



State Trauma Advisory Board
Friday, January 18, 2019
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	Yaw Sarpong, MD; Lori Moss, RN; Roberta O’Connell, RN; Richard Urbanski, MD; Michael Lepin, P; Marcia Page, RN; Ameen Ramzy, MD; Travis Littman, MD; Daniel Sheerin, MD; Matthew Philbrick, FP-C
Members not present	Justin Sales, MD; Martin Schreiber, MD; Trent Green;
Guests present	Willie Foster, MD; Becky Sparks, RN; Heather Timmons, RN; Katie Downie, RN; Emily Weber, RMD; Jennifer Serfin, MD; Angela Campbell, RN; Mark Peterson, RN; Pam Billeyu, RN; Andrea Greenlaw; Carolann Vinzant, RN; Ashley Watson, RN; Julie Sturman, RN; Jake Shores, P; Jan Beuchon; Annie Nagengast, MD
Public Health Division staff present	Dana Selover, MD; Candace Toyama, NRP; David Lehrfeld, MD; Camillie Storm, RN; Julie Miller; Renee Schneider; Laurel Boyd; Laura Chisholm; Stella Rausch-Scott, EMT; Rebecca Long, NRP; Peter Mackwell, P
Members on the phone	Abigail Finetti, RN; Ron Barbosa, MD
Guests on the phone	Kalissa Lee; Janelle Hall, RN; Daniel VanHook, RN; Carrie Allison, MD; Bubba Petty, RN; Joe Gregorio; Jacqueline DeSilva, RN; Kelly Kapri; Candi Benjamin, RN; Ethan Lodwig, RN; Gary Zeigler; Jonathan Jones, RN; Karen Carpenter-Helms, RN; Laura Sowers, RN; Naomi Rodasta, RN; Carla Gitchell, RN
Public Health Division staff on the phone	

Agenda Item	<i>Approve minutes and review agenda – Richard Urbanski, MD</i>
Roll call was taken. Quorum was met.	

Dr. Yaw Sarpong is the newest STAB committee member. He is a Neurosurgeon for Good Samaritan Regional Medical Center (Level 2).

Reviewed the current STAB membership. There are currently two vacant positions. Level 3 Trauma Nurse Coordinator and Rural Area Trauma Hospital Administration Representative.

July 2018 minutes were reviewed. Marcia Page motioned to approve the minutes and Dr. Littman seconded. The motion passed. October 2018 minutes were reviewed. Bobbie O'Connell motioned to approve the minutes and Matt Philbrick seconded the motion. The motion approved.

Agenda Item	<i>Case Presentation – Annie Nagengast, MD</i>
Dr. Nagengast presented a trauma case that took place in Portland, OR. She reviewed the prehospital care to patient discharge.	

Agenda Item	<i>Patient Surge project - Peter Mackwell, P</i>
Peter Mackwell, OHA Health Security Preparedness and Response (HSPR), presented a patient surge project. An advisory group will be created to support the design for patient surge and flow throughout the state. Representation will be from urban, rural and frontier communities with Local Health departments, Hospital preparedness programs, fire departments, EMS will be asked to contribute to the project design. The STAB committee will receive more information when the project starts to develop more plans.	

Agenda Item	<i>Oregon Trauma Hospital Survey – David Lehrfeld, MD, Camillie Storm, RN</i>
<p>The OHA Trauma Survey team has been working on a updated Hospital Prereview Questionnaire (PRQ) that will be used for all Trauma Hospital Surveys starting July 1, 2019. The document has been designed to support multiple standards.</p> <p>The Trauma Hospital Survey team reviewed the survey schedule. It was decided to reset the schedule to 2019 ATAB 3/5 2020 ATAB 2/7 2021 1/6/9. The survey team has found that the survey schedule was geographically spread out. The survey schedule has been set to not effect to many hospitals' current certification timeframe.</p> <p>A review of the Trauma Hospital Survey enforcement 300-200-0295 sets the requirements for trauma hospital designation. The Survey team plans to work with the Trauma Hospital Registrars and Coordinators to identify rule language that may need to change to support the Oregon trauma system.</p>	

Agenda Item	<i>Public Records Law – Dana Selover, MD</i>
<p>Oregon government is continuing to identify ways for being transparent to the public. Oregon Public Records Request law (ORS 192.410 – 192.505) states that the public has the right to inspect and copy certain public records. The office has considered that the survey was a closed record but after reviewing the language it may not be so. The Trauma Survey team is working with the ODJ to identify what constitutes being released from a Public Records Request for Trauma Hospital Surveys.</p> <p>The office understands that there are concerns about what would be shared to the public and will continue to work with the Attorney General to understand what is currently protected with the Rule language and the statute for Public Records law. The Attorney General has not made any recommendations at this time but will continue to work</p>	
Action Item	Office: Invite the Attorney General to a future meeting to answer further questions about the current Public Records law.

