Oregon Health Authority

Portland State Office Building
800 NE Oregon Street
Portland, OR 97232

State Trauma Advisory Board
Meeting Minutes
Friday, January 8, 2020

Chair	*Bobbie O'Connell, RN*
Vice Chair	*Travis Littman, MD*
Members present	Bobbie O'Connell, RN; Michael Lepin, P; Travis Littman, MD; Matthew Philbrick, FP-C; Jim Cole, P; Lori Moss, RN; Richard Urbanski, MD; Jeremy Buller, RN; Martin Schreiber, MD; Jackie DeSilva, RN; Justin Sales, MD; Daniel Sheerin, MD; April Brock, RN; Abigail Finetti, RN
Members not present	Joe Davitt; Ron Barbosa, MD
Public Health Division staff present	Elizabeth Heckathorn, NRP; Dana Selover, MD; Julie Miller; Renee Schneider; Stella Rausch-Scott, EMT; Camillie Storm; RN; Peter Geissert; Andey Nunes; Rachel Ford; Prachi Patel; John Crabtree; Rebecca Long, P; Robbie Edwards; Mellony Bernal
Guests on the phone	Mindy Stinnett; Kelly Kapri; Heather Timmons; Karen Brasel; Ashley Watson; Laura Sowers; Crystal Lacey; Cynthia Russell; Eric Blankenship; Anna LaRosa; Jonathan Jones; Janis Finley; Jody Berryhill; Carrie Allison; David Zonies; Kathy Tompkins; Nick Hamilton; Clark Yoder; Amy Slater; Kalissa Lee; Emily Weber; Jean Benson; Tiffany O'Byrne; Judi Gabriel; Sarah Doherty; Kim McKinley; Katie Hennick; Ethan Lodwig; Pamela Halbrook; William Foster; Bubba Petty; Laura Sowers; Jennifer Rice; Pam Uyeki; Pam Bilyeu; Jody Berryhill; Devon Brown; Jessica Adams; Christine Erickson; Emily Weber; Rhonda Fischer; Kim Waite; Ashley Watson; Tiffany O'Byrne; Candie Benjamin; Carolann Vinzant; Jen Watters; Sabrina Riggs; Katie Downie; Heather Wong; Tim Case

Agenda Item	*Approve minutes and review agenda – Bobbie O'Connell*
No changes to the agenda. Roll call was taken, and quorum was met. October 2020 minutes were reviewed. Matt Philbrick motioned to approve the minutes and Martin Schreiber seconded the motion. The motion passed.	

Agenda Item	*Review Membership – Stella Rausch-Scott*

A review of the open position – 2 Public members are needed to meet a full board.

Dr. Justin Sales is eligible for a second term serving on the board. He has accepted the request to serve a second term and his appointment is process.

Agenda Item	*Case Presentation – Jennifer Serfin, MD*

Dr. Jennifer Serfin presented a case that involved an employee injured at a wave tank. Discussion included treatment for Hypertension and kidney repair.

Agenda Item	*Oregon Trauma Hospital Survey plan – Camillie Storm*

Camillie Storm presented the 2021 trauma survey plan. To meet the COVID-19 criteria the state trauma survey team will conduct the trauma surveys virtually. The American College of Surgeons (ACS) will release the new ACS "Orange" book. ACS has stated the ACS certified hospitals will be given 1 full year to implement changes required by ACS. They are also scheduling virtual surveys currently. The biggest issue for the virtual survey's is to conduct a hospital tour. Updated technology will need to be provided during the surveys to meet the needs for this portion of the survey.

Agenda Item	*EMS/TS Directors & Medical Director Update – Elizabeth Heckathorn, David Lehrfeld, Camillie Storm; Dana Selover*

COVID-19 Update:
The state is preparing to start COVID-19 vaccinations. There are some people who are hesitant with receiving the vaccine, even those in the healthcare field. SERV-OR has sent the following communication to volunteers:
I receive 10-20 calls and emails a day from excited and dedicated volunteers asking when they might be able to get their vaccine. The good news is, we ARE planning around this. The realistic news is, we're not there yet. Many SERV-OR volunteers will receive, or have already received, a vaccine through their employer. However, according to the OHA Vaccine Sequencing plan, deploying SERV-OR volunteers are considered public health workers and are prioritized for the vaccine in Phase 1, Group 4. It is especially important to us to ensure our active volunteers who plan to or have been supporting missions in their local communities and around the state are vaccinated. In the coming weeks and months, you will receive information from your local Medical Reserve Corps Coordinator and the SERV-OR State Coordinator about sequencing your immunization. However, at this time, volunteer vaccination strategies are still being shaped and there is no action to take for volunteers to get queued.

