

## STATE TRAUMA ADVISORY BOARD MINUTES

Rogue Valley  
Medford, Oregon  
April 27, 2001

**Attendees:** Tim Herrmann, RN; John Hopkins, Jon Jui, MD; William Long, MD; Robert Read, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Rhonda Wood RN.

**Absent - Excused:** Cheryl Eddy, RN; Brian Graunke, EMT-P; Jerris Hedges, MD; RN; Paul LeSage, EMT-P; Craig Warden, MD.

**Absent - Unexcused:** Randy Chestnut, MD; Kerry Keeler, MD; Jim Krieg, MD; Susan Leathers, Raul Mirande, MD; Ron Sproat, MD.

**Guests:** Ken Parsons, Ken Rhee, Barry Trowbridge, Betty Lanfear, Judy Bradshaw, Heather Freiheit, Ann Ackles, Maureen Harrihill, Gayle Pierce, Denise Giard, Mark Folger, Chuck Wright, Elliot Meyerding, Karen Shade, Andy Michaels, Ann Fuller, Lesa Beth Titus, Gretchen Garza, Linda Terpening, Linda Thomas, Shirley Martin, Bobbie O'Connell, Jon Gell.

**OHD Staff:** Susan Werner, Russ Harper

The meeting was called to order by Dr. William Long, Chair, at 9:30 a.m. A motion to accept the minutes as distributed was made by Tim Herrmann. The motion was seconded by John Hopkins. The vote to accept the minutes was unanimous.

### ***Definition of Rural Trauma***

- Dr. Long distributed a copy of Resources for Optimal Care of the Injured Patient: 1999, Chapter 13: Rural Trauma Care (see enclosure). Also distributed was a draft of a definition of rural trauma (see enclosure). Dr. Long is a member of the Rural Trauma Subcommittee that is charged with writing a more complete definition of Rural Trauma. **Action: Dr. Long requested that members of the committee review the definition and suggest alterations or additions. Agenda item**

***State Legislative Efforts:***

- ❑ ***SB 243 (EMS-C Bill)*** Establishes EMS for Children Program in the Health Division under the Trauma Program. This bill requires the implementation of a registry for severely injured and ill children. Current Status: the bill was referred to Ways and Means and has been assigned to a subcommittee. Endorsement is doubtful.
- ❑ ***HB 3218*** Increases motor vehicle liability coverage required for personal injury and property damage from \$10,000 to \$25,000. Current Status: Health and Public Advocacy subcommittee.
- ❑ ***HB 3785*** Modifies payment procedures for providers under personal injury protection benefits for motor vehicle liability policies. This provision would decrease payment for reimbursement. Expenses of the provider will be presumed reasonable if the amount billed for the service falls at or below the 80<sup>th</sup> percentile with respect to billings submitted by similarly licensed providers in the state. Charges exceeding the 80<sup>th</sup> percentile are presumed to be unreasonable. Additionally the bill creates voluntary arbitration provisions for disputes between providers and insurers.
- ❑ ***Action:*** It was suggested that members of the committee monitor legislative efforts closely become involved with those bills needing support as well as those needing to be defeated. Agenda item

***Updates:***

- ❑ ***Medford:*** Dr. Myerdink reported that the Medford community has 8 surgeons and they have recruited an additional 5 surgeons who will arrive by next fall. Unfortunately, Orthopedic Surgeons have decreased from 14 to 6, and coverage for 2 facilities concurrently is not possible. There was discussion regarding the continued shortage of specialty coverage and the necessity to alternate trauma call between the 2 facilities. A request was made that the STAB support the joint community request for a continuance of their waiver (from level 2 to level 3 status for surrounding communities) through the end of the year. ***Action:*** agenda item
- ❑ There was discussion regarding Transfer Guidelines, especially in regard to transfers between facilities with same level of designation. ***Action:*** A motion was made by Dr. Meyerlink to form a subcommittee to formulate guidelines for transfer of trauma patients, particularly in relation Level 2, 3 and 4 facilities, and to address transfers between facilities with the same level of designation. Tim Herrmann seconded the motion, and the vote to approve was unanimous. It was suggested that the committee maximize e-mail for discussion purposes and to obtain a final vote after the guidelines are formulated. The DOH will be responsible for tabulating and disseminating the results of the vote. Agenda item.
- ❑ ***Eugene:*** Tim Herrmann reported that staffing issues have been resolved by utilizing locum tenens coverage.
  - ***Action:*** None necessary

