

OREGON STATE TRAUMA ADVISORY BOARD MINUTES

January 19, 2007

Legacy Emanuel Hospital, Portland, Oregon

Members Present:

Mary Barnum, RN; Will Bean, RN; Susan Benedict, RN; Brian Graunke, EMT-P; Christine Heyen; Christoph Kaufmann, MD; John McCreary MD for Kerry Keeler, MD; Paul LeSage, EMT-P; Robert Read, MD (Chair); Ritu Sahni, MD; Richard Urbanski, MD (Vice-Chair); Kevin Van Syoc, EMT-P.

OHD Staff Present:

Susan Werner, Raelene Jarvis (recorder).

Absent: Merlin Curry, EMT-P; Kilantha Ellegala, MD; Daniel Hamre, MD; Jon Jui, MD; Nathan Kemalyan, MD; Susan Leathers, RN; Martin Schreiber, MD; Carla Smith, MD;

In attendance:

Maureen Harrahill, RN; Michelle Haun-Hood, RN; Bobbie O'Connell, RN; Nicole Van Der Heyden, MD; Mark Anderson, RN; Rick Lindquist; William Long, MD; Seth Izenberg, MD; Holly Love, RN; Ted Raschkes, RN; Kevin Rood, RN; John Hopkins.

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

EMS and Trauma Systems Section Report – Susan Werner

1. EMS Director position has been posted. If you have an interest being on the interview panel, please contact Ms. Werner.
2. There are a total of four applicants for the EMS Medical Director position; 1 out-of-state and 3 in-state.
3. The new trauma registry program, Trauma One, has 9 hospitals entering data, with over 500 records in the system. Regional trainings are being scheduled in January (Portland), February (Medford), and March (Bend). Hospitals will be added to the system as they complete the TraumaOne training.
4. An EMS registry product is still needed. The office is seeking funding sources for this project.
5. Interviews were held for the Prehospital Systems Manager position without the identification of a successful candidate. Pam Salisbury, Manager of Medical Marijuana, has assumed the daily operations of the EMS Section as interim Prehospital Systems Manager.

Discussion: Trauma One will have the capability to allow receiving hospitals and transferring hospitals to view select patient care fields from the other hospital.

This will assist both hospitals in the completion of quality improvement processes.

Action: For information only.

ATAB Reports – as presented:

1. ATAB 1 – Last meeting held January 8. The ROC Hypertonic Saline study has started in the tri-county area. New EMS protocols were reviewed. The ATAB 1 plan review continues and is focused on the triage and transport section and the distribution of patients among the two Level I facilities.
2. ATAB 2 – Last meeting held January 18. The discussion regarding the triage variance was tabled, and a subcommittee will meet to draft the necessary language for the request for variance. QI cases were reviewed, and proposed legislation was discussed.
3. ATAB 3 – Last meeting held September 2007. Discussions included radiology imaging CDs; concerns regarding general surgery call coverage for trauma; availability of orthopedic surgeons in the region; and the increasing number of trauma system entries. Hospital statistics were reviewed without comment, and no pre-hospital statistics were submitted. Discussion ensued regarding how best to encourage pre-hospital involvement in the ATAB.
4. ATAB 5 – Last meeting (1/17/07) cancelled due to snow.
5. ATAB 6 – Last meeting (1/16/07) cancelled due to snow.
6. ATAB 7 – Last meeting held November 2006. QI cases reviewed; educational presentation; reviewing Trauma One database for new QI variables for the ATAB.
7. ATAB 9 – Last meeting held October 2006. No report received.

Action: For Information only.

State EMS Committee Report – Jon Jui, MD

Bioterrorism / WMD Report – Jon Jui, MD

Reports deferred.

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

The Committee is discussing dedicated frequencies for air to ground communications and are planning to submit a letter to request to use Public Health EMS frequencies. This project may be impacted by interoperability legislation this session.

Action: For Information only.

Legislative Update – Susan Werner

Handout distributed to the group. Numerous ATV-related bills and a bill to repeal motorcycle helmets are being considered for action.

Discussion: DHS' Injury Prevention and Epidemiology is taking the lead on the injury prevention bills. They are collecting pre- and post-helmet law data, and costs associated with care.

HB 2189 addresses child abuse and reporting the “threat” of abuse – further definition is needed.

SB 251 was discussed. It repeals all confidentiality protection for the peer review process in health care. ATAB 2 has plans to write letters in opposition of this bill. SB5506 contains a \$325,000 operating budget for EMS/TR.

