

## STATE TRAUMA ADVISORY BOARD MINUTES

Salem Hospital  
Salem, Oregon  
January 24, 2003

**Attendees:** Mary Barnum, RN; Michael Dorsen, MD; Brian Graunke, EMT-P; Jerris Hedges, MD; John Hopkins, Kerry Keeler, MD; William Long, MD; Robert Read, MD; Richard Urbanski, MD; Kevin Van Syoc, EMT-P; Craig Warden, MD; Rhonda Wood RN.

**Absent - Excused:** Randy Chesnut, MD; Tim Herrmann, RN; Tony Hinz, MD; Jon Jui, MD; Susan Leathers, RN; Paul LeSage, EMT-P

**Absent - Unexcused:**

**OHD Staff:** Susan Werner, Raelene Jarvis, Donald Au

**Guests:** Bobbie O'Connell, RN; Maureen Harahill, RN; Brad Branam, RN; Steve Barber, MD; John Wish, Bridget Berlin, RN.

The meeting was called to order by Dr. Long, Chair, at 10:15. A motion to accept the minutes from November 15, 2002 was made and seconded. The vote to accept the minutes was approved.

### ***Health Services Report – Susan Werner***

- An Air Transport Committee is being formed from members of STAB and the State EMS Committee. This workgroup, facilitated by Jon Chin and Paul LeSage is identifying potential members from the medical air transport community in Oregon. It was noted that present OARs only address the necessity to be a licensed entity and the equipment necessary for each aircraft.  
**Action: Persons interested in participating on the committee should contact Jon Chin at the EMS & Trauma Section Office.**
- Trauma Site Surveys – Rogue Valley Medical Center and Providence Medford Hospital are the only hospitals that have not been surveyed during this cycle of surveys.

- Trauma Registry – The Trauma Registry Subcommittee, composed of trauma coordinators, registrars and physicians, is meeting to identify registry needs and to identify data elements. Presently the RFP process is on hold, pending additional information regarding funding from the legislature. Present funding sources include Motor Vehicle Traffic and Safety funds and EMSC and EMS/Trauma Grant Funds.
- Trauma Hospital Quality Improvement - Susan Werner, Lynn Estes, Cathy Murphey and three participants from Washington presented templates for trauma hospital Quality Improvement at the quarterly Trauma Coordinators Meeting in Washington State on 1/23/03. The Collector trauma registry system QI module was demonstrated. Oregon trauma coordinators attending the meeting included Bobbie O'Connell and Rhonda Wood.
- Trauma Program collaboration with Washington. Areas for collaboration between Washington and Oregon include:
  - Washington Department of Health has requested permission to use the Oregon TEAM educational program. They have agreed to develop a testing component for the program;
  - Oregon trauma coordinators will be invited to participate in a trauma registrar coding class offered by Washington Department of Health;
  - QI templates for each level of trauma hospital are under development and will be distributed. In both states, QI is the most common survey deficiency. Hospitals have difficulty formulating and operationalizing action plans to assure QI closure. These templates will provide a variety of resources to assist hospitals in the development of a practical quality improvement program.
  - A trauma registrar manual and training process is under development by the Washington Department of Health and will be adapted as necessary by the Oregon Trauma Program
- Changes at DHS – Claudia Bingham was recently appointed as the Administrator for Office of Public Health Services, EMS & Trauma Systems Section. It was noted that the EMS section is the only general fund program in the Office of Public Health Systems group. The EMS & Trauma Section's budget has been reduced by \$200,000+ during the recent budget reductions.
- The EMS-C coordinator position has been posted as a 1.0 FTE. The EMSC program has applied for a 3-year continuation grant as well as rollover funds for any monies that were not expended during the previous grant cycle.

***Legislative Update – Dr. Bill Long***

- A bill is being drafted to increase the motor vehicle Personal Injury Payment (PIP) from \$ 10,000 per year to \$ 25,000. This would increase the \$\$ amount

available for reimbursement of prehospital, acute care, outpatient and providers caring for those injured in traffic crashes.

- Dr. Long distributed a handout prepared by Washington State Hospital Association explaining the Washington State Enhanced Medicaid Payment Program. Dr. Long noted that this information has been reviewed with Representative Alan Bates. Additionally, the State of Washington has tentative plans to develop a “cardiac group” as a state advisory group, and they are working on Bioterrorism as a statewide initiative.

**Discussion:** Washington’s trauma budget is 21 million dollars from dedicated funding sources (which includes payments to providers for uncompensated care); Oregon’s trauma budget is \$ 561,000 a biennium and does not include payment for uncompensated care.