EMS Modernization Bill – House Bill 2076
Purpose: Create a comprehensive integrated Emergency Healthcare System that recognizes problems, determines which services are needed and then delivers the patient to those resources.

EMS Prehospital & Emergency Healthcare:
In 2020, systems have developed as far as they can without further infrastructure changes to create a modernized emergency healthcare systems.

An integrated Emergency Healthcare System would consider (***Blue is current system***):
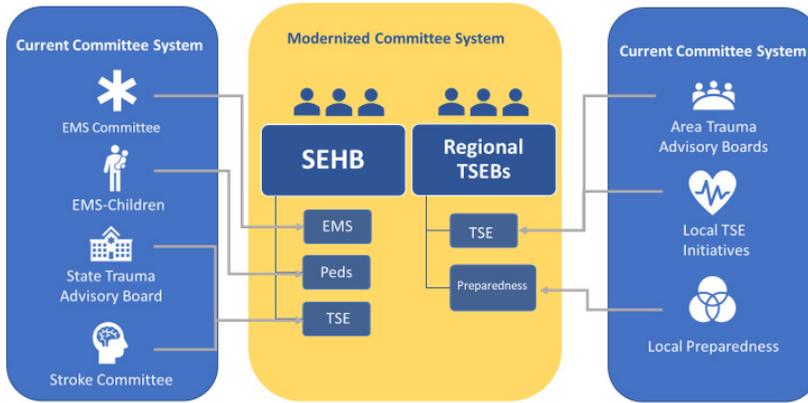
Future Data System would include:
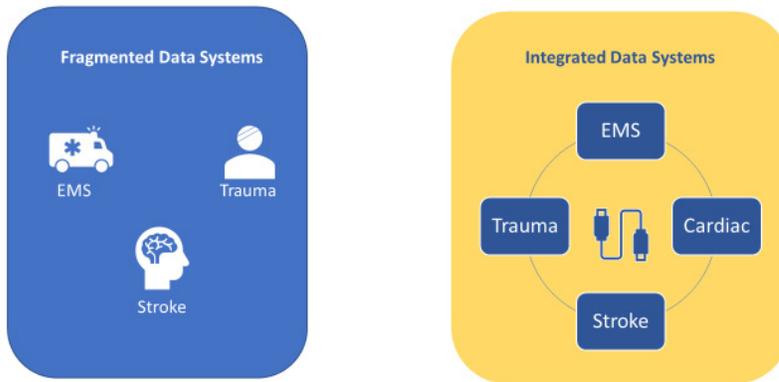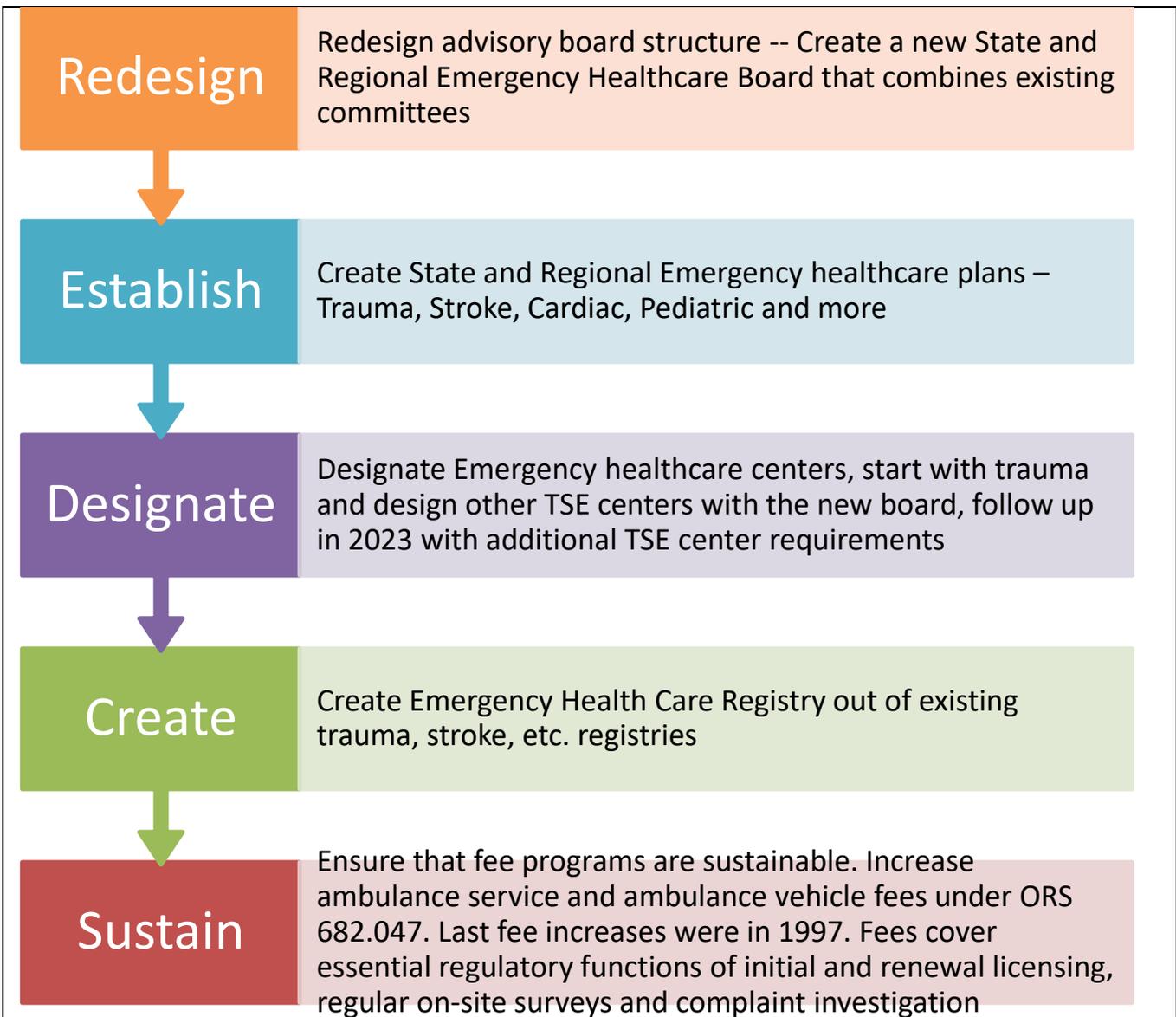

