



**State Trauma Advisory Board
Meeting Minutes**
Friday, April 9, 2021

Chair	<i>Bobbie O’Connell, RN</i>
Vice Chair	<i>Travis Littman, MD</i>
Members present	Bobbie O’Connell, RN; Michael Lepin, P; Travis Littman, MD; Jim Cole, P; Lori Moss, RN; Richard Urbanski, MD; Jeremy Buller, RN; Martin Schreiber, MD; Jackie DeSilva, RN; Abigail Finetti, RN; Joe Davitt; Ron Barbosa, MD; Matthew Philbrick, FP-C; April Brock, RN
Members not present	Justin Sales, MD; Daniel Sheerin, MD
Public Health Division staff present	Elizabeth Heckathorn, NRP; Dana Selover, MD; Julie Miller; Renee Schneider; Stella Rausch-Scott, EMT; Peter Geissert; Andey Nunes; Rachel Ford; Prachi Patel; John Crabtree; Rebecca Long, P; Robbie Edwards
Guests on the phone	Sarah Doherty; Bethany Bunker; Kalissa Lee; Mindy Stinnett; Kelly Kapri; Judi Gabriel; Matt Edinger; Kim McKinley; Eohe Chambers; Katie Hennick; Andrea Greenlaw; Amy Slater; Crystal Lacey; Christine Erickson; Emily Weber; Kailee Heideman; Jennifer Rice; Jonathan Jones; Jean Benson; Joey Van Winckel; Bubba Petty; Jen St. Onge; Laura Sowers, Carrie Allison; Kathy Tompkins; Heather Wong; Ashley Watson; Candi Benjamin; Katie Downie; Rhonda Fischer; Tara Buhr; Kailee Heideman; Emily Weber

Agenda Item	<i>Roll call, review agenda and approve minutes – Bobbie O’Connell</i>
<p>The Chair called the meeting to order. A moment of silence was given for Camillie Storm, RN, Oregon Trauma Nurse Coordinator who died April 3rd, 2021.</p> <p>Roll call was taken, and quorum was met. No changes to the agenda.</p> <p>2021 Quarter 1 minutes were reviewed. Jackie DeSilva motioned to approve the minutes and Martin Schreiber seconded the motion. The motion passed. Attendance changes: Kalissa Lee and Stacey Holmes added</p>	

Agenda Item	<i>Review Membership – Stella Rausch-Scott</i>
A review of the open position – 2 Public members are needed to meet a full board.	

Level 3 Trauma Nurse Coordinator. St. Charles Redmond stepped to a Level 4 hospital and Jeremy Buller does not meet the requirements for the position. Recruitment for this position will take place until the seat is filled. ATAB 6, 9, and 2 will be the ideal locations for representation.

Agenda Item	<i>Oregon Trauma Hospital Survey plan – Elizabeth Heckathorn</i>
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Virtual surveys will take place for 2021. The survey team is being gathered and trained at this time to prepare for the surveys. Sharepoint has a Level 3 security clearance and meets the requirements for the survey team to review submitted information from the hospitals.

Agenda Item	<i>EMS/TS Directors & Medical Director Update – Elizabeth Heckathorn, David Lehrfeld, Camillie Storm; Dana Selover</i>
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Licensure:
 EMT through Paramedic relicense is taking place currently. Agencies and ambulances are also in the process of renewing their licenses. There is dedicated staff for this process and most contact is going through the Global email. A new interface between the licensing system and the LEDS (fingerprint/background check) system allows an automatic review to dismiss a “hit”. These are consistent with a clearance level, concealed handgun, etc. Professional Standards Unit has 2 open positions. Currently completing reference checks for two applicants out of 36 applicants and should offer jobs soon. A 4th year VISTA was approved with a overlap of the 3rd year VISTA to continue work with supporting rural EMS care.

