



State Trauma Advisory Board
Friday, April 13, 2018
1:00 p.m. – 3:30 p.m.

Meeting Minutes

Chair	<i>Richard Urbanski, MD</i>
Vice Chair	<i>Bobbie O'Connell, RN</i>
Members present	Martin Schreiber, MD; Daniel Sheerin, MD; Justin Sales, MD; Lori Moss, RN; Roberta O'Connell, RN; Richard Urbanski, MD; Trent Green; Matthew Philbrick, FP-C; Michael Lepin, P; Marcia Page, RN; Peter Mackwell, P; Ameen Ramzy, MD; Abigail Finetti, RN; Justin Sales, MD; Lori Moss; RN
Members not present	
Guests present	Tamara Hudson; Louisa Partain, NREMT-P; Mike Stone; Andrea VauPelt, RN; Willie Foster, MD; Carolann VinZant, RN; Lyn Eastes, RN; Jacqueline DeSilva, RN; Chrystine Hertel, RN; Rebecca Spaker; Stacey Holmes; Kalissa Mauch; Christine Imdieke; Gregg Lander, NREMT-P; Richard Miskmiht, MD; Vickie Sparks, RN
Public Health Division staff present	Dana Selover, MD; Candace Toyama, NREMT-P; Mellony Bernal; Brandon Klocko, NREMT-P; David Lehrfeld, MD; Liana Walta, NREMT-P; Rebecca Long, NREMT-P; Camillie Storm, RN; Nathan Jarrett; Justin Hardwick, NREMT-P; Yvan Saastamoinen; Julie Miller; Renee Schneider; Sandra Smith; Veronica Seymour;
Members on the phone	
Guests on the phone	Kelly Kapri; Debbie Smith; Julie Sturman; Pamela Uyecki; Vickie Martin
Public Health Division staff on the phone	

Agenda Item	<i>Approve minutes and review agenda – Dr. Richard Urbanski</i>
Dr. Urbanski requested to move the Stop the Bleed training to the last part of the meeting so those not wanting to participate may leave. The committee agreed to this change.	

The committee reviewed January 2018 meeting minutes. Marcia Page motioned to approve the minutes and Marty Schreiber seconded the motion. The motion was approved.

Agenda Item	<i>Case Presentation – Dr. Richard Miskimins</i>
Dr. Miskimins presented a Trauma case that involved a 30-year-old woman in a Go-Cart accident. The care was unique due to the patient’s care being complicated and in most cases the type of injury could have been lethal. The resources and specialty team at the hospital	
Action Item	None

Agenda Item	<i>EMS/TS Directors & Medical Director Update – Dr. Dana Selover, Candace Toyama</i>
<p>Legislation overview was sent out with the quarter office update. The EMS/Trauma System office currently will not have any proposed bills for the next Legislation session.</p> <ul style="list-style-type: none"> • Currently reviewing 2021 Legislative Concept: <ul style="list-style-type: none"> ○ Ambulance Licensing Fees as the fees no longer cover the cost of the program. ○ Non-transport agency oversight. • The Oregon Trauma Hospital Application has been contracted out to be updated. • Stop-The-Bleed update: <ul style="list-style-type: none"> ○ Rebecca has given out the instructions to make hemorrhage control trainers ○ The statewide goal is to have 50,000 community members trained in Stop The Bleed ○ ATAB will be monitoring the checking out of the kits assigned to each area <p>Re-Election: Bobbie O’Connell made a request for nominations to</p> <p>Matt Philbrick Motioned to have Richard Urbanski continue, Marty Schreiber seconded the motion. Dr. Richard Urbanski accepted the motion to a second term as Chair of the State Trauma Advisory Board. Their motion passed.</p>	
Action Item	None

Agenda Item	<i>Stop the Bleed Training – Candace Toyama, EMS Team / Dr. Schreiber</i>
<p>Dr. Schreiber presented Stop the Bleed training course. The public is almost always the first person on scene to help. They need the knowledge to be able to stop a life-threatening hemorrhage, a very preventable cause of traumatic death. This started as a national campaign, but has quickly grown to a worldwide effort.</p> <p>Traumatic hemorrhage can result from shootings, bombings, work related injuries and injuries around the home.</p>	

- ABC's: Alert (call 911), Bleeding (identify where is the bleeding coming from), Compress (apply pressure to stop the bleeding)
 - Be safe before you offer help.
 - Alert: Call 911
 - Bleeding: Look for the sight of bleeding, identify life threatening bleeding (spurting, blood soaking sheets, etc.)
 - Compress: use any cloth you have, gauze, or a tourniquet
 - Treatment depends on where the injury occurs, broken down in to three zones: (extremities, junctional areas (groin, axillary, neck), torso.
- Apply **direct pressure** deep within the wound with any cloth you have, and put all your weight on it (if there is no trauma kit).
- If you have a trauma kit: place the tourniquet above the wound and turn until the bleeding stops.
- Make your own kits with gauze, tourniquet and gloves, magic marker to mark the time you placed the tourniquet.

