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

State Trauma Advisory Board (STAB)
Friday, July 14, 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; 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; Peter Mackwell, EMT
Members not present	Theresa Brock, RN; Daniel Sheerin, MD; Neal Roundy, MD; William Long, MD; Bobbie O'Connell, RN; Justin Sales, MD
Guests present	Ameen Ramzy, MD; 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; Justin Hardwick, Paramedic; David Lehrfeld, MD; Dagan Wright; Larry Torris, Paramedic
Members on the phone	
Guests on the phone	Debbie Smith, RN; Ethan Lodwig, RN; Jenenne Aguilar, RN; Mary Gregg, RN; Rena Langlitz, RN
PHD Staff on the phone	

Agenda Item	*Call to Order/ Agenda – Dr. Richard Urbanski*
The meeting was called to order and roll call was taken. Quorum was NOT met. No changes to the agenda were requested.	

Agenda Item	*Review/Approve April 14, 2017, minutes – Dr. Richard Urbanski*
Minutes were deferred to the October 2017 meeting due to no quorum.	

Agenda Item	*Stop the Bleed overview – Roy Ball and Lynn Eastes*
Stop the Bleed is a national awareness campaign to train the public proper wound care and tourniquet placement. During the Trauma Nurse Conference (Spring 2017) there were over	

250 medical providers that were trained to teach the course to the public. The course is owned by ACS and has guidelines and registration for instructors to follow.
Other states have already started the initiative to train the public with a broadly supported program. Other state's Initiative includes funding for classes, kits and resources for training the public.

Lynn Eastes requested that the committee and state consider supporting the same initiative in Oregon. OHSU is hosting the first public community training on July 22nd.

Initiatives to achieve the goals within Oregon could include:

- Legislative breakfast to propose fiscal support from the state.
- ATAB 5 is currently creating and working on different ideas to support the initiative. Including:
  - Community education and large public gatherings.
- The initiative be placed with a similar concept that would be required in schools (ex: CPR). The issue that may limit this concept is the idea that a medical provider teach this course.
- Agencies and organizations purchasing kits to be placed in public areas with donation plaques. The kits could be created with non-expiring medical supplies.
- OHSU is adding hemorrhage kits to AED boxes with separate labels.
- Add language to the AEDs rules.
- Counties require updated information with annual business renewal license on update of AED/Hemorrhage kit placement (Has it been moved?).
- MTU purchase training legs to travel and lend to course instructors.

Next steps for moving forward with the initiative is to discuss locally what concepts and actions the community can take to bring the initiative to the state. A copy of the Texas Stop the Bleed program will be reviewed and discussed at the next meeting.

Action Item	Office: MTU purchase training legs. Committee: Review proof of concept within communities. Review Texas Stop the Bleed program.

Agenda Item	*EMS & Trauma System Director & Medical Director Update – Dr. Dana Selover, Dr. David Lehrfeld and Justin Hardwick*

Legislation:
Legislative session finished and bills that passed are being signed by the Governor. 171 Bills were tracked Bills that effect the Trauma System include:

- HB 2301 – Housekeeping Bill

  - Amends SEMS, STAB and ATAB membership requirements.
  - Eliminates POLST Registry Advisory Committee.
  - Makes clarifying changes to statutes relating to training on lifesaving treatments.
- HB 3090 – Hospital Discharge Procedures from ER
  - Requires hospitals to adopt policy for release of patients from ED following treatment for behavioral crisis.
  - Requires hospitals to report and OHA to compile information about policies adopted and report to Legislature no later than 1/1/2018.

Rule updates include OAR 333-255 (Ambulance Vehicle Regulations) are currently being update. Ambulance Agency rules will be updates when SB 52 rules are written.

Information on a bill pertaining to Rural Practitioners was requested.

Staffing:
Camillie Storm is the new Trauma Program Coordinator. The EMS/TS office is fully staffed.

