



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

State Trauma Advisory Board (STAB)

Friday, January 8, 2016

1:00 p.m. – 4:30 p.m.

Meeting Minutes

Chair	Lori Morgan, M.D.
Vice Chair	Richard Urbanski, M.D.
Members present	Lori Morgan, M.D.; Leslie Terrell, R.N.; Richard Urbanski, M.D.; Travis Littman, M.D.; Bobbie O’Connell, R.N.; Roy Ball, R.N.; William Long, M.D.; Marty Schreiber, M.D.; Abigail Finetti, R.N.; Jane Burke, R.N.;
Members not present	Michael Lepin, Paramedic; Theresa Brock, R.N.; Neal Roundy, M.D.;
Guests present	Ameen Ramzy, M.D.; Jonathan Chin, Paramedic; Willy Foster, M.D.; Kathy Tompkins; Heather Timmons; Lynn Eastes, R.N.; Jackie DeSilva, R.N.; Matt Cerchie, R.N.; Daniel Van Hook, R.N.;
PHD staff present	Lisa Millet; Phyllis Lebo, R.N.; David Lehrfeld, M.D.; Candace Hamilton, Paramedic; Stella Rausch-Scott, EMT; Mellony Bernal; Dagan Wright
Members on the phone	Daniel Sheerin, M.D.; Robert Norton, M.D.; Marcia Page, R.N.;
Guests on the phone	Kelly Kapri; Patty Hoover

Agenda Item	<i>Call to Order – Dr. Lori Morgan</i>
The meeting was called to order. The agenda was reviewed and no changes were made.	

Agenda Item	<i>Review/Approve October 9, 2015, minutes – Dr. Morgan</i>
Travis Littman motioned for the minutes to be approved and Martin Schreiber seconded the motion. Motion was approved.	

Agenda Item	<i>Roseburg MCI debrief – Travis Littman</i>
Dr. Littman gave an overview of the Umpqua Community College shooting that took place in Roseburg, OR on September 30, 2015. There has not been an official debriefing of the incident but Dr. Littman gave his thoughts on areas that can be worked on from his perspective.	

- The MCI plan needs to be reviewed, trained from and followed when needed.
- Rather than following incident command structure, personal phone calls were placed with acquaintances so there was no way to determine and track who had been contacted, when and whether accurate information was being received.
- Resources available need to be tracked and used appropriately.
- Patients should be triaged and dispersed appropriately at a safe location.

The committee discussed patient movement and availability of ambulances in the state. Mercy Medical Center was able to take 10 critical patients but would have been overwhelmed with more patients. The counties and ATABs should review plans and prepare for patient movement to disperse a surge of patients, both critical and walking wounded, to hospitals throughout the Oregon hospital system. The military would be needed to help move patients but this will take time (hours) to activate and get the resources to the appropriate pick up points.

There is no plan or laws for ambulances and personnel to be brought in for patient movement. A legislative concept was discussed that the EMS office is wanting to pursue in which there can be an EMS mobilization plan that would bring in resources from around the state when needed. This plan would mimic the Fire surge plan that is in place for wildland fire

Dr. Morgan requested that the STAB create a task force for the LC and that a representative from the EMS committee participate.

Action Item

Legislative Concept EMS Mobilization Plan – task force:
Members:
Martin Schreiber
David Zonies
Jon Jui
Candace Hamilton
David Lehrfeld
Melissa Doherty (EMS Committee representative)
Travis Littman

Agenda Item

EMS & Trauma System Director & Medical Director Update – Dr. David Lehrfeld and Candace Hamilton

New office staff have joined the EMS/TS office. Veronica Seymour has been promoted to the Ambulance Inspection and Licensing coordinator. Renee Schneider is the Administrative Support specialist for the EMS/TS. John Adams is the new front office administrative specialist. The office has two administrative support positions open.

The Oregon Trauma Registry is applying for an ODOT grant that would link NEMSIS data and the OTR data to form data sets for vehicle collisions. The data team is working on a budget proposal for ODOT which is the second step for the grant.

