

MINUTES
DEPARTMENT OF HUMAN SERVICES
EMERGENCY MEDICAL SERVICES AND TRAUMA SYSTEMS

STATE TRAUMA ADVISORY BOARD

**Portland State Office Building
Portland, Oregon
October 12, 2001**

Attendees:

Jerris Hedges, MD, Bill Long, MD, Kevin Van Syoc, EMT-P, Rhonda Wood, RN, Brian Graunke, EMT-P, Tim Herrmann, RN, Bob Read, MD, Jim Krieg, MD, John Hopkins, Kerry Keeler, MD, Paul LeSage, EMT-P, Randy Chesnut, MD, Raul Mirande, MD

Absent - Unexcused:

Ron Sproat, MD, Craig Warden, MD, Jon Jui, MD, Susan Leathers, RN

Absent - Excused:

Richard Urbanski, MD

OHD Staff: Susan Werner, Jonathan Chin, Russ Harper, Fred Neis, Donald Au, Susan Harding

Guests:

Bobbie O'Connell, Maureen Harrahill, Judy Bradshaw, Heather Freiheit, Sherry McConkey, David Bliss, George Burnstein, Karen Schade, Cindy Parks, Cathy Austin, Ameen Ramzy, Joyce Reining, Kim Graves, Gayle Pierce, K. Dean Gubler, Mary Barnum, Mary Ann Seth Wish, Lisa Wish-Anderson

Meeting was called to order by Dr. Long at 10:10 a.m.

It was noted that the minutes from the July 27, 2001 meeting were reviewed during the CQI meeting. Corrections were reviewed. Corrections made during the CQI meeting were as follows: "Medford Update" - change Dr. Mozell to Dr. Urbanski. The minutes were accepted as distributed

Health Services Reports

- < Susan Werner introduced the new Director of EMS and Trauma Services, Jonathan Chin. Mr. Chin accepted the position October. Mr. Chin has worked in the EMS/Fire Department arena, both as a paramedic and manager for 25 years, most currently as a manager for Salem Fire Department.
- < The State still does not have funding secured to replace the existing trauma registry. However, Susan is researching grant funding that will be available next year from HRSA (EMS-C/Trauma funding) that could help defray the cost of a trauma registry. Until replacement funding is secured, updates to the current registry will be made as necessary.
- < Accreditation visits are scheduled October 23-31, 2001 for 10 coastal sites. The remaining sites will be reviewed in 2002.

ATAB Reports

- < ATAB 1: The next meeting is scheduled for 11/5/01. ATAB 1 is currently working on the Area Trauma Plan as well as evidence-based protocols for prehospital caregivers. The MCI plan has been updated to include the portions submitted by Portland Fire & TVF&R regarding guidelines in the area of Weapons of Mass Destruction.
 - < It was noted that the Wish family will be presenting a patient case later in the meeting. It was noted that the only issue not addressed at SAG and ATAB1 is the issue of air-rescue and air-transport with the Coast Guard and Lifeflight as issues that are beyond the scope of ATAB to address.
- < ATAB 2 – The ATAB 2 Area Trauma Plan has been revised and is in final stages of review. They are developing a MCI Protocol and redefining QI.
- < ATAB 3 – The ATAB 3 meeting is scheduled for November. Discussing has focused around issues of lateral transfers within ATAB 3 which would provide increased depth in orthopedic coverage so patients are able to stay in the area.
- < ATAB 5 - No report
- < ATAB 6 - No report
- < ATAB 7 – Area Trauma Plan has been updated and is under final review.
- < ATAB 9 – No report

State EMS Committee Report

Dr. Jui was not in attendance. See attached minutes.

OLD BUSINESS

Definition of Rural Trauma

Dr. Long distributed a draft definition of Rural Trauma that will included in the next “Resources for Optimal care of the Injured Patient. In the past Oregon’s definition has been based in the **Oregon Administrative Rules** currently in practice. The past definition of “rural” is based on information on population density, therefore these descriptors need to be included.

Action: Dr. Long will send the draft to ACS with the following suggestion:

Check with EMS to determine the wording necessary to protect “rural” as a definition of population density as necessary to protect federal funding. Dr. Hedges will provide wording that will assist in the definition.

Guidelines

Guideline Format

Dr. Hedges distributed a format to be considered for use in formatting guidelines. He stated the importance of STAB to develop a rationale for establishing guidelines. It was suggested that the guidelines be presented in a format that would be applicable to each level and presented in as simple a manner as possible to promote flexibility and adaptability to any of the four levels of trauma care in Oregon. Dr. Hedges provided 3 reasons for providing guidelines: 1) build consensus with system participants, 2) critically evaluate the knowledge base regarding specific trauma care issues, and to provide guidance in the interpretation of conflicting data , 3) to provide guidance to providers less familiar with the literature regarding specific trauma conditions.

