



## State Trauma Advisory Board Quarterly Meeting Minutes

2022 Quarter 3 | July 8, 2022

Chair Ron Barbosa, MD | Vice Chair Rhonda Fischer, RN

### Appointed Board Attendance

Present	Ron Barbosa, MD	Level 1 Trauma Surgeon
Present	Mac Cook, MD	Level 1 Trauma Surgeon
Absent	Daniel Sheerin, MD	Level 1 or 2 Orthopedic Surgeon or Neurosurgeon
Present	Justin Sales, MD	Level 1 Emergency Medicine Physician
Present	Heather Wong, RN	Level 1 Trauma Program Manager Nurse
Absent	Travis Littman, MD	Level 2 Trauma Surgeon
Absent	Jackie DeSilva, RN	Level 2 Trauma Nurse Coordinator
Present	Rhonda Fischer, RN	Level 3 Trauma Nurse Coordinator
Present	Abigail Finetti, BSN, RN	Level 4 Trauma Nurse Coordinator
Absent	Roberta O'Connell, RN	Urban Area Trauma Hospital Administration
Present	April Brock, MSN	Rural Area Trauma Hospital Administration
Present	Michael Lepin, Paramedic	Rural Area Emergency Medical Services Provider
Present	Joe Davitt	Public Safety Answering Point Representative
Present	Aaron Ott	Public Member
Absent	Joel Carmody	Public Member
Present	Jim Cole, Paramedic	EMS Committee Representative

### Oregon Health Authority Attendance

Dana Selover, MD; David Lehrfeld, MD; Stella Rausch-Scott, EMT; Peter Geissert; Rebecca Long, P; Leslie Huntington, P; Madeleine Parmley, RN; Julie Miller; Rachel Ford; John Crabtree; Robbie Edwards; Kimberley Aubrey; Yesenia Rosario; Justin Hardwick; Veronica Seymour; Andy Nunes

### Public Attendance

Matt Philbrick; Ashley Watson; Sarah Evans; Deidre Heinrich; Kali Dubois; Joey VanWinckel; Kelly Kapri; Bet Martin; Tara Buhr; Carrie Allison; Jackie Fox; Jamie Diercks; Matthew Edinger; Tiffany O'Byrne; Randi Saucier; Judi Gabriel; Jake Dumont; Jody Berryhill; Melissa Levesque; Linda Sheffield; Frank Ehrmantraut; Amy Slater; John Logan; Rachel Maddux; Kim Fletcher; Emily Weber; Anthony Huacuja; Leslie Engelgau; Karla Rutherford; Kim McKinley; Mindy Stinnett; Pamela Halbrook; Jeremy Buller; Erick Holsey; Dana Pursley-Haner; Johnathan Jones

Review/Approve Minutes - Ron Barbosa

2022 Quarter 2 STAB meeting minutes were reviewed and a motion to accept was requested. April Brock motioned to approve the minutes and Heather Wong seconded. The motion passed. The agenda was presented, and no changes were requested.

EMS/TS Director and Medical Director Update – Dana Selover and David Lehrfeld

Introduction of new staff members:

Yesenia Rosario-Palma – Support for Trauma Program

Kimberly Aubrey – Professional Standards Unit

Liz Heckathorn retired in May. The recruitment process has started and will be an open recruitment for the position.

EMS/TS and HSPR are supporting the World Games in ATAB 3. This is relevant for the trauma hospitals as they will support the patients, if any.

EMR, transporting agency and Ambulance re-licensing went from April to June 30, 2022. The Professional Standards Unit is now completing the follow up from this cycle.

EMS section is working with HSPR. Collaboration is taking place currently for the wildfires , heat related events, and world games in Eugene. Mobilizing proper personnel and resources for all these events.

Resources for Optimal Care of the Injured Patient. ACS, field triage change and former rules and advisory committee. 6-12 months to implement the new rules of the 2022 Standards once they have gone into effect. There will be delays before they are used for Oregon Trauma Hospital surveys.

Rules that are under review or identified to be reviewed:

- Licensing Investigation
- Military spouse
- Ambulance Vehicle licensing
- Allergic reaction response
- EMS Education

NASEMSO meeting June 2022

High encouragement to work with ODOT for scene accident care. OR-EMSIS and OTR will work with ODOT reviewing safety on scene.

Oregon Health Authority continues to work on modernizing healthcare access. Healthier together Oregon's goal is to continue to integrate all systems and policies to underserved communities.

Meeting Equity and access is starting to take place and our staff will work with the Chairs for future meetings.

