

STATE TRAUMA ADVISORY BOARD MINUTES

Legacy Emanuel Hospital and Health Center
Portland, Oregon
November 15, 2002

Attendees: Mary Barnum, RN; Randy Chesnut, MD; Michael Dorsen, MD; Brian Graunke, EMT-P; Jerris Hedges, MD; Tim Herrmann, RN; John Hopkins: Tony Hinz, MD; Jon Jui, MD; Kerry Keeler, MD; Susan Leathers, RN; William Long, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Kent Yundt, MD.

Absent - Excused:

Paul LeSage, EMT-P; Robert Read, MD; Ron Sproat, MD; Rhonda Wood, RN;

Absent - Unexcused:

Raul Mirande, MD; Craig Warden, MD;

OHD Staff:

Susan Werner, Jonathan Chin, Raelene Jarvis, Donald Au, Susan Harding

Guests:

Steve Barber, MD; Bobbie O'Connell, RN; Ritu Sahni, MD; Paula Derr, RN; Vern Barley; Maureen Harrahill, RN; Michelle Haun-Hood, RN; Brad Barnam, RN; Ameen Ramzy, MD; K. Dean Gubler, DO; John Wish, Mary Ann Seth-Wish

The meeting was called to order by Dr. Long, Chair at 11:25 am. The board was reminded that there is a no-smoking policy.

There were corrections to the minutes of July 19, 2002. Mary Barnum, RN, Kerry Keeler, MD, and Robert Read, MD were listed in error as attending. Bobbie O'Connell, Maureen Harrahill and Elliot Meyerding were omitted as guests.

A motion to accept the minutes of July 19, 2002 as corrected was made and seconded. The motion to accept the corrected minutes was approved.

Health Services Division Reports - Staff

- **Prehospital Registry:** Jonathan Chin reported the progress of the Prehospital Registry. The registry is composed of two programs: Epcis, a software that produces electronic prehospital patient care reports, and a data warehouse which can combine the data from those who use Epcis and those who use other proprietary prehospital electronic databases. Mr. Chin noted that Epcis software is free, and the EMS section

has developed Oregon-specific, universal data points. Three agencies have agreed to test the software. The program has an agency management and a CQI component, which can benefit the smaller agencies. The electronic patient care report database is a 3- to 5-year project. Plans are in place to interface this data with the Trauma Registry Database.

- EMS Section Personnel Update: There are four open positions at the present time – Administrative Assistant, Prehospital Systems Manager, Prehospital Standards Representative and the EMSC Coordinator position that was posted as a 0.7 FTE.
- Trauma center accreditation visits have been completed with the exception of the two facilities in Medford. Survey reports are anticipated by late December, 2002. The final two hospitals in Medford will be reviewed in the first quarter of 2003.
- Regional Collaborations: A workgroup has been established to define QI processes for all levels of trauma hospitals in Oregon and Washington. This will assist facilities in establishing QI programs. Regional trauma registry data sharing and the impact of HIPAA are being evaluated. Alaska, Washington and Montana all use the Collector registry program, and Idaho is considering it, based on the decision that Oregon makes. Sharing rural trauma data would be very beneficial for the region.

ATAB Reports - Representatives

- ATAB 1: Susan Werner
Met 11/11/02. Plans are underway to create a more efficient meeting structure with the ATAB and SAG (QI) sessions meeting together with a similar membership, allowing a more direct connection between the ATAB plan and the QI findings.
- ATAB 2: Bobbie O'Connell
Meet 10/17/02. QI continues to review all deaths, ISS > 25 and not transferred, and deaths after transfer, and deaths in the field with/without field interventions. Mike McGuire presented an overview of the state's bioterrorism plan.
- ATAB 3: Tim Herrmann
Met 11/20/02. McKenzie-Willamette Hospital has requested an accreditation change to a Level III trauma center. Sacred Heart was reviewed as a level II center in October. Due to their close proximity, The ATAB has requested a variance on triage and transport.
- ATAB 5: Mary Barnum
Met on 10/15/02. The trauma consultant employed by the two Medford hospitals recommended that Rogue Valley request a Level II accreditation, and Providence request a Level III accreditation status. Dialogue between physicians and the two

Medford hospital administrations continue in an effort to address Orthopedic and Neurosurgical surgeon coverage. Completion of the revision of the ATAB plan has been delayed until the final accreditation status of both hospitals is final. There has been good participation at the ATAB meeting, including increased participation from coastal members. The QI subcommittee physicians are reviewing deaths with ISS > 25.

- ATAB 6: Susan Werner
Met on 9/3/02 and 10/30/02 to regroup and reorganize. They are working to incorporate the QI process into their ATAB, and provide educational offerings at the meetings. Involvement of Washington members is very important in this ATAB.
- ATAB 7: Tony Hinz, MD
Met 11/13/02. The final draft of ATAB plan has been completed and will be presented at STAB's next meeting. The "Autolaunch" program that allows dispatch to activate air transport to the injury scene for a predetermined group of patients has been successful and will continue for its second year.
- ATAB 9: Susan Leathers
Met 10/11/02. ATAB 9 has reorganized with Debi Akers RN and Char Hansen RN as new co-chairs. The chairpersons have identified new members among the community prehospital providers. They are updating the ATAB plan and working on the QI plan. Issues affecting the region include surgeon and subspecialist shortages, which affect hospital response times and increase the number of diversions in the ATAB.

State EMS Committee Report – Dr. Jon Jui

- Initial reports have been produced utilizing the electronic prehospital registry. Additional reports will be analyzed in the next 6-12 months.
- Proposed changes in the EMT-I Scope of Practice are controversial. Survey tool for the EMT-Is and their agencies are going out next week.
- The recertification paramedic test bank has been distributed to all providers. Testing will occur in the spring.
- Several Medical Director's Courses have been scheduled. All prehospital medical directors are expected to attend.

