

OREGON STATE TRAUMA ADVISORY BOARD

MINUTES

April 28, 2005

Portland State Office Building

800 NE Oregon Street, Room 140, Portland OR 97232

Members Present:

Mary Barnum, RN; Will Bean, RN; Brian Graunke, EMT-P; Christine Heyen; Jon Jui, MD; Paul LeSage, EMT-P; Robert Read, MD (Vice Chair); Ritu Sahni; Martin Schreiber, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Merlin Curry, EMT-P for Craig Warden, MD; Rhonda Wood RN.

DHS Staff Present:

Susan Werner, Jeanne Arana, Debbie Danna.

Absent:

Daniel Hamre, MD; John Hopkins; Kerry Keeler, MD; Nathan Kemalyan, MD; Susan Leathers, RN; William Long, MD (Chair); Carla Smith, MD;

In attendance:

Maureen Harrahill, RN; Michelle Haun-Hood, RN; Bobbie O'Connell, RN; Nick Leidig, RN; West Livaudais, MD; Pete Kingsley.

In Dr. Long's absence, Vice Chairperson Robert Read, called the meeting to order at 1:45 PM.

Review of Minutes – Robert Read, MD., Vice Chairperson

The motion was made by Paul LeSage and was seconded by Brian Graunke to accept the minutes as distributed with the following corrections: Ritu Sahni, MD was absent from the April 28 meeting. There was unanimous approval.

Health Services Report – Susan Werner, RN

The Trauma Program is conducting trauma designation and accreditation surveys through October 2005. Ms. Werner expressed her appreciation to committee members who are actively participating in the process. The EMS and Trauma Systems Section has issued a Request for Proposal that will allow a contractor to assess the EMS Bioterrorism readiness and needs. The RFP process will close May 21.

The Trauma Registry has hit an impasse in the DHS Contracts office. They are awaiting language from Department of Justice that will allow them to proceed with the contract at the DHS level. There was active discussion regarding options and possible actions.

Action: 1) STAB and individual hospitals will draft a letter to Jeanne Arana, EMS Director, advising her of the issues regarding the delay of the purchase of a new registry program. Dr. Urbanski agreed to draft a letter from the STAB to Ms. Arana.

2) OHSU, Salem Hospital and Good Samaritan Hospital asked for endorsement of a secondary action plan to purchase a functional trauma registry by July 1, 2005, with or without a completed state RFP as the current product can no longer be supported in their hospitals. These hospitals will jointly determine which product most closely meets their trauma registry needs and will move ahead if contracting situation remains unchanged. Those involved will determine a method to keep Ms. Werner informed of the progress.

3) Ms. Arana requested that STAB and individual hospitals afford her the opportunity to resolve the contracting issue and move the process ahead. She suggested taking a “sole-source” approach for a product that meets the needs of the hospitals or seeking other solutions that may move the process ahead.

ATAB Reports

1. **ATAB 1** – The next meeting is on May 9, 2005 at Legacy Emanuel Hospital. The main emphasis this quarter is a revision of ATAB 1 plan.
2. **ATAB 2** – The ATAB 2 plan was revised in 2003. The focus for July is to determine interfacility transfer times and their relationships to definitive treatment.
3. **ATAB 3** – Minutes attached.
4. **ATAB 5** – ATAB 5 met April 27, 2005. They are actively using the Oregon Hospital Capacity Website with good results. They report active participation in their QI process.
5. **ATAB 6** – ATAB 6 reported that they have finished their ATAB Trauma Plan revisions and have submitted them to DHS. They are discussing helicopter autolaunch for geographically remote areas.
6. **ATAB 7** – ATAB 7 will meet on May 10, 2005. Will Bean will suggest that they meet prior to the STAB meeting to facilitate discussion of ATAB issues at the STAB.
7. **ATAB 9** – ATAB 9 will meet May 13, 2005. No report was forwarded.

Action: The STAB members requested that DHS reinforce the appropriate reporting mechanism to improve the utility of the reports. Responsible party: Ms. Werner

STANDING STAB REPORTS

State EMS Committee Report – Jon Jui, MD

The State EMS Committee members participated in strategic planning for a five-year period. The results of the planning session will be distributed after the report is finalized. There was a discussion regarding the sharing of confidential patient care information with prehospital providers and transferring hospitals that have cared for the trauma patient.

