

STATE TRAUMA ADVISORY BOARD MINUTES

Good Samaritan Regional Medical Center
Corvallis, Oregon
July 19, 2002

Attendees: Randy Chestnut, MD; Brian Graunke, EMT-P; Tim Herrmann, RN; John Hopkins, Paul LeSage, EMT-P; William Long, MD; Robert Read, MD; Ron Sproat, MD; Richard Urbanski, MD; Rhonda Wood RN; Tony Hinz, MD; Michael Dorsen, MD; Mary Barnum, RN

Absent - Excused:

Jerris Hedges, MD; Jon Jui, MD; Susan Leathers, RN, Raul Mirande, MD; Kevin Van Syoc, EMT-P; Craig Warden, MD

Absent - Unexcused:

Kerry Keeler, MD; Jim Kreig, MD

OHD Staff:

Susan Werner, Jonathan Chin, Raelene Jarvis, Donald Au

Guests:

Jed Roe, MD; Elliott Meyering, MD; Bobbie O'Connell, RN; Steve Barber, MD; Janet Coff, RN; Maret Pfohman, RN; Maureen Harrahill, RN; Marty Schreiber, MD; Christopher Richards, MD; Pat Dunn, MD, Paul Dorsett, MD;

The meeting was called to order by Dr. Long, Chair, at 11:20.

Corrections to the minutes of April 26, 2002:

- Medford air transport times should read "25 minutes to Klamath Falls; 50 minutes to Bend"
- Dr. Kreig was not present

A motion to accept the minutes from April 26, 2002 as ammended was made and seconded. The motion to accept the minutes as corrected was approved.

Health Services Report

- Trauma center designation visits are continuing. The Level III & IV hospitals will be completed by mid-August; the Level II hospitals will be reviewed in September; and the Level I hospitals will be reviewed in October. The two Medford hospitals will be reviewed in January 2003.

- The Trauma Registry Subcommittee had its first meeting on July 18th. The plan is to complete the request for proposal for a new statewide trauma registry by March 2003. All trauma coordinators, trauma registrars and interested ATAB and STAB members are welcome to attend upcoming meetings and offer their input. We will be evaluating data points, registry functionality and reporting options. Grant funding is available for travel and lodging for subcommittee participants. Meetings will be held every other month at various locations in the state. Videoconferencing may be available. Dates of meetings will be published soon.
- Administrative change at ODHS – Tom Johnson is leaving effective August 2, 2002. His position will be filled at a later date. Jonathan Chin will report to Barry Kast and Grant Higginson, MD in the interim.
- Bioterrorism – A section has been created at ODHS under Claudia Bingham. Mike McGuire is the section director and Harvey Crowder is the coordinator. Twenty-eight billion dollars is expected in FY 03-04 from FEMA thru the Governor’s Security Council.

Discussion: The ATAB regional model could work well for organizing the bioterrorism activities. Mr. Chin has shared this model with Mike McGuire. In the future, EMS regions will probably reorganize along the ATAB regional model. Over time, the ATABs may be reorganized to create one regional system for multiple prehospital/EMS systems.

Action: Information only. Updates will be forthcoming

POLST and the Trauma System

Guest: Pat Dunn, MD, POLST Task Force Chairman

Recommendations from the Physician Orders for Life Sustaining Treatment (POLST) Task Force were reviewed. Dr. Dunn suggested that when both “DNR” and “Comfort Care Only” are marked on an existing POLST form the patient not be entered into the trauma system following traumatic injury. The patient may still require transport to the hospital for comfort care.

Discussion: It was noted that patients do not routinely carry the POLST form with them. In the event of a motor vehicle crash, prehospital personnel will not have the form available on scene. The patient may carry a wallet card but this is not a substitute for valid physician orders. The orders are not formally linked to Medic Alert or any other notification system. The group discussed the need for a high level of confidence when excluding someone from entry into the trauma system. “Limited Additional Interventions” was defined as no ICU care, no intubation and no long-term life support. Based on this discussion, this section was interpreted as not requiring trauma team response upon arrival to the hospital.

