

STATE TRAUMA ADVISORY BOARD MINUTES

Legacy Emanuel Hospital and Health Center
Portland, Oregon
January 30, 2004

Members Present: Mary Barnum, RN; Randy Chesnut, MD; Brian Graunke, EMT-P; John Hopkins; Kerry Keeler, MD; Susan Leathers, RN (via teleconference); Paul LeSage, EMT-P; William Long, MD; Robert Read, MD; Craig Warden, MD; Rhonda Wood RN.

Absent - Excused: Jon Jui, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P

Absent - Unexcused:

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

Guests: Brad Branam, RN; Maureen Harahill, RN; West Livaudais, MD; Bobbie O'Connell, RN; Marty Schreiber, MD;

Dr. William Long, Chair, called the meeting to order at 9:30 am. The group reviewed the minutes from the October 17, 2003 meeting. The minutes of the October 17th meeting were reviewed. The minutes were corrected to reflect that Paul LeSage had an excused absence from the meeting. A motion to accept the minutes as corrected was made and seconded. The vote to accept the minutes was unanimous.

Introductions of Board Members and Guests

Speed Limit Increase – Dr. William Long

Dr. Long voiced continuing concerns regarding Oregon's plan to increase speed limits for motor vehicles.

Health Services Report – Jonathan Chin

1. EMS Office is fully staffed for the first time in 7 years. Paul Bollinger has joined the staff in the Prehospital Manager position. He will oversee the EMS Certification, Ambulance Licensing, and Mobile Training Unit programs.
2. Budget issues – the EMS & Trauma Systems budget was decreased during the last round of state budget cuts. In the event that Measure 30 does not pass, The EMSC Program is expected to sustain a \$116,000 cut. Additional budget cuts may mean loss of programs or staff.

3. HB 2148 allows “other” state funds, including fees collected for certification or licensing, to be transferred into general funds to offset budget deficits. This could mean an additional significant loss of funds that are generated by EMS fees.
4. The pilot program for the prehospital data registry (OPCIS) is running and data is being imported into the registry. One future goal is to import prehospital trauma data into the Trauma Registry. EPCIS, the Oregon prehospital system, will be provided free to EMS agencies in Oregon.
5. Legislative concepts being considered by EMS for proposal to Office of Public Health Services include:
 - a. adjusting ambulance licensing fees to cover expenses of the program,
 - b. adjusting state EMS committee membership to include representatives from STAB, EMSC and Air Medical Group as voting members.
6. Mr. Chin expressed appreciation to the STAB members for their support of the air ambulance workgroup. The workgroup is officially forming an Oregon Air Medical Association and will be addressing many key air medical issues for Oregon.
7. The EMT-Intermediate program is being reviewed and revised to more effectively meet the needs of rural areas.
8. The EMS professional associations have forwarded recommendations for changes to the EMS rules. This is the first step in rules revision.

Discussion: Dr. Long requested that the EMS Section consider the addition of a representative from the American College of Surgeons (ACS) on the state EMS committee. Mr. Chin will take the request under advisement.

It was noted that STAB, as a state committee, may not propose legislative changes, but these changes may be forwarded by interested citizens through their legislators or professional groups.

Action: Information only.

Trauma Program Report – Susan Werner

1. Surveys for the two Medford hospitals will occur on February 16 & 17.
2. The Trauma Program is focusing on Quality Improvement activities in trauma hospitals. Thirteen hospitals that were identified during the 2001-2002 survey process will receive focused survey reviews that will emphasize technical assistance, education and support for trauma QI.
3. In conjunction with the Washington State Trauma Program, a Trauma Outcomes and Process Improvement Course (TOPIC) will be held in the

Vancouver/Portland area on October 20, 2004. This course will be repeated in Spring, 2005. The targeted audience is trauma nurse coordinators and trauma medical directors.

4. The Trauma Registry RFP process is moving forward. Ms. Werner has drafted an RFP evaluation tool to objectively rate the registry programs being considered. This tool will be forwarded to STAB members for their comments. The Bid process will include an opportunity for trauma interested parties to view the programs under consideration.

Discussion: It was noted that web-based trauma data programs may have difficulty functioning with the many fire-walls that hospitals have implemented to safeguard their systems.

5. The Oregon Trauma Care System Plan will be updated after the NHTSA/DHHS provides the updated version. The Trauma Administrative Rules will be updated within this biennium.

Discussion: There was discussion regarding the “reuse” of trauma band numbers. Salem, OHSU and LEH have noticed duplicate band numbers.

Action: For Information. Ms. Werner will explore issues related to duplicate trauma band numbers.

ATAB Reports:

1. ATAB 1 – Met Jan 12th.
 - Discussed the TriCounty MCI protocol, reviewed the ATAB’s organizational diagram, and worked on updating the Triage and Transport section of the ATAB plan.
 - Meeting attendance was excellent, with good participation.
 - QI Subcommittee met in separate session.
2. ATAB 2 – Met Jan 15th.
 - Developing a Medical Resource Hospital System.
 - Increased trauma volumes have been noted
 - QI Subcommittee included an educational presentation.
 - Well attended with over 40 participants.
3. ATAB 3 – The report was not available. It was noted that as a level II, Sacred Heart takes the majority of the trauma in the area.
4. ATAB 5 – Met Jan. 28th.
 - Klamath Falls hospital is participating in both ATABs 5 & 7, as their patients are being referred into both ATABs.

