

**STATE OF OHIO
EMERGENCY MEDICAL SERVICES BOARD**

TRAUMA COMMITTEE MEETING MINUTES FINAL

Chaired by: John Crow, MD

Date & Location: March 10, 2010 at ODOT, Conference Room G-B, Columbus, Ohio

Name	Attendance		Name	Attendance	
	Present	Absent		Present	Absent
Nancie Bechtel, RN,	X		Michael Shannon, MD	X	
John Crow, MD	X		Diane Simon, RN	X	
William Crum	X		Howard Werman, MD	X	
David Degnan	X		Richard Ziegler, DDS	X	
Mark Gebhart, MD	X				
Todd Glass, MD	X		Carol Cunningham, MD*	X	
Vickie Graymire, RN		X	Carol Jacobson*	X	
Kathy Haley, RN	X		F. Barry Knotts, MD*	X	
Brian Kuntz, EMT-P	X		Forrest Smith*	X	
Edward Michelson, MD	X		Amy Wermert*	X	
Sidney Miller, MD		X			
Debra Myers	X		Tim Erskine, EMT-P †	X	
Greg Nemunaitis, MD	X		Heather Frient†		
Jennifer Piccione, RN		X	Sue Morris, EMT-P †	X	
David Pohlman, EMT-P		X	Millie Pontious †	X	
Kevin Pugh, MD		X			
John Ross, EMT-P	X		* = Non-Voting Committee member † = Non-Voting ODPS/EMS Staff		
Jonathan Saxe, MD		X			

Others in Attendance:

An audience sign-in sheet is on file in the Division of EMS office.

CALL TO ORDER:

Welcome and Introductions – Dr. Crow called the meeting to order at 10:04 am. Members and everyone present introduced themselves.

Dr. Crow welcomed Tim Erskine back after a brief medical leave and wished him well. Dr. Crow also thanked the committee members that worked on putting together the Ohio Trauma Systems Report and everyone else involved in the sub-committee who spent an incredible amount of time and work in putting together this awesome document.

Approval of Meeting Minutes

Review of the January 13, 2009 minutes. Dr. Cunningham had submitted a minor change which has been included in the draft distributed today.

MOTION: Dr. Crow moved to approve the minutes and second by Ms. Haley.

VOTE: All in favor, none against, no abstentions. **Motion approved.**

Dr. Glass came in at 10:10 a.m.; Dr. Shannon came in at 10:13 a.m.

Liaison Reports

ODPS Legislative Update – Mr. Erskine stated that the House Committee on Public Safety voted unanimously on one of the House bills to ban texting while driving. It is expected that this bill will get a quick and easy vote from the full House and then it will go over to the Senate. This bill makes texting

while driving a primary offense and it carries a \$250.00 penalty. T. Erskine will e-mail the bill's text to all committee members this afternoon. Dr. Crow added that he had submitted the recommendation "to ban texting or e-mailing while driving" to the EMS Board as moved and approved by this committee and it was approved by the Board.

EMS Medical Director Report – Dr. Cunningham stated that she will be attending an RPAB Chair's meeting this afternoon and one of the major things which will be on the Agenda will be the revision of the State's guidelines. The EMS Board over a year ago adopted the National EMS Scope of Practice Model as the basics for the psychomotor skills and the scope of practice for Ohio. The scope of practice for our state exceeds the minimum of the national scope with the exception of the paramedic. The new paramedic scope of practice has additional skills and the ones that are related to trauma include, chest tube monitoring and blood administration, potentially PEEP, also. These skills will be added to the educational curriculum and those education standards can be found posted on the NASEMSO webpage. Dr. Cunningham added that she had developed a gap analysis for the 2009 EMS Board retreat where she provided a comparison between the state of Ohio scope of practice and the national scope of practice. Dr. Cunningham has continued to update this analysis to include new revisions to the guidelines. Cunningham also mentioned that one of the national organizations that she works with will be celebrating the "EMS on the Hill" on May 4th in Washington, D.C. and expressed to the committee members to feel free to stop by and join the folks and speak to legislators if they are in the area.

Ohio Department of Health – Dr. Forrest Smith reported that he has continued participating on the monthly conference calls with Mr. Erskine regarding the Provisional Trauma Center processes. Dr. Smith commented that Mr. Erskine has put together a letter to be mailed to consultation site reviewers to help them understand the process. A Process Checklist for Initial Verification has also been created. The checklist is mailed to the hospital that wants to become a trauma center, it furthers the educational process of the participating facility and it also decreases the time by which the ACS may come in. Dr. Smith commended the EMS Trauma staff on the work they are doing regarding this process.

Ohio Injury Prevention Partnership – Ms. Wermert reported that she had attended the February 12th OIPP meeting where a former gang member was the featured speaker and discussion regarding intentional violence prevention followed. Ms. Wermert also announced that there will be a one-day injury prevention symposium regarding "Prevention of Brain Injury among Ohio Youth" on July 30th in the Columbus area presented by the Ohio Injury Prevention Partnership in partnership with the Ohio Department of Health.

