

OREGON STATE TRAUMA ADVISORY BOARD MEETING MINUTES

July 20, 2007

Portland State Office Building, Portland, Oregon

Members Present:

Will Bean, RN; Susan Benedict, RN; Christoph Kaufmann, MD; Robert Read, MD (Chair); Richard Urbanski, MD (Vice-Chair); Jon Jui, MD, Paul LeSage, EMT-P; Martin Schreiber, MD; Excused: Brian Graunke, EMT-P; Carla Smith, MD; Kevin Van Syoc, EMT-P; Christine Heyen; Mary Barnum RN

OHD Staff Present:

Susan Werner, RN; Grant Higginson, MD; Michelle Haun-Hood, RN; Ritu Sahni, MD

Absent:

Nathan Kemalyan, MD; Susan Leathers, RN; David Spiro, MD

In attendance:

Bobbie O'Connell, RN; Ameen Ramzy, MD; Holly Love, RN; John Hopkins, Ted Raschkes, RN; Christine Lolich, RN; Mark Anderson, RN; Rick Lindquist, MD; Jonathan Chin, Nicole Vanderhayen, MD; Nancy Hungerford-Levine, Elena Rohm

Dr. Read, Chair, called the meeting to order at 10:05 am.

Review of Minutes – Dr. Read

There was a motion, second and unanimous vote to approve the STAB meeting minutes of April 20th as written.

EMS and Trauma Systems Section Report – Grant Higginson/Susie Werner

- 1) Dr. Ritu Sahni has accepted the position of EMS & Trauma Systems Medical Director and was introduced at the meeting. Dr. Sahni presented a short overview of his new position including his role in supporting EMS Medical Directors in the state. His plan includes traveling throughout the state and making contacts, encouraging the exchange of information, establishment of minimum protocols, and contact with EMS Medical Directors across the nation.
- 2) Robert (Bob) Leopold has been hired as the EMS/Trauma Director. He will begin August 15th. Mr. Leopold has worked for Nebraska DHS for a number of years which included oversight of the EMS/Trauma programs in Nebraska.

- 3) Michelle Haun-Hood RN MA CCRN has accepted the position of State Trauma Coordinator and was introduced at the meeting. Ms. Haun-Hood expressed her enthusiasm for this position, and her continued work with the trauma hospitals and trauma personnel.
- 4) Interviews were conducted for the prehospital manager. However, a successful applicant was not identified. An interim prehospital systems manager has been appointed as recruitment continues to go forward.
- 5) Interviews were conducted for the EMS-C Coordinator position with several good candidates. A final decision is pending. Philip Engle has been in the temporary position and has been very successful in putting the EMSC conference together. The conference will occur on October 20 and 21th. Save the date cards are available for the conference, and the brochure is on the Trauma/EMS web site.

Action: For information.

ATAB Reports – as presented:

1. ATAB 1 – Meeting held May 12th in Portland. Discussion included the progress of the ROC study and the implications of studies similar to the ROC study. The committee reviewed the ACS triage criteria and determined the ACS triage criteria and Oregon triage criteria are consistent.
2. ATAB 2 – Meeting held July 19th, in Dallas, Oregon. QI cases were presented and discussed. There were excellent learning opportunities from the trauma centers presentations.
3. ATAB 3 – Meeting held May 16th in Eugene, Oregon. Discussion included geriatric trauma patient criteria for activation and reversal of anticoagulants. Work will continue on those issues. Discussion also included orthopedic coverage and potential guidelines for a Level V designation. A case presentation showcased aortic injuries and their care and the use of TEG testing.
4. ATAB 5 – Meeting held July 18th in Medford. A demonstration of the SAM sling pelvic device was given. An ATAB protocol has been adopted for the use of pelvic stabilization devices. Case presentations showcased thoracotomies during resuscitation and resulting outcomes.
5. ATAB 6 – Meeting held July 17th in Hood River. Auto launch has been implemented as a dispatch protocol. A MCI drill was held in May with a contaminated patient surge scenario. Discussion of the triage tools for MCI, including the possible trial of the SACCO triage tool.
6. ATAB 7 – Meeting held February 21st. MCI reviews were done. The ATAB is reviewing educational opportunities with a focus on advanced airway and increased training in the frontier areas. Additionally they are evaluating airway statistics for the region, including the air transport statistics.
7. ATAB 9 – March meeting cancelled.

Discussion: The use of Hemcon and Qikclot bandage for external bleeding was discussed. Paul LeSage noted that Tualatin Valley Fire & Rescue has been utilizing the HemCon® Bandage for life-threatening bleeding situations since June 2005. The program marks the first time a civilian fire department has used the specialty bandage.

The HemCon® Bandage has been used extensively by the U.S. military in Afghanistan and Iraq to successfully treat severe, life-threatening hemorrhages. The HemCon® Bandage is a pliable, sterile, chitosan dressing capable of stopping severe external hemorrhage in less than two minutes, can be worn for up to 48 hours and is easily removed with water. Dr. Schreiber also described QuikClot hemostatic agent which is a self-contained sponge that can be placed into a wound and bleeding stops rapidly. The sponge will conform to the shape of the wound. It also promotes extremely rapid natural clotting and prevents severe blood loss.

Action: For information.

State EMS Committee Report – Jon Jui, MD

Dr. Jui reported that the EMS committee is very involved in emergency preparedness planning, including the TOP-OFF drill. A detailed report was provided during the Bioterrorism report.

