

OREGON STATE TRAUMA ADVISORY BOARD

MEETING MINUTES

April 18, 2008

Portland State Office Building

Members Present:

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

OHD Staff Present:

Susan Werner, RN; Michelle Haun-Hood, RN; Bob Leopold

Absent Excused:

Nathan Kemalyan, MD; Christine Heyen; Carla Smith, MD; Paul Lesage, EMT-P

Absent:

Susan Leathers, RN; David Spiro, MD

In attendance:

Bobbie O'Connell, RN; Ameen Ramzy, MD; Ted Raschkes, RN; Maureen Harrahill, RN; John McCreary, MD; Justin Dillingham EMT-P, Nicole Vanderhayen, MD

Dr. Read, Chair, called the STAB meeting to order at 10: 20 am

Review of Minutes – Dr. Read

With a correction of one misspelling there was then a motion, second and unanimous vote to approve the STAB meeting minutes of January 18th, 2008.

EMS and Trauma Systems Section Report – Susan Werner RN/ Bob Leopold

- 1) Disaster plan review: Justin Dillingham EMT-P reported on the development of the State of Oregon EMS Mass Casualty Incident Plan. This plan will outline the roles and responsibilities of the various components of our Oregon EMS system during a natural disaster or manmade large-scale medical event. Development of the plan is a cooperative effort between DHS EMS and Trauma Systems Program, the DHS Emergency Preparedness Program and the Office of Rural Health at Oregon Health & Science University. Technical consultants Shawn Baird, Justin

- Dillingham and Denise Girard have been assisting in developing and writing the plan. Focus groups with stakeholders have been held in four sites around the state. The completed plan will provide a blueprint for use during large-scale disasters that require more EMS resources than are locally available. The plan will include strike plans and unified command. After the development of the plan, resources are in place for four tabletop exercises plus a real exercise. Dr. Jui mentioned that tabletop exercises although useful are often not as beneficial in identifying issues as are actual exercises.
- 2) EMSC update: Evelyn Lyons, EMSC manger, with the state of Illinois made a presentation to the Oregon EMSC Advisory Committee in March on the Illinois EMSC Facility Recognition Program. EMSC Performance Measure 66c requires states with EMSC programs to develop a standardized system that recognizes hospitals that are able to stabilize and/or manage pediatric medical emergencies and trauma. As a first step toward achieving the performance measure requirement, Oregon EMSC will conduct a system analysis of services for emergency and acute medical care for pediatric patients. This assessment will be conducted with funding from ORHP to assure rural input. Responses to an RFP are being reviewed to select a consultant to conduct the focused surveys throughout the state. Working in collaboration with OHSU, DHS Mobile Training Unit and the Emergency Medical Services for Children program, a pediatric needs-based simulation curriculum will be developed to train pre-hospital providers in the optimal care of the pediatric patient. Using the latest technology in pediatric simulation manikins, in-field scenarios will be developed utilizing wireless high-fidelity simulators. The simulators will also be used to practice multi-step transports in which scenarios begin in the field or office and end in a local or regional hospital emergency department
 - 3) To meet the goal of obtaining data on all EMS encounters a product called Image Trend has been selected by the Oregon Health Division. Image Trend is NEMSIS compliant and was selected in Washington and Idaho after lengthy evaluations. Training sessions that provided EMS user training, have been completed in Enterprise, LaGrande and Pendleton and several other EMS agencies have expressed interest in participating in the EMS Data Pilot Project. Additional training sessions are being held, and Webinar training will be accessible by any agency with high-speed internet after June 13th. One component of the DATA Pilot Project is to collect all data from all EMS agencies during the month of May. This is being done in conjunction with the Oregon Health Sciences School of Medicine.
 - 4) The trauma registry implementation process continues for the new Trauma Registry-TraumaOne. Edit checks have been completed, which is the first of two processes that must be accomplished within the first few months this year. The second process involves bringing the trauma registry into compliance with the administrative rule that states the requirement to submit registry data within 90

days of patient discharge from the hospital. The hospitals have been asked to achieve the 90 day compliance mark by April 15, 2008, and we are reviewing that compliance data. This function of our new trauma registry should assist all of us in conducting quality improvement processes. Next steps include developing reports that will be of use to all the providers.