EMS Board – Dr. Crow informed the committee members that he had shared the Trauma Committee's 2009 Accomplishments with the EMS Board during their February retreat; Dr. Crow also discussed the Model Trauma System document and other issues related to getting some of the IT projects working, such as the unique patient identifier and updates for the OTR data dictionary. Also, Dr. Steven Steinberg, was nominated by the American College of Surgeons, Ohio Chapter, and was appointed to the EMS Board to replace Dr. Groner. Dr. Steinberg will serve as liaison between the EMS Board and the Trauma Committee.

Mr. Erskine informed the committee that changes within the EMS Office of Research and Analysis ("ORA") staff were being made. Sue Morris has been promoted to EMS Data Manager. Two more positions, a Statistician and an Epidemiologist have been created and posted for this section in order to improve the efficiency of analyzing data received and expand some of the data research projects related to trauma. Mr. Erskine assured the committee that these changes were not the result of the newspaper articles written by Suzanne Hoholik after her attendance at the last Trauma Committee meeting. Mr. Erskine explained that these two new positions were already being created and posted, however, that he was not comfortable with discussing this at that time since it had not been finalized.

Ms. Haley also commented that she feels that because of the amount of data being analyzed by ORA and any future projects that might develop, the Trauma Committee needs to be more involved and aware of what goes on in order to make the right recommendations to the EMS Board. Ms. Haley added that maybe the TRAS Subcommittee would be the group that would oversee and keep track of this information. Dr. Crow commented that there is a large amount of information being collected in our database but we are really not using it. Dr. Knotts stated that TRAS is a bit more isolated from the

bureaucracy but in order to be more involved with future TRAS projects, TRAS needs to know how the ORA staff's responsibilities will be laid out, such as data collection of reports, etc. Dr. Crow read the responsibilities that EMS Board Chair Jim Davis offered to him after the Board retreat. The following tasks have been assigned by the EMS Board to the Trauma Committee: Work to develop a process for validation of the information in the trauma registry to assure that the data is accurate; make any specific recommendations for change in the handling of data; research the specific opportunities and ways to merge the data in specific registries; and research the staffing of other state's trauma systems.

Sub-Committee & Work Group Reports

Trauma Registry Advisory Subcommittee – Dr. Knotts reported that the subcommittee had met in February. This group recommended that the 48-hour rule be removed. The subcommittee also discussed and tried to come up with a definition of the word *admission*. The TRAS subcommittee also discussed *complications*. At the moment, trauma centers that are reviewed by the ACS are required to submit data to the NTDS; and, for this reason, they have a separate set of complication fields. Therefore, trauma centers are now collecting two separate sets of complication data and are submitting one to the state and one to the national. The TRAS subcommittee further discussed this matter and decided to redefine the complication data fields without much change to the state database. The ORA staff was directed to create a matrix showing how current complications would merge into NTDS list.

Dr. Crow asked if there was any news regarding the unique identifier. Dr. Knotts replied that there was no further word regarding this item.

Dr. Crow mentioned that Nancie Bechtel had expressed an interest in being part of this sub-committee and recommended that Ms. Bechtel be Vice-Chair of this group.

MOTION: Ms. Haley made a motion to appoint Ms. Bechtel as Vice-Chair of the TRAS Subcommittee and second by Dr. Shannon.

VOTE: All in favor, none against, no abstentions. **Motion approved.**

Ms. Haley asked about the 48-hour rule, whether it would require a rule change. Dr. Knotts stated that it would require a rule change, hopefully, effective July 1, 2012. Ms. Haley also asked about the inpatient Rehab Registry. Mr. Erskine replied that this is something he hopes to refocus on once the ORA staffing is up to the level it should be.

Over/Under Triage – No report.

PI Reports – Dr. Crow reported that he had received a draft of the 2008 Performance Improvement Report. Dr. Crow summarized by saying that there were 32,000 entries; the trends were very much the same as previous years with falls being the most common cause of injury, specially in the elderly patients; the ED Disposition was very much the same; primary pay source, though unreliable, was the same; 90th percentile for trauma scene time = 25 minutes; time spent at the scene by GCS was fairly flat; the ET and IV placement rate was 60-80% range; and the transferred patient time was under 2 hours. Mr. Erskine will e-mail a copy of the draft 2008 PI report to all committee members this afternoon. Mr. Erskine asked that if there is any additional information that any of the committee members need in order to better understand the system, to please let him know.

Old Business

PEC Article on Geriatric Triage – Dr. Michelson reported that he had not heard anything.

Regional Trauma Triage variant, RPAB Region 4 – Was passed (approved) by the EMS Board.