Agenda Item	<i>State Trauma Data Issue – Laura Chisholm, MPA, MA, MCHES</i>
<p>The Oregon Trauma Registry (OTR) has identified an issue with not receiving hospital data for two years from Oregon Health and Science University (OHSU) (Trauma Level 1). This is not the first time that the state has dealt with this issue of non-compliance in data submission with a trauma hospital. The data submission is almost always with a hospital choosing a different vendor. The office is suggesting that there be state policies set in place that all trauma hospitals would have to comply with to participate in the Oregon Trauma Registry. The state has found issues with vendors not complying and not all have the same system development. The policy would include that any vendor must be approved by the state before starting services with a trauma hospital. This would help alleviate the many hours that the state staff must currently use each time a new vendor comes into the state.</p> <p>OHSU is currently tracking their data with their vendor but is not submitting the data to the OTR. The state tracks data submission from each trauma hospital and identifies early on if a hospital is not in compliance with the 60-day trauma registry submission. Steps to support the hospital is to identify a delay in data, work with the hospital for a timeline and set expectations as to when the issue will be fixed.</p> <p>A major issue for using the OTR only for the Level 1 Trauma hospital is that the OTR has basic data submission and does not collect other information that the larger hospitals need for studies and reports. When the state reviewed the data registry it included representatives from all levels of trauma hospitals. A change management workgroup convenes each year and updated the registry for national requirements and state requirements. The workgroup will also review and update the registry if there are re-occurring issues that are identified in between the yearly update.</p>	

The state will present at the next meeting a new process for when a hospital is out of compliance with the trauma registry.

The current registry vendor contract will expire in 2020. The state has specific laws that are required to meet for state services. The office does not take the change of a vendor lightly and will consider the different impacts that would happen if a new vendor was chosen.

Action Item	Office: Present to the STAB a new process for when a hospital is not compliant.
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Agenda Item	<i>EMS/TS Directors & Medical Director Update – Dr. Dana Selover, Candace Toyama, Dr. David Lehrfeld</i>
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Legislation 2019		
Priority	Bill #	Bill Summary
1	SB 29	OHA Housekeeping Bill – For purposes of EMS: <ul style="list-style-type: none"> • Amends State Trauma Advisory Board, Area Trauma Advisory Board and State EMS Committee membership. • Revises definition of term "patient" for purposes of emergency medical services by eliminating requirement that person must be transported by ambulance to be a patient. • Clarifies that both ambulance vehicles and EMS providers operating vehicles under control of the US Government are exempt from Oregon licensure requirements. • Removes outdated EMS provider physical and mental health language for licensure and updates language to align with other health care professional licensing boards.
3	HB 2620	Reference sections 25-28 and 51-56 Authorizes cities and rural fire protection districts to adopt plans to provide ambulance and emergency care services to city or rural fire protection district.
3	SB 452	Directs Oregon Health Authority to develop triage, treatment and transportation protocols for patients who carry emergency use medications. Allows emergency medical services provider to administer to patient emergency use medication carried by patient.
3	SB 544	Requires ambulances to carry emergency treatment medication for adrenal insufficiency disorder. Authorizes Oregon Health Authority to adopt rules.
4	HB 2065	Directs each manufacturer of covered drugs that are sold within this state to participate in drug take-back program for purpose of collecting from certain persons those drugs for disposal.
5	HB 2082	Requires Class II and Class IV all-terrain vehicle operator 16 years of age or older to carry and present both driver license and all-terrain vehicle operator permit. Requires Class II and Class IV all-terrain vehicle operator to complete safety education course or pass equivalency examination to obtain all-terrain vehicle operator permit. Limits Class II all-terrain vehicle operator permits to persons 15 years of age or older. Directs State Parks and Recreation

Department to adopt rules to provide for Class II all-terrain vehicle safety education courses and to issue operator permit to person who has taken course.

- 5 **HB** Extends sunset for tax credit for provision of volunteer emergency medical
 2138 services in rural area

Priority level key

1 - Major: OHA introduced the bill; or bill adds a program, or drastically changes the way a program operates and has a significant fiscal impact and long-lasting policy implications that support or conflict with OHA mission or values.