- HB 2410 has been drafted that would enable the Office of Emergency Management to create a registry of health care providers. These providers would become an agent of the state in case of a declared state emergency. They would be covered under the state’s malpractice and worker’s compensation insurance. This bill would provide emergency licensure for people coming from out of state.  
**Discussion:** This bill does not require the employment of specific providers, but makes it possible to utilize personnel if they should be needed. Dr. Long stated that it was his recommendation that they be granted privileges per hospital protocol, and that they sign an agreement to function within the existing EMS and Trauma systems.

**Action: Recommend that these issues be discussed in local and regional forums.**

- Legislative Liaison –Ms. Werner and Mr. Chin will be meeting regularly with Katy King, the state’s Legislative Liaison, to stay abreast of current legislative issues.

**Action: Ms. Werner will forward information to the committee as it becomes available.**

### *Standing STAB Reports*

#### **Neurotrauma Committee – Dr. Michael Dorsen**

Imaging Criteria for Head Injuries – see handout. There was no further discussion.

**Action: Motion to accept this document as the state’s guideline of care was made and seconded. The motion was approved.**

#### **Trauma Registry Committee – Susan Werner**

See report above

#### **Radiologic Guidelines – Dr. Randy Chesnut**

**Discussion:** Point of clarification for chest trauma – a second assessment is needed only if it is not necessary to transfer the patient out after the primary radiological assessment is completed.

## OLD BUSINESS

### **Eugene/Springfield Request for Variance Update – Susan Werner**

The variance request from ATAB 3 regarding triage of neurosurgical patients within the Eugene Springfield prehospital catchment area was discussed at the ATAB 3 meeting. The surgeons at McKenzie-Willamette Hospital in Springfield are concerned that they may suffer increased liability for head injured patients who are triaged to McKenzie Willamette Hospital from the field. At this time Sacred Heart in Eugene, as a level II hospital, is continuing to take all trauma patients from the Eugene/Springfield catchment area and ATAB 3 will reconsider the variance at the next ATAB meeting.

**Action: Information only.**

### **STAB Bylaws – Susan Werner**

The STAB Bylaws were reviewed in depth. Final draft was prepared.

**Discussion:** The group discussed the advantages of including Bioterrorism Committee as a standing committee rather than an ad hoc committee. It was noted that there is some disconnect between Office of Emergency Preparedness/DHS Bioterrorism activities and the EMS & Trauma Systems Section/State Trauma Advisory Board. It was noted that Mr. Chin attends the majority of Bioterrorism group meetings.

**Action: It was agreed to add Bioterrorism as a standing item on the STAB agenda.**

**Discussion:** There was discussion regarding the inclusion/invitation of a legislator to the STAB meeting in April.

**Action: Motion to approve the STAB Bylaws as amended was made and seconded. The motion was unanimously approved.**

## NEW BUSINESS

### **STAB Strategic Planning Meeting – Brian Graunke and Mary Barnum**

The minutes for the Strategic Planning meeting were distributed.

**Discussion:** The State EMS Committee and STAB noted that many issues affect both committees, and the challenge is how to assure a means of communication between the committees for information and issues that are pertinent to both committees. The question was raised as to the confidentiality of e-mail for quality improvement issues.

**Action:** Susan Werner will obtain specific information regarding e-mail and quality improvement.

**Portland Surgical Issue** – Dr. Long advised the committee that only two hand surgery groups (replantation) are taking call in Portland. This specialty is not available elsewhere in the state. This issue is not limited to the Portland metro area. There is a significant decrease in physicians taking Emergency Department call for ENT, Plastic Surgery and Neurosurgery coverage. Although hospital licensure is dependent upon physician availability for ED call, physician licensure is not. Physicians are able to refuse ED call if their hospital bylaws do not mandate ED call. There are a number of issues pertaining to the significant ability of hospitals to continue to cover call schedules including the tort liability, new physicians who either refuse to take call or significantly limit the call they take because of lifestyle issues, and older physicians who are retiring. The lack of on-call physicians are starting to impact the trauma system.

## **ANNOUNCEMENTS**

### Educational Opportunities

- Northwest States Conference: April 6-8, 2003 in Sunriver
- EMS for Children Conference: June 27-28, 2003 in Corvallis

### *Next meeting- In 2003:*

April 25 in Medford at Rogue Valley Medical Center

July 25 in Bend at St. Charles Medical Center

October 24 in Portland at Portland State Office Building

The meeting was adjourned at 11:20 am.

Respectfully submitted,

Raelene Jarvis, RN, Trauma Coordinator, DHS