Action: It was moved and seconded that the patient with “DNR” marked in Section A and either “Comfort Measures Only” or “Limited Additional Interventions” marked in Section B of the patient’s POLST form should not

be entered into the trauma system and does not require a trauma team response following a traumatic incident. This patient may require prehospital transport to the hospital for comfort care. The motion was approved.

ATAB Reports

- ATAB 1: Systems Assurance Group (SAG) met on 7/8/02, next meeting is 8/12/02 at 4pm. The ATAB is reviewing and updating their Area Trauma Plan. Discussions occurred regarding the revision of the ATAB meeting format to include SAG discussions as the CQI portion of the meeting.
- ATAB 2: Met 7/18/02. Discussed out of hospital trauma death reporting by EMS. Deaths will be tracked for volume and in the field resuscitation efforts. Missing prehospital data was noted on EMS documentation, approximately 50% of the time, especially by agencies that recently converted to computerized charting. This creates increased workload for trauma registrars trying to track down the data points for the State Trauma Registry.

Discussion: It was noted that there have been previous discussions regarding prehospital providers submitting trauma registry data. No outcome of those discussions was available. When non-compliant prehospital agencies are reported to the EMS Office, the issue will be addressed with that agency.

Action: Susan Werner and Jonathan Chin will research the topic of prehospital reporting.

Action: The trauma coordinators will report all agencies non-compliant with prehospital data elements to the EMS & Trauma Systems section.

Discussion: The Level III & IV hospitals would like to receive the discharge diagnosis codes from the receiving facility. The sending facility frequently does not have all the diagnosis codes, and is therefore unable to calculate an accurate ISS score.

Action: Level I & II hospitals receiving trauma patients in transfer will print a patient summary from the trauma registry after the patient is discharged from their facility and send to the sending hospital.

- ATAB 3: Patients being admitted to non-surgical services has become an issue. Neurosurgery coverage is difficult. One group of surgeons covers two hospitals. Both facilities are committed to providing care as trauma hospitals. They are challenged to provide surgical coverage for elective cases, emergent cases and trauma system patients.

- ATAB 5: Met on 7/18/02. The ATAB plan from 1994 is being revised. The “Red/green” method for noting the trauma hospital for the day is still in place. A trauma consultant, hired as a joint venture by both Medford hospitals, has completed a site visit and will be provide recommendations at the end of the month.

Discussion: Medford has a number of trauma system patients who state they prefer to go to the “red” hospital because of an affiliation they have there, despite being informed that the specialty care they require (i.e. an orthopedist) is not available at the hospital of their choice.

It was noted that other areas use an informed consent decision tree, and request that the patient sign a prehospital release for transport against medical advise. Paul Le Sage will share their decision tree and release form with the committee.

- ATAB 6: Next meeting 7/23/02.
- ATAB 7: Have finalized their ATAB plan. CQI is reviewing QI filters for prehospital and hospital trauma deaths. It was noted that transfers from Klamath Falls to Bend have increased from 0 in 1999; to 1 in 2000; 2 in 2001 and now 7 in the first half of 2002. Five of the seven patients were neurosurgical patients. Issues were identified related to a refusal of transferred patients by Medford neurosurgeons.

Discussion: Mary Barnum noted that the neurosurgeons were recently educated on their responsibility related to EMTALA, and they are more willing to accept patients in transfer.

- ATAB 9: Next meeting 8/9/02.

State EMS Committee Report

No report received from Dr. Jon Jui.

