

STATE TRAUMA ADVISORY BOARD MINUTES

Portland State Office Building
Portland, Oregon
April 25, 2003

Attendees: Mary Barnum, RN; Randy Chesnut, MD; Michael Dorsen, MD; Brian Graunke, EMT-P; Jerris Hedges, MD; John Hopkins; Kerry Keeler, MD; Paul LeSage, EMT-P; William Long, MD; Robert Read, MD; Richard Urbanski, MD; Kevin VanSyoc, EMT-P; Rhonda Wood RN.

Absent - Excused: Tony Hinz, MD; Jon Jui, MD; Susan Leathers, RN; Craig Warden, MD; Kent Yundt, MD.

Absent - Unexcused:

OHD Staff:

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

Guests: Maureen Harahill, RN; Michelle Haun-Hood, RN; Paula Derr, RN; West Livaudais, MD; Larry Hamilton, RN; Ameen Ramzy, MD; Sherry McConkey, RN; John Wish; Bobbie O'Connell, RN; Chris Richards, MD; Brad Branum, RN.

The meeting was called to order by Dr. Long, Chair, at 9:30 am. A motion to accept the minutes from the January 24, 2003 meeting was made and seconded. The vote to accept the minutes was unanimous.

Health Services Report – Susan Werner

- Trauma Registry Subcommittee met a second time with representation from all levels of trauma hospitals. The group finalized recommendations regarding functions required in a new statewide registry. The request for proposals (RFP) is being outlined by the EMS section and will be drafted by the Attorney General's Office as the amount exceeds \$75,000.00. No timeline at present.
- The EMS for Children coordinator position has been offered to and accepted by Debra Danna, RN, from OHSU. She will begin work the end of May. Thank you to Raelene Jarvis who has been filling in as EMSC coordinator.

- Legislation being tracked by the EMS & Trauma section was reviewed. Bills of note:
 - HB 3394 proposed a \$ 0.25 phone tax to fund the trauma system, poison control, traumatic brain injury registry and EMSC programs, was tabled pending the identification of an alternative funding source. A second portion of HB 3394 which increased Personal Injury Protection minimums for auto insurance to \$15,000 per person. The additional \$5,000 is available to the billing trauma hospital for those cases that exceed \$10,000. This is the first increase in PIP since 1974. The bill moves on the House floor, then the Senate.
 - HB2410 authorizes credentialing for volunteer health care professionals during a state-declared emergency, and gives them tort claim coverage and workman's compensation.
 - HB 3393 Medicaid assessment. There is an expected \$31 million shortfall in OHP/OMAP budget.

Discussion:

Action: For information.

ATAB Reports:

- ATAB 1 – Meeting scheduled for May 12 with new chairpersons and revamped committee.
- ATAB 2 – Met January 16, working to update trauma plan, performing QI reviews on a quarterly basis.
- ATAB 3 – Met February 19. The variance received from the state for the triage and transport of neuro-trauma patients in their area has not been implemented. All trauma patients are being transported to Sacred Heart in Eugene, which is the nearest level II hospital. Tim Hermann was recognized by the ATAB for his many years of service to the ATAB and STAB. He recently accepted the position as CEO of Cottage Grove Hospital. He has resigned his position on STAB.
- ATAB 5 – Met April 24. Updating trauma plan, performing QI reviews, reviewing MCI plan, working to involve Klamath Falls hospital in the ATAB. Medford has 3 neurosurgeons providing neurosurgical coverage. Their attempts to attract additional neurosurgeons to their community are hampered in light of medical malpractice insurance \$260,000 per year.

Discussion: There was discussion regarding comments made during a recent legislative session regarding neurosurgeons refusing to perform cranial surgery for trauma because of the high cost of malpractice insurance. To date, there have not been any reports of this nature, and the situation is being monitored.

- ATAB 6 – Met April 23. Updating trauma plan.

- ATAB 7 – Met May 14. Have completed the update to their area trauma plan. Health Division has reviewed the area trauma plan and recommends its approval by the STAB. Performing QI reviews.
- ATAB 9 – Met March 14. Are updating their trauma plan, and are working to improve their ATAB QI process.
Discussion: STAB members would like to review the trauma plans prior to final approval.
Action: ATAB 7 plan will be distributed by email. STAB members will review ATAB 7's trauma plan, and send feedback to Raelene Jarvis.

State EMS Committee Report – Jonathan Chin

No report – committee did not meet last quarter.