Bioterrorism / WMD Report – Jon Jui, MD

Dr. Jui reported that plans are in place for strike team disaster planning mobile units with a state-wide focus. This has been completed utilizing mobilization grants. Urban Search and rescue development has occurred and can be activated by the state fire Marshall. Full activation of the state plan is not in place because the state infrastructure is not in place.

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

AAMRO continues to meet and there has been a continued focus on education and safety issues. AAMRO discussion continues regarding radio frequencies and communication issues. Holly Love is providing excellent support as the secretary of the AAMRO group.

Action: For information.

Legislative Update – Susan Werner and Grant Higginson

1. SB 162 – a workgroup of stakeholders assisted with the development of amendments that were submitted to the Joint Committee on Emergency Preparedness during the legislative session. Although there was general support of many of the concepts, SB 162 was tabled and may be reconsidered during the February 2008 session. A workgroup will be convened to address items that do not have general consensus before the legislation is submitted. Senator Boone provided excellent support during the session.
2. Health Care Reform bill 329 for universal health care had strong support and will hopefully have components that can benefit trauma and EMS.

Action: Work group will convene.

OLD BUSINESS

Subcommittee Report: White Paper Group – Robert Read, MD

Dr. Read noted that the white paper is still a work in progress. Dr. Read will communicate with the members of the subcommittee to finalize the draft.

Subcommittee Report: Data Group – Bobbie O’Connell

Bobbie O’Connell discussed the trauma coordinator request for a QI calendar for the trauma facilities that could tie into the hospital’s annual reports and could utilize data for trauma benchmarking.

Discussion: Discussion included generation of a menu of reports, benchmarking data, and comparison with Washington and Idaho data. The existing benchmarks and current state QI indicators need to be reviewed. Examples of benchmarks such as the ten minute scene time that has not been an achievable benchmark could be reviewed and rural management benchmarks should be explored. The National Trauma Data Bank may also be a comparison data source.

Action: It was recommended that the State convene a meeting of the trauma coordinators to review the current indicators, determine if quantifiable data is available for the indicator, and identify potential indicators and reports. The goal is a 2008 QI calendar that could be utilized by EMS and Hospital providers. Additionally, new reports can be formatted for use with TraumaOne. The trauma coordinator subcommittee can review the potential quality indicators and recommend a calendar and reports to STAB that can be used by the trauma hospitals and EMS as appropriate. Susie Werner will investigate possible linkage between the Oregon and Washington data for benchmarking.

Subcommittee Report: Legislative Group – Christine Heyen

Ms. Heyen reported that data about the trauma system will be essential to move legislation forward in the future.

NEW BUSINESS

Federal Legislation Update: Trauma Systems Planning and Development Act of 2007 – Susan Werner

The Senate and House have passed the federal Trauma bill, although funding for the grant has not been appropriated. The bill provides requirements for development of state trauma programs and would provide funding for the development of infrastructure for trauma systems and funding for demonstration projects on a statewide basis. The EMSC legislation was also passed but has not completed the appropriation process.

Trauma OAR Revision Schedule – Susan Werner

A small group meet on May 25th. Initial conversation suggested that Oregon's rules should incorporate the rural perspective found in Chapter 13 of the 2006 Resources for Optimal Care of the Injured Patient. Draft standards will be circulated for comment as they are developed.

Discussion: Earlier in the meeting discussion occurred about having the potential for a simultaneous designation review from ACS (American College of Surgeons) when a hospital is reviewed by the Oregon Health services. Sharing of the information from ACS would be appropriate for the state to assure standards being evaluated consistently. This would be a voluntary process and would involve work done on the proposal process and coordination of the surveys.

Action: There was a motion that STAB endorse the process of simultaneous designation reviews of hospitals by ACS and the Oregon Department of Health Services on a voluntary basis. Although the motion was made, a quorum was not present. This change would have to be incorporated in administrative rule revision. The Trauma Program will investigate the process of simultaneous designation reviews.

Designation Schedule – Susan Werner

A designation schedule for 2007-2009 has been distributed to facilities.

TOP-OFF exercise.

Dr. Jui gave an overview of the TOPP-OFF exercise. This is a national disaster exercise, and Portland is one of three cities that will participate, although we are the only site that will have actual disaster exercise. The details are classified but it will be an intense process for the week of the exercises. ATABs had been asked to consider moving their meetings and the STAB meeting since the STAB members maybe involved in this exercise. Paul LeSage offered to host the STAB meeting at the TVFR headquarters October 26. STAB members will be able to view the equipment that will be utilized during TOP-OFF. A debriefing will be

Action: Susie will contact Paul LeSage to determine if the facility is available to host the October STAB meeting. If available, the meeting will be moved to the following Friday, October 26th and will take place at TVFR headquarters.

Open Positions for STAB.

There are several open positions for the STAB:

Handouts for each position are available and posted on the WEB site:

Hospital Administrator

Emergency Physician- Level 1

Trauma Surgeon- Level 3-4

Anesthesiologist-Level 1

Neurosurgeon- Level 1

Preference will be given to rural applicants for the Hospital Administrator and Trauma Surgeon positions.

MEETING SCHEDULE

October 26, 2007 TVFR Headquarters, directions will follow

As there was no further business, the meeting was adjourned at 1:00 pm.

Recorder: Michelle Haun-Hood RN MA CCRN, DHS Trauma Coordinator