

## STATE TRAUMA ADVISORY BOARD MINUTES

Legacy Emanuel Hospital  
Portland, Oregon  
July 25, 2003

**Attendees:** Randy Chesnut, MD; Michael Dorsen, MD; Brian Graunke, EMT-P; Jerris Hedges, MD; John Hopkins, Jon Jui, MD; Kerry Keeler, MD; Paul LeSage, EMT-P; William Long, MD; Robert Read, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Rhonda Wood RN. By teleconference: Susan Leathers, RN.

**Absent - Excused:** Mary Barnum, RN; Tony Hinz, MD; Craig Warden, MD.

**OHD Staff:** Susan Werner RN, Jonathan Chin EMT-P, Raelene Jarvis RN, Donald Au, Debbie Danna RN.

**Guests:** Judy Lubeck, RN, DHS; Bobbie O'Connell RN; Maureen Harrahill, RN; John McManus MD; Michelle Haun-Hood, RN; Ritu Sahni, MD; Ameen Ramzy, MD. By teleconference: Tammy Henderson, RN.

The meeting was called to order by Dr. Long, Chair, at 09:35. A motion was made and seconded to accept the minutes from April 25, 2003. The vote to accept the minutes was unanimous.

### ***Health Services Report – Susan Werner***

1. Welcome to Debbie Danna, RN, new EMSC Coordinator at DHS. Ms Danna introduced herself to the group.
2. The receptionist hired for the EMS & Trauma office has resigned after one month. The position is expected to be filled within the month.
3. Legislative Update:
  - a. HB 3394 to increase the PIP from \$10,000 to \$15,000 is supported by the insurance companies. The request to add a phone tax for the trauma system and physician reimbursement was removed from the bill in committee.

- b. HB 3393, requiring an assessment to hospitals, physicians and pharmacies was not supported and was killed in committee.

**Discussion:** Questions arose regarding how DHS, specifically the trauma program, can put forward legislative concepts for the next legislative session. J. Chin noted that items addressing target issues and needs will be prepared during the next 6 months and are submitted prior to and early in the legislative session. Gail Shibley, Administrator OPHS, has requested that EMS & Trauma, with input from STAB, prepare a ‘white paper’ on trauma system issues.

**ATAB Reports:**

1. ATAB 1: Met 5/12 for the first time in over a year. Co-chairs are Dr. Mohamud Daya and Dr. Ameen Ramzy. Michelle Haun-Hood is secretary. Air National Guard Unit 1042 presented information concerning their mission and medical transport capabilities. LifeFlight presented an update on their activities and helicopters.
2. ATAB 2: Recently incorporated an educational presentation into the ATAB meeting targeting lessons learned from the QI session. During discussion of the Trauma Plan update, the group discussed the “nearest, highest trauma hospital within 30 minutes” rule that is written in the regional plan and no longer exists in statute. The ATAB is impacted by a Level II center which is in close proximity to two Level III centers. One of the regional QI filters being monitored is patients with ISS > 25 that are not transferred.
3. ATAB 3: Springfield and Eugene hospitals are still working out triage issues with a Level II center in close proximity to a Level III center. Eugene is seeing an increased number of neurosurgery patients. Orthopedic coverage in Roseburg has decreased from 5 to 3 physicians.
4. ATAB 5: Klamath Falls has a new trauma coordinator who is getting involved in the ATAB. A shortage of neurosurgeons continues in Medford; there are currently three, and one being recruited. Approximately 20 neurosurgery patients/year from patients in Klamath Falls are transferred to Bend that could have been transferred to Medford if physician coverage was improved. Orthopedic coverage remains limited. Both Medford hospitals are remodeling, which impacts access for EMS. Because of the Level III status of both Medford hospitals, Grants Pass sends patients to Portland, Klamath Falls sends their patients to Bend, and Crescent City sends patients to Eugene or Redding, CA.
5. ATAB 6: Efforts are being made to update their ATAB plan, and conduct drills on their revised MCI plan. A QI session was held on a case referred from ATAB 1. The members appreciated the discussion and learning opportunity.

6. ATAB 7: The ATAB congratulated Lake District Hospital for the incredible care given to a critically injured 14-year-old. The patient was resuscitated but was too unstable for transfer. The Mobile Surgical Team from LEH was brought in, and with assistance from a Klamath Falls surgeon, the patient was stabilized in the OR at Lakeview. Blood supply was an issue, and the surgeon from Klamath Falls brought additional units. Additionally, the patient was transfused with whole blood from community volunteers. The ATAB plan was revised after feedback from STAB members, and was approved. The QI program is going well.
7. ATAB 9: The trauma plan is under review. The ATAB struggles with QI, as finding physician representatives for the ATAB is very difficult. Physician coverage, including specialty coverage is decreasing in the more rural areas. Neurosurgical coverage at St. Mary's in Walla Walla has improved with increased physician coverage and a new contract. Two neurosurgeons will provide full coverage and a third is being actively recruited. The next CSEP Drill is June 3.