ATAB Reports – as presented:

1. ATAB 1 – Dr. Ramzy reported that the next meeting is May 12th, 2008.
2. ATAB 2 – The meeting was held April 17, 2008 in Albany.. QI cases were presented and discussed. Statistics were distributed to the committee. Work to update the ATAB-2 Trauma Plan continues.
3. ATAB 3 – The meeting held was held February 13th in Roseburg. There was discussion regarding the move of Sacred Heart Medical center to the new campus, River bend which will occur in August. Meetings have occurred with the trauma department, and the health licensing department concerning the processes being proposed during the transition. Concerns about diversion during a historical busy summer weekend and what resources would be available for trauma patients have been discussed. Sacred Heart is pulling their data to see how many patients potentially could be impacted. QI cases were presented and discussed.
4. ATAB 5 – The meeting was held April 16, 2008 in Medford. The new trauma director at Rogue Valley, Dr. O’Neil reported on an overview of suicides that had occurred in the region. The county is currently at four times the national average for their suicide rate. The medical examiner and Dr. O’Neil reviewed and presented the data which demonstrated a very disturbing trend in the increase in the suicide rate of middle aged males, especially by means of gunshot wounds. The group felt it would be helpful to see the vital statistic data on this trend. The QI meeting included case reviews. Prior to the meeting trauma registry training was held.
5. ATAB 6 – The next meeting will be held April 22, 2008 in Hood River.
6. ATAB 7 – The meeting was held February 12, 2008 in Bend. The subcommittee reported on their conclusions on air auto launch and the potential issues of landing at the hospital helipad were discussed. The subcommittee will continue to work on defining the guidelines for inclusion of air transport in the ATAB plan. The QI meeting included case reviews and presentations
7. ATAB 9 – Michelle Haun-Hood meet with Sue Leathers, Carol Mason from St. Mary’s in Walla and the new trauma coordinators from Baker City and LaGrande. They discussed training for the registry and an ATAB meeting in July for planning purposes and quality improvement.

ACTION: For information.

State EMS Committee Report – Jon Jui, MD

Dr. Jui described the final steps of the radio communication being developed for the statewide air ambulance frequency.

Dr. Jui discussed the issues of communication challenges in the state during the event of a catastrophic disaster that would disrupt or affect critical communications. Questions arose concerning the Oregon Emergency Management's plan for coordination of the amateur radio operators to provide communication in a catastrophic disaster. This resource was used during the floods and storms on the northern coast where the ARES operators provided the only communication for the hospitals in Seaside and Astoria. This plan needs to include a plan to have ARES utilized statewide.

A motion was made by Mary Barnum to send a letter to Ken Murphy; Director of Oregon Emergency Management requesting a copy of the plan for ARES or to have a plan developed that would include frequencies, users, and operational procedures for ARES members to support hospitals in the event of a catastrophic disaster.

Dr. Kaufmann seconded the motion and it was passed unanimously.

ACTION: A letter will be sent to Ken Murphey from Dr. Read, Dr. Jui to assist in drafting the language for this letter.

EMSC report- as above

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

AAMRO has met quarterly and is focusing on education and safety issues. A concern that was raised at the ATAB 2 meeting was the resource capability of the transport services in regards to pediatric care. This concern was raised in relationship to the types of transports the children's specialty team should be utilized for versus the air medical transport teams. It was recommended to review the resource document on the WEB site to see if this is addressed.

ACTION: For information.

OLD BUSINESS

OAR Revision Schedule –Michelle Haun-Hood RN

The trauma hospital resource standards draft document with the comments from the previous four review meetings was presented. At the last set of meetings there was excellent representation from prehospital, nursing, physicians and all level trauma centers. The documents will be reformatted to assist in seeing the interpretation changes and another review session will be scheduled. The other sections and exhibits of the trauma OAR will also need review.