Future EMS Regulatory System:

Comprehensive EMS Licensing and Regulation 2023

Current Regulatory Authority

- EMS Providers
- Trauma Hospitals
- Ambulance agencies

+

- Non-transporting Agencies
- Other TSE Hospitals

EMS Mobilization for Disaster Response Current and Future:

County ASA and Mutual Aid

Modernized EMS Mobilization Plan

Phase 1 – 2021 will include:
New Oregon Emergency Health Care System that will include:

Redesign	Redesign advisory board structure -- Create a new State and Regional Emergency Healthcare Board that combines existing committees
Establish	Create State and Regional Emergency healthcare plans – Trauma, Stroke, Cardiac, Pediatric and more
Designate	Designate Emergency healthcare centers, start with trauma and design other TSE centers with the new board, follow up in 2023 with additional TSE center requirements
Create	Create Emergency Health Care Registry out of existing trauma, stroke, etc. registries
Sustain	Ensure that fee programs are sustainable. Increase ambulance service and ambulance vehicle fees under ORS 682.047. Last fee increases were in 1997. Fees cover essential regulatory functions of initial and renewal licensing, regular on-site surveys and complaint investigation

Phase 2 – 2023: New TSE Centers and Comprehensive Licensing:

- Add new types of TSE healthcare centers beyond existing trauma centers. Formalize details for other TSE centers with the new board, follow up in 2023 with additional TSE center standards in statute.
- Transform ambulance regulation into an EMS regulatory statute ORS 682 – Modify to establish comprehensive EMS licensing and regulation that includes EMS providers, transporting Ambulance Agencies and non-transporting EMS Agencies. State Emergency Healthcare Board to recommend follow-up legislation in 2023.

