



Portland State Office Building | 800 NE Oregon Street, Portland, OR 97232
State Trauma Advisory Board
Meeting Minutes
October 8, 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; Jackie DeSilva, RN; Abigail Finetti, RN; Joe Davitt; Matthew Philbrick, FP-C; Justin Sales, MD; Daniel Sheerin, MD; Aaron Ott
Members not present	Ron Barbosa, MD; Martin Schreiber, MD; April Brock, RN
Public Health Division staff present	Elizabeth Heckathorn, NRP; Julie Miller; Renee Schneider; Stella Rausch-Scott, EMT; Peter Geissert; Andey Nunes; Rachel Ford; John Crabtree; Rebecca Long, P; Robbie Edwards; David Lehrfeld, MD; Madeleine Parmley, RN
Guests	Kathy Tompkins; (Kalissa Lee); Etopi Fanta; Christine Erickson; Katie Hennick; Kelly Kapri; Mindy Stinnett; Heather Wong; Candi Benjamin; Tara Buhr; Susan Baty; Anthony Huacuja; Amy Slater Joe Davitt Wasco County 911; Ashley Watson; Rhonda Fischer; Emily Weber; Kim McKinley; Jean Benson; Andrea Greenlaw; Leslie Engelgau Joan Field; Jeremy Buller; Rachel Maddux; Micki Pinocci; Johnathan Jones; Stacey Holmes; Judi Gabriel; Eohe Chambers; Ethan Lodwig; Garrett Mosher; Randi Saucier; Joey Van Winckel; Sherry Bensema; Carrie Allison; Pati Tucker-Hoover; Jeremy Buller

Agenda Item	<i>Roll call, review agenda and approve minutes – Bobbie O’Connell</i>
<p>The Chair called the meeting to order. Roll call was taken, and quorum was met. No changes to the agenda were requested.</p> <p>Elizabeth Heckathorn introduced Madeleine Parmley as the new OHA Trauma Nurse Coordinator. 2021 Quarter 1 minutes were reviewed. Jackie DeSilva motioned to approve the minutes and Lori Moss seconded the motion. The motion passed.</p>	

Agenda Item	<i>Review Membership – Stella Rausch-Scott</i>
<p>New committee members include: Aaron Ott, ATAB 5 as a public member. Rhonda Fischer, ATAB 6, Level 3 Trauma Nurse Coordinator.</p>	

Current vacancy: Public Member – It was suggested to recruit a law enforcement personnel.

Agenda Item	<i>Hospital Surge Discussion - Bobbie O'Connell</i>
<p>The Trauma program has been affected by COVID. A discussion was conducted around:</p> <ul style="list-style-type: none">• How to handle general facility struggles• The ability to transfer patients to a place with a bed or higher level of care• Transfer issues, what works and doesn't <p>Hospitals are attempting to keep patients with the region. Hospitals will go off divert and quickly have beds filled. Patients are now coming from out of the state. Both Level 1 hospitals have been supportive in-patient consultations. It was discussed if hospitals outside of the trauma system would be a good resource to support patient post-op care and monitoring. Hospital Legal has supported physician to write the date, time, contact number and name of the physician they spoke to in the patient chart.</p> <p>As Trauma Hospitals have had to pull staff to support bedside care there will be a delay in getting the administrative portion of the trauma system back up and will need to consider different types of support.</p> <p>The state should consider identifying resources/specialists at all hospitals so that patients do not need to go to a higher level of care.</p>	

Agenda Item	<i>EMS/TS Directors & Medical Director Update – Elizabeth Heckathorn, David Lehrfeld, Camillie Storm; Dana Selover</i>
<p>The EMS/TS program is moving physically, to suite 465. We have a new staff member, Madeleine Parmley, RN, is the new trauma program manager. Please refer to her bio in the quarterly update. The program is also going to announce 2 new positions- compliance specialist 1, and an administrative support. The Quarter office report will give a overview of the work taking place in our office.</p> <p>EMS Modernization workgroup- Next steps: work with legislative sponsors on a workgroup to resolve concerns and bring back a bill for 2023 session.</p> <p>Specific concerns included: authority and jurisdiction of Regional TSE Boards, unintended interference with ASA plans, imbalance of focus on hospital/ED vs. EMS systems of care, scope of TSE expansion</p> <p>Integrate learning from Pandemic into the legislative concept: value of Regional Resource Hospitals and the more urgent need for EMS Mobilization and improvement of systems to ensure transfers for specialty care are streamlined and patient centered.</p> <p>Workgroup to analyze the current emergency health care system and recommend framework for modernization and sets evaluation criteria:</p> <ul style="list-style-type: none">• A state and regional advisory board structure for an emergency health care system;• Regionalization and improvement of time-sensitive emergency care;• 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 emergency health care system;	