- ATAB plan is under revision. Neurosurgery coverage in Medford continues to be an issue. Rogue Valley Medical Center has a new trauma medical director. Providence Medford continues to recruit for a trauma director.
 - QI subcommittee met to review cases.
5. ATAB 6 – Met Jan 20th.
 - ATAB plan is under revision.
 6. ATAB 7 – Met in November with good attendance.
 - QI subcommittee convened.
 7. ATAB 9 – Met. Nov. 14th.
 - Working to revitalize membership and attendance, which is difficult with providers changing jobs and/or retiring.
 - Updated QI section of ATAB plan.
 - In January, St. Mary's in Walla Walla was reclassified as a Level III trauma center because of a 50% decrease in neurosurgical coverage. The Washington region has developed a system for directing neurotrauma patients, as TriCities has 50% NS coverage, and Yakima has 66%.

Discussion: None.

Action: For Information only.

Standing STAB Reports

1. State EMS Committee Report – Jon Jui, MD
No report.
2. Bioterrorism/WMD – Jon Chin
Public Health and Public Safety are working more cohesively. Both Dr. Jui and Mr. Chin are members of the HPAC and HPIC groups. The Hospital BT Survey has been completed, and the BT group will be prioritizing the expenditure of 2002 and 2003 funds.

Discussion: Concerns were voiced by many in attendance regarding the apparent lack of coordination to notify hospitals of the grant process for bioterrorism funds. It was also noted that there is a continued lack of a coordinated effort by the state to spend federal dollars to help hospital preparation.

Action: For Information.

STAB Adhoc Committee Reports

1. Trauma Registry Committee – Susan Werner
See report under Trauma Program report.

OLD BUSINESS

Guidelines for care and transfer of patients with suspected aortic injury from blunt trauma – Marty Schreiber MD for Jerris Hedges, MD.

Concerns over 3 patients in 6 months with an aortic injury that ruptured in the helicopter or in the hospital prompted the development of a guideline to address treatment for hypertension in suspected aortic injury.

Discussion: Issues affecting care of this patient population were discussed:

- effect of polytrauma on this protocol,
- management of beta-blockers in transport, including 1) the use of an arterial line, and 2) transport of critical patients with IV beta-blocker drips via ground ambulance with paramedic staff, including reliable BP measurements, educational needs, and communication with online medical control.

Action: Guideline to be emailed out by xxx. Members were asked to review guideline and bring comments to next meeting to determine a final disposition.

STAB Memberships – Susan Werner

Applications for appointments were received and have been forwarded to Barry Kast, DHS Assistant Director, for appointment. Appointment letters are anticipated prior to the April STAB meeting. The Level III surgeon position did not receive any applications, and remains open.

NEW BUSINESS

Legislative Concepts – Susan Werner

The following concepts are being discussed prior to consideration by the Administrator of the Office of Public Systems:

- a. Eliminating the specific criteria for ATAB Membership in statute;
- b. Listing specific criteria for STAB Membership in statute;
- c. Describe and formalize the QI function of ATABs and STAB in statute. Presently, the QI function is only in administrative rule.

Action: Persons interested in attending a meeting for concepts that will be considered should contact Susan Werner.

Level V Trauma Centers – Susan Werner

See Handout. Ms. Werner noted that the difference between Level IV and Level V in Washington State is that a Nurse Practitioner or Physician's Assistant can be utilized to cover ED call and are allowed to assume care for the patient on arrival to the ED. Current Oregon trauma rules require an ED physician to be present. According to CMS in Oregon, an MD must be on call and available to the ED if a nurse practitioner takes ED call.

Discussion: There was discussion regarding the use of a Nurse Practitioner or Physician Assistant as approved by Health Care Licensing for providing the immediate response to trauma. It was suggested that Oregon Level IV Trauma Hospitals should be provided a variance if the hospital provides the appropriate quality improvement program.

Action: There was consensus that a Nurse Practitioner or Physician Assistant is able to provide appropriate care for trauma patients in a Level IV hospital.

Trauma Funding – Dr. William Long

Dr. Long has been working with Representative Alan Bates to identify a funding source for uncompensated trauma care, using the Washington system as a model. They plan to investigate whether Oregon can create a trauma funding mechanism.

Discussion: It was noted that Oregon hospitals caring for Washington patients can be reimbursed by the Washington system once funding is released. Possible mechanisms of administering such a program in Oregon were discussed.

Action: Volunteers interested in participating in a February meeting should contact Dr. Long at Legacy Hospital.

EDUCATIONAL OPPORTUNITIES

April 28 – 30th: 15th Annual Northwest States Trauma Conference in Sunriver, OR

June 3 & 4: Trauma and Critical Care Conference – The Dilemmas of Distance and Decision Making in Seaside, OR. Trauma Nurses Talk Tough update will be held June 2nd.

STAB MEETING SCHEDULE 2004

Location: Portland State Office Building – DHS

Friday, April 23rd **(DATE CHANGE)**

Friday, July 23rd **(DATE CHANGE)**

Friday October 29th

The meeting was adjourned at 11:25 am.

Respectfully submitted,

Raelene Jarvis RN, Trauma Coordinator