

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



State Trauma Advisory Board (STAB)

Friday, April 12, 2017

1:00 p.m. – 4:30 p.m.

Meeting Minutes

Chair	Richard Urbanski, MD
Vice Chair	Roy Ball, RN
Members present	Richard Urbanski, MD; Bobbie O'Connell, RN; Roy Ball, RN; Abigail Finetti, RN; Michael Lepin, Paramedic; Marcia Page, RN; Marty Schreiber, MD; Travis Littman, MD; Matthew Philbrick, FP-C; Lori Morgan, MD
Members not present	Theresa Brock, RN; Daniel Sheerin, MD; Neal Roundy, MD; William Long, MD
Guests present	Ameen Ramzy, MD; Jonathan Chin, Paramedic; Heather Timmons, RN; Jackie DeSilva, RN; Daniel Van Hook, RN; William Foster, MD; Jenenne Aguilar, RN; Laura Somers, RN; Pam Bilyeu, RN; Lynn Eastes, RN; Carolyn VinZant, RN; Josh Blackburn, RN
PHD staff present	Stella Rausch-Scott, EMT; Dana Selover, MD; Candace Hamilton, Paramedic; David Lehrfeld, MD; Dagan Wright
Members on the phone	Justin Sales, MD
Guests on the phone	Kelly Kapri; Debbie Smith, RN; Ethan Lodwig, RN; Jenenne Aguilar, RN; Mary Gregg, RN; Rena Langlitz, RN
PHD Staff on the phone	

Agenda Item	<i>Call to Order/ Agenda/ Membership – Dr. Richard Urbanski</i>
The meeting was called to order and roll call was taken. Quorum was met. No changes to the agenda were requested.	

Agenda Item	<i>Review/Approve October 14, 2016, minutes – Dr. Richard Urbanski</i>
Marty Schreiber motioned to approve the minutes as written and Lori Morgan seconded the motion. The motion was approved.	

Agenda Item	<i>Trauma Case presentations - Dr. Richard Urbanski</i>
<p>STAB has a unique opportunity to present and discuss cases and trauma system issues within the state. The October 2016 case presentation brought a concern that cases presented may be at least partially identifiable because of the unique case topic. The OAR does state that STAB is allowed to make evidence-based recommendations to improve the trauma system and that ATABs are allowed to request that a case be reviewed by STAB. For the record, the presenters complied with all de-identification requirements but due to the unique nature of the case presented, some in audience may have been able to recognize case.</p> <p><i>Discussion:</i></p> <ul style="list-style-type: none"> • Identify what the purpose and goal is with the review specific cases. • How can specific cases help bring awareness to system issues? • Should STAB mimic the ATABs which conduct a closed-forum discussion for their case reviews? • STAB was designated as a mediating body for ATABs to bring system issues or difficult cases that could not be resolved by ATAB. Is there an opportunity to learn from such cases or identify trends if cases are reviewed during STAB? • The Trauma Registry is just one tool that the STAB can use to identify system issues in the state. Are there other tools available? <p>The committee agreed that if an ATAB requests a system or case review that is would be completed in a closed session. Some of the committee members stated case reviews are a resource that should be discussed and reviewed at the meeting. It was requested that the case reviews should be completed at ATAB first.</p>	
Action Item	<p>Committee:</p> <ul style="list-style-type: none"> • ATAB will be given the opportunity to review cases before they are presented at STAB. • Review de-identified cases during STAB from an ATAB Review request or for topics of discussion. • Review potential topics and clinical practices to be presented and discussed during the meeting.

Agenda Item	<i>EMS & Trauma System Director & Medical Director Update – Dr. David Lehrfeld and Candace Hamilton</i>
<p>OHA EMS/TS staff update:</p> <ul style="list-style-type: none"> • Trauma System Program Coordinator - EMS/TS is conducting background checks of potential candidates. Once this position is filled EMS/TS will be fully staffed. <p>Continued Projects with Office of Rural Health (ORH):</p>	

- Ambulance Service Agreement (ASA) Plan Template – The project is to design an electronic template and make ASA updates easier for county EMS program managers that may not have EMS backgrounds.
- EMS disparities in care – OHA has partnered with OIT and ORH to look at disparities in care for Oregonians.

Reports are due June 2017 and will be presented at the 2017 4th quarter meeting.