Legislation Session review of Bills currently tracking:
[HB 2891](#) HCF PPE Maintenance
 Requires health care provider and health insurer to collect from patient, client or member data on race, ethnicity, preferred spoken and written languages, disability status, sexual orientation and gender identity. Requires Oregon Health Authority to establish data system for receipt and storage of specified data. Takes effect on 91st day following adjournment sine die. Referred to Committee on Health Care. Public hearing held on April 6th. Additional hearing scheduled for April 8th. Work session scheduled for April 13th.

[HB 3159](#) REAL-D and SOGI Data collection-
 Requires health care facilities, health care providers, local public health authorities and public and private safety agencies to maintain capacity, including sufficient amounts of certain supplies, to continue in normal operation for 120 days at 25 percent mortality rate. Defines "25 percent mortality rate." Directs Oregon Health Authority and health professional regulatory boards to report to Office of Emergency Management. Directs office to report annually to interim committee of Legislative Assembly related to emergency preparedness. Takes effect on 91st day following adjournment sine die.
Referred to House Committee on Veterans & Emergency Management. Public hearing held 2/4/21. Bill died in Committee.

Overview of the OLIS website and what can be reviewed.

[HB 2076](#) - EMS Modernization –
 History: Emergency Health Care Taskforce 2010, SB 234 and SB 106

Recent planning: worked with our advisory boards, stakeholders and partners, national and state models, NASEMSO, other state agencies, Health Security Preparedness and Response, and others to develop HB 2076

Feedback on the bill through Public Hearing:

- Support for emergency health care system concepts and continuing work from 2010, improvement is still relevant, important for health equity in EMS, essential for disaster readiness.
- Concern about membership on boards, authority of boards, hospital designations and unintended consequences of regionalization and county Ambulance Service Area work.

Work Session scheduled to review -3 amendments

-3 amendments: ambulance agency fee increase and temporary advisory committee to make recommendations to create a comprehensive integrated state-wide emergency health care system identifying incidents requiring emergency services and delivers individuals to those services.

Timing can be accelerated if workgroup clarifies more details of the system.

- A state and regional advisory board structure for an emergency health care system;
- Regionalization and improvement of care for medical emergencies;
- Designation of emergency health care centers for the provision of time-sensitive emergency care;
- Comprehensive emergency medical services agency licensing and regulation;
- EMS Mobilization for disaster response and emergency surges;
- Health equity in EH System;
- Integrated data systems and outcomes registries to monitor EH system quality.

Agenda Item	<i>Oregon Trauma Registry Data – Dr. David Lehrfeld, Andey Nunes, Peter Geissert</i>
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OTR Data Meeting held January 22, 2021

Updates:

- Data quality assessment
- 2021 NTDB updates
- AIS 2015
- Revisit June 2021
- OR-EMSIS integration with Trauma Registry prehospital import
- ACS Terminology in PI tab

Next meeting May 7, 2021

- Topics
- AIS-ICD 10 update in OTR data entry
- Populations & Reports in Report Writer
- ED tab and Injury Diagnoses Fields
- EMS-OTR Integration

2020 Annual Trauma Data Report

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.

Status update: Final review stage prior to publication

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
- Discharge Outcomes
- Summaries of deaths with specific details on DOA, ED deaths, injury severities, and age groups
- Identified and corrected issues with export from TraumaOne
- Extended retention time for EMS records to 120 days
- Data is now flowing back and forth between the two systems
- Selective failures on export and import
- Attempting to diagnose the source of the failures
- Guidance and training on documentation related to data linkage issues forthcoming
- We are interested in collecting information about issues with the integration.
- Please submit support tickets if you are having issues with integration, or missing outcome data

Data team reviewed the new form for requesting support from the data team.



EMS/TS Support Request Form

Use this form for requests like needing password resets in the Oregon Trauma Registry, OREMSIS, etc., or other such requests. This form is not for access requests into the systems provided by Oregon EMS & Trauma Systems nor for data requests.