Standing STAB Reports

- Bioterrorism Report – Jon Jui not present, no report.
- Neurotrauma Committee – Dr. M. Dorsen. No activity.
- Trauma Registry Committee – R. Jarvis. As previously presented.
- Radiological Guidelines – Dr. R. Chesnut. No activity.
Action: None.

OLD BUSINESS

- **Eugene/Springfield Request for Variance for Neurotrauma Prehospital Triage**
Presented during ATAB 3 report.
Action: None.

- **Coordination and Protocols for Air Ambulance – John Wish**

Mr. Wish distributed a handout to the committee. Items for discussion included:

- Autolaunch for a few situations throughout the state.
- Backup Protocols for air ambulances, similar to ground ambulances.
- Protocols regarding a maximum wait time at the scene.
- Control and Command, especially in disasters.

Discussion: Mr. Chin noted that there has been one meeting of the air medical transport workgroup thus far. Vern Bartly from Air Life will coordinate the next meeting. The goal of the workgroup is to create a formal committee and structure to deal with Oregon's air medical transport issues.

Mr. LeSage noted that all air medical transport agencies responding in the 9-1-1 system in Oregon are private sector agencies, not public entities (such as the fire departments or police). The work of the formal committee will be to 1) clarify the air medical transport resources available across the state; 2) determine a unified system of notification and mutual aid; 3) clarify/create command and control protocols; 4) determine and clarify reimbursement issues.

Dr. Hedges and Dr. Long noted that this is a collaborative effort, involving the State EMS Committee, private air medical transport companies, federally controlled military commands and out-of-state air medical transport resources.

Because of the variety of agencies involved, there is no one state agency that currently oversees this activity. The group has agreed to work with the State EMS Section on this project. Centralized, statewide command for fixed wing and rotor air medical transport resources has never been attempted.

Mr. Chin noted that improvements and changes best accomplished in a system of cooperation. The air agencies have voiced a desire to improve the system as a service to the communities they serve.

Action: request report/minutes from airmedical committee to track progress.

NEW BUSINESS

- **Patients with known aortic injury from blunt trauma being transported to OHSU – Maureen Harahill, RN**
Discussion: This protocol is used at OHSU and was brought forward as a suggested STAB Guideline of care.
Action: A subcommittee will review this protocol and bring recommendations to STAB at the next meeting: Drs. Read, Hedges and Chesnut.

- **LifeFlight Update – Michelle Haun-Hood, RN**
A second helicopter, LifeFlight 2, is being added effective May 1, 2003, funded by the Washington DOT contract for the Lewis & Clark bridge closure connecting Kelso and Longview Washington with Oregon. When not in Kelso/Longview, the new helicopter will probably be based in Clackamas. A new LifeFlight 1 is being considered with two-patient capacity. Four nurses and seven EMT-Ps have been hired.
Action: For information.

- **Role of Trauma/EMS in response to major disaster – Dr. Bill Long**
Dr. Long noted that meetings are taking place under the auspices of the Oregon Regional Concept for Domestic Preparedness to plan Oregon's domestic preparedness for the Governor's Security Council. He expressed concern that EMS & Trauma have not been well-incorporated into this process.
Discussion: The group discussed the value of being involved in the statewide process by attending local and regional meetings to provide input. Concerns were expressed that funding is available for hospital, EMS, and regional improvements, but that the availability of the funding has not been well communicated. It would appear that components of a new system for disaster response are being developed instead of using the current trauma system and expanding or improving it.
Action: - Recommend individuals and agencies/facilities become more involved in domestic preparedness at their local and regional level.
 - **Dr. Hedges and Mr. LeSage will author a letter from STAB that recommends the addition of "medical care representatives" to the membership of the Domestic Preparedness groups.**
 - **Mr. Chin will distribute a list of members of the Domestic Preparedness Committee.**

- **Educational Opportunities:**

- EMSC Conference, Corvallis – June 27 & 28
- State EMS Pre-conference, Redmond – September 12
- State EMS Conference, Redmond – September 13 & 14

Next meeting –

July 25 at Legacy Emanuel Medical Center, Portland

October 24 at the Portland State Office Building, Portland

The meeting was adjourned at 11:30 am.

Respectfully submitted,

Raelene Jarvis, RN, MS, CEN, Trauma Coordinator, DHS

Susan Werner, RN, MAS, Trauma Program Manager, DHS