

STATE TRAUMA ADVISORY BOARD MINUTES

Portland State Office Building
Portland, Oregon
October 17, 2003

Attendees: Mary Barnum, RN; Randy Chesnut, MD; Brian Graunke, EMT-P; Jerris Hedges, MD; Jon Jui, MD; Robert Read, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Craig Warden, MD; Rhonda Wood RN.

Absent - Excused: Michael Dorsen, MD; John Hopkins, Susan Leathers, RN; William Long, MD;

Absent - Unexcused: Kerry Keeler, MD; Paul LeSage, EMT-P

OHD Staff: Susan Werner, Raelene Jarvis.

Guests: Maureen Harrahill, RN; Bobbie O'Connell, RN; West Livaudais, MD; Michelle Haun-Hood, RN; Brad Branam, RN; Ameen Ramzy, MD.

The meeting was called to order by Dr. Hedges at 9:45 am.

Correction to the July 25th minutes: Page 4, Standing STAB Reports, Item 1. Correct sentence to demonstrate that a point of clarification was added to the minutes after the meeting: "SUPPLEMENTAL NOTE: The Trauma Program does not have spending authority for the remaining Traffic Safety Funds." There was a motion and unanimous vote to accept the minutes as clarified.

Health Services Report – Susan Werner

1. Legislative Report: End of Session Legislative Handout was distributed. Items marked as "Enrolled" are bills were enacted during this legislative session. Bills affecting the trauma program were highlighted.
 - a. Although HB 3394 was tabled, HB 3668 was passed and increases the Personal Injury Protection minimum from \$10,000 to \$15,000. This increase is not limited to trauma hospitals as 3394 was, but applies to anyone caring for patients injured in traffic crashes. The ambulance association actively supported this bill.

Discussion: Members were encouraged to publicize this information to their representative groups.

- b. Bill to increase the speed limit was passed. The speed limits will remain unchanged until the Governor appointed ODOT commission determines how and where to increase the speed limit. The Trauma Program is supplying trauma registry information regarding crashes and patient outcomes for educational purposes.

Action: Dr. Long and Susan Werner will review and edit a newspaper article authored by Dr. Hedges to send to ODOT commission and distribute to STAB membership. Members are encouraged to send additional information to Ms. Werner for inclusion.

2. Trauma Registry Software: Ms. Werner is working with the state's Office of Information Systems on the RFP, with a commitment to moving this project forward. A web-based product is ideal to allow better sharing of information between hospitals and sub-groups.

Discussion: The group discussed the registry software needs of small hospitals (i.e. a "mini" program), which is different than the needs of the larger hospitals. There may be two software programs purchased to meet these different needs, or one program that is able to accommodate both sets of needs.

3. Grants: Rural AED grant was received from HRSA for \$227,000, in the first of 3 years. SB 911 monies that were previous cut have been awarded to EMS for EMSC and the Prehospital Registry.
4. The Triennial Report for 1999-2001 will be out on October 24th.

ATAB Reports:

1. ATAB 1: Met September 8th. A flow diagram for ATAB, Systems Assurance Group (SAG) and Trauma Advisory Group (TAG) was presented. Pediatric divert issues for the two Level I hospitals will be addressed by a subcommittee, coordinated by Dr. Ramzy. EMS is requesting a clear age definition for pediatrics. Dr. Schriber discussed discretionary criteria with the group, and a small group will be evaluating this patient group. ATAB 1 is reviewing and updating the ATAB plan, starting with triage and transport.
2. ATAB 2: Met October 6th. New members will be added from the waiting list to fill vacancies. ATAB 2 is working on a Medical Resource Hospital model, with Lincoln City, Salem, Corvallis and McMinnville functioning as a regional center in the event of a mass casualty incident. ATAB members noted that Geriatric trauma issues were on the increase and that they would like more specific care guidelines.
3. ATAB 3: No meeting.

4. ATAB 5: Two MCIs in July- one with 11 patients, one with 7 patients. In Medford: Rogue Valley now has a second CT and Providence has two CTs. Previously, six neurosurgeons provided care in Medford. This number was recently decreased to 3, and a 4th neurosurgeon has been recruited. The Trauma Program Medical Director that was shared by both hospitals has resigned and they are recruiting.
5. ATAB 6: No meeting.
6. ATAB 7: No report. **Discussion:** If a hospital experiences a change in referral patterns and would like to formally change their ATAB assignment, the OARs would need to be changed to address this.
7. ATAB 9: No meeting.

