



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

**State Trauma Advisory Board (STAB)**

Friday, April 15, 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; 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.; Michael Lepin, Paramedic; Marcia Page, R.N.
Members not present	Theresa Brock, R.N; Leslie Terrell, R.N.; Daniel Sheerin, M.D.; Neal Roundy, M.D.
Guests present	Ameen Ramzy, M.D.; Jonathan Chin, Paramedic; Willy Foster, M.D.; Jenenne Aguilar, R.N.; Monica Hyde, R.N.; Erika Onm, R.N.; Amy Baxter, R.N.; Heather Timmons, R.N.; Lynn Eastes, R.N.; Jackie DeSilva, R.N.; Matt Cerchie, R.N.; Daniel Van Hook, R.N.; Paul Rostykus, M.D.
PHD staff present	Lisa Millet; Phyllis Lebo, R.N.; David Lehrfeld, M.D.; Stella Rausch-Scott, EMT; Mellony Bernal; Dagan Wright; Larry Torris, Paramedic; Nick May; Dana Selover, M.D.; Jara Poppinga
Members on the phone	Robert Norton, M.D.
Guests on the phone	Kelly Kapri; Patti Hoover, R.N.; Kathy Tompkins, R.N.

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

<b>Agenda Item</b>	<i>Review/Approve January 8, 2016, minutes – Dr. Morgan</i>
Bobbie O’Connell motioned for the minutes to be approved and Travis Littman seconded the motion. The motion was approved.	

<b>Agenda Item</b>	<i>EMS &amp; Trauma System Director &amp; Medical Director Update – Dr. David Lehrfeld and Candace Hamilton</i>
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Currently the EMS & TS office has 3 open positions:

- EMS for Children Program Manager,
- Administrative Specialist 1, (general office and operations); and
- Administrative Specialist 2 (Professional Standards Unit administrative support.)

The new licensing system, eLicense, is being on-boarded and was discussed extensively during the State EMS Committee meeting.. A slow and steady implementation will occur using eLicense with the EMR renewals first, and then EMS Medical Director information updates, ambulance agencies and other EMS providers coming along after. .

Office of Rural Health Grant funds are being used for two projects: 1) ASA plan review including template development and gap analysis; and 2) quality improvement training with six rural health departments.

The EMS & TS office has been tasked with gathering and disseminating information about Adrenal Insufficiency to health care providers as required by Senate Bill 874 which passed in 2015. In addition, the program has promulgated rules and developed a training protocol to train school staff on treating students diagnosed with adrenal insufficiency and suffering from adrenal crisis due to passage of Senate Bill 875. The training protocol was developed in collaboration with the Department of Education, School Nurse Advisory Group. Information will be posted on the EMS & TS web site.

The EMS & TS office will be working with wildland firefighters from other states to provide them with a temporary 90 day EMS license. These providers would only be able to use their license in camp and on wildfires, and not for general 911 calls. The office is still developing a list of Oregon EMS Supervising Physicians who would be willing to cover the responders while in Oregon. The office will be creating a process and guidelines for outside agencies contacting the Supervising Physician.

The ODOT grant for NEMSIS data share has been awarded. The grant will be used to upgrade the EMS data submission to a web based data share. The current trauma registry is unable to work with other systems due to old standards and programs. The Oregon Trauma Registry will have an updated system by January 1, 2017. The grant will be used to link the OTR with crash data (ODOT, State Police, etc.), EMS data, emergency room data, hospital data, and vital records in order to track and trend patients in the system.

The EMS mobilization plan is moving forward. Oregon has 1 of the 3 components completed and ready for activation. The components are:

- Bring medical supplies to the patient.
- Patient movement from the disaster site.
- Relocate the patient for definitive care.

Management has identified agencies, groups and personnel who will be dispatched with medical supplies to disaster zones. SERV-OR, a voluntary registry system composed of pre-

credentialed health care providers, would be the organization that would send out the Medical Reserve Core. Providers would be contacted if needed for a disaster.

The last two components do not have finalized activation plans. The EMS office has scheduled dates for meeting with a work group which will be creating the plan for patient movement from a disaster site. As the workgroup moves forward, other stakeholders may be added for insight.