Will TSE-cardiac be part of the TSE plan? Yes, it just is not as developed as the Stroke or Trauma System is.

It was requested that the state share the bill. The office will share the bill to those interested.

Agenda Item	*Oregon Trauma Registry Data – Dr. David Lehrfeld, Andey Nunes, Peter Geissert*

OTR Data workgroup 2020 activity update:
- Reviewed proposed changes, provided recommendations, and solicited feedback from the data workgroup
- The following recommendations were implemented:
  - further review edit checks
  - for new elements where Oregon already collects the information, keep the Oregon element, and map the national data standard.
    - includes non-binary Sex value; highest activation for trauma team, trauma surgeon arrival date and trauma surgeon arrival time.
  - implement new element for EMS PCR unique identifier (UUID) and retain retired prehospital elements
  - implement ACS changes as written for new ICD10-CM & CA elements

PI Tab ACS terminology:
- Changes to ACS classification of mortality is not reflected in the terminology currently used on the PI tab
- group was briefed on the current OTR language and the new ACS language
- discussed implications of implementing changes to text values and the structural change that will result in a discontinuity in the data

Elite Field Project and Next Steps:
- Discussed Elite Field validation issue and the ODOT grant for development to resolve the problem
- Next meeting January 22, 2021 from 1:00 – 2:30 p.m. PST
  - Topics
    - Updates
    - Oregon Trauma Registry (OTR) TraumaOne
    - Integration Presentation
    - REALD Reporting

REALD Implementation:
- Race, Ethnicity, Language, and Disability (REALD)
- An effort to improve and standardize Race, Ethnicity, Language, and Disability data collection across priority data systems
- House Bill 2134 passed by the Oregon legislature in 2013
- Oregon EMS & Trauma is required to report to the Office of Equity & Inclusion on the progress in implementation
- Oregon EMS & Trauma has developed an implementation plan that respects the circumstances of emergency and trauma care:
  - Patients may be unconscious or in pain
  - Providers may be actively engaged in life saving treatment
  - Encounters are brief
- Several concerns arise
  - The percentage completeness we might expect from implementation might be 10-15%
  - The cost and logistical demands of implementation are high
  - Burden on providers of entering REALD data into multiple data systems

- Oregon EMS & Trauma have requested an exemption from direct collection of REALD information
- Post hoc data linkage will yield better data quality and more complete REALD reporting
- We will be supporting development of a central repository of REALD data that may be leveraged by data systems to provide actionable intelligence about health disparities

EMS and Trauma Systems Integration:
- We have an existing linkage between the EMS & Trauma System
- There have been challenges in the implementation.
  - Reports from registrars that data import
  - Frustration with not being unable to find their patients in the EMS data
- Bidirectional exchange is dependent on matching on the Trauma side
- EMS providers are not seeing outcomes data coming back when the match is not working on the Trauma side

Objectives:
- Explore current use of the linkage
- Look at potential utility of the linkage
- Identify pain points and areas of match failure
- When a registrar enters the record into TraumaOne they complete fields used in match against this prehospital data:
  - First Name (Soundex)
  - Last Name (Soundex)
  - Gender (exact)
  - Date of birth (exact)
  - Event date (+/- 1 day)
- Potential matches are returned, and the registrar may select one

