** Modifies payment procedures for providers under personal injury protection benefits for motor vehicle liability policies. This provision would decrease payment for reimbursement. Expenses of the provider will be presumed reasonable if the amount billed for the service falls at or below the 80<sup>th</sup> percentile with respect to billings submitted by similarly licensed providers in the state. Charges exceeding the 80<sup>th</sup> percentile are presumed to be unreasonable. Additionally the bill creates voluntary arbitration provisions for disputes between providers and insurers. Tabled in Ways and Means Committee.

**Action: Informational only**

***Updates:***

- ***Medford:*** Dr. Mozell reported that surgical coverage has stabilized in the Medford community, and efforts to improve Orthopedic shortage are underway. Susan Werner offered to meet with community providers / administrators to review possible options for scheduled accreditation visits.

**Action: agenda item.**

- **Salem:** Susan Werner reported that a probationary Accreditation Visit was conducted on July 24, 2001.  
**Action: Agenda item.**

**Health Department Update: S. Werner**

- **Staff**
  - Liz Morgan has accepted the position of Ambulance and Service licensure Program Representative.
  - The Director's position has been posted.
  - The Trauma Coordinator position in the Trauma Program is being reclassified to

**Action: Informational only**

- **Trauma Registry**
  - We continue to seek funding for the replacement of the trauma registry.

**Action: Agenda item**

- **Designation**
  - Designation Schedule for accreditation visits for 2001-2002 was distributed.

**Action: Informational only**

**ATAB Reports**

- **ATAB 1** ATAB 1 is reviewing the possibility of synchronizing the TAG and SAG meetings to accommodate the resolution of joint issues. They are discussing the possibility of ATAB Trauma Plan revisions, which will include MCI and Medical Protocols.
- **ATAB 2:** ATAB 2 has completed their Area Trauma Plan update. Members of ATAB 2 discussed the growth and development of their
- **ATAB 3:** ATAB 3 is scheduled to meet the first week of August.
- **ATAB 5:** No meeting this quarter.
- **ATAB 6:** No meeting this quarter
- **ATAB 7:** Area Trauma Plan revision was finalized.
- **ATAB 9:** Area Trauma Plan revision is in final stages. A report on the CSEPP regional exercise was provided to members.

**State EMS Committee: J. Jui, MD**

- **EMT Intermediate Training**
- There are efforts underway to increase EMT Intermediate Training to 150 hours. The increased training would include the use of LMA, Chest Needle Decompression, and additional medications.

**Action: Informational.**

- **Prehospital Database**

- Dr. Jui is interested in determining if it is possible to merge data from the prehospital database available for the Portland metro area with the trauma registry. He noted the responsibility to provide timely feedback regarding trauma care that is being provided.

**Action: Susan and Dr. Jui will assess the possibility of creating a database that could accept information from both sources and will identify issues concerning data transfer and feedback.**

***State Trauma Advisory Board Membership: S. Werner***

- Susan Werner noted that there are 6 STAB appointments that expired December 2000. Susan will contact these board members with expired terms to determine if they wish to continue as board members. Susan also noted that Cheryl Eddy has tendered her resignation from the committee effective immediately.

**Action: Agenda item.**

- ***Meeting Dates***

- ***January 11, 2002 in Salem @ Salem Hospital***
- ***April 26, 2002 in Bend, OR @ St. Charles Medical Center***

As there was no further business, the meeting was adjourned at 12:30.