- ❑ **Salem:** Rhonda Wood reported that the surgeon compensation issue remains unresolved. However, of the 13 surgeons in the community, 11 have agreed to participate on the trauma call panel. Efforts are under way to recruit a permanent trauma medical director. **Action: Agenda item.**
  
- ❑ **Health Department Update:**
  - **Staff**
    - Interviews are in progress for the Ambulance and Service licensure Program Representative.
    - We are getting ready to do a “job rotation” within the Health Division to temporarily fill the “Office Manager” position which will bring office support staff up to strength for the first time in 6 months
    - The Director’s position will be advertised. Russ Harper indicated that he would be applying for that position.
    - Once the Director’s position is filled, we will know if the EMS Training Manager position will need to be advertised.
    - The Trauma Coordinator position in the Trauma Program has been approved and will be advertised in the near future.  
**Action: Informational only**
  
  - **Administrative Rules**
    - The revision of the Administrative Rules were forwarded to the Secretary of State’s office for publication. They should be available by the end of June.  
**Action: Informational only**
  
  - **Trauma Program**
    - **Trauma Program Staff**
      - Donald Au, formerly a research analyst for the trauma program, reapplied and has been offered the Research Analyst 3 position.
      - Trauma Nurse Coordinator position was approved and will be advertised and filled as soon as possible  
**Action: Informational only**
  
    - **Trauma Registry**
      - A survey was conducted by the Trauma Registry Subcommittee (see enclosure) to determine the needs of facilities and to determine if the current registry is able to meet those expectations. It was unanimous that the current registry in its current form does not meet the needs of the trauma coordinators and/or facilities. There was discussion regarding replacement of the trauma registry and resulting funding issues. **Action: Agenda item to update regarding funding sources.**

- **Designation Schedule**

- Susan Werner is developing the designation schedule for 2001/2002. Bobbi O'Connell requested that a copy of the "Trauma Hospital Survey Scoring Tool" be included in the instruction packet. **Action: The instruction packet will be modified to include the "Trauma Hospital Survey Scoring Tool".**

- **EMS Committee**

- **Airway Issues**

- Current AHA guidelines require a device to determine appropriate endotracheal tube placement. Although many adjuncts are available to assist in the recognition of esophageal intubations, few have been as effective in the prehospital field as the end-tidal CO<sub>2</sub> waveform device available on many of the newer cardiac monitors. Current review of the Portland area agencies demonstrate improved documentation with the new monitors. Use of a database that tracks endotracheal intubations will assist in quality improvement efforts. **Action: Informational.**
    - The Board of Medical Examiners has approved the use of combitubes for EMT-Basics. This is an additional skill, however, and requires additional training and a quality improvement program to insure patient safety. **Action: Informational.**

- **Updates for ACLS, PALS**

- Although the American Heart Association PALS and ACLS courses have been revised at the national level, the curriculum and training materials necessary to teach the revisions are not yet available. Dr. Jui expects the Oregon roll-out may take as long as two years to complete. **Action: informational.**

- **Prehospital Database**

- Dr. Jui is interested in determining if it is possible to merge data from the prehospital database available for the Portland metro area with the trauma registry. **Action:** Susan and Dr. Jui will assess the possibilities as soon as the Research Analyst is available.

- **Department of Justice / Weapons of Mass Destruction**

- Dr. Jui noted that, to his knowledge, no one has addressed the issue of Weapons of Mass Destruction and their part in a disaster plan. Dr. Jui suggested that the STAB and Trauma Program take a proactive stance in assisting in integrating Bioterrorism and Weapons of Mass Destruction in area and state disaster plans.