The rules for secure transport for psychiatric patients are temporarily on hold given feedback from the mental health community. Those involved with the rule changes are working together to implement the rules which should be completed in June.

Dr. Selover reviewed the EMS and Trauma System's rule changes timeline.

- Rules pertaining to EMS provider licensing (333-265) and ambulance service licensing (333-250) need to be updated.

Dr. Selover requested volunteers to serve on the EMS rules subcommittee. Mike Lepin volunteered to serve on the committee.

2016 Oregon legislative bills that passed that may impact EMS and hospitals include:

- House Bill 4124, Prescription Drug Monitoring, requires disclosure of information to certain providers for use in health information technology systems. The bill also requires Naloxone to be made available to the public by pharmacists prescribing Naloxone kits to persons who have successfully completed training. These changes were backed by the Opioid prevention grant. Input on administrative rules relating to this bill may be sought from an EMS advocate and/or provider. House Bill 4030 requires the Oregon Health Authority to increase reimbursements paid to public EMS providers who serve OHP patients and, if approved by CMS, to private providers who contract with a local government. The bill directs OHA to amend Oregon's current state Medicaid plan and implement two reimbursement programs, with the aim of leveraging federal matching funds that will be used to provide increased payment — closing the gap between inadequate current rates and the actual cost of service — to public EMS providers and private providers contracting with a local government. The bill also requires OHA to convene a workgroup to develop recommendations for implementing reimbursement and aligning reimbursement of emergency medical services with Oregon's Integrated and Coordinated Health care Delivery System goals of driving down cost and reducing unnecessary emergency medical care utilization.

OHA has obtained a facilitator for the review and modification of the ATAB 1 line. The first meeting is scheduled for May 2, 2016. A request for an update at the next STAB meeting was made.

A housekeeping bill will be submitted for the 2017 session that addresses the following:

- The POLST Registry Advisory committee (PRAC) will sunset as they have completed the tasks that they were given.
- STAB membership changes include:
  - Requesting an *ex-officio* member from the EMS committee and the same for the EMS Committee from the STAB.
  - Changing the requirement to allow a nomination from the same trauma center for the position vacated.
  - Changing the requirement to allow a committee member to serve two consecutive terms.
- ATAB membership will no longer require an anesthesiologist; an EMS Supervising Physician will be required.
- Statutes pertaining to Epinephrine training need to be updated based on comments received during rulemaking.

The EMS/TS office has submitted a legislative concept to mandate EMS data submission. Goals should this concept pass:

- Data that is submitted will be linked to the trauma registry so that hospitals will not have to input data manually from EMS agencies.
- Hospitals will not have to generate reports for EMS agencies as the agencies will receive patient information from the hospital automatically.
- Waivers will be considered for agencies that are unable to submit data and a timeline of implementation.
- Require vendors to provide support for their data programs since the data would be required.

The state data system is being updated in order to allow the data that is being submitted to automatically be entered into the hospital data forms.

A request was made to review the STAB membership legislative changes at the next meeting.

<b>Action item</b>	EMS/TS office: <ul style="list-style-type: none"> <li>- Update on the ATAB 1 line</li> <li>- Present the draft legislative changes for the STAB committee at the July meeting.</li> </ul> Representative for EMS RAC: Mike Lepin
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<b>Agenda Item</b>	Noble Lifesaver – Larry Torris Larry Torris, All Hazards Planner for HSPR, presented information on the 2015 Noble Lifesaver Patient Movement Workshop, a facilitated discussion on the scope of federal assistance for patient movement operations, as well as on specific requirements among local, state, regional and federal partners. National government personnel, military personnel, private hospitals, EMS agencies, fire agencies and FEMA all came together to identify resource capabilities and gaps in planning and responding to a large scale disaster. The after action summary identifies areas that will need to be built upon in order to respond to patients
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and move people and patients out of the disaster zones. The group was able to identify possible plans and resources that would be able to implement life safety responses. HSPR has created a “play book” that helps identify checklists during an event for all agencies in Oregon. There are many aspects of response that will take place at once and all areas that are affected will need to be prepared to self-sustain for a long period of time (weeks/months) than are actually prepared for at this time. As federal response comes in the resources will be dispersed out to areas of Oregon, but this will take time due to access and distance. Federal response teams will decide which patients are capable of being transported. In the event of a disaster, the coordination of specialty care will need to be determined by the hospital and the transportation team. The committee requested that the power point presentation be sent to committee members.

