

## OREGON STATE TRAUMA ADVISORY BOARD MINUTES

April 21, 2006  
Portland State Office Building, Portland, Oregon

### **Members Present:**

Mary Barnum, RN (teleconference); Will Bean, RN; Susan Benedict, RN; Brian Graunke, EMT-P (teleconference); Jon Jui, MD; Christoph Kaufmann, MD; Susan Leathers, RN; Paul LeSage, EMT-P; Robert Read, MD (Chair); Martin Schreiber, MD; Kevin Van Syoc, EMT-P.

### **OHD Staff Present:**

Jeanne Arana, Susan Werner, Raelene Jarvis (recorder), Donald Au, Grant Higginson.

**Absent:** Merlin Curry, EMT-P; Dilantha Ellegala, MD; Andrea Halliday, MD; Daniel Hamre, MD; Christine Heyen; Kerry Keeler, MD; Nathan Kemalyan, MD; Ritu Sahni, MD; Carla Smith, MD; Richard Urbanski, MD (Vice-Chair);

### **In attendance:**

Cyndi Halaas; Maureen Harrahill, RN; West Livaudais, MD; Bobbie O'Connell, RN; Ameen Ramzy, MD; Tim Stumm; Sonia Butterworth; John McConnell; Ted Raschkes, RN; Mark Anderson, RN; Christine Lolich, RN.

Dr. Read, Chair, called the meeting to order at 11:25 am.

### ***Review of Minutes – Dr. Read***

There was a motion, second and unanimous decision to accept the minutes as distributed with a correction to the spelling of Dr. Madey's name.

### ***EMS and Trauma Systems Section Report – Jeanne Arana, Susan Werner***

1. Oregon Administrative Rule (OAR) revisions, planned for May 22, 2006, will commence following the release of the updated ACS Resources for the Care of the Injured Patient. A schedule will be posted when determined.
2. Oregon Trauma Registry (OTR): Lancet Technologies has received the contract for the new statewide OTR. The contractor has provided a final working draft of the software screens. Eight hospitals will be piloting the program for 2 months (August – October, 2006). Following the pilot, training will be held for all trauma coordinators and registrars, and will be repeated every 6 months.
3. The Emergency Medical Services for Children (EMSC) Coordinator position has been posted, and will be open until filled. The trauma section is providing support for the EMSC program until such time as a coordinator is selected.

4. The National Highway Traffic Safety Administration (NHTSA) Report on Oregon's EMS system and a DHS press release were distributed. Oregon requested this expert peer review from NHTSA, and DHS is using the report as an opportunity to make improvements in the state's EMS system. Dr. Higginson and Ms. Arana are working on a draft proposal for possible funding and legislation. An action plan is being developed to address issues and processes that can be improved with existing resources.
5. A draft version of the State EMS plan is being developed in conjunction with the State's Public Health Preparedness office. The plan is composed of two sections; internal development of the role of public health/EMS in an all hazards response, and planning for the ideal statewide system. A joint SEMSC and STAB workgroup is involved in the plan development.
6. State EMS Committee (SEMSC) is in the process of appointing membership to the group as required by OAR. A non-voting position representing the Oregon Fire Medical Administrator Association has been submitted for approval. Until such time as the OAR revisions are completed, this organization will be represented by a non-voting member.
7. OAR revisions and updates to the Ambulance and EMT sections are underway.
8. The Biennial Oregon Trauma System Report for 2002-2003 was distributed.

**Discussion:** Dr. Kaufmann noted that the ACS has a formal Trauma System consultation that is available to perform a similar review for state trauma systems. Ms. Arana agreed that there is a strong desire to conduct a review of the state's trauma program. Dr. Higginson remarked that the NHTSA report provides a blueprint for changes to the Oregon EMS system. It will be necessary for DHS and the Legislature to recognize these improvements as critically needed.