Licensing:
EMS Renewal took is complete.
License Numbers:

- Total licensed EMS providers – 11,149
  - EMR – 1682
  - EMT – 4803
  - AEMT – 148
  - Intermediate – 771
  - Paramedic - 3745
- Licensed Ambulance Services – 137
- Licensed Ambulance Vehicles – 694
- Non Licensed, Non Transport EMS Services - 380

Trauma:
HSPR's Trauma Surge Plan Gap Analysis grant has finished and the report has been delivered to the HSPR office. The report will be released to the public soon. The analysis included ideas to:

- Expand this planning project from a Trauma Surge Plan to an All Hazards Surge Plan by including elements that can be used in any type of patient surge.
- Use the Healthcare Region 1 Trauma Surge Plan as a guide for ATAB MCI plans.
- Develop a list of the "Core Components" in an MCI Plan for EMS and for Healthcare Facilities. The details of the Core Components can be customized for each ATAB, agency, or facility. This approach can provide a template for those that do not have an MCI plan.
- Apply the Conventional-Contingency-Crisis framework as described in the Oregon Crisis Care Guidelines to a mass trauma scenario.

- Consider expanding the role of the designated Medical Resource Hospital/Base Hospitals within the ATABs to fill a patient coordination role during an MCI response.
- Encourage ATABs to include healthcare facility information within existing and developing MCI plans.

Use each ATAB workshop to validate the list of Core Components with a scenario-based discussion.
A request was made to support the ATAB's Component 12 Disaster Plan. ATABs are attempting to combine the disaster plans for each stakeholder and county. There are many plans and it has proven difficult to combine them into one working document.

EMS Compass Measures:
Dr. Lehrfeld discussed the National EMS Scope of Practice Model Revisions for 2018.
Changes include:

- Identifies if a trauma patient is brought to a designated trauma hospital.
- If a patient has a traumatic injury was a pain scale completed on the patient.

Electronic Patient Care Record Vendors:
A list of vendors can be found online who meet the requirements to generate reports for compass measures. If the vendor is green they meet the requirements of the compass measures. Hospitals should contact their vendor if they are unsure about the status of their ePCR data.

Action item	Office: Send update on SB pertaining to Rural Practitioners.

Agenda Item	*SB 52 – Dr. Dana Selover*

SB 52 was signed by Governor Brown June 6, 2017 and is under Chapter 229, 2017 Oregon Laws.

SB 52:

- Requires licensed ambulance service agencies to report patient encounter data electronically to the Oregon EMS Information System (OR-EMSIS).
- Allows other non-licensed EMS Agencies to report patient encounter data.
- Allows Oregon trauma hospitals to access relevant EMS data elements.
- Allows reporting EMS agencies to access relevant OTR patient outcome data.
- Establishes uses for data shared between OTR & OR-EMSIS:
  - Quality improvement
  - Epidemiological assessment and investigation
  - Public health critical response planning
  - Prevention activities and
  - Other purposes that the OHA

OHA must adopt administrative rules to:

- Oregon EMS Information System (OR-EMSIS)

– Define reportable data elements – Procedures for data reporting including form and frequency – Standards for reporting such as data quality requirements • Data sharing between Oregon Trauma Registry (OTR) and Oregon EMS Information System (OR-EMSIS) – Define sharable data elements – Procedures for data reporting and access including form and frequency – Standards for reporting such as data quality requirements The timeline for administrative rules: • June 2017 – State EMS and STAB Committees notified about intent to invite selected associations and agencies to participate on the SB 52 Mandatory Reporting Rules Subcommittee. There are representatives from the Trauma hospitals on the RAC. – Invitations to serve on Rules Subcommittee e-mailed • July – September 2017 – Rules Subcommittee meetings will be held (dates pending) • October 2017 – Present final draft rules to State Trauma Advisory Board. • November 1, 2017 – Submit rules to PHD Rules Coordinator for filing with Sec. of State • December 2017 – Public hearing • January 2018 – Rule effective
Action Item | None

Agenda Item	*The Future of the Oregon Trauma System – Dr. David Lehrfeld*
At the April 2017 STAB meeting the Trauma Office started a discussion about the future of the Oregon Trauma System. The discussion continued with reviewing trauma data that has been submitted, process measures and outcomes designed by outside entities. These include: • OTR Reports (focus reports) • WHO (World Health Organization) Trauma Quality • ACS TQIP • The "Model Trauma System Planning and Evaluation" document HRSA • Status of State Trauma System Planning and Development NASEMSO • Regional Trauma Systems: Optimal Elements, integration, and Assessment guidance document ACS • State Trauma System Metrics NASEMSO/ACS NASEMSO created a state program evaluation document that stemmed from HRSA's evaluation guide to compare what is available within each state's program. The WHO	

document is very generic and would require more work to adapt the comparison to Oregon's Trauma Program. TQIP has completed a guide that ACS has incorporated into the ACS trauma program requirements and would be the most easily mimicked. Additionally the TQIP data uses benchmark that are established in the registry but the cost is high. TQIP is required for ACS verification and the features are similar to what the Oregon Trauma Survey does.