Trauma Surveys for 2017 include:

- 18 Full
- 2 Focused
- 1 Desk Audit

2017 Trauma Program goals:

- Hire a new Trauma Program Coordinator.
- Update the trauma hospital survey application.
- Shorten OHA survey report time.

EMS for Children:

- Committee has an “At Large” member vacancy and needs representation from ATAB 6.
- Is supporting hospitals which participated in the Pediatric Readiness Assessment.
- Updated Pediatric-specific tools and resources on the OHA website.
- EMSC partners:
 - Pediatric Surge Leadership Group
 - Northwest Simulation Association
 - Office of Rural Health
 - Health Security Preparedness and Response

Stop the Bleed Initiative:

The American College of Surgeons is sponsoring a program to teach the public how to stop bleeding by applying pressure, proper wound care and the use of a tourniquet. Because of the increase of mass casualty incidents the government is sponsoring programs to help teach the public. Kits, which include medical supplies for wound care and a tourniquet, are being considered to be placed with AEDs. The goal is to have medical personnel (EMS providers, nurses, physicians) teach the public. A request was made for STAB to support a legislative bill to have Stop the Bleed training be mandatory in schools. 2018 Legislative Session would be the soonest something could be proposed. The STAB is able to support a bill but not able to carry a bill. The SBT train the trainer will take place at the North West Trauma Conference.

Trauma Registry update:

The Trauma Registry’s final program update was the Inclusion Criteria. The registry will have more cases but the biggest impact is that the OTR Inclusion Criteria is close to the ACS requirements. The OTR update will be required July 1, 2017.

Action item	No Action Items
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Agenda Item	<i>Legislative Update – Dr. Dana Selover</i>
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The EMS/TS office is currently tracking 171 bills for the 2017 legislative session. There are 11 Priority-1 bills.

- Housekeeping bill – Adjust committee membership requirements and sunset the POLST Registry Advisory Committee.
- SB 52 – Mandatory Transporting EMS Data reporting.

SB 52 passed the Senate with requested addendums:

- Allow Non-transporting agencies to submit data.
- Accept agency implementation and compliance waivers until 2021.
- Publish EMS data reports with topics chosen by OHA.

SB 52 supports prehospital agencies who are submitting electronic patient care records.

Making the submission a requirement will force vendors to make Oregon agencies a priority for updates and issues with software. Due to un-mandated data there is an influx of data submitted to the state. The bill would help eliminate this issue and continue to improve data collection and Quality Improvement projects within the state.

Rules will be in place at the start of 2018 with a year to implement. The House will review the bill and the EMS/TS.

Action Item	Office: Send updated Legislation list.
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Agenda Item	<i>Oregon Trauma System Review – Dr. Dana Selover and David Lehrfeld</i>
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This is the initial discussion of how to review the Oregon Trauma System. The Oregon Trauma System (OTS) has been in place for 30 years. It was requested that the STAB review and discuss:

- The future of the OTS.
- How does the OTS want to grow with the changes and advancement through the years?
- What do trauma programs need in order to adapt and improve to the system?
- What is not work for trauma system and needs to be changed?
- Do the hospitals have enough support for state mandates?
- Does the hospital “Level” categorization still work?
- EMS Interface – how does it fit the trauma system?

Discussion:

The committee discussed issues and gave insight of different issues within the Trauma System.

- The trauma registry still suffers by not being able to describe/tell the story of the trauma system to legislation and those that make decisions (political and financial).

- The system keeps changing and makes some improvement then falls back because the system doesn't have enough support.
- There is no funding for the hospitals that provide trauma care. Some states provide funding to hospitals that specialize in trauma services. The states that don't have funding feel frustration with state mandates. Hospitals that want to participate already do with little support and no real way of making improvements (no administrative support/funding). Funding should go to the hospitalist who participate in data submission to support the requirements. Some states have incorporated support by applying fees where it would be applicable (i.e. state car registration). Legislation concepts would need a reason for changes in order to request fiscal support.
- Trauma Data can "tell a story" of how the trauma system has improved health care in Oregon. This will help support legislation. Before considering requests for change, there needs to be an understanding of the outcomes, success and challenges that the trauma system has had in the last 30 years. This should be completed before any further steps are taken.
- Systems have created silos and communication is lacking between different systems even though it is a state requirement (Hospitals don't communicate with ASA's, county health departments don't communicate with ATABs.). The nature of the system has a lot of information but is not shared.
- EMS agencies have many factors to contend with, not just trauma, and it can be difficult to receive support from trauma hospitals while meeting the need and requirements of the region, community and state. Volunteer agencies have a hard time recruiting and keeping personnel to respond to EMS calls. This effects the trauma system with either no response from EMS or little to no trauma patient care experience.
- The public does not understand that not all hospitals are trauma designated. One of the goals should be to educate and identify to the public which hospitals are trauma designated and what that means. Other states identify their hospitals with "...Hospital & Trauma Center" or street signs that say "trauma hospital". Washington State had produced an ["EMS 101" video](#) which highlights a patient's care from calling 9-1-1 to rehabilitation. There are many ways to educate the public.
- Smaller hospitals are being affected by the fiscal impact that is required which will make the hospitals consider whether or not to stay in the trauma system.