SB 162 is the EMS/TR legislative concept. Mr. LeSage noted that some revisions are needed to promote support among stakeholders.

Mr. LeSage noted that there are three tort reform bills which would raise the liability limits for public entities. This would directly impact OHSU and Fire Departments.

Action: There was a motion by Dr. Sahni and a second by Dr. Urbanski that STAB draft and submit a letter to the House Committee opposing the repeal of helmet laws, and to have members available to provide testimony as necessary. The motion passed unanimously. Dr. Sahni agreed to author the letter on behalf of STAB.

Action: Dr. Izenberg made a motion and Dr. Sahni made a second to provide written testimony regarding ATV injuries to the legislature. The motion passed unanimously. Dr. Sahni agreed to author the letter on behalf of STAB.

OLD BUSINESS

Subcommittee Report: White Paper Group – Dr. Robert Read

Dr. Read presented a proposed mission statement for STAB:

“To promote the development and enhancement of trauma care to residents and visitors of the State of Oregon.”

He noted 9 specific goals:

1. Develop a comprehensive trauma system plan.
2. Integrate the trauma program with the existing EMS system
3. Develop, promote, and incorporate injury prevention programs and activities.
4. Establish or adopt evidence-based diagnostic and treatment guidelines for the prehospital, acute hospital, and rehabilitation phases of trauma care.
5. Evaluate system performance using comprehensive trauma registry data.
6. Ensure the confidentiality of trauma records, reports, and quality of care reviews.
7. Establish authority to evaluate and designate trauma centers.
8. Establish dedicated funding mechanism and administrative structure for statewide trauma management.
9. Ensure fiscal support for all components of the trauma system.

It was noted that there are three efforts underway for trauma system improvement: 1) those by STAB; 2) DHS' Legislative Concept; and 3) a stakeholder meeting with Dr. Allan.

Discussion: The group discussed the need for DHS restructuring following the NHTSA EMS reassessment, the focus on bioterrorism response vs. the mostly likely scenario of mechanical trauma disasters, use of existing infrastructure vs. "starting from scratch" in building a disaster/epidemic response mechanism, use of ground-level care providers in building policy. The ideal situation would be improving and strengthening the existing trauma care system, and using it as the basis of an all-hazards response system, with a focus on integrating and coordinating existing response systems. It was recommended to add "Disaster/emergency preparedness" to the goals list.

Action: Next steps are developing partnerships with the legislature and professional societies around the state to promote and educate others on the concept of the enhanced trauma system.

Subcommittee Report: Data Group – Bobbie O'Connell

Handout was presented containing data requested from the Oregon Trauma Registry and the analysis suggestions. It was noted that OTR patient mortality was 7.6% in 1992, and has dropped to 4.5% in 2005.

Discussion: Items of interest include determining changes in mortality related to age, ISS, transport type, zip code, co-morbidities, transfers vs. patients not transferred. The key is to be able to provide an analysis that helps describe the positive impact of having an organized trauma system.

Action: The subcommittee will request further data to identify where the decrease in mortality has occurred.

Subcommittee Report: Legislative Group – Christine Heyen

The group has been investigating legislative options to secure funding for trauma care, as uncompensated care is decreasing capacity of trauma resources, including hospitals, EMS, physicians, etc. The strategy is to support current legislation, while building partnerships and alliances for eventual trauma legislation, targeting the 2009 legislative session.

Discussion: The subcommittee is commended for their work on this topic. Members are planning to meet with Senators Bates and Wyden??

Action: Ms. Heyen made a motion that STAB formally supports HB 2185 with the Legislative Subcommittee taking action to include a letter of support from STAB; and that the Legislative Subcommittee's will prepare a long-range plan to include proposed trauma legislation. The motion received a

second from Dr. Sahni and was passed unanimously. Ms. Heyen will draft the letter and send via email for comments.

NEW BUSINESS

Trauma OAR Revision Schedule – Susan Werner

Handout was distributed with meeting dates for trauma rule revisions: Feb 27; March 22; April 25; May 25.

Discussion: It was noted that April 25 is the first day of the Sunriver Trauma Conference.

Action: Ms. Werner will review the date in April and will propose an alternate date.

STAB MEETING SCHEDULE

Friday, April 20, 2007

Friday, July 20, 2007

Friday, October 19, 2007

There being no further business, the meeting was adjourned at 12:25 pm.

Recorder: Raelene Jarvis, RN, Trauma Coordinator, DHS