ACTION: The draft resource document will be reformatted and available. A time for the next meeting will be sent out to allow for scheduling.

QI Filter/Data Committee

Identification of a core group of indicators could result in benchmarks that could be used at the hospital, regional and state levels to identify optimal care and to identify opportunities for improvement. Ms. Werner presented a set of benchmarks which could easily be extracted for the trauma registry data set. These could be utilized by the trauma department as they conduct site surveys and benchmark appropriate trauma hospitals in conjunction with indicators chosen by the hospitals and ATABs.

ACTION: Continue to review.

Legislative Update

The legislative concept paper that was presented with options to assist in funding improvements or changes in the EMS and Trauma Systems was not given Level 1 priority. Mr. Leopold suggested that a different mechanism would probably be necessary to gain support for trauma resources and to be ready for the 2009 session. Will need to consider appropriate funding requests with an upper limit expenditure level and try to identify one or two key legislators who will be dedicated to the process. Federal funding sponsored by Patty Murray of Washington is still in review and written support would be helpful to continue to move that process. It was stated that with the 20th anniversary of the trauma system it would be an appropriate time to gather data that could be presented in the legislature to gain support and incentive to fund the trauma system.

Open STAB Positions

There are a number of STAB positions that are unfilled.

- Hospital Administrator- from preferably a rural hospital
- Anesthesiologist
- Emergency Physician- Level 1
- Trauma Surgeon- Level 3-4
- Neurosurgeon- Level 1

Carla Smith MD is relocating to Spokane so her position for orthopedic surgeon will be available.

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

<http://egov.oregon.gov/DHS/ph/ems/trauma/index.shtml#stab>

Ms. Werner has received applications for some positions but preference will be given to representatives that are from an area not already heavily represented on STAB. She has forwarded recommendations for Dr. Vanderheyen as the Level 3 surgeon and Dr. Vissers as the Level 1 emergency physician.

NEW BUSINESS

20th Anniversary of the Oregon Trauma System Celebration

A 20-year Celebration of the Oregon Trauma System will be held Friday, September 12, 2008 at the Red Lion Hotel on the River at Jantzen Beach in Portland. The emphasis is on a statewide celebration of all the hospitals and providers. A variety of displays and a PowerPoint presentation that highlights each hospital and their trauma team will be utilized. In addition invited dignitaries and patients and their stories will be highlighted. There will be a cost per table to help pay for the event with donations and support from the Level 1 hospitals. Additional information will be available on the State EMS/Trauma website and in this newsletter as plans evolve to mark this outstanding achievement. Dr. Schreiber's administrative assistant is assisting with the coordination of the event.

ACTION: Request hospitals to find appropriate pictures with staff for Power Point presentation, and send to the email that will be posted on the website.

Sacred Heart Medical Center Move-Susie Werner

As mentioned in the ATAB meeting summary, Sacred Heart Medical Center will be moving to their new campus on August 8th-10th. The new campus will be called Sacred Heart Medical Center at Riverbend and will be the Level II trauma center. They have developed an extensive action plan for their move and have presented options to the state for review. A major renovation is planned for Sacred Heart's current campus on Hilyard Street in Eugene, which be known as the University District campus with an emergency department and other centers of excellence. Continued updates on the process will be forthcoming especially the plans for diversion and the possible affect on trauma resources.

MEETING SCHEDULE for 2008

April 18, 2008 Portland State Office Building
July 18, 2008
October 17, 2008

There was discussion to move the October meeting to September to coincide with the 20th Trauma Anniversary Party.

ACTION: An email vote will be sent out to all members.

Educational opportunities: Legacy Emanuel Trauma Conference in Portland on June 20 and 21st and the Oregon Emergency Nurses Conference on June 26th and 27th in Bend.

The meeting was adjourned at 12:20 pm.

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