- Integrated data systems and outcomes registries to monitor emergency health care system quality.

HB 2359 Health Care Interpreters – participate in rulemaking

HB 3159 REAL-D and SOGI Data collection – exception for EMS

HB 2397 Senior EMS Innovation Program Advisory committee at ODHS – track rulemaking

HB 2417 Behavioral Health Crisis Intervention – participate in workgroups for 988 hotline/911 dispatch collaboration, mobile crisis response units/EMS response connections and hand-offs and Crisis Stabilization Centers/licensed hospital overlap. Will track implementation and rulemaking.

To present to State EMS Committee RAC October 2021

OAR 333-250 – Expiration and Renewal of Agency License Clarification

- Housekeeping updates for operational requirements

OAR 333-255 – Expiration and Renewal of Vehicle License Clarification

- Housekeeping updates and addition of definitions
 - Inclusion of neonatal equipment and definitions
 - Ambulance Equipment and new vehicle and remount vehicle construction criteria

Military and military spouse/partner licensing rules currently under review and to be presented to State Committee RAC in January 2022

Advancing Evidence-based people centered care workgroup, sponsored by NHTSA- working to create evidence-based guidelines. Two reviews came out in the last two years: Prehospital Airway Management and Model EMS Protocol for Prehospital Pain Management (NASEMSO). NASEMSO also game up with national model clinical guidelines V 2.2- 2019- updated to V3 (riot control agents added, active shooter incidents, termination of resus). American College of Surgeons, redoing Field Triage of Injured Pts- new guidelines. 2 categories instead of 4 now. Injury patters first now and physiology is second. Age adjusted BPs added. Need for extrication added to MOI, added unrestrained child, fall distances. Anticoagulant use, how you measure- quality measures, Peds resp asses and weight in kilos.

Agenda Item	<i>Oregon Trauma Registry Data – Dr. David Lehrfeld, Andey Nunes, Peter Geissert</i>
<p>Trauma Data Workgroup 3rd Quarter</p> <p>OTR - TraumaOne training and guidance documentation</p> <p>OTR data standard – Review proposed changes for 2022</p> <p>Tasks</p> <ul style="list-style-type: none"> • Training material feedback • Review proposed state data element updates and bring recommendations to next meeting. <p>AIS Outcome from Conversations with Washington and California State Trauma Coordinators:</p> <p>Washington Trauma Registry – AIS 2008 statewide</p> <ul style="list-style-type: none"> • no timeframe set for adopting new version • likely waiting for NTDB adoption/requirement <p>California Trauma Registry - no state requirement</p> <ul style="list-style-type: none"> • require all Level 1, 2, and 3 trauma centers to be ACS verified <ul style="list-style-type: none"> ○ each hospital pays for their own system including all fees for AIS and NTDB ○ some level 1 and 2 hospitals are paying for the 2015 version 	

- most are still using 2008
- will require all hospitals to update when required by NTDB
- Interest in working together and sharing resources in future updates

Recorded Session Info

Oregon EMS Trauma One: Quick Start – Introduction to TraumaOne

Meeting Recording:

https://eso.zoom.us/rec/share/3pXKqXAJ2zkK1ft6UfNrei5HgQbpac46Z84SQpxQggGJXonuv7hqpCZmCJlqYqqq.Moy7P_KQx_mfOmFq

Access Passcode: d@yneN!0

Oregon EMS Trauma One: Reports 1 – Introduction to count reports

Meeting Recording:

https://eso.zoom.us/rec/share/lqHFL9PgKkP1eixzh4RoEeR25sYCQjTfLbcKWYEc25dCLc88NF05gv9wU05nLpyZ.zNOOIsPBUIA_dyt