**437-001-0744 Rule Addressing COVID-19 Workplace Risks ..... 125**

**Appendix A Emergency Medical Services: First Responders, Firefighters, Emergency Medical Services and Non-Emergency Medical Transport..... 151**

**437-001-0744 Rule Addressing COVID-19 Workplace Risks**

Oregon OSHA’s temporary rule addressing COVID-19 in the workplace expired May 4, 2021, 180 days after its adoption. Under the Oregon Administrative Procedures Act, a temporary rule cannot be renewed or extended beyond 180 days. To extend protections for workers against COVID-19, which remains a significant concern, Oregon OSHA adopted this rule following the normal process for permanent rulemaking. However, the purpose of this rule is to address the COVID-19 pandemic in Oregon workplaces. Oregon OSHA will repeal the rule when it is no longer necessary to address that pandemic.

- Screen all employees
- Per Medical director screen calls
- Masks for all in Direct patient care
- Full PPE for symptomatic patients

Declaration ended April 1<sup>st</sup> but the following are still in effect:

- Not required in Fire stations or other settings where healthcare is not being provided.
- EMS - yes
- Fire Fighter single role - No
- Fire Fighter single licensed as an EMSP - yes
- Police - no (unless licensed as an EMSP medical care is a fundamental part of their job)
- NEMT - No
- Working 100% remote – no

The Oregon State Interoperability Executive Council, recognizing the critical nature of air-to-ground communications between air and ground-based emergency medical services (EMS) and firefighting units, designated the National Public Safety Mutual Channel VMED29 (155.3475) as the default statewide air-to-ground channel for EMS communications.

The Statewide Interoperability Program has obtained a statewide license (Call Sign: WRPR365) to support this effort and will authorize any public safety or emergency services organization to operate under the state license, subject to the following Conditions of Use.

To request use of the state license, agencies should send a request on organizational letterhead to:

William Chapman Statewide Interoperability Coordinator [SWIC.OR@das.oregon.gov](mailto:SWIC.OR@das.oregon.gov)

Physicians’ orders for life sustaining treatment (POLST) are under the state EMS office. A POLST is usually a pink sheet attached to the refrigerator. Scheduled for spring of 2022 there will be Android and iPhone apps for EMS. In addition to this the team at the POLST registry is working with the HERO registry which will be a database have children with special needs such as adrenal insufficiency that will operate in much

the same way as the POLST registry does. With forms detailing what the special needs condition is and instructions for EMSs well as a hotline that EMS can call. if the POLST app turns out to be popular among EMS could probably integrate the hero registry into that as well.

HEALTH SYSTEMS DIVISION  
Medicaid Programs



## Behavioral Health Rules Advisory Committee Guidance Document

- Clarifies that Providers shall maintain personnel records for each program staff
- Clarifies how Mobile Response services will be delivered within the Community
- Clarifies that an assessment and screening shall be completed by a QMHP/QMHA upon arrival to a crisis location
- Clarifies that Providers shall develop and implement a structured and ongoing process to assess, monitor, and improve the quality and effectiveness of services provided to individuals and their families.
- Clarifies the qualifications, credentialing, licensing standards and competencies of Program staff, contractors, volunteers, and interns
- providing treatment services or Peer Delivered Services in substance use disorders, problem gambling, or mental health treatment programs.

81st OREGON LEGISLATIVE ASSEMBLY--2021 Regular Session

## House Bill 2397

Sponsored by Representatives PRUSAK, GRAYBER (Pre-session filed.)

### SUMMARY

The following summary is not prepared by the sponsors of the measure and is not a part of the body thereof subject to consideration by the Legislative Assembly. It is an editor's brief statement of the essential features of the measure **as introduced**.

**Establishes Senior Emergency Medical Services Innovation Program in Department of Human Services to fund and monitor certain local public sector pilot projects related to emergency medical services for seniors. Sunsets January 2, 2027.**

1. Provide innovative strategies for addressing the emergency medical services needs of this state's increasing number of aging residents who receive care and services in residential care facilities and long-term care facilities.
2. Encourage the efficient and appropriate use of senior emergency medical services
3. Reduce the overall costs of senior emergency medical services while promoting quality emergency medical services; and
4. Encourage unique community-based responses to challenges faced by local communities in meeting their residents' needs for senior emergency medical services.
5. The department shall provide funding to a pilot project described in this subsection from moneys deposited in the Quality Care Fund

HB 2393 Implementation – Dana Selover

HB 2993 Implementation – Community Engagement & Racial Equity Impact Statement for Rule making

- Requires rulemaking advisory committees to consist of members that represent the interests of both persons affected by the rule and communities affected by the rule.
- Requires state agencies to identify how adoption of new rules or amending or repealing current rule(s) will affect racial equity in Oregon.
- Effective January 1, 2022

This changes how RACs are convened and run for current standing committees (EMS Committee and State Trauma Advisory Board). In the future RACs will be separate from the advisory boards and committees and include:

- Members from the boards and committees
- Members from communities

What does “communities” mean?