**Action:** **Dr. Read thanked Jeanne Arana, Dr. Higginson, and the State EMS and Trauma Section for requesting and organizing the NHTSA review for Oregon. Dr. Higginson noted that there will be additional information regarding the process for change available at the July STAB meeting.**

***ATAB Reports – as presented:***

1. ATAB 1 (Dr. Ramzy) – The last meeting was held January 9<sup>th</sup>. They are working on updating the Trauma Plan process and content. A review of the airway QI noted a decrease in problems, and data collection was concluded. The QI focus has been redirected to field procedures. There was discussion regarding the POLST form and its impact on trauma system entry and appropriate care. The ATAB recommends that STAB also entertains this topic in a future meeting.
2. ATAB 2 (Dr. Read) – The last meeting was held April 20<sup>th</sup>. QI case reviews were conducted. The ATAB recently conducted a regional 6-month study of air and ground transport times. REACH is a new air medical service based in Corvallis and will be operational in mid-May.
3. ATAB 3 – The last meeting was held Feb 15<sup>th</sup>. LesaBeth Titus submitted a written report. The ATAB is updating the ATAB Trauma System Plan and will submit a

- request for variance regarding triage plan for the Eugene/Springfield area that includes two trauma centers in close proximity, one Level II and one Level III.
4. ATAB 5 (Ms. Barnum) – The last meeting was held April 19<sup>th</sup>. There was brisk discussion regarding suicides and autopsies.
  5. ATAB 6 (Ms. Benedict) – The last meeting was held April 18<sup>th</sup>. There was a MCI drill in Feb that included all 4 hospitals (2 OR, 2 WA). Findings included communication issues and staffing issues. EMS case reviews were conducted in the community with good attendance. Mid-Columbia conducted a triage study reviewing EMS transported patients with ED trauma system entry. As a result, the EMS is encouraged to enter patients meeting 2 or more discretionary trauma criteria. The ED nurses are appropriately entering patients arriving by private vehicle or who were initially under-triaged.
  6. ATAB 7 (Mr. Bean) – The last meeting was held Feb. 8<sup>th</sup> and included discussion on pelvic sling use. A letter sent to rural hospitals to encourage use of the bedside ultrasound and the FAST exam for trauma evaluation in the ED.
  7. ATAB 9 (Ms. Leathers) – The last meeting was held March 17<sup>th</sup>. MedStar has stationed a fixed wing aircraft in Pasco to support NE Oregon, in addition to the fixed wing stationed in La Grande. There is a regional issue of bed availability and it has become increasingly difficult for Level IV hospitals to transfer their patients because three of the ATAB's facilities are Critical Access Hospitals. Washington State is working on a policy that would include subspecialist review of digital diagnostic studies prior to transfer to Level I center to decrease unnecessary and inappropriate transfers.

**Discussion:** The use of digital technology for clinical decision making is a long-term system issue, with the potential for resource conservation. Dr. Livaudais noted that Canada has a remote mentoring program for clinical care. Dr. Read observed that the trauma system appears to be evolving into an acute care surgery model of care.

**Action: Informational**

***State EMS Committee (SEMSC) Report – Jon Jui, MD***

1. On behalf of the SEMSC, Dr. Jui expressed thanks to the EMS and Trauma Systems Section for bringing NHTSA to review the state. He stated that it took courage to request this outside review, and on behalf of EMS providers across the state, it is appreciated.
2. The EMS community has a positive view of EMS and Trauma System Section's recent organizational move to the Office of Community Health and Health Planning (OCHHP) under Dr. Higginson.
3. Conclusions of the NHTSA report included: First Responder credentialing is controversial among providers; the EMT-I in Oregon has a unique scope of practice; Oregon has no EMS Medical Director at the state level; The Board of Medical Examiners and the SEMSC need a unified relationship; access to EMS training is problematic, particularly in rural areas; the lack of a State EMS plan and lack of a centralized electronic EMS database need to be addressed.

4. The membership of the SEMSC is being reappointed. The next meeting is scheduled for June.

**Action: Informational**

***Bioterrorism/WMD Report – Jon Jui, MD***

1. There are challenges in developing a trauma and burn surge capacity plan. A strategy is needed to tie the regional preparations underway into a united statewide coordinated plan. At present, there is a disconnect between the ATABs and the HRSA groups.
2. EMS is moving forward to connect the HRSA Preparedness Regional efforts in the prehospital arena.