Key points:

- No amputations have been caused by a tourniquet when left in place for fewer than 2 hours, but you need to get the patient to a trauma center immediately.
- If it hurts, this does NOT mean a tourniquet has been placed incorrectly.
- Quick Clot activated dressing (includes a sterile clay that will assist in clotting)
- Compression: deep packing of gauze into a wound while applying direct pressure, holding it till EMS arrives.
- Pediatrics: same techniques are applied, tourniquets often not applied to infants.

Common mistakes:

- Waiting too long to put on the tourniquet.
- Not making the tourniquet tight enough.
- Removing the tourniquet or loosening it.
- Do not apply tourniquet over a joint.

Stop-the-Bleed kits should be everywhere we see AED's. Administration gave OHSU funding to add these kits to the AED boxes.

The class was broken down into three hands-on stations, where participants got to practice wound packing and tourniquet application.

Agenda Item	<i>ATAB QI Review Process – Dr. David Lehrfeld</i>
<p>The Oregon Trauma Registry data can be used for system improvements. Dr. Lehrfeld presented ATAB 5's recent QI review as an example of what other ATABs could possibly review.</p> <ul style="list-style-type: none"> • How would this effect the level of trauma distribution? 	

- A spreadsheet was presented showing the variety of calls, type, dispatch, and why there would be some missing information.
- Patients that fell into the non-trauma related injuries.
- Used the software program in GIS to create a call map to review the time it would take to get to the nearest trauma hospital (not distance).
- Now we have time based information. Orange and red dots on the map:
 - Click on the dot and it will open a sheet of ATAB Data Review
 - Patients tend to be triaged by ASA rather than what hospitals they are close to.
- A QI review can be done for any ATAB to use the GIS software to see where patients have been going.
- Discussion:
 - Jackie DeSilva: The review was helpful for the stakeholders in ATAB 5 as ARRC (spell out?) transitions from a Level 3 Trauma Hospital to Level 2.

Action Item	
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Agenda Item	<i>Pediatric Trauma System – Dr. David Lehrfeld</i>
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The office plans to review pediatric trauma data in fall 2018. Oregon now has two verified Level 1 Pediatric Trauma Hospitals.

Data to review:

- Track the patient through the trauma system.
- Number of transfers and how they were transferred.
- Gap assessment within the hospitals and rate themselves. (ACS Trauma Book Chapter 10)
- Discussion:
 - Review: full vs modified activation to understand the hospital's decision with presentation.
 - Field activation review to understand the agencies' transport decision.
 - The state is reviewing and creating a gap analysis to prepare: Pediatric Surge Plan, coordinate with the desire with what the gaps are.

Action Item	Office: Prepare pediatric data for review in October.
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Agenda Item	<i>ATAB Updates – ATAB Representatives</i>
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- ATAB Status:
 - ATAB 1: Continue to work on the plan updates and QI process.
 - ATAB 2: Stop the Bleed course at the beginning of the meeting, case discussions for QI.
 - ATAB 3: Submitted a final draft of the final plan, doing several Stop the Bleed trainings and MCI training in May.
 - ATAB 5: Work on revisions of the ATAB plan.
 - ATAB 6: Working on the ATAB Plan.
 - ATAB 7: St. Charles is training on the new Epic system.
 - ATAB 9: No update

Action Item	

Agenda Item	<i>Sub-Committee Updates & Standing Reports – Dr. Richard Urbanski</i>
<p>EMS Committee:</p> <ul style="list-style-type: none"> • There has been a decrease in opiate production. • Oregon State Police will not be renewing their EMR provider licenses. State EMS Committee established a workgroup to support the transition of the lack of EMRs through OSP. <p>ATAB TNC/TPM:</p> <ul style="list-style-type: none"> • Reviewed definitions in the Trauma Registry. • Clarification of wording in Exhibit 4 for ICU nurses. 	
Action Item	

Agenda Item	<i>Public Comments – Dr. Richard Urbanski</i>
There were no public comments	

Agenda Item	<i>Meeting adjourned at 3:30pm</i>
Next scheduled State EMS Committee Meeting - July 13, 2018 / PSOB Building / 1:00 – 4:30	