- A group of individuals unified by something such as a common characteristic or a common social or economic interest.
  - Black communities
  - Indigenous communities
  - People of color communities
  - Veteran communities
  - Economic characteristic
  - Employment or business characteristic
  - Geographical characteristic (urban, rural, county, city)
  - Social characteristic
  - Historical characteristic

Legislative intent is to ensure that the interests of Black, Indigenous and People of Color communities and other various communities are represented on Rulemaking Advisory Committees. Communities are often underrepresented on RACs.

The program is recommending the following changes:

- SEMS, STAB, or program identify need for rule change and request that a RAC specific to subject matter is convened
- SEMS, STAB and program staff discuss communities affected and identify communities to invite to participate on the RAC (by email or at meeting)
- Members of SEMS and STAB are identified to serve on the RAC
- Program staff seek representatives from communities affected
- RAC is convened and staffed by program
- Quarterly updates on RAC progress provided at SEMS or STAB
- Final proposed rules will be shared at SEMS or STAB meeting

State agencies must prepare a racial equity statement identifying the effect of the rule on racial equity.

- How will the rule affect the fair, just and unbiased treatment of people of different races?
  - Determine the racial group(s) that will be affected, and how the rule will increase or decrease disparities currently experienced by these groups?
    - What persons and groups are subject to the rule?

- What issues are addressed by the rule?
- Which racial groups are likely to be most concerned and affected by the issues addressed in the rule?
- Is there any data that helps determine racial equity impacts? What data is needed? Is it available?
- What unintended adverse consequences might the rule have on racial equity?
- Will the rule positively impact, adversely impact, or have no effect on the just and fair treatment of communities?
- Can a determination be made based on available information?

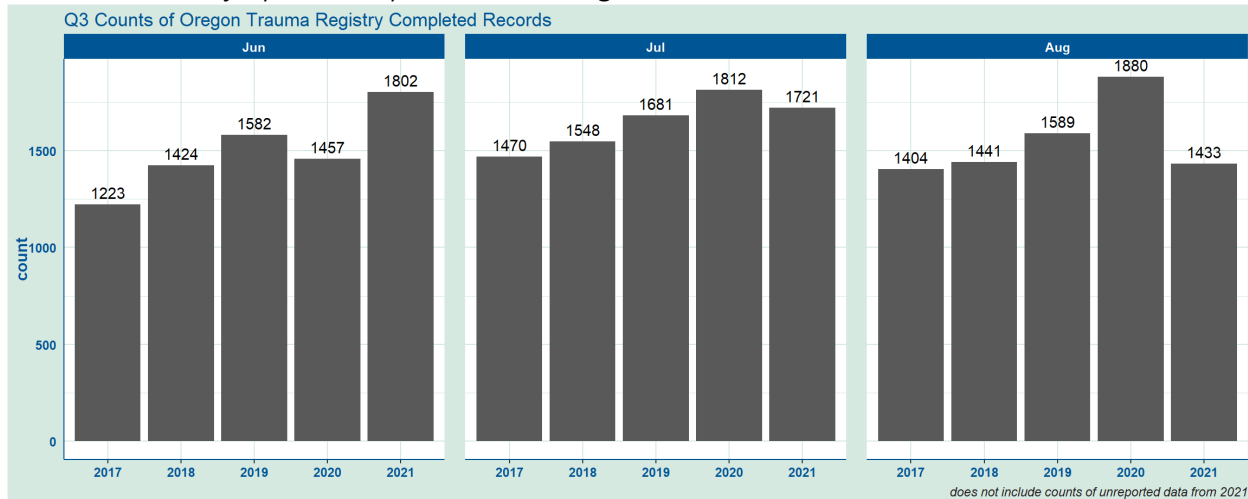
State agencies are not required to take mitigating action if a proposed rule might adversely impact racial equity; however, agencies should use information to make better policy decisions