Recommendation:

- Create an ad hoc committee of trauma system stakeholders to:
 - Identify and work on creating the story of the Trauma System
 - Creating a survey to identify issues and needs for trauma providers
 - Identify goals, next steps and legislation to support the Trauma System

The *Ad Hoc* committee was created with the following members and stakeholders:

Travis Littman
Abigail Finetti
Marty Schreiber

Lynn Eastes
Jackie DeSilva
Bobby O'Connell

- Dedicate a STAB meeting to further discuss issues and needs of the Trauma System. This would include hiring a facilitator to manage the meeting to allow OHA Trauma System staff to participate in the discussion. There would need to be representation from as many hospitals as possible and from each Level and ATAB.

Action Item	Office: Schedule a meeting with the <i>ad hoc</i> committee.
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Agenda Item	<i>Subcommittee Updates & Standing Reports – Dr. Richard Urbanski</i>
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EMS Committee – Ameen Ramzy

- Dr. Paul Rostykus presented an update on the CARES program. Oregon has the 3rd highest rate of cardiac arrest survival in the nation.
- Community Paramedicine is strong within the state with 35 programs that are being developed. Impact on emergency services has not been effected. Patients who are visited by CP have decreased their use of calling Emergency Services.
- Rural EMS Subcommittee updated the committee of the online EMT license course. This requires 8 hours of physical classroom time, but the rest of the course is completed online.

Trauma Nurse Coordinator/ Trauma Program Manager – Roy Ball

- The group finalized the OTR Inclusion Criteria.
- The NW Trauma Conference has additional training for TPM/TNCs.
- [The Society of Trauma Nurses Annual Conference will be in Portland, OR March 21-23, 2018.](#) The TS Office will contact the ORH to discuss opportunities for grants to support rural hospital staff to attend the conference. TOPIC, OPTIMAL, ATS, ATNC Instructor courses will be available.

Action Item	Office: Contact the Office of Rural Health to discuss opportunities for grants to support rural hospital staff to attend the conference.
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Agenda Item	<i>ATAB Updates – ATAB Representatives</i>
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HSPR and EMS/TS have collaborated to review and analyze ATAB Plans and Disaster Surge Plans. Jenny Schmidt has been to five ATABs and will be meeting with the last two in the next week.

Two themes that she has identified during ATAB visits are:

- There are multiple MCI/Trauma plans that have been created that have not been integrated or cross-referenced to each other.
- Disconnect between ATABs/Trauma Services and the Hospital Preparedness Coalitions group.
- ATAB plan content is variable.
- There was no authority or regionalization care for the ATAB plan.

Recommendations to improve the Trauma Surge and Oregon work groups:

- Integrate the ATAB committee and Hospital Preparedness groups.
- Investigate the current plans and attempt to integrate them so they work for all areas of the ATAB and Region.
- Expand the trauma plan to include an All Hazards Surge plan. Collect and review plans that have already been created.

ATAB 1 – Working on the ATAB Trauma Plan.

ATAB 2 – A robust case review is on the agenda for the next meeting.

ATAB 3 – Had a workshop with Jenny Schmidt for the Trauma Surge Plan.

ATAB 5 – Had a workshop with Jenny Schmidt for the Trauma Surge Plan. Began the discussion of a Level 2 transition for Asante RRMC.

ATAB 6 – No update

ATAB 7 – Had a workshop with Jenny Schmidt for the Trauma Surge Plan.

ATAB 9 – No update

Action Item	Office - Request all HPP Plans from the HPP liaison if available.
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Agenda Item	<i>Public Forum and Comment</i>
No public comment.	

The next State Trauma Advisory Board meeting will be July 14, 2017 1:00 p.m. to 4:30 p.m. at the Portland State Office Building.