Committee members found the gap analysis for the foundation of the trauma system was helpful to review. Trauma hospital participation does fluctuate but overall is intact. The current turnover rate of trauma program staff is concerning as the institutional memory disappears. A central data base QI/QA and case reviews are a benefit to the rural hospitals who would otherwise not have the same opportunity for this service. Rural EMS providers need support for training as most are volunteers and do not work in the trauma system on a continual basis. Outreach for continued growth and understanding of the rural prehospital providers needs to be a priority of identifying and improving response and care of trauma patients.

Meeting attendees from the public voiced concern and frustration with current survey processes and implementation. The most recent changes with trauma rules and requirements has placed stress on the trauma hospital staff and impacts hospitals in a negative way.

Next steps may include reviewing the trauma system for the future. Next steps should include identifying/predicting the strengths, weaknesses, opportunities for growth and threats that the system may be faced with in the next 30 years. The trauma programs should continue to include outreach to communities that lack resources and experiences.

Action Item	All – continue the conversation at a later date.

Agenda Item	*Solar Eclipse Overview – Larry Torris*

An overview of the preparation for the Solar Eclipse (SE) event in the state was presented. Currently the state is planning on 1 million-ish spectators to arrive and converge to the patch of totality in Oregon.
The state sent each county an EMS assessment to analyze the resources available and what may be needed for the SE and future MCIs. From this assessment the state is working with larger ambulance agencies to prepare for requests to fill transportation issues in heavier impacted zones.
OHA and OEM are preparing for other events during the surge including:

- Wildfires – The path of the SE falls over areas that are effected by wildfires during August.
- MCI- If visibility decreases on the coast a mass movement of people may take place and increase the risk of MCIs on the smaller roads.
- No traffic pattern changes, but ODOT will create a path for EMS response and transport if necessary.

- Burn patient capacity is limited to Portland. Telemedicine is being ramped up as well as resources to keep patients at the local hospital.
- Anti-venom serum - reviewing mobilization of the serum.
- National Guard Air assets are not in the area to respond.
- Air ambulance agencies are moving activated crews and resources in to Oregon.
- HOSCAP is activated for EMS and will be used to track issues.
- SERV-OR volunteers – a request has been made to activate volunteers to support agencies.

ESF-8 activated now:

- Full monitoring of activities for three days prior and three days after event.
- EMS will be potentially effected by:
  - Road congestion
  - Patient increase
  - Restricted transfers
  - Alternate case type – animal bite, snake bite, exposure, smoke, etc.

Ambulance Agreement with Oregon Health Authority:

- Limited by funding
- Limited resources available
- In isolated incidents this could be effective
- In a disaster this could streamline coordination of requests and activation.
- Air Ambulance could remain operational in a military controlled environment.

Hospitals have halted elective surgeries to free resources for patient surge.
HSPR is dispersing satellite phones to areas that will have a need. If the cell system is inoperable, hospitals have received GETS cards and WPS priority cards which will activate a cell phone for emergency use.

Action Item	none

Agenda Item	*Subcommittee Updates & Standing Reports – Dr. Richard Urbanski*
EMS Committee – Ameen Ramzy The committee requested to change the Jan 2018 meeting to the following weekend. STAB and stakeholders attending agreed to the date change.	
Action Item	Office: Notify committees and stakeholders of date changes.

Agenda Item	*ATAB Updates – ATAB Representatives*
ATAB 1 – Will be meeting next week in Astoria, OR. ATAB 2 – Meet next week. ATAB 3 – No report ATAB 5 – Will review QI/QA data sets.	

ATAB 6 – Will discuss QI/QA and overview of the recent Trauma Hospital survey. ATAB 7 – Reviewed the ATAB plan and have voted to approve the final changes. ATAB 9 – July meeting will host a joint HPP and ATAB meeting.	
Action Item	none

Agenda Item	*Public Forum and Comment*
No public comment.	

The next State Trauma Advisory Board meeting will be October 13, 2017 1:00 p.m. to 4:30 p.m. at the Portland State Office Building.