Areas for potential mismatch:
- Unknown name, gender or date of birth
- Inconsistent documentation of gender between systems
- Misspellings, data entry errors
- Failure to document possible injury
- OTR purging of EMS data 90 days after incident/admission
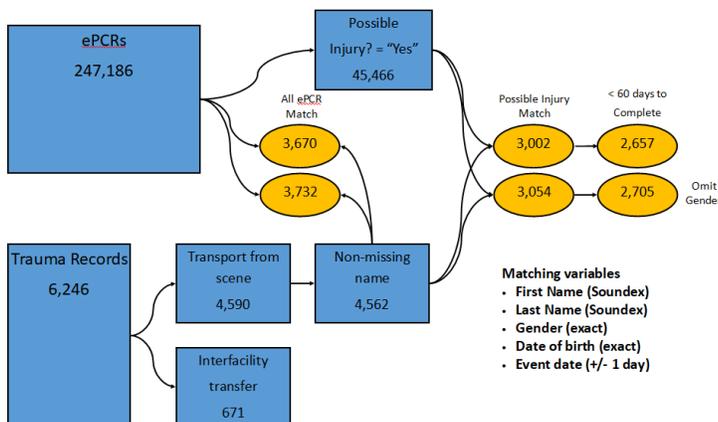
Next steps:
- Continue our assessment of the linkage

- Currently working with ImageTrend on their side
- Initiate work with ESO/Lancet on the Trauma side
- Outreach and support for data entry in both EMS & Trauma

2020 Annual Trauma Data Report

Focus on 2017 – 2018 data for 2020, this year repeat for 2019 – 2020

Draft of 2020 report shared with stakeholders includes statewide results (some are broken out by ATAB and by level designation):
- Patient volume and OTR record completion
- Patient demographics: age, race, ethnicity
- Summaries of injuries, admissions, and activations
  - Falls and Motor vehicles
  - Intentional/self-inflicted injuries
- Lengths of stay (ED & ICU) and injury severity categories
- Transfers
- Readmission
- Discharge Outcomes
- Summaries of deaths with specific details on DOA, ED deaths, injury severities, and age groups

Goals for 2020 reporting:
- Meet statute requirements for reporting and use of data
- Build a process for iterative improvement in reporting.
- Support development of strategies to improve trauma program performance and outcomes through use of data.

Current draft distributed (report publish date Jan 6, 2021):
- please review and provide feedback via form:
  - https://app.smartsheet.com/b/form/30bb8ec4c9bd4040a7d992fdeabb6f7d

Data Quality Review Update:

Statewide –
- Preparation for statewide annual data quality assessment - ~200 req. fields for completeness, correctness, consistency, and timeliness.
- identified and corrected severe outliers in historic data

Hospital outside state system-
- drafting recommendations for data import to main OTR servers
- ongoing challenges with state OTR vendor

New request form for smarsheet process:
- EMS and Trauma is implementing a new account and data request process for our data systems
  - SmartSheet will automatically send emails and update a spreadsheet when users make requests
  - Speed up the process
  - Allow us to track requests
- Large increase in efficiency of data requests
- Could this be more user friendly:
  - Located on two webpages

– Prompts users at each step	
– Users can select to keep a copy of their request	

Agenda Item	*ATAB Updates – ATAB Representatives*
ATAB Status • ATAB 1: Discussed ATAB plan and first revision since 2000. • ATAB 2: Discussed EMS to join ATAB meetings. Discussed registry question for trauma nurses, EMS and fires and COVID-19. • ATAB 3: Meet in December. Using a virtual platform. Discuss ATAB Plans • ATAB 5: Discuss Stop the Bleed virtual classes. • ATAB 6: Meet Tuesday and will review membership and MCI Plan • ATAB 7: Discussing Orthopedic coverage and have a transfer plan for surrounding hospitals. • ATAB 9: No updates	

Agenda Item	*Sub-Committee Updates & Standing Reports*
EMS Committee: Reviewed and discussed the EMS Modernization Legislative Concept, discussed OR-OSHA regulations and COVID-19 immunization timeline. EMS for Children: Discussed the Peds Mental Health toolkit. Current opening for EMS educator. TNC/TPM: Discussed the technical support for virtual surveys.	

Agenda Item	*Public Comments – Bobbie O'Connell*
Camillie Storm wanted to acknowledge and thank Pam Bilyeu for her years participating in the Trauma System as she is retiring. This is her last meeting that she will attend.	

Agenda Item	*Meeting adjourned*

Last revised October 23, 2020