Access Passcode: U22.+1Hx

Oregon EMS Trauma One: Reports 2 – Introduction to multi-variable reports and populations

Recording: https://eso.zoom.us/rec/share/ge1Q9PnL7QgruqjK-DNaG0j3vuc1ZRYoFKcGSZ6DRECh3_k2BNVX4RqBOPnq16Rt.xb-8fis0sGM3RHd6

Access Passcode: ?TT2WVf3

How can we improve? Please provide feedback

<https://app.smartsheet.com/b/form/81fed55c5c58474eb205b31cb48511ff>

EMS and Trauma Data Strategic Plan

- We will be updating our strategic plan for 2022 in October-November.
- Reflect a more expansive scope of EMS & Trauma Data Systems
- Update our objectives through stakeholder interviews.
- Josh Legler will be performing the interviews and summarizing feedback for inclusion in the strategic plan.
- If you would like to put your name in the hat to participate in stakeholder interviews reach out to us.

EMS and Trauma data integration

- Reviewed timeline.

ESO (TraumaOne)

- Remove the acceptance window
- Add import date as an element in the Submissions table
- Anchor the retention window on the import date rather than the incident date
- Make the retention window configurable
- Change retention window to 120 days

ImageTrend (Elite)

- Adjust autopost to remove hardcoded date and create configurable export window
- Change the autopost to trigger for ePCRs with unit notified date less than 120 days in the past

Are hospitals unable to find your ePCRs in hospital hub? EMS agency standard list of issues:

- Records are never exported from OR-EMIS:
 - Did you select Possible Injury = “Yes”?
- Records are failing validation on export to OR-EMIS (for agencies using 3rd party vendors):
 - Are errors and warnings visible when entering data?
 - Do you have a report to tell you whether exports are failing?
 - Do you have access to the state system to confirm that your records are coming across?
- Records are not successfully matching:
 - Did you use the patient’s legal name? Spelling?
 - Is the patient’s date of birth correct?

The linkage is operational. Troubleshooting will continue through the end of the year.

Next steps:

- Address submission failures with 3rd party ePCR vendors
- Guidance and training on documentation related to data linkage issues forthcoming
- With a little help from our friends:
 - We are still collecting information about integration issues
 - If you are having issues with linking a record, or missing outcome data submit a support ticket

OHSU and Sacred Heart Re-import to OTR

- Verifying data quality on 2019-2020 data
 - working with hospital registrars to correct typos and check outliers
- Completed import through Q1 2021
- Hospitals will continue to upload 2021 data on a monthly basis based on discharge date
- Goal between now and Jan 1, 2022:
 - maintain a consistent monthly import schedule
 - minimum of 80% of records for patients discharged prior to October 31, 2021, completed and imported into OTR.

NTDB 2022 updates were presented.

Agenda Item	ATAB Updates – ATAB Representatives
ATAB Status	
<ul style="list-style-type: none"> • ATAB 1: Meeting next week. • ATAB 2: Meeting Thursday reviewing survey process, welcoming new members, refining QI process, EMS handoff to ED nurses. • ATAB 3: Reviewing charter, for accuracy. Looking at transfer patterns for efficiency. • ATAB 5: Canceled ATAB meeting for the rest of 2021. • ATAB 6: Currently working on membership. • ATAB 7: Discussing updates on staging patients. Trying to move pts back to home hospitals that were sent to Bend. Increase in transport volume. We have received 	

paramedics from FEMA, which is a big help. We have seen an increase in gunshot wounds

- ATAB 9: No report

Agenda Item	<i>Sub-Committee Updates & Standing Reports</i>
EMS Committee: Had a rules advisory committee to update the rules for ground ambulances and the list of required equipment. Presentation from ODOT on a Traffic Incident Management program.	
EMS for Children: Pediatric Readiness project is currently a large portion of focus. The goal is to have 100% of pediatric readiness in all hospitals. Reviewed the pediatric weight-based Kilograms QI initiative.	

Agenda Item	<i>Public Comments – Bobbie O’Connell</i>
Dr. Richard Urbanski was presented a certificate of appreciation for his years of services .	

- Meeting Adjourned -

DRAFT