Weapons of Mass Destruction Report - Jonathan Chin and Dr. Jon Jui

After many discussions and meetings in the state, it is apparent that an integrated system is needed to address Weapons of Mass Destruction and to formulate

common goals and interfaces for providers. The CDC grant of 12 million is being used to improve county Health Department systems. The HRSA grant for 1.5 million is for hospital planning. A new state Hospital Coordinator was recently hired. The DOJ (FBI) grant of 1-2 million dollars per year will fund programs at the State Office of Emergency Management (OEM), and will provide EMS equipment.

At this point, there is no integrated plan for the state, and no oversight body for these many grants and projects. This process is similar to what other states are experiencing. There are national, regional, state and county level activities occurring. The plan is to create relationships for collaboration and partnership from a systems approach.

Contaminated and Injured Patients – Neither the state as a whole or the Portland metro area are not ready to care for radioactively contaminated patients. Dr. Jui attended an Oregon DOT presentation that described the volume of radioactive materials traveling monthly through the state. Mary Barnum noted that Jackson County has developed an integrated response to the biological or chemically contaminated patient that they are willing to share with other regions.

Smallpox: Vaccination will occur in three stages. 1) Vaccinators will get the vaccine, January 2003. 2) Public Safety, ED, Law Enforcement. 3) General Public. Without the vaccine, smallpox has a 40% mortality rate; with the vaccine, it decreases to 5-10% mortality. Liability issues regarding vaccination still exist. The vaccine is not recommended for children under 1 year or elderly over 70 years.

Standing STAB Reports - Members

Radiological Guidelines Committee

- Head CT Recommendations - Dr. Dorsen (see attachment)
- Spine - Dr. Chesnut (see attachment)
- Extremities – Dr. Hinz (see attachment)
- Chest – Dr. Long see (see attachment)
- Abdomen - Dr. Sproat - no report.

ACTION: Members and guests will distribute the accompanying handouts in their facilities for review and comment. Plan for one document on “Films for transfer”.

Neurotrauma Committee – Dr. Dorsen

No report

Trauma Registry Committee – Raelene Jarvis / Susan Werner

The Trauma Registry Subcommittee met November 14th. The meeting in Portland was teleconferenced with Bend. There was good participation from all hospital levels, including nurses, registrars and physicians. Suggestions to increase efficiency in data collection included eliminating duplicate collection of data thru secure data sharing, the need for user-friendly reporting and query processes, and standardization of data elements with the option of customization. The next meeting will be held in January or February. A request for proposal for a new statewide trauma registry is scheduled for completion in the 2nd quarter of 2003.

OLD BUSINESS

Anesthesia Specialist Proposed Rule Change Jerris Hedges, MD

This proposal was discussed in ATAB 1. OHSU has a new Anesthesia chair, Dr. Jeff Kirsch. This topic will be resubmitted for consideration at a later date.

NEW BUSINESS

Eugene/Springfield Request for Variance – Susan Werner

ATAB 3 has requested a variance for the triage and transport of neuro-trauma patients in their area. A temporary variance has been approved by the EMS and Trauma Systems Section for the diversion of all patients with a GSC \leq 12, an abnormal pupillary response in the presence of head trauma, or obvious skull fracture to Sacred Heart Medical Center in Eugene. The intent of the variance is to allow both Sacred Heart Medical Center and McKenzie-Willamette Hospital to remain actively involved in providing trauma care to the level of their resource availability.

Discussion: There was a discussion on whether a variance is the optimal way to create a system for dealing with the changing resource availability across the state. Currently, the OARs require all trauma system entry patients to be transported directly to a level I or II hospital, except if the scene time plus transport time to a Level I or II facility is significantly greater than the scene time plus transport time to a closer level III or Level IV trauma hospital. Thus the OARs do not address triage and transport in a community that has two active trauma hospitals accredited at different levels, such as a level II and a level III.

ACTION: It was moved and seconded to continue the temporary variance as described in the letter from EMS and Trauma System Section to ATAB 3. The motion passed. Tim Herrmann abstained. ATAB 3 will prepare and implement an educational process and a QI program for this variance. Susan Werner will form a subcommittee to develop proposed language changes for the OARs in the Triage and Transport section to address this issue.

Review and Revision of STAB Bylaws – Susan Werner

The 1994 Bylaws document was revised(See attached revision document).

ACTION: There was a motion and a second that the State Trauma Program will review ATAB Trauma Plans and make recommendations as they are updated. The review of the plan will be presented to the STAB. The motion passed. The ATABs are responsible for presenting their updated plans.

ACTION: There was a motion and a second to add the Chairperson of the EMS for Children (EMSC) Advisory Committee as a voting member of STAB. The motion passed. There was motion and second that a Layperson be added as a voting member of STAB. The motion passed.

ANNOUNCEMENTS

- **Educational Opportunities**
 - ACS Rural Trauma Course will be coming to Oregon. It is currently in beta testing
 - Prehospital Traumatic Brain Injury Guideline Courses will be held in March 2003: Portland 3/14 & 3/17; Eugene 3/15; Bend 3/15; LaGrande 3/17.
 - Oregon ACEP Northwest Winter Conference in Emergency Medicine February 2-5, 2003

Please Note

- **Meeting dates for 2003 – Changed to the 4th Friday of the month:**
 - January 24, 2003**
 - April 25, 2003**
 - July 25, 2003**
 - October 24, 2003**

Next meeting – January 24, 2003, at 9:30 am in the COM Building at Salem Hospital.

The meeting was adjourned at 3:30 pm.