ACTION

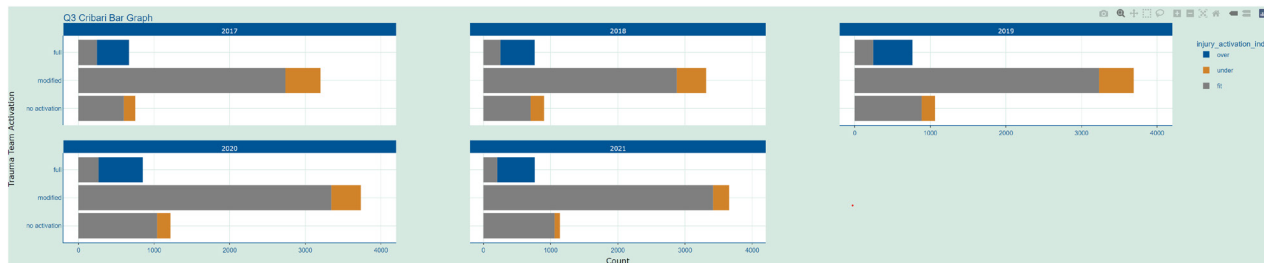
Office – will reach out with invitations for the RAC to the board and Public.

### OTR Data – Andey Nunes

Review of OTR Injury summary Q3 2017 through 2021.



### Activation Counts



**Oregon Trauma Registry Initial Triage for Q3 Readmit**

	2017, N = 1,377 <sup>1</sup>	2018, N = 1,596 <sup>1</sup>	2019, N = 1,707 <sup>1</sup>	2020, N = 1,783 <sup>1</sup>	2021, N = 1,629 <sup>1</sup>
triage indicator					
over	114 (8.3%)	193 (12%)	199 (12%)	212 (12%)	199 (12%)
under	245 (18%)	245 (15%)	210 (12%)	121 (6.8%)	79 (4.8%)
fit	1,018 (74%)	1,158 (73%)	1,298 (76%)	1,450 (81%)	1,351 (83%)
<sup>1</sup> n (%)					

It was requested that the data be available by each region. The dashboard will be published and available soon.

Q3 injury dashboard feedback

<https://app.smartsheet.com/b/form/53b54129d58e483f8c6fdc360313a9ff>

**Committee Update - Jim Cole, Rachel Ford/ Matt Philbrick**

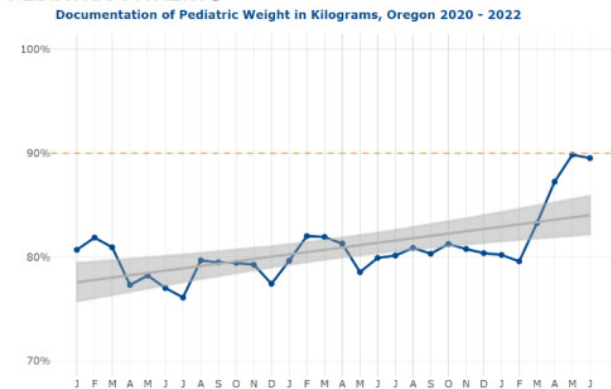
**EMS Committee (Jim Cole):**

- Will be starting a Cardiac Arrest workgroup. Looking at cardiac arrest survival rates. AED, PULSARA, pulse point, utilization throughout the state.
- There was a comment made about the difficulty of longer ambulance patient offload times as a result of a backup of not being able to get patients out of hospitals, lack of staff, etc. It was recommended that each ATAB contact their providers to identify a quick process for patient turn around and continue to collaborate on communication for patient flow.
- Hospitals should consider critical care transport options.

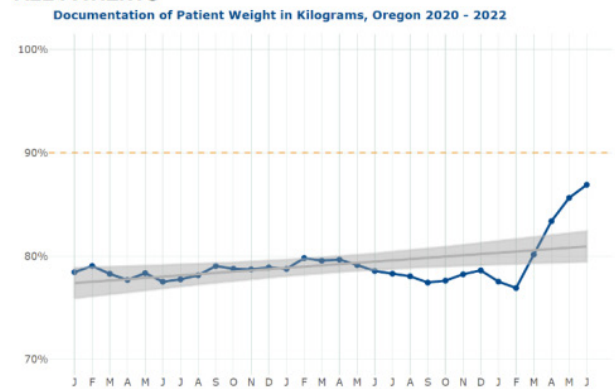
**Matt Philbrick- EMS Children:**

- Three Vacant Positions within EMS for Children Committee. One of them is a Hospital Trauma Coordinator. Reach out to Rachel Ford or Matt Philbrick if interested.
- OAR related vehicle equipment requirements were amended. What this means there are some new equipment that's now required on ambulances operating in the state of Oregon. there's some trauma specific equipment, including humans' static dressings, commercially manufactured tourniquets, and then also soft restraints, and nonflammable reflective roadside warning devices and OB kits.
- There's a grant that coordinated through the Oregon Health Security Preparedness and Response Program, and there was an application period, in essence, 15 agencies in rural and frontier surface areas that were provided this equipment, and that was that was coordinated through EMSC.
- The pediatric readiness program continuing education. There's between 25 and 27, recorded education sessions available for both CME and CE credit, there's a live session coming up on August 11 related a pediatric DK. For more information view the program update handout, will be sent out with your materials for this group.
- Working on a project NEMSQA measurement