The Data Dictionary will be implemented on January 1, 2017. This is the dictionary that the data task force has been working on and will also coordinate with the ODOT grant. Trauma One has had technical issues as well as unreliable customer service. There are contract obligations that are being reviewed. The trauma registry data will be removed from CITRIX and a new secure web based support system will be implemented. The technical issues should be resolved with this transition. Arizona has already started this transition and Oregon will be the second state. EMS and Trauma data will be compatible with each other and data points will be more effective.

ICD 10 is in the trauma registry but is not robust. The trauma registrars are unable to find the correct codes for the data submitted. Donald Au should be contacted about ICD 10 issues and Nathan Jarrett should be contacted for all other trauma registry issues.

Dr. Lehrfeld reviewed the process for ATAB plan reviews.

This will include:

- Uniform structure, accuracy, and compliance with statute and rule.
- Best Practices and adequacy of system components.
- Accuracy of regulatory and public health language.

David shared a paper that used trauma registry data and has been submitted for publication. *Development and Validation of the prehospital prediction model for acute traumatic coagulopathy* Ithan Peltan, MD, MSc created a prediction model for prehospital Acute Traumatic Coagulopathy (ATC). The study reviewed severely-injured adults admitted to a trauma center between 2008-2013 who received prehospital care and did not have isolated head injuries. The final Prediction of Acute Coagulopathy if Trauma (PACT) score incorporated data points that would predict routinely-available and objective prehospital data to ID patients at increased risk of ATC.

Action item	EMS/TS office:
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Agenda Item	ATAB Plan – Dr. David Lehrfeld and Dr. Ameen Ramzy
<p>Dr. Ramzy presented feedback he has received after contacting the ATAB chairs about the current ATAB plan rules that are in place. The rules were created at the start of the Trauma Program in 1987 and were not addressed during the latest Trauma Rule revisions that took place last year. A number of ATABs are requesting that the trauma rules (OAR 300-200-0800)</p>	

be opened, reviewed and changed. Interpretation of specific wording in the rules appears to be the biggest issue and it was proposed that interpretive guidance could be created instead of drafting new rules.

Dr. Littman received his ATAB 3 plan with recommended and required revisions. He suggested that clarification is needed of what a volunteer group is and who has authority to make changes. The returned plan which will require a large amount of time and work from volunteers and without funding is overwhelming.

A task force to consider current rules and creation of interpretive guidance was created. It was suggested that a member from each ATAB should be on the task force.

Action Item	ATAB task force clarification document: Ameen Ramzy Jackie DeSilva Jane Burke Bobbie O'Connell
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Agenda Item	ATAB 1 Line summary – Dr. Lori Morgan
<p>The ATAB 1 plan for Triage and Transport is supposed to be reviewed at least once every three years, or when needed, and modified to support even distribution of trauma patients between the two Level 1 trauma hospitals in Multnomah county. The trauma line has not been moved since 2005. Both hospitals have attempted to make changes but have not come to a mutual agreement. With requests coming to the OHA EMS and Trauma System office the OHA Assistant Attorney General has recommended that a third party meeting facilitator be brought in to facilitate the new changes to the line.</p> <p>Dr. Ramzy commented that as the ATAB 1 chair he has attempted to change the line since 2014. Dr. Ramzy proposed three options for the line changes with supporting data for each option. He objected to the state being involved with the matter and remarked that a facilitated meeting was not necessary and that the line change be chosen from the three proposed options.</p> <p>The state has a responsibility to make sure that the ATAB plans are implemented and bringing a facilitator to the meeting is the next step to this process.</p>	
Action Item	The EMS/TS will schedule a meeting with a variety of ATAB 1 representatives and facilitator to move forward with changing the trauma line designation.