Request Submission Date *

Requestor First Name *

Requestor Last Name *

Requestor E-mail *

Requestor Phone Number *

Request Description *

This can be found on the EMS and Trauma Forms website:

<https://www.oregon.gov/oha/PH/PROVIDERPARTNERRESOURCES/EMSTRAUMASYSTEMS/Pages/forms.aspx>

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

Hospitals outside state system:

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

AIS 2015

Current position:

- Nothing in the literature indicates a direct benefit to outcomes, or significant clinical implications of AIS 2015 changes.
- NTDS has not determined when the AIS 2005/2008 code set will be retired. NTDS will give centers ample time for transition. Currently, TQIP accepts both AIS 2005/2008 and

AIS 2015 code sets. <https://www.facs.org/Quality-Programs/Trauma/TQP/center-programs/NTDB/ntds/faq/2020>

- For version compatibility, AIS 2015 includes both forward and backward maps for the purpose of translating previously coded data between AIS 2005 Update 2008 and AIS 2015.

Costs:

- change from a flat fee to an annual subscription model.
- fees are collected by the vendor and passed along to the customer
- We have received a quote of \$7,300/year from ESO/Lancet.

Implementation needs:

- STAB review
- Needs assessment survey
- Training and registrar support

AIS 2015 implementation will be re-evaluated in June 2021

EMS and Trauma Data Integration

- Entire process depends on EMS coding for injury in PCR
- Reports from registrars of records for patients with documented transport that fail to match, common frustration: unable to find their patients in the EMS data, wrong fields are filled in or filled in incorrectly
- Bi-directional exchange is dependent on matching on the Trauma side, consequently EMS providers are not seeing outcomes data coming back when the match is not working on the Trauma side
- Decisions:
- Work with vendors around broadest possible expansion of export criteria to address missing potential matching records:
 - Drop export criteria such as "Sex" that do not improve matching
 - Incorporate Symptom and Impression fields in export criteria
 - Look at potential for increasing specificity without sacrificing sensitivity
- Increase retention time of records from 90 days to 120 days
 - Retention time based on EMS date (not discharge date)
 - Longer window for registrars to begin abstracting after patient discharge

New ACS Terminology in PI tab

Current OTR language:

- WITHOUT OPPORTUNITY – Mortality without opportunity for improvement
- PREVENTABLE – Preventable Anticipated mortality with opportunity for improvement
- WITH OPPORTUNITY – Unanticipated mortality with opportunity for improvement

New ACS language:

- Mortality without opportunity for improvement
- Unanticipated Mortality with opportunity for improvement
- Mortality with opportunity for improvement

Agenda Item	<i>ATAB Updates – ATAB Representatives</i>
ATAB Status	
<ul style="list-style-type: none"> • ATAB 1: Discussed ATAB plan and discussed issues within the plan. Reviewing work around accidental hypothermia. This may further a statewide transfer protocol. • ATAB 2: Discussion around survey preparation. Bur Hole kits in L3/L4 centers. • ATAB 3: Discussed disaster drills, reviewed time to OR data. • ATAB 5: ATAB wide project on GLF. Three Rivers is leading this project. • ATAB 6: 2021 Goals and Membership, memorandum of understanding with hospitals and EMS. Boarder state is attempting to involve with ATAB. Education with Rural agencies. • ATAB 7: Reviewed the transfer protocols for the L3 to L4. • ATAB 9: Recognized gaps within the region for transfer. Identified PTSD trauma care and will work with local resources 	

Agenda Item	<i>Sub-Committee Updates & Standing Reports</i>
<p>EMS Committee: EMS Week is the 3rd week of May. May 20th National Stop the Bleed day.</p> <p>EMS for Children: Mental Health and Suicide workgroup update. Healthcare Providers Mental Health Resource page. The HERO kids registry.</p>	

Agenda Item	<i>Public Comments – Bobbie O’Connell</i>
<p>Jim Cole, Continuing Education is open and available for nurses, flight paramedics and EMS providers.</p>	

Agenda Item	<i>Meeting adjourned</i>