2 - Medium: There is fiscal impact that OHA cannot manage and OHA needs to implement an action if the bill passes, which may impact more than one OHA program, or includes significant rulemaking or program changes.

3 - Minor: OHA can manage minimal fiscal or policy impact, or DHS/OHA needs to implement an action if the bill passes.

4 - Relating Clause Only: Measure does not impact agency programs and operations as written. Track only because the bill has a broad "relating-to" clause and could be amended to impact OHA, or because bill has direct social determinant of health (SDoH) policy impact in at least one of the following areas: food insecurity, transportation, neighborhood and environmental conditions, and social exclusion and discrimination that may affect OHA clients.

5 - Lurking Only: Measure does not impact any agency programs and operations as written. Relating-to clause is narrow, and bill is unlikely to be amended to impact the agency. Track only to learn the outcome of a measure.

Stop the Bleed (STB)

HSPR has awarded a grant to the EMS/Trauma System office to supply STB kits and training supplies to support STB training. Currently the office is looking at supplying MCI STB kits to Law Enforcement agencies. These kits would have multiple smaller STB packs that could be dropped off at each victim during an MCI. There will be an application that will be sent out later in the month.

Oregon Department of Transportation - Oregon Traffic Safety Performance Plan

Decrease response, scene and transport times, through training and appropriate equipment, from the statewide average of 36 minutes (2015-16) to 32 minutes (2020). Data is suggesting that Lights and Siren emergency response time is overused and should be reviewed.

Correct triage of trauma patients from motor vehicle Trauma

- Risk adjusted mortality in motor vehicle traffic.
- Patients meeting CDC Step 1 or 2 field triage criteria originating from a 911 request transported directly to a level I or II trauma hospitals.
- Patients meeting CDC Step 3 or 4 field triage criteria originating from a 911 request transported directly to a level I, II, III or IV trauma hospitals.

Vehicle Safety

- Delay-Causing Crash Rate per 1,000 EMS Responses
- EMS Crash Rate per 100,000 Fleet Miles

- EMS Crash Injury Rate per 100,000 Fleet Miles
- EMS Crash Death Rate per 100,000 Fleet Miles
- Lights and Sirens Response to Scene Rate
- Lights and Sirens Transport Rate

Proposed Performance Measures

- Decrease response, scene and transport times, through training and appropriate equipment, form the statewide average of 36 minutes (2015-16) to 32 minutes (2020).

Agenda Item	<i>ATAB Updates – ATAB Representatives</i>
ATAB Status	
<ul style="list-style-type: none"> • ATAB 1: Reviewed the regional agencies QI process. Updating the ATAB 1 plan. • ATAB 2: Reviewed cases on pelvic injuries. ATAB 2 revision. • ATAB 3: Reaching out to different groups for Stop the Bleed training. Reviewing the ATAB plan to consider patient hospital destination and by what resource. • ATAB 5: Discussed the QI process and how the ATAB reviews death cases. Stop the Bleed training is continuing. Stop the bleed kits were purchased through a grant to place in the middle school classrooms. Asante Rogue River Medical Center has a focused L2 survey and passed. Asante Three Rivers was survey and passed to be a Level 3 hospital. • ATAB 6: Currently working on their membership and establish a new chair and vice chair. Discussing the STB training and MCI hospital designation. • ATAB 7: Reviewed the updates to prehospital agency protocols. A new protocol includes TXA. Currently only two agencies are carrying the medication. High Dessert Driver Education is teaming with St. Charles Bend to provide training to student drivers and parents. Reviewed death cases and decided to include positive outcomes cases. • ATAB 9: Will be meeting at the end of the month. Continue to work on EMS membership. 	
Action Item	Office: Review the ATAB work and needs.

Agenda Item	<i>Sub-Committee Updates & Standing Reports – Dr. Richard Urbanski</i>
<p>EMS Committee: EMS Parking was discussed where several agencies are reporting that an EMS crew will arrive with a patient at a hospital emergency department and must wait a long period of time (30-45 minutes sometimes). Discussed goals for 2019: working on EMS Physician involvement with agencies, patient surge planning, QI process involving the state.</p> <p>ATAB TNC/TPM: Reviewed the proposed PRQ document. Discussed an ATAB registry report. This would review trends.</p>	

Agenda Item	<i>Public Comments – Dr. Richard Urbanski</i>
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Candace Toyama invited the attendees to the April 2019 EMS Committee meeting to celebrate Dr. Ramrzy's work on the committee.

Agenda Item	<i>Meeting adjourned</i>
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Next scheduled State Trauma Advisory Board meeting - April 12, 2019 / PSOB Building / 1:00 – 4:30
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