

OREGON STATE TRAUMA ADVISORY BOARD MINUTES

October 20, 2006
Portland State Office Building, Portland, Oregon

Members Present:

Mary Barnum, RN; Susan Benedict, RN; Merlin Curry, EMT-P; Brian Graunke, EMT-P; Christine Heyen; Jon Jui, MD; Nathan Kemalyan, MD; Susan Leathers, RN; Paul LeSage, EMT-P; Robert Read, MD (Chair); Ritu Sahni, MD; Martin Schreiber, MD; Carla Smith, MD; Richard Urbanski, MD (Vice-Chair); Kevin Van Syoc, EMT-P.

OHD Staff Present:

Grant Higginson, Susan Werner, Raelene Jarvis (recorder), Susan Harding.

Absent:

Will Bean, RN; Dilantha Ellegala, MD; Andrea Halliday, MD; Daniel Hamre, MD; Christoph Kaufmann, MD; Kerry Keeler, MD.

In attendance:

Cyndi Halaas, EMT-P; Maureen Harrahill, RN; West Livaudais, MD; Bobbie O'Connell, RN; Ameen Ramzy, MD; Ted Raschkes, RN; Cathy Murphey, RN; John Wish; Seth Izenberg, MD; William Long, MD; Kevin Rood, RN.

Dr. Read, Chair, called the meeting to order at 9:35 am.

Review of Minutes – Dr. Read

There was a motion and second to approve the STAB meeting minutes of July 21, 2006 as distributed. There was a unanimous vote of approval.

EMS and Trauma Systems Section Report – Susan Werner

1. The new Oregon Trauma Registry is currently being pilot tested by 8 hospitals statewide.
2. DHS Trauma Program has requested hospitals to supply information regarding hospital and specialty resources and EMS regarding run volume in preparation for the 2007 Legislature.
3. EMS OAR revisions for ambulances and ambulance service licensing have been filed with the state secretary, and a public hearing will be held in late November. A handout regarding the wording for OAR Division 255 was distributed.
4. Grant Higginson, MD was introduced. He is serving as the Acting EMS Director for Oregon.
5. Dr. Higginson reported on the NHTSA reassessment. The assessment noted that services that are provided by EMS agencies and hospitals are exemplary,

however there are significant state system issues. A 20-member advisory team of stakeholders prepared a report containing five priority concepts: 1) Vision for EMS and Trauma; 2) Governance of the state-level activities; 3) Medical Direction; 4) Evaluation; and 5) Preparedness and Response. The report has been presented at the State EMS Committee, and was distributed at this meeting as a handout, with input and feedback requested.

6. State EMS Office recruitments: Prehospital Systems Manager – interviews are being conducted. The job description is being rewritten for the State EMS Director position. A job description is being written for the new State EMS Medical Director position.

Discussion:

1. There was extensive discussion by STAB members regarding the NHTSA advisory team report. Key points:
 - a. Significant concerns that the role of the trauma system will be diluted in the proposed structure.
 - b. Concerns that STAB is being demoted to subcommittee status.
 - c. That the overall goal is to have one unified body for EMS with representation from all specialties. The concept presented would have one state committee with specialty subcommittees, such as STAB, pediatrics, stroke, cardiac, etc.
 - d. EMS is a minute fraction of the trauma patient's course of care, likewise, trauma is a small portion of EMS calls.
 - e. Many elements make up the trauma system, not just EMS.
 - f. Dr. Jui noted that the State EMS Committee is aware of the role of the trauma system in the state, and wants to work collaboratively.
 - g. Dr. Read noted that to present a consistent message to the legislature, providers need to be partners, and a spirit of cooperation is needed to move forward.
2. It was noted that the timeline for the new Trauma Registry includes regional trainings starting in January 2007, followed by data submission by the hospitals.
3. The trauma OAR revisions will follow the release of the new American College of Surgeons Committee on Trauma Resources for Optimal Care of the Injured Patient 2006 book (the green version). Proposed OAR changes should be completed by July 2007.

Action: For information.