<b>Action Item</b>	EMS/ TS office: Send the Noble Lifesaver slides to the committee.
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<b>Agenda Item</b>	HosCap/ HAN – Nick May
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Nick May presented HosCap/ HAN to the committee to show how this system works for day-to-day hospital bed count and during an MCI or disaster. The system is volunteer based and data is entered by assigned hospital personnel. A committee member asked how to work through the issues that HosCap is a voluntary system and the state does not require mandatory reporting for the hospitals to keep accurate bed availability by the hour. If the hospital updated the system at 1700 and an MCI is declared at 0300 the next morning, the bed count may not be accurate. This does not help the EMS agencies or surrounding hospitals with patient placement.

HosCap can send generated messages. If there is an emergency and more beds are needed, a notification can be sent out to predetermined contacts that will notify contacts that hospital information needs to be updated due to an emergency.

A demonstration of how an “all-call” would be used through the Health Alert Network (HAN) to update the HosCap was given. There are liaisons and other staff from the state that are able to create and send alerts.

Dr. Littman stated that the system has potential but until its use is mandated, it will be hard to keep the system up to date. During the UCC shooting, there were communication issues that confused the disbursement of patients. One of the bigger issues identified by the hospitals involved was there being more than one person dealing with the disbursement of patients and others did not know. Multiple administrative staff were contacting each other and this added to the confusion of patient tracking. Cell phones are a quick and easy way to communicate but doesn't track information.

Roy Ball asked the committee to consider what resources would be helpful to the lower level hospitals who do not have similar types of resources as higher level hospitals. The level 1 trauma hospitals have a Medical Resource Hospital where information and patient

disbursement are gathered and sent out. Having a designated resource for the hospitals would alleviate a large part of patient management and hospital designation to free up staff.

Dr. Lehrfeld stated that the region should create a list for all hospital's resources in each ATAB. He clarified that the presentation was to remind committee members that there are resources available for hospitals and EMS agencies. Hospitals should have a process and schedule to review and update their contact information and/or designated lists.

Dr. Littman requested that the STAB create requirements for the ATABs to form an MRH resource in each area that could be implemented during a disaster or MCI. Training should be required for hospital staff to use HosCap so that more than one person knows how to use the system. Once HosCap is incorporated, than agencies can start using the resource.

It was requested that the EMS/TS office:

- Send an FAQ sheet to all hospital administrators and ED managers;
- If the hospital is a designated trauma hospital, the FAQ should also be sent to the trauma manager or trauma nurse coordinator;
- The HosCap FAQ should be sent to the ATAB chair;
- Request each ATAB to review patient movement plans and consider incorporating the HosCap into the ATAB plan; and Review HosCap initiative at the July STAB meeting.

**Action Item**

ATAB – Review what approach they would make as a region when a disaster or an MCI is declared.

STAB – Requirements for ATABs to form an MRH resource that could be implemented during a disaster or MCI. Training should be required for multiple hospital staff to know how to use the system.

HSPR/ EMS-TS - Hospitals should have a schedule to review and update their contact information or designated.

HosCap FAQ be sent to the hospital admin, ED Manager, Chief Nurse Operator and TNC/TM.

HosCap FAQ and letter of request for action be sent to ATAB chairs to review and possibly incorporate HosCap into the ATAB plan.