Dr. Hedges suggested the following format:

- Identify a format and process with which to format guidelines.
- Purpose Statement
- Summary and overview
- National Recommendations based on trauma hospital level
- Background – magnitude and specific questions based on literature review
- Algorhythm addressing key decisions
- Management goals for each department
- Future Needs section where information is lacking
- Bibliography on which the guidelines are based.

Additionally, it is necessary to provide a reference list to assist facilities in the adaptation of the guideline to reflect the level of care they can provide. There was discussion that the guidelines be provided separately from the supporting documentation There was discussion regarding the need to integrate the

needs of the multisystem trauma patient in the development of system-specific guidelines. The question was raised as to the effort that members are willing to commit to the guideline process. It was also suggested that a small group works on each guideline with the intent of bringing the finished draft back to the committee.

Action: Please get your recommendations to Dr. Hedges and he will continue to work on format and present at next meeting.

< **Pelvic Fracture Practice Management Guidelines**

Dr. Krieg gave an overview of the Pelvic Fracture Practice Management guidelines distributed during prior meetings. He stated that he supports a format similar to the North Region Major Pelvic Fracture Guidelines as it encourages the use of the guideline for the majority of the facilities who have to determine if a patient will be kept or transferred and this format provides greater adaptability in different situations. There are many components that are specific to the management of a difficult injury, but the timing and the utilization of resources will be institution specific. A list of important aspects of care may be more useful to the facility.

Action: Review & comment. Finalize after guidelines format has been established.

< **Management of Pediatric Blunt Liver and Spleen Injury Guidelines**

Dr. Bliss submitted guidelines for management of pediatric blunt liver & spleen injuries.(see attached). He will supply the bibliography.

Action: Please review & forward comments to Dr. Long or Dr. Bliss. This guideline will be finalized after the guidelines format has been established.

Interfacility Transfer Administrative Rules

Comments continue to be sent to the OHD with regards to proposed changes in interfacility transfer guidelines. These comments will be reviewed to determine what changes need to be made for the final rules. The emergency rule will be imposed until that time.

Action: Susan Werner will provide a summary of comments that have been received related to the proposed OAR changes

Lengthly Extrication Prehospital Policy

Paul Lesage commented on the lengthy review that the Prolonged Entrapped Patient Protocols that include (in the Portland Metro area) the potential for transport of a surgeon to the scene for care of patients who have been entrapped and will require lengthy extrication. This policy includes the use of trauma surgeons on-scene, requiring the hospital buy-in in allowing the trauma surgeon on-call to be transported to the scene. Mr. Lesage asked what kinds of equipment packs would be necessary for emergency extrication.

Action: Paul Lesage will update as information is necessary.

Damage Control Study

Dr. Gubler updated the committee on the current status of the “damage control” research (The retrospective analysis on damage control laparotomy/thoracotomy performed in rural trauma centers). He reviewed the purpose of this study – a retrospective analysis to determine if damage control surgery in a rural setting improves survival. Any cases that fit the criteria can be submitted for inclusion in this study (information attached).

Action: Update as new information available

State Trauma Advisory Board Committee Membership

Susan Werner announced that Cheryl Eddy has resigned from the STAB, therefore, needing a nurse from the eastern Oregon to fill this position. Dr. Long noted the need for required physician attendance during the CQI portion of the STAB Meetings. Susan will secure nominations for the positions in question and will forward the nominations to the Department director.

NEW BUSINESS

Introduction of Standards and CQI Committee for Neurotrauma

Dr. Dorsen was unable to attend this meeting, however Dr. Read noted that a letter will be sent to physicians who have agreed to participate on this subcommittee. The letter will be distributed on OHD letterhead.

Action: Quarterly Update

Rural Trauma Course

A new course is available from the American College of Surgeons called "Rural Trauma Team Development Course". This course focuses on developing trauma team response in healthcare facilities. Written materials were provided by Dr. Long.

Action: Informational only.

Anesthesia ED Emergency Airway Specialist

Dr. Hedges presented a proposal for facility standards OAR rule change (attached) in an effort to increase the opportunity to provide training needs to the Emergency Physician trainees who manage the airway in trauma patient care and to be able to re-think resource usage in the emergency department. This proposal would permit a facility to determine who will be designated as the "airway specialist" for full-trauma cases in the ED. Dr. Keeler expressed his views as to the importance of having the anesthesiologist present in the ED for certain patients.

Action: Dr. Hedges will provide background information and benchmarks.

Wish Family Presentation

Mary Ann Seth Wish and Lisa Wish-Anderson addressed the events surrounding the death of Jean Anderson on March 25, 2001.

Meeting dates for 2002

- < January 11, 2002 @ Salem Hospital, Salem
- < April 26, 2002 @ St. Charles Medical Center, Bend
- < July 19, 2002 @ Good Samaritan, Corvallis
- < October 11, 2002 @ Mid Columbia Medical Center, The Dalles

Meeting was adjourned at 12:00