- **Senate Bill 911 Grants**
  - Grant funding has been distributed to rural agencies for equipment, training, and information (PreHospital Database) infrastructure.
- **Standard protocols for Central Oregon**
- **Quality Trauma Indicators**
  - Dr. Jui is interested in developing quality indicators for Trauma.  
**Action: Susan Werner and Dr. Jui will develop draft quality indicators for the July meeting.**
- **ATAB Reports**
  - **ATAB 1** ATAB 1 has not met since the last STAB meeting. TAG has met to discuss quality assurance issues.
  - **ATAB 2:** ATAB 2 are in the final draft stages of their Area Trauma Plan Update and they expect completion in October. ATAB meetings have been well attended. The Trauma Coordinators met prior to the April meeting for an educational session on ICD-9-CM coding and AIS scoring. The issue of redefining ATABs was discussed. Dr. Long said that he has discussed the possibility of redefining ATABs that either have demonstrated a lack of leadership or those that no longer represent regional transfer patterns. Members of ATAB 2 discussed the growth and development of their ATAB, and requested that their ATAB not be absorbed into ATAB 1. Discussion about Quality Improvement functions in the more rural ATABs revealed a need for clearer expectations from the STAB may be necessary.
  - **ATAB 5:** ATAB 5 met in April. Discussion centered around limited resources available in the Medford community and the resulting effect on interfacility transfer protocols.
- **Damage Control Study**
  - The American College of Surgeons Committee on Trauma Rural Trauma Subcommittee is conducting a research project to determine how rural facilities manage staged laparotomies performed for damage control. Dr. Andrew Michaels requested IRB approval from the STAB. Tim Herrmann made the motion for the OHD to release trauma registry data specific to the study. Dr. Meyerding seconded the motion, and there was unanimous consent. Dr. Jui requested that the protocol for the study be distributed to members of the committee with the minutes.

□ **Request for support for Research Study**

- Dr. Michaels requested IRB approval for a study he is conducting to determine the perceptions of patients, health care providers and policy makers. Because the trauma registry does not include patient address or phone information, Dr. Michaels requested the assistance of facilities in contacting the patient sample. The DOH will assist in determining the facility where care was rendered and will distribute the survey tool, of Dr. Urbanski moved that the STAB support the IRB proposal. Tim Herrmann seconded the motion. There was unanimous approval.

□ **Quality Improvement**

- The following trauma guidelines (when possible more than one was included) were distributed for discussion.
  - Liver/Spleen
    - Mary Bridge Children's Hospital and Health Center
    - Legacy – Management of Blunt Traumatic Liver Injury
    - Legacy – Management of Splenic Injury
  - Pelvic Fractures
    - North Region Major Pelvic Fracture Guideline
    - Legacy – Pelvic Fractures
  - Legacy - Thoracic Aortic and Arch Vessel Injury Protocol (Widened Mediastinum in Blunt Chest Trauma)
  - DVT Appendices
    - Risk Assessment Profile
    - DVT Prophylaxis
    - VTE Therapy Algorhythm
    - DVT Prophylaxis
  - Physician Orders for Life Sustaining Treatment (POLST)
  - Interhospital Transfer of Neurotrauma from Level 3 to Levels 1 and 2
- Susan Werner distributed the Table of Contents of the Trauma Management Recommendations found on the EMS website. The address is: <http://www.ohd.hr.state.or.us/ems/trauma/stab.htm>
- **Action: Dr. Long requested that members of the committee review and submit comments on each of the guidelines prior to the next meeting. Agenda item: development of Oregon-specific guidelines.**

□ ***Communication between ATABs and STAB***

- A memorandum from Assistant Attorney General Rhea Kessler was distributed. This memorandum clarifies the confidentiality of QI/QA communication between the Division, STAB and ATABS (see enclosure)

❑ ***State Quality Review***

- There was discussion regarding Quality Improvement at the ATAB and STAB levels. It was resolved that Quality Improvement issues within a facility should be referred to the appropriate ATAB for quality review. It was determined that if the ATAB is unable to resolve the issue, the ATAB will forward the case to the STAB Quality Review Committee. Andy Michaels made the motion that “those issues between two ATABs that cannot come to resolution can be referred to STAB”. The motion was seconded by Tim Herrmann and there was unanimous consent.

❑ **State Trauma Advisory Board Membership.**

- Susan Werner noted that there are 6 STAB appointments that expired December, 2000. Susan will contact these board members with expired terms to determine if they wish to continue as board members. Alternate members will be appointed as necessary. **Action: Agenda item.**

❑ ***Meeting Dates***

- ***Friday, July 27 in Bend***
- ***Friday, October 12 in Portland***
- ***January 11, 2002 in Salem***

***Next meeting*** – July 27 in Bend, OR

As there was no further business, the meeting was adjourned at 12:30.