Standing STAB Reports

- Bioterrorism Report – Jonathan Chin
See Health Services Report
- Neurotrauma Subcommittee – Dr. Micheal Dorsen
The Neurotrauma Guidelines have been approved, and will be posted on the EMS & Trauma website.
- Radiological Guidelines Subcommittee – Dr. Ronald Sproat
Spinal Cord Injury Clearance:

Discussion: There are two groups of patients who require spinal cord injury clearance

- 1) Comatose or head injured patients who will be transferred for definitive care
- 2) Patients who will be transferred only if a spinal cord injury is found

Action: Dr. Chestnut will submit this information in writing.

Radiological studies for orthopedic injuries prior to transfer

Discussion: See handout from Dr. Hinz on orthopedic injuries. The goal of this subcommittee was discussed and clarified. It was determined that the subcommittee will define appropriate radiological studies to be done prior to patient transfer, bearing in mind that patient transfer should never be delayed to merely to delineate an injury. A CT scan or other additional diagnostic studies should not delay transfer once a transferable injury is identified.

Action: Recommendations for appropriate radiological studies will be submitted to the STAB, with the following assignments:

- Dr. Dorsen – brain**
- Dr. Chestnut – spine**
- Dr. Sproat – abdomen**
- Dr. Long – chest**
- Dr. Hinz - extremities**

- Trauma Registry Subcommittee – Susan Werner
See Health Services Report. ATAB 5 (PMMC) presented follow-up data to last meeting's presentation on geriatric patient mechanism of injury in their area.
Discussion: Plan to identify performance improvement parameters and outcomes, standard reporting and collaboration with Washington State. Subcommittee to include Marty Schrieber, Andy Michaels, Dean Gubler, Donald Au, Paul LeSage.
- Orthopedic Subcommittee – Dr. Tony Hinz
See Radiological subcommittee report.

OLD BUSINESS

Patient Care Management Guidelines

Topics currently on the EMS & Trauma website need to be updated. Washington State is willing to share their guidelines for consistency.

Action: Susan Werner will send guidelines out to authors or content experts for update.

Anesthesia Specialist Proposed Rule Change

Dr. Jerris Hedges not present – tabled.

NEW BUSINESS

Medford Update – See ATAB 5 report.

Washington State

As an informational item, Harborview is suing the state due to the lack of the funding promised to the trauma centers for caring for patients.

STAB Strategic Planning Meeting

This activity is funded in the Trauma grant for the next three years. STAB members and ATAB chairs will meet to discuss system planning for the state.

Action: The October 11 STAB meeting is cancelled.

Dates considered were November 14 & 15, 2002 or November 15 and 16, 2002 for the next STAB meeting and the STAB Strategic Planning meeting.

Susan Werner will poll members and notify of date.

Role of Paramilitary units in civilian rescue operations

At present, there is no delineation of the coordination between ATABs and federal agencies during rescue operations.

Discussion: The issues surround the use of military units – the state/local agencies do not exist and are not recognized in their command structure. The ATAB plan is not presently recognized by the military. There were many difficulties with communication between military and civilian agencies.

Action: ATAB 1 – SAG will review the Mt.Hood event and then present their findings at STAB QI.

Review and revision of STAB Bylaws

Current version of the STAB bylaws are dated 1994.

Action: Bylaws to be updated prior to Strategic Planning session.

ANNOUNCEMENTS

- **Educational Opportunities**
State EMS Conference September 13 & 14 in Redmond

EMS Educational Conference in September in Portland
EMS-C Conference October 17 & 18 in Corvallis
ACEP Conference in October in Seattle
Fall Trauma Nursing Conference in December at OHSU, Portland

- **“Cost of doing business”**
For the business of conducting STAB meetings, DHS must make all lodging arrangements; Reimbursement is based on ground travel; Air travel must be approved and must be coordinated through the State’s approved travel agency. These activities demonstrate our fiscal responsibility with state funds.
- **Meeting dates for 2003**
January 17, 2003
April 19, 2003
July 19, 2003
October 18, 2003

Next meeting –
Strategic Planning Session for STAB Members November 16, 2002
STAB meeting – November 15, 2002
Location to be announced - Portland

The meeting was adjourned at 2:10 pm.