### PEDIATRIC PATIENTS



### ALL PATIENTS



Weight in kilograms for pediatric patients identified an opportunity for improvement for pediatric specific weight. Pediatric patients were being administered weight-based medications with no weight being documented which created issues and the team wanted to take that on to impact that metric. They have a letter writing campaign co-branded some messaging from both the Oregon EMSC and the state EMS committee and was sent out to pediatric emergency care coordinators across the state. They had a significantly statistical change in the documentation. There was a sharp increase from February of this year, which followed up a handful of letters. ultimately had a positive impact on the documentation of care provided to the pediatric population in the state of Oregon. subsequently that also created a system wide change in documentation of all patients. There was a similar spike within the adult population as well. They will continue to work on this project and aim for maintenance above that 90% threshold.

### ATAB Updates - ATAB Representatives

#### ATAB 1:

- They had their ATAB 1 meeting on June 27<sup>th</sup>
- They had some updates from the state and talked about the legacy Emmanuel neurosurgery contingency staffing and discussed a case of under triage through EMS that went to the VA.
- They had an opportunity to support Stop the Bleed for the Oregon Governor's Occupational Safety and Health conference on March 6, just in early phases of the discussion on how they can support their education opportunity. They're going to have a three-and-a-half-hour block where they're going to have different occupational health and safety professionals from around the US attending and they're going to do Stop the Bleed training with them. If anybody's interested in becoming or being an instructor reach out to Heather Wong.

#### ATAB 2:

- ATAB 2 has an upcoming meeting on the 21<sup>st</sup>.
- Continued work on bylaws, which were approved at their last meeting.
- They've been doing some work on EMS handoff, which has been built into Salem fire and bulk ambulances protocols and will do another update for that at their upcoming ATAB meeting.



- Stop the Bleed- Salem hospital- They are reinstating their internal house wide stopped the bleeding education for non-clinical staff and clinical staff.
- They had a system in place prior to covid and are reinstating.
- They also have one of their trauma nurses from the ED working with Salem Keizer school district to do stuff the lead training at Salem Keizer schools.

ATAB 3:

No Response

ATAB 5:

- Trying to get back on track from being derailed over the pandemic era and looking to open the bylaws and ATAB plan and change part of their data presentation to just be more robust and more relevant to the group and to do the same thing with their Q&A session to make that a better meeting for everyone.
- Create a stop the bleed group across the entire ATAB so that they can consolidate resources and instructors because sometimes finding the resources and instructors for larger groups can be difficult.

ATAB 6:

- Reviewing ATAB Plan – Reviewed Component 1-5
- Reviewed goals for the ATAB.
- Reviewed data and trying to identify room for improvement and track.
- Stop the Bleed training is not active.
- Case reviews from their physicians, which has really helped people get on board and be excited about trauma and trauma awareness.

ATAB 7:

- Reviewed data presented by OTR Data team
- 50 Stop the Bleed kits were donated and transported by Legacy Emmanuel nurse to Poland and in Ukraine and taught the classes there.

ATAB 9:

- Finished ATAB Plan except Component 12 (MCI Plan)
- Difficulty in transferring patients and having trouble getting patients out for a variety of reasons, most hospitals are full, which is not unusual for this time of year.
- MCI drills have started and participated in a Cascadia drill with their emergency manager.
- Most hospitals are restarting stop the bleed training
- Significant changes within Baker City EMS.

Is there difficulty getting people sent out to Idaho since they would normally do that?  
 Response:” We haven't been able to get people anywhere. It really doesn't matter we can't get them up into Washington we can't get them Idaho we can't get them in to Western Oregon. We're having some difficult conversations with patients and families about the fact that they're going to have some negative

outcomes because we can't get them out to specialist. So, we've had several patients that we've had to put on hospice because we can't get them out." Discussion took place by other hospitals about the issues of hospital surges. It was mentioned that the issues also need to be brought to the regional hospital and CMO meetings.

Public Comment - Ron Barbosa

No public comments were made.

Meeting was adjourned

These minutes have not been approved by the State Trauma Advisory Board.