ATAB Reports – as presented:

1. ATAB 1 – Last meeting held September 11, 2006, chaired by Dr Mo Daya.
Topics discussed included:
 - a. Burn Surge Capacity
 - b. Resuscitation Outcomes Consortium (ROC)
 - c. Trauma Surge Capacity
 - d. State Health Division Report (STAB, POLST, Trauma Registry)

- e. TAG
 - f. Trauma Plan Discussion, Triage and Transport, Patient Distribution
2. ATAB 2 – Last meeting held October 19. Case reviews conducted. There was a contentious discussion regarding a study conducted in 2005 evaluating times for ground vs. air transports of trauma patients. The data was equivocal for time to definitive care, and was conducted prior to having a helicopter based in ATAB 2.
 3. ATAB 3 – Last meeting held August 9 – No report
 4. ATAB 5 – Last meeting held July 19. Dr. Seth Izenberg attended, providing outreach education. ATAB 5 agreed to use a pelvic stabilization device for all four hospitals (TRCH, ACH, RVMC, PMMC). Following the meeting, RVMC provided a Sam Sling device to PMMC where it was placed on a severely injured trauma patient with a badly fractured pelvis. The patient improved and survived to be transferred to the Level 1 hospital.
 5. ATAB 6 – Last meeting held October 17th at MCMC.
 - a. Finalizing and implementing the MCI plan for moving ambulances around the ATAB in response to Mass Casualty transportation needs.
 - b. Looking at the issues of Ambulance transportation to Level 1 hospitals. Local ambulance runs are up, causing decreased availability of ambulances for transfer of patients. Looking a data collection to understand the scope of the problem and then to propose solutions.
 - c. Mid Columbia Medical Center is completing a trauma study. We also reviewed the State data for ATAB 6 and looked at on scene times for ATAB 6 as compared to the state. Also looked at transport times from scene to the hospital, which are long. It is felt that this is a geographic issues, but we will look at this area in more detail.
 - d. Both hospitals participated with Hood River County in a functional WMD drill on September 23. Each area was able to practice aspects of decontamination as well a trauma care and mass casualty response.
 - e. Update and revision of the MCI Plan for the ATAB
 - f. Participation in upcoming statewide HRSA drill.
 6. ATAB 7 – Last meeting held September 13. Discussions held on Exhibits 2 & 3 concerning differences between the prehospital triage criteria and the hospital team response. It was clarified that the triage criteria is for entry into the system, while the hospital determines the responding personnel. There were comments that the OARs could be clearer.
 7. ATAB 9 – Last meeting held October 13, 2006 in Pendleton. The ATAB is drafting a letter to the state that emphasizes the importance of St Alphonsus' participation in the Oregon Trauma System. Their new trauma coordinator attended the meeting for the first time. A large percentage of patients from the Baker and Ontario area, as well as La Grande are transferred to Boise, and that

data is lost for State and ATAB review. The ATAB has not been able to formally work Boise with regard to the ATAB plan or protocols. St. Alphonsus is one of the few hospitals within reasonable distance from eastern Oregon hospitals that has the needed subspecialists for trauma care. It is the understanding of ATAB 9 participants that Boise's formal participation as a categorized hospital in the Oregon trauma system cannot happen legally (even though they were categorized at one time) due to Idaho's lack of a State trauma system and reciprocity agreement. However, St. Alphonsus is still interested in identifying their strengths and weaknesses to determine if they comparatively meet the standards for a level 2 Oregon hospital, realizing the State of Oregon has no enforcement capability under Idaho or Oregon state hospital licensing. If they were verified with the American College of Surgeons that would do a similar thing but there were several reasons why they cannot apply for several years to do so. The ATAB plans to send a formal letter to the state to consider this.

Action: For Information.

State EMS Committee Report – Jon Jui, MD

Initiatives underway:

1. Trauma Surge Plan in HPO1. The plan assumes a surge of 300 patients. The Level 1 hospitals agree that non-trauma hospitals would be used.
2. Burn Surge Plan in HPO1. Proposes collaboration of all hospitals, and training for hospitals to hold burn patients. The Oregon Burn Center is now working on a state plan.
3. HPO1 has a bed surge plan, increasing capacity by 15%.
4. Health Care Coordinating council – includes all hospitals, EMS, Public Health, logistics, and command & control (in the future).
5. Mass Medical Transport plan – there will be six rigs in 5 counties, all operational, and each capable of caring for 100 pts each, including 10 critical patients and 20 serious.
6. Oregon Disaster Medical Team (ODMT) has four trailers stations across the state available for activation by the state for mutual aid. These resources are under local control, and can respond across the state.
7. The state USAR teams, CBRNE, and ODMT are all operational.

Discussion: Mr. LeSage of TVF& R offered to provide an onsite display of state equipment for the April STAB meeting.

Action: For Information.

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

The group met in Bend in August. Discussion included the need for a common air to ground frequency for communication between providers. Next meeting scheduled for November.