<b>Agenda Item</b>	<i>OTR Data Dictionary – Dr. David Lehrfeld</i>
<p>The data dictionary that is being rewritten and scheduled for implementation on January 1, 2017 has been submitted for final draft review. There is almost a 50% decrease in manual data variables. The EMS/TS office is scheduling trainings for the Trauma Registrars to be prepared for the January implementation date.</p>	

<b>Agenda Item</b>	<b>Sub-Committee Updates and Standing Reports – Dr. Lori Morgan</b>
<p>Trauma Directors – The subcommittee is working on creating protocols for the level 3 and level 4 interfacility trauma transfer to a higher level of care. This will help hospitals to prepare and perform certain tasks while the hospital is waiting for the transporting unit.</p> <p>ATAB TM/TNC –This new subcommittee was created to bring together the trauma managers and trauma nurse coordinators on a quarterly basis. The goal is to help each ATAB grow a support system. The first meeting had a large attendance both by teleconference and in person. The subcommittee is deciding on projects and goals for future meetings. There was a brown bag lunch and Lesa Beth Titus and Monica Hyde presented an overview of the Umpqua Community College MCI.</p> <p>Trauma Data QI/QA – <i>Data dictionary update.</i></p> <p>EMS Committee update:</p> <ul style="list-style-type: none"> <li>• Information on CARES (Cardiac Arrest data) was presented including discussing potential opportunities for different funding options since the current grant will end December 2016.</li> <li>• Legislative concepts were reviewed and a rules subcommittee formed to consider 333-265 and 333-250 rules.</li> <li>• HR (House of Representative – Federal) 4365 would allow EMS providers to distribute narcotics with standing orders from a supervising physician. This was previous practice but due to an interpretation of the Controlled Substances Act, the DEA has determined that a Paramedic may not deliver or administer controlled substances to a patient. The bill also is requesting that DEA registration requirements of narcotics would change from the Supervising Physician to the Agency.</li> </ul>	
<b>Action Item</b>	EMS/TS office send out information about HR 4365 to the committee.

<b>Agenda Item</b>	<b>State EMS &amp; Trauma Updates – EMS and Trauma office</b>
<p>A written report was submitted prior to the meeting and committee members did not have any questions about the report. The EMS/TS office requested trauma hospitals to submit feedback, such as, does the format work, is there room for improvement, or does the format need changes?</p>	

<b>Action Item</b>	Trauma hospitals - provide feedback to the state on the trauma survey report. Does the format work, is there room for improvement, or does the format need changes?
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<b>Agenda Item</b>	<i>ATAB updates – ATAB representative</i>
ATAB 1	• The March meeting was canceled.
ATAB 2	• QI filters have been updated. More emphasis is being placed on case reviews from the field.
ATAB 3	• The ATAB plan feedback from the state was reviewed and an action plan to update the draft was created. The tissue bank presented the process for how it works with trauma patients.
ATAB 5	• Continuing to work on the ATAB plan. Hospitals are preparing for four trauma surveys. Will be discussing the use of TXA in the field.
ATAB 6	• Reviewing the new rules for the ATAB plan. Have completed and implemented the ATAB MCI plan.
ATAB 7	• Currently working on the ATAB plan.
ATAB 9	• Reviewing the ATAB plan and reviewing the ambulance designation for the area.

<b>Agenda Item</b>	<i>STAB Chair and Vice Chair Election – Dr. Lori Morgan</i>
<p>Dr. Morgan requested nominations for the Vice Chair position. Bobbie O’Connell nominated Roy Ball and Dr. Martin Schreiber seconded the nomination. Roy Ball accepted. All were in favor of the nomination. Roy will serve as Vice Chair until 4/1/2018.</p> <p>Dr. Morgan requested nominations for the Chair position. Dr. Bob Long nominated Dr. Richard Urbanski and Roy Ball seconded the nomination. Dr. Richard Urbanski accepted the nomination. All were in favor of the nomination. Dr. Urbanski will serve as the Chair until 4/1/2018.</p>	
<b>Action Item</b>	None.

<b>Agenda Item</b>	<i>Public Forum and Comment</i>
No public comment.	

<b>Agenda Item</b>	<i>Meeting Adjourned – Dr. Morgan</i>
The next State Trauma Advisory Board meeting will be July 8, 2016, 1:00 p.m. to 4:30 p.m. at the Portland State Office Building, Room 1B.	