***Discussion:*** Dr. Jui suggested the development of a STAB workgroup for strategic planning to address surge capacity and resource coordination. Dr. Read suggested inviting the HRSA planners to STAB and ATAB meetings, and suggested that Trauma Board members attend the HRSA meetings.

**Action: Informational**

***Association of Air Medical Responders of Oregon (AAMRO) – Ameen Ramzy, MD***

The last meeting was held February 2006. REACH Air Ambulance, a new air medical provider based in Corvallis, was introduced. A new service in southern Oregon will be introduced at the next STAB meeting.

The information guides for air ambulance services are available on the state EMS website at <http://egov.oregon.gov/DHS/ph/ems/airmed/index.shtml>

***Discussion:*** Dr. Read noted that it would be helpful to develop a regional service that would provide a one-number access for air medical resources in the state without regard to location. It was noted that while the technology for this exists, an entity to coordinate such a service is needed.

**Action: Informational**

**OLD BUSINESS**

***Warfarin Protocol – Ritu Sahni, MD***

A revised protocol was distributed and reviewed. The following changes were determined appropriate: 1) add “Consider” to # 3 Vitamin K; remove dosage: 2) change #4 to “If CT scan of brain, lung, or any organ shows hemorrhage, consider repeat CT scan if clinically indicated.”

**Action: Changes to draft protocol to be reviewed at next meeting.**

***Guidelines for use of tourniquet - Martin Schreiber, MD***

A simplified version of the guideline was distributed and reviewed. Additional changes were made.

**Action: Changes to draft protocol to be reviewed at next meeting.**

***Guidelines for use of pelvic sling – Ameen Ramzy, MD; Carla Smith, MD***

Deferred.

***Upper Extremity Trauma Resource Guideline – Robert Read, MD***

Ms. Werner distributed the revised guideline. Dr. Read reviewed earlier discussions that included Dr. Madey. Changes to the guideline will include: 1) delete exam by local physician, and 2) change current verbiage to referral to “nearest available hand specialist.”

***Discussion:*** It was recommended that the chart be distributed statewide to hand specialists for comment and feedback. It was noted that while these are not trauma system entry patients, it is a traumatic injury that requires special attention and a best practice guideline.

**Action:** It was moved and seconded that the Trauma Section send this guideline out to all Oregon hospital ED managers and medical directors, accompanied by a cover letter from STAB explaining the purpose. The recipients will be requested to distribute the guideline to their physicians. The motion passed unanimously.

**NEW BUSINESS**

***State Injury Prevention Programs and Initiatives – Lisa Millet, Injury and Violence Prevention Program, DHS***

Lisa Millet gave an overview of the State’s Injury Prevention Program. The program has been in existence since 1998 and the current focii include: 1) Oregon’s Safe Kids program; 2) DOT partnership for safety seat technicians; 3) Youth suicide prevention and surveillance; 4) Oregon Violent Death reporting; 5) Pilot project on domestic violence prevention; 6) Fall prevention; and 7) initiation of a post-traumatic brain injury registry.

***Discussion:*** It was noted that there is mutual interest in preventing falls in the over 65 year old group, a growing trauma patient population.

**Action: Informational**

***Planning for recognition of Dr. Long’s service to Oregon***

Suggestions for recognition of Dr. Long’s service to Oregon include: Nomination for an EMS award, a formal ceremony with press release to bring attention to trauma care in Oregon, and a personal card from the STAB membership.

**Action: Ms. Arana and Dr. Higginson will plan recognition event.**

**MEETING SCHEDULE**

Friday, July 21, 2006

Portland State Office Building

Friday, October 20, 2006

Portland State Office Building

As there was no further business, the meeting was adjourned at 1:15 pm.

Recorder: Raelene Jarvis, RN, Trauma Coordinator, DHS