State EMS Committee Report – Jon Jui, MD

1. The SEMSC is reviewing the 1992 NHTSA document and the EMS system in general.
2. Air Medical Group: Seven providers from Oregon and bordering states are working on coordination of:
 - a. The resources that are available
 - b. Interoperability
 - c. Communications systems and hardware for statewide consistency
3. Regional groups for Homeland Security are being organized in the ATAB regions for consensus of patient care, communications and other organizational items.
4. Portland Metro EMS agencies are deploying a pelvic wrap, and ET_{CO}₂ monitoring on awake patients with the LP12.
5. Prehospital data: smaller agencies are now using the EPSIS program. Comprehensive reporting is expected in about a year. AMR will perform electronic uploads to the state within about 6 months.
6. DHS is coordinating the Health Alert Network (HAN) to provide detailed information on hospital resources across the state. Rollout is expected in 6 months to one year. The system is similar to the one currently used in Washington state.
7. There is a need for hospitals to develop redundant communication systems (i.e. using HAM radios) to talk with each other in the event of a disaster,.
8. For statewide response, there are four HAN, mobile EMS teams. The workgroup for volunteer health workers across the state (HB 2410) expects to have OARs by

January 2004 ready for public comment. Through the Bioterrorism grant, a workgroup is reviewing the hospital survey done earlier this year.

ACTION: Invite a representative of the Hospital Survey group to report on the group's activities at a future STAB meeting.

Standing STAB Ad Hoc Committee Reports

Neurotrauma Committee – Michael Dorsen, MD

No activity.

Trauma Registry Committee – Susan Werner

Reported above.

Radiological Guidelines – Randy Chesnut, MD

No activity. Awaiting dissemination of guidelines.

Action: Radiological guidelines to be posted on the EMS & Trauma web site.

Other guidelines currently on the web will be presented at the ATABs and emailed to the state's Trauma Coordinators.

OLD BUSINESS

Suspected Aortic Injury Guidelines – Jerris Hedges, MD

The guidelines were revised following the previous STAB discussion. The revised guidelines were distributed to the group and discussed.

Action: Dr. Hedges will report at the next STAB.

STAB Membership Vacancies – Susan Werner

Four positions are currently open – ED nurse; Level III Surgeon; Level IV Surgeon; Public Member. In addition, 4 positions have terms that end in Dec, 2003 – Ambulance Operator; Level I Surgeon; Level I ED physicians; Anesthesiologist. If current members wish to continue their committee participation, please submit a CV and a statement of their interest in continuing to serve to Susan Werner. New committee nominees should submit the same to Susan Werner. Qualified applicants are then submitted to Barry Kast, DHS Assistant Director for Health Services, for his approval. Voting for STAB Chair and Vice-Chair is scheduled for the first meeting following the appointments by DHS.

NEW BUSINESS

Legislative Concepts for Trauma – Susan Werner

DHS is requesting trauma-related concepts for legislative action next session. These are proposed legislation that either adds to or replaces current legislation. It works best to have a proposed concept that envisions the whole issue than to wait and respond to a bill that is introduced and may not have considered all aspects of the proposal. Gail Shibley, DHS Office of Public Health Administrator, has legislative experience and is a good resource and advocate.

Action: Members interested in helping with this process should contact Susan Werner.

New EMTALA Guidelines and the Oregon Trauma System – Susan Werner

Handout distributed. Medicare recently clarified physician on-call requirements. Hospitals must have a call schedule for the services they routinely provide, physicians may take call up to 10 days per months, and a back-up plan must be in place when a physician takes call at two hospitals simultaneously. The Oregon Trauma System can impose a stricter standard than Medicare, such as requiring a general surgeon and a back-up surgeon.

Discussion: The group discussed concerns. One example was if a neurosurgeon is on call at two hospitals, and neuro patients from an MCI were sent to both hospitals.

Action: Information only

Trauma Guidelines: Update Committee and Ortho – Dr. Long Tabled.

Level V Trauma Centers – Susan Werner

In current Oregon standards, Level IV hospitals may, but are not required to, have a surgeon. It may be reasonable to add an additional level of trauma centers, where Level IV hospitals would be required to have a surgeon and Level V hospitals would not have a surgeon (similar to the ACS standards).

Also for consideration is whether the smaller hospitals (ie. Critical Access Hospitals) would be approved to use Nurse Practitioners to coordinate trauma resuscitations. Current Oregon standards state that ED physicians are required to respond 24/7. This change would allow Level V hospitals to have a part-time physician, with full-time NP coverage.

Discussion: These changes would impact the definitions of the trauma hospitals and would not affect current resource requirements. It would allow a Level IV hospital with surgeons to keep patients and perform surgery, and a Level V hospital to perform as a stabilize and transport hospital. Fiscal and recruitment problems are severely impacting the CAH hospitals in the state.

ACTION: The members will read over the materials for discussion at the next meeting. Ms. Werner will provide comparison materials from other states with Level V hospitals at the next meeting.

Pediatric Traumatic Brain Injury – Randy Chesnut, MD

The Pediatric TBI Guidelines have been published, and are available on the web site at <http://www.ohsu.edu/news/2003/neuroGuidelines/>.

ANNOUNCEMENTS

Oregon Council of Emergency Physicians Conference at Sunriver – February 1-3, 2004

OHSU Trauma Nursing Conference at OHSU – November 8th, 2003

MEETING SCHEDULE FOR 2004: All meetings will be held at the Portland State Office Building, 800 NE Oregon St, Portland, OR unless otherwise advised.

January 30

April 30

July 30

October 29

The meeting was adjourned at 12:30 pm.

Respectfully submitted, Raelene Jarvis, Trauma Coordinator