Agenda Item	Sub-Committee Updates and Stand Reports – Dr. Lori Morgan
	<p>Trauma Directors – Dr. Littman stated that the subcommittee is working on creating protocols for the level 3 and level 4 interfacility trauma transport to a higher level of care. This will help the hospitals to prepare and perform certain tasks while the hospital is waiting for the transporting unit.</p> <p>Trauma Data QI/QA – Is not meeting until the data dictionary is ready to review.</p> <p>EMS Committee update – Dr. Ramzy informed the group that the committee met earlier in the day. The EMS committee had three work groups that presented to the committee. The first workgroup is about Rural EMS and is looking at options for a billing process to provide funding to the rural agencies, as well as online training. Rule changes were presented for Ambulance Secure Transport for psychiatric patients and the committee voted to approve. The rule changes for temporary licensure of out-of-state wildland EMS providers to assist with emergency medical needs of staff on fire response teams were reviewed and the committee voted to approve. Mike Harryman, OHA - Health, Security, Preparedness and Response, presented the workshop that focused on patient movement after a disaster. Dr. Ramzy suggested that the STAB also hear this presentation at the next meeting.</p>

Agenda Item	State EMS & Trauma Updates – EMS and Trauma office
	<p><i>STAB was given a written report of updates from the office before the meeting.</i></p> <p>The Data Dictionary has been finalized internally and is ready for implementation with 150 data points. This implementation will take a year and is set to be released January 1, 2017. The dictionary will be sent out by February 2016 for review and comments. This will be presented at the next STAB meeting by the data sub-committee.</p>

Agenda Item	ATAB updates – ATAB representative
	<p><i>(STAB was given a written report of updates from the ATABs before the meeting.)</i></p> <p>ATAB 1</p> <ul style="list-style-type: none"> • Has received official appointments for committee members • Will be meeting January 1st and will be working on the ATAB plan and MCI plan. <p>ATAB 2</p> <ul style="list-style-type: none"> • Will be meeting on January 21st and reviewing MCIs. <p>ATAB 3</p> <ul style="list-style-type: none"> • Reviewed Umpqua Community College shooting and also reviewed Oregon Organ Donations. • Will be meeting on March 9th. <p>ATAB 5</p> <ul style="list-style-type: none"> • Will be meeting on January 20th. • Is attempting to cover the Public at Large position and is finishing the ATAB plan. The ATAB is looking at using TXA for trauma plans.

<p>ATAB 6</p> <ul style="list-style-type: none"> • Will be meeting January 19th. • Has received official appointments for 7 committee members. • Will be reviewing MCI plan after having an active shooter drill that identified the need for training between prehospital providers and law enforcement. <p>ATAB 7</p> <ul style="list-style-type: none"> • Met January 6th and working on the ATAB plan. <p>ATAB 9</p> <ul style="list-style-type: none"> • No oral or written report submitted.

Agenda Item	<i>STAB By law changes – Stella Rausch-Scott</i>
<p>Stella presented to the committee an error in the bylaws relating to voting for a new chair and vice chair. The STAB bylaws which were adopted in July 2015 state the following:</p> <p>ARTICLE V - Officers</p> <p><i>A. The officers shall consist of the Chairperson and Vice Chair. The Board shall elect the Chairperson from its membership. The Chairperson shall hold office for a period of two years. Elections shall be held on a biannually basis (odd years) during the first meeting of the first quarter. The Chairperson will preside at all meetings and conduct the business brought before the Board.</i></p> <p><i>B. The Vice Chairperson shall be elected by the Board. The Vice Chairperson’s duty is to act as Chair in the absence or incapacity of the Chairperson or at the Chairperson’s request. The Vice Chairperson shall hold office for a period of two years. Elections shall be held on a biannual basis (odd years) during the first meeting of the first quarter. Election of officers shall occur at the final regular Board meeting of every even-numbered year (the last two italicized sentences contradict each other).</i></p> <p>The last two sentences contradict each other and a request was made to update the language to state that elections shall be held every two years during even years.</p> <p>Roy Ball motioned that the language be removed referencing odd years and state that the election shall be held every two years during an even year. Travis Littman seconded the motion. The motion passed.</p> <p>Dr. Morgan stated that at the next meeting (April 2016) there will be an election for a new Chairperson and Vice Chairperson.</p>	
Action Item	<p>EMS/TS: Update bylaws to reflect changes. Prepare for elections of Chairperson and Vice Chairperson.</p>

Agenda Item	<i>Public Forum and Comment</i>
The public had no comments.	

Agenda Item	<i>Meeting Adjourned – Dr. Morgan</i>
The next State Trauma Advisory Board meeting will be April 15, 2016, 1:00 p.m. to 4:30 p.m. at the Portland State Office Building, Room 1B.	

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