***State EMS Committee / Bioterrorism & WMD Reports – Jon Jui, MD***

1. Education & Certification: The pharmacopia for EMT-I is being revised to allow local physician discretion for drugs. The results of a survey conducted by the EMS and Trauma Section demonstrated inconsistencies between training and the “real world.”
2. EMS Prehospital Database: The goal is statewide integration of consistent, standardized data. The product should be available within the next year. Some agencies are submitting data at this time. ECEMS is using this database as the single electronic documentation program for the Central Oregon ambulance agencies. The Oregon Prehospital Database is free to users and is owned by the state.
3. The Airmedical Workgroup met with the goal of organizing to coordinate and integrate services.
4. Legislation was passed during the current session gives the responsibility for control of a medical scene in the event of a disaster to the State Health Officer.
5. STAB & EMS Coordination: The following were identified as areas where coordination and planning can be augmented by input from trauma and EMS –
  - a. Surge Capacity: ambulance and critical care services
  - b. WMD: System development and state standards are needed to respond to HRSA grants which expect incorporation of state EMS systems in planning for weapons of mass destruction.

- c. Interoperability issues, including communications systems and equipment across the state needs coordination and collaboration, especially with the potential to use federal dollars to improve the system.
6. Office of Rural Health Grant: AEDs from 2002 grant are being distributed. The EMS Section has applied for 2003 grant.

**Discussion:** Mr. LeSage noted that the State Fire Marshall and the State OEM have received a grant for \$745,000 to equip 3 caches of rescue equipment across the state to be ready by next summer. Training is needed. Members of the group agreed that a statewide plan for hospital response in a disaster is needed, and the group advocates process planning by STAB & SEMSC. HPAC has been involved in conducting a survey, and both Mr. Chin and Dr. Long serve on the HPAC committee. Information and testimony is needed from STAB committee members. Communication systems and upgrades are a large issue, as agencies can't talk to one another in the field, and are competing for the few dollars that are available.

**Action: It was recommended that Dr. Long and Mr. Chin meet with Dr. Grant Higginson from DHS to request coordination and collaboration in planning statewide hospital response.**

### ***Standing STAB Reports***

#### ***1. Trauma Registry – Susan Werner***

Meetings have been concluded. The request for proposal (RFP) is being compiled for submission to the Attorney General after the legislative session is concluded. Trauma staff reviewed two web-based programs that could meet statewide needs. Approximately \$165,000 is needed for a registry, and grant funding will be used for this purpose, if available. The Trauma Program does not have spending authority for the remaining Traffic Safety funds. The DOS-based AREV program continues to cause problems at the trauma centers due to difficulty maintaining the program.

#### ***2. Aortic Injury Guidelines –Dr. Long***

A collaborative between Legacy Emanuel and OHSU hospitals provided guidelines for patients coming from level II, III, IV facilities with possible or confirmed aortic injury.

**Discussion:** Group members discussed many specific clinical aspects of the protocol.

**Action: Ms. Werner will distribute revised protocol to members when it is made available.**

3. ***Pediatric Traumatic Brain Injury – Randy Chesnut, MD***

Action: Dr. Chesnut will present information at the next STAB meeting.

**OLD BUSINESS**

1. ***ATAB 7 Area Trauma Plan – Raelene Jarvis***

The plan was distributed to STAB members following the previous meeting. Comments were received and forwarded to ATAB 7. A revised plan was received by DHS, and was approved.

**Action: ATAB 7 Area Trauma Plan is approved.**

2. ***Air Medical Workgroup – Ameen Ramzy MD/Jon Jui, MD***

This planning group is a statewide committee requested by STAB and SEMSC to further the coordination of air medical services. The workgroup is chaired by Vern Bartley, and includes private and military air transport organizations from Oregon, Washington and Idaho. The group plans to report back to DHS with a formal request for recognition. They are developing a resource list of available services; organizing and defining the group; and defining goals of the group, to include processes to determine closest appropriate transport and MCI/WMD coordination.

3. ***Role of Trauma/EMS in Disaster – discussed previously***

**NEW BUSINESS**

1. ***STAB Membership: Burn/Trauma – Dr. Long***

Leaders from the Oregon Burn Center have voiced an interest in being part of the Oregon Trauma System.

**Discussion:** Members strongly agreed that burns are a traumatic injury.

**Action: All members voted in favor of including the Oregon Burn Center in the statewide Trauma System.**

2. ***Vacant positions on STAB – Susan Werner***

- a. ED Nurse from ATAB 3, 5, 6 or 9
- b. Surgeon from a Level III facility from ATAB 3, 5, 6 or 9
- c. Surgeon from a Level IV facility from ATAB 3, 5, 6 or 9
- d. Public Member at Large from ATAB 3, 5, 6 or 9

**ACTION: Contact Susan Werner with member recommendations. The policy for nomination and selection of committee members was distributed.**

3. ***STAB Educational Forum***

Members discussed benefits of the educational presentations that were presented in conjunction with the STAB meetings in past years. These were often interesting cases that were presented by the host facility.

**ACTION: Members agreed that they would welcome an educational presentation in conjunction with the STAB meetings. Paul LeSage will coordinate the October educational presentation.**

*Next meeting* – October 17, 2003 at Legacy Emanuel Hospital.

The meeting was adjourned at 11:30 am.