

## OREGON STATE TRAUMA ADVISORY BOARD MINUTES

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

### **Members Present:**

Mary Barnum, RN; Will Bean, RN; Susan Benedict, RN; Dilantha Ellegala, MD; Brian Graunke, EMT-P; Christine Heyen; Christoph Kaufmann, MD; Robert Read, MD (Chair); Kevin Van Syoc, EMT-P; Richard Urbanski, MD (Vice-Chair); Carla Smith, MD.

**Members Absent:** Merlin Curry, EMT-P; Andrea Halliday, MD; Daniel Hamre, MD; Jon Jui, MD; Nathan Kemalyan, MD; Susan Leathers, RN; Paul LeSage, EMT-P; Kerry Keeler, MD; Ritu Sahni, MD; Martin Schreiber, MD.

### **In attendance:**

Christine Lolich; Jeff Chen, MD; Cyndi Halaas; Mohamud Daya, MD; Maureen Harrahill, RN; Michelle Haun-Hood, RN; West Livaudais, MD; Bobbie O'Connell, RN; Ameen Ramzy, MD; Nicole VanderHeyden; David Rosenfeld; Bev Jones.

### **OHD Staff Present:**

Susan Werner, Raelene Jarvis (recorder)

Dr. Read, Chair, called the meeting to order at 10:30 am.

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

There was a motion, second and unanimous decision to accept the minutes as distributed.

### ***EMS and Trauma Systems Section Report – Susan Werner***

1. Jeanne Arana and Tim Hennigan resigned their positions effective July 7. Dr. Grant Higginson is the Interim State EMS Director. Susie Werner has been appointed the interim Prehospital Systems Manager, which has been posted.
2. The NHTSA assessment addressed the state's deficits in staff, program capabilities, and functional capacity to accomplish EMS goals, such as ambulance licensing and EMT certification.
3. A team of providers and stakeholders are meeting to provide input and prioritization of the NHTSA findings. Legislative concepts from the NHTSA assessment of Oregon's EMS system are being developed by Dr. Higginson, Dr. Susan Allen, and EMS and Trauma Systems staff.

***Discussion:*** The group noted this positive movement for EMS, and expressed their concern that there should be better balance of EMS and Trauma activities in

the state. Concerns were expressed that the outcome of the NHTSA assessment will not provide support for the state's Trauma system, and will not allow the Trauma system to stand on its own. It was noted that STAB continues to have no well defined purpose or role, and is not required in state statute. The group would like to see STAB more directive towards the hospitals and in disaster management and promoting the state's Trauma system.

**Action: A group was formed to create a STAB document, to include a definition, purpose, mission statement, and action plan with a 5 year plan containing goals/targets, changes in reporting structure, and legislative changes, which will be sent to DHS and government representatives. Group members: Will Bean, Christine Heyen, Brian Grunke, Christoph Kaufman, Kevin Van Soyc, Ameen Ramzey, Rich Urbanski, Maureen Harrahill, Bobbie O'Connell, Mary Barnum, Susie Werner, Raelene Jarvis. This topic was set as the priority agenda item for the October STAB meeting.**

***ATAB Reports – as presented:***

1. ATAB 1 – The last meeting was held May 2006. Working on burn surge capacity plan for the ATAB. REACH air ambulance is attending, and use of POLST was discussed.
2. ATAB 2 – The last meeting was held July 20, 2006. Requested Hand Trauma guidelines to be accompanied by names and phone numbers of hand surgeons.
3. ATAB 3 – No report received.
4. ATAB 5 – The last meeting was held July 19, 2006. Case review on confusion between discretionary trauma system entry vs. hospital criteria for trauma system entry, and discussion of Exhibit 2 and Exhibit 3.
5. ATAB 6 – The last meeting was held July 18, 2006. Significant issues were identified that included non-emergent transports of ED patients impacting ED ability to receive trauma patients. This will result in long non-emergent transports by the EMS agency or congestion of the local emergency departments with these patients.
6. ATAB 7 – The May meeting was cancelled. There were e-mail discussions among the membership regarding trauma “activations” from the field, and discretionary vs. mandatory entries. There is confusion regarding Exhibit 2 and Exhibit 3.
7. ATAB 9 – The last meeting held May 19, 2006. Good Shepherd Medical Center in Hermiston is the only ATAB 9 hospital that is not a critical access hospitals (CAH). Patients are waiting 3+ hours in the ED while physicians and staff locate a receiving hospital to take their transfers. Additionally, ambulance services are short-staffed and are unable to provide non-emergent patient transfers during the evening or night hours. The result is that all non-emergent transfers must be completed during the day which results in delay of transfers.

**Action: Information Only.**

*State EMS Committee Report – Jon Jui, MD*  
*Bioterrorism / WMD Report – Jon Jui, MD*  
Deferred.

*Association of Air Medical Responders of Oregon (AAMRO) – Ameen Ramzy, MD*  
AAMRO is meeting quarterly. A map of air resources should be available soon.

**Action: Information only.**

## **OLD BUSINESS**

*Warfarin protocol – R. Sahni, MD / R. Read, MD*  
*Guidelines for use of tourniquet – M. Schrieber, MD*  
Deferred.

*Hand Trauma Resource Guidelines – R. Read, MD*

Guidelines were distributed to the emergency department Medical Directors and Managers.

**Discussion:** There was discussion that hand surgery physician names and contact information are needed.

**Action: There was a motion and second to request the Oregon Hospital Association follow up with a volunteer registry of hand surgeons available in the state. The motion passed unanimously.**

## **NEW BUSINESS**

*POLST – Dr. Patrick Dunn*

Deferred. Subsequent to the meeting, STAB members were asked to review the POLST documents by email, and reply with their findings. By August 31, 2006, a simple majority of STAB members approved the POLST documents, and provided specific feedback to Dr. Dunn.

**Action: POLST documents were approved by STAB members via email.**

*Air Ambulance Staffing – Air Ambulance OAR Committee*  
Deferred.

*Letter from Trauma Advisory Group, ATAB 1*

Susan Werner received correspondence from Maureen Harrahill, Trauma Program Director from OHSU, regarding the number of patients in the tri-county area who are field identified patients entered into the trauma system and, upon examination, have very low ISS scores.

**Discussion:**

The number of patients meeting this criteria continue to increase yearly. Ms. Harrahill requested discussion changing the state trauma data collection rules, specifically allowing the collection and entry of a modified data set for these patients.

**Action: Members requested Ms. Jarvis to provide registry data on field identified patients.**

***Meeting schedule for 2007***

Discussion: The tentative meeting schedule for 2007 is as follows:

Friday, January 19, 2007

Friday, April 20, 2007

Friday, July 20, 2007

Friday, October 19, 2007

As there was no further business, the meeting was adjourned at 2:10 pm.

Recorder: Raelene Jarvis, RN, Trauma Coordinator, DHS

**MEETING SCHEDULE**

Friday, October 20, 2006

Portland State Office Building