Action: For Information

OLD BUSINESS - None

NEW BUSINESS

Air Ambulance Staffing – AAMRO OAR Committee

The State EMS Office is in the process of reviewing and revising EMS OARs, including 333-255-0072, -0073, and -0082 which provide standards for Air Medical Transports. It was noted that the initial proposal provided for air ambulance staffing requirements that were less stringent than ground ambulance requirements.

Discussion: The national Commission on Accreditation of Air Medical Standards (CAAMS) were discussed by the group.

Action: A motion was made by Dr. Sahni and seconded by Dr. Kemalyan that EMS staffing for Scene and Specialty care should have equal standards for both ground and air transports. The motion passed unanimously. Dr. Sahni agreed to write a letter for submission to the State OAR public hearing with this STAB recommendation.

EMS for Children Draft Interfacility Guidelines – Merlin Curry, EMT-P

Draft Guidelines for Interfacility Transfer of Critically Ill and Injured Pediatric Patients were distributed. Mr. Curry invited comments to be sent to merlinc@inbox.com or to susan.m.werner@state.or.us.

Discussion: Mr. Curry noted that the EMSC Committee members are available to assist individual hospitals with their plans for pediatric care. A state standard that defines the age for inclusion as a pediatric patient has not been determined. The national EMSC standard is 18 years of age.

Action: Feedback requested on the Interfacility Transport guidelines.

Air Medical Coverage Map – Doug Stewart, Mercy Flights / AAMRO

A presentation was given that demonstrated the location of air medical ambulance bases and demonstrates the nearest responder agency based on the geography of the state. The purpose of the presentation was to provide DHS and STAB with information on scene-based patient transports. Data and maps were provided by a GIS expert using geo-spatial data.

It was noted that agencies may currently use subjective indications in determining which air medical provider to call for transport. The goal of the air medical group is to identify and provide objective data to determine the closest air medical provider. This has been a controversial project within AAMRO due to concerns that this could affect market share in a competitive industry and not all of the variables that affect air transport, staffing of ambulances, etc have been identified or considered in the current mapping project.

Discussion: It was noted that many variables are used by ground agencies to determine which air provider to call. One consideration is that ground providers and PSAPs are required to search out an available air agency until an available craft is identified vs. having a centralized dispatch center that could determine the closest available agency with an appropriate transport crew in a manner transparent to the crew on the ground. At present, each of Oregon's air medical agencies control their own dispatch internally. It was noted that ATAB 6 attempted to study this process over 3 years ago but was unable to get the air ambulances to finalize and agree to a centralized dispatch process. Members stated that the centralized coordination of air medical transport could provide optimal patient care by improving access and transportation.

Action: Action for this issue was referred to the State EMS Committee. Ms. Heyen made a motion to recognize the immense value of centralizing access to the state's air medical resources. Dr. Sahni provided a second and the motion passed unanimously.

State Trauma Advisory Board Objective – Robert Read, MD

The handout Oregon State Trauma System 2006 by Dr. Read was distributed to the group.

Discussion: The following points were discussed:

1. A very nice document that demonstrates energy and passion for the state's trauma system.
2. Suggestion to add research and teaching under definition.
3. Injury prevention is an important component of the trauma system.
4. The focus is a uniform direction for the trauma system.
5. Suggestion to add: a common vision, and the measures of progress (goal achievement).
6. Funding trauma care – vital issue.
7. Issues: shortage of specialty physicians, standardized patterns of care, rapid movement of patient to the appropriate hospital.
8. Trauma registry: can help to standardize care, define needs, and increase public awareness.
9. Alignment with other similar organizations on the same goals is important.

Action: Ms. Heyen made a motion to form three subcommittees that will report back to the STAB meeting in January, 2007. The motion was seconded by Mr. Graunke and passed with a unanimous vote. Three committees were identified: 1) White Paper group to focus on mission, vision and one-year plan; 2) Data group on OTR outcomes; 3) Legislative group. The motion passed unanimously.

Volunteers for groups:

- 1) White Paper group – Robert Read (chair), Carla Smith, Rick Urbanski, Bill Long, Ritu Sahni.
- 2) Data group – Bobbie O’Connell (chair), Jon Jui, John Wish, Cathy Murphey, Raelene Jarvis, Kevin Rood.
- 3) Legislative group: Christine Heyen (chair), Martin Schreiber, Ritu Sahni, Mary Barnum, Paul LeSage, Brian Graunke, Bill Long, Ted Raschkes, Susan Werner.

MEETING SCHEDULE

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 1:15 pm.

Recorder: Raelene Jarvis, RN, Trauma Coordinator, DHS