Distracted Driving – Amy Wermet and Nancie Bechtel introduced Kenneth Buckwalter, OSU BSN student interning with the Central Ohio Trauma System, to the committee members. Mr. Buckwalter is working on the distracted driving research (with emphasis on texting) and the results will be presented at the next meeting scheduled for May 12th.

New Trauma Centers – Mr. Erskine reported that according to reliable sources Firelands Regional Medical Center (in Sandusky) passed their verification visit. Therefore, Firelands should be receiving their verification letter in a few weeks. Genesis in Zanesville has applied for a consultation visit to become a level 3 trauma center. At the moment there are 46 Trauma Centers and once Genesis is verified the State of Ohio will have 47 in total.

Mr. Erskine distributed a copy of a letter to ACS site reviewers along with a checklist titled *Provisional Trauma Center – Process Checklist for Initial Verification*. Over the last few years, Mr. Erskine has heard of some frustration, irritation and even anger from the site reviewers because the hopeful trauma centers have no experience in treating trauma patients. This is because of the way the provisional designation process works. Therefore, the ACS has agreed to include this letter and the checklist in every site reviewer's packet that is coming to Ohio for a consultation.

2010 Trauma Committee Goals – Nancie Bechtel commented that the trauma subcommittees may want to create a list of their role and responsibilities. Dr. Crow agreed with Ms. Bechtel and asked that all subcommittees (TRAS, Over/Under Triage, PI Reports and the Trauma System Plan) prepare a list of their goals and responsibilities to be presented at the next Trauma Committee meeting.

New Business

Ohio EMS Awards – Mr. Erskine distributed a copy of *The 2010 Ohio EMS Awards Program* nomination packet and explained the program. The EMS Division created an awards program to recognize outstanding achievements and to honor individuals in Ohio's EMS system. The EMS Service Provider of the Year award will be given to one for each level; another award for EMS Service of the year will be given to an Ohio EMS Service organization; and the last category is the EMS Medical Director of the Year award. Nominations will be reviewed by EMS Division staff. Then, an Award Selection Panel which consists of ODPS Division staff, members of the State Board of EMS and others will be created for each category. The Ohio EMS awards program was created after review and study of other states' program. The awards will be presented during EMS Week in May. Ms. Bechtel commented that she feels it is great to recognize the wonderful EMS colleagues that we have around the state, but she also wanted to express her concern about "the ORA spending time on the Ohio EMS awards when prior discussion about just having .3 FTEs to manage the trauma database was brought-up and those are legislative, that's work that is supposed to get done and it is not getting done because we don't have enough FTEs". Ms. Bechtel, further commented that "if this is work that you guys (ORA) are doing and there is other work that is legislative and needs to get done and it is not getting done because we do not have enough FTEs which we heard earlier in the meeting, I feel that I need to raise that because I don't think its fair not to raise that." Dr. Shannon commented that he was all for doing it (the Ohio EMS Awards) anyway.

Mr. Erskine updated the committee regarding the Trauma Committee's member vacancy of the non-trauma hospital representative seat (formerly occupied by Gary Englehart). Dr. Gary Huston, a physician from Brown Memorial Hospital in Conneaut, has been appointed by ODPS Director Collins-Taylor.

Model Trauma System Plan – All committee members received a copy of the 2010 Ohio EMS Trauma System Framework which was sent for their review about two weeks ago. Ms. Haley addressed the committee members and gave a background and summary of how the document was compiled, areas that the sub-committee struggled with, and the next steps to be taken. Jim Davis, Chairman of the EMS Board, was introduced by Dr. Crow and Mr. Davis offered to bring this plan to the EMS Board once the Trauma Committee has finalized it. Mr. Erskine added that the next step should be to present it to the stakeholders in order for them to forward their comments or recommendations to the committee and, therefore, the **draft** stamp should not be removed from the document. Dr. Michelson suggested that the committee: 1) move to establish this document as a working framework for developing the final Ohio EMS Trauma System Plan; and, 2) a recommendation on dissemination, how and who.

MOTION: Dr. Michelson made a motion to establish the document as a working framework for developing the final Ohio EMS Trauma System Framework and second by Dr. Shannon.

VOTE: All in favor, none against, no abstentions. **Motion approved.**

MOTION: Dr. Michelson made a motion to recommend that the Ohio EMS Trauma System Framework be disseminated to all of the known stakeholders in the state for their review and comments to be returned to the committee that developed this framework.

Before a vote was taken on the second motion (above), Mr. Davis suggested introducing the framework to the EMS Board first and after their approval, the Board will disseminate the Ohio EMS Trauma System Framework to all of the known stakeholders in the state for their review and comments. Dr. Michelson withdrew his motion. Mr. Davis asked Mr. Erskine to make sure that this item is included in the EMS Board packet for next meeting.

Meeting adjourned at 12:05 p.m.