Action: Rhonda Wood moved that the EMS and Trauma Systems Section seek legal advice on an appropriate mechanism that would comply with

legislation and administrative rules that would allow the receiving hospital to provide outcomes data to the prehospital provider or transferring hospital that cared for the patient. It was seconded by Mary Barnum and approved unanimously. Responsible party: Ms. Werner

Dr. Jui gave an update of Bioterrorism efforts, including the distribution of the state pharmacy packs and the chempacks in the next 3-4 months. He advised the members that there would be a Strategic National Stockpile Exercise in November. Dr. Jui noted that the "Virtual Alert" notification process does not include EMS. This alert includes notification by e-mail, voice mail, and pager, and would keep the members of the strategic advisory groups up to date if there were statewide issues.

Action: Ms. Werner will research the inclusion of SEMS and STAB in the Virtual Alert Network

Association of Air Medical Responders of Oregon (AAMRO) – Ameen Ramzy, MD
Ken Parsons was elected the new chairperson of the AAMRO.

EMS for Children – Debbie Danna, RN
Report attached.

Legislative Update – Susan Werner, RN
Report attached.

OLD BUSINESS

Hand Call: B. Long, MD; S. Madey, MD
Dr. Madey, Dr. Long not in attendance.
Action: deferred to July meeting

NEW BUSINESS

Medical Response Plan/Surge Capacity – Jon Jui, MD.

Dr. Jui reviewed the Utah State Medical Surge Capacity Plan and it's potential as a model for the development of an Oregon Surge Capacity Plan. The committee participated in a medical response/mass evacuation scenario involving a large city in Eastern Oregon.

Discussion: The scenario pointed out the necessity of answering the following questions:

- 1) How are we going to move trauma patients?
- 2) What is our unified plan – with EMS and Hospitals participating together?
- 3) What is our mass-evacuation plan and how do we integrate it into the Medical Surge Capacity Plan?
- 4) What is the state direction – who do we contact – how are we coordinated from a state perspective. What structure can we provide to the regions and how do we integrate the regions for mass disaster?

Action: There was a motion by Dr. Jui and a second by Paul LeSage to develop a Medical Response plan modeled after the Utah Plan. Dr. Jui was appointed chairperson. Dr. Jui will modify the Utah plan and distribute the plan to a subcommittee composed of Ritu Sahni; Paul LeSage; Rhonda Wood; Mary Barnum; Nathan Kemalyan; Will Bean; Jeanne Arana and Susan Werner for comment. Susan Werner will take comments and distribute final draft to committee 3 weeks prior to the July meeting.

Critical Access Hospital Status: Susan Werner, RN

Ms. Werner distributed a map of the critical access hospitals. The number of these hospitals has increased to 21/68 Oregon hospitals (21/45 Oregon trauma hospitals). The number of potential hospital beds has decreased by 156 beds statewide, and will include all but one coastal hospital when Astoria is granted Critical Access Hospital status in January.

Discussion: A Critical Access Hospital has the maximum capacity of 25 beds and has the maximum average patient stay of 4.0 patient days. Critical Access Hospitals are reimbursed at 100% for medicaid and medicare patients, which may result in changes in patient referral/transfers.

Action: Susan Werner was asked to identify numbers of staffed beds throughout the state and to identify if there are educational opportunities that could identify resources at levels 2, 3 and 4 to decrease the number of less critical patients to Level I trauma facilities.

Bioterrorism Hospital Capacity System: Bobbie O'Connell, RN

Ms. O'Connell discussed the utility of the Hospital Capacity Website and how utilizing the website daily for trauma care might improve the quality of information and the ability to post information on the website.

Discussion: Members discussed the use of the website to identify trauma resources, particularly during resource shortages in the summer months. Dr. Jui made a motion that the EMS and Trauma Systems Section issue a directive to trauma hospitals to post their resources a minimum of once daily by July 1, 2005. Mary Barnum seconded the motion, and the motion was carried unanimously.

Action: Ms. Werner/Ms. Arana will issue a directive regarding the use of the website.

Location of July Meeting: Bobbie O'Connell, RN

Ms. O'Connell asked if the meetings could be held in a community other than Portland in future months.

Discussion: Ms. Werner asked Ms. O'Connell if she would be interested in hosting the July meeting.

Action: Ms. O'Connell will check on facility accommodations and advise Ms. Werner of availability.

STAB MEETING SCHEDULE

Friday, 9:30am, July 29, 2005

Good Samaritan Hospital,
Corvallis OR

Friday, 9:30am, October 28, 2005

Portland State Office Building

As there was no further business, the State Trauma Advisory Meeting was adjourned at 15:45.

Respectfully submitted, Susan M. Werner, RN, MAS, Trauma Systems Manager