

**STATE OF OHIO  
EMERGENCY MEDICAL SERVICES BOARD**

**TRAUMA COMMITTEE MEETING MINUTES FINAL**

**Chaired by:** John Crow, MD

**Date & Location:** May 13, 2009 at ODPS, Room 134 (Motorcycle Room), Columbus, Ohio

Name	Attendance		Name	Attendance	
	Present	Absent		Present	Absent
Nancie Bechtel, RN,	X		Diane Simon, RN	X	
John Crow, MD	X		Howard Werman, MD		X
William Crum	X		Richard Ziegler, DDS	X	
David Degnan		X			
Gary Englehart, FACHE	X				
Mark Gebhart, MD		X	Christy Beeghly*		X
Todd Glass, MD	X		Carol Cunningham, MD*	X	
Vickie Graymire, RN	X		Jon Groner, MD*		X
Kathy Haley, RN	X		F. Barry Knotts, MD*		X
Brian Kuntz, EMT-P	X		Forrest Smith*		X
Cliff Mason, EMT-P	X				
Debra Myers, RN		X			
Edward Michelson, MD	X				
Sidney Miller, MD	X		Tim Erskine, EMT-P ‡	X	
Greg Nemunaitis, MD	X		Heather Frient†		X
Jennifer Piccione, RN		X	Sue Morris, EMT-P ‡	X	
David Pohlman, EMT-P	X		Millie Pontious †	X	
Kevin Pugh, MD		X			
Jonathan Saxe, MD	X		* = Non-Voting Committee member ‡ = Non-Voting ODPS/EMS Staff		
Michael Shannon, 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 10:11 am. A quorum is present at the meeting. Members introduced themselves.

**Approval of Meeting Minutes**

**MOTION:** Approve the March 2009 meeting minutes. Moved by Shannon, second by Mason.

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

**Liaison Reports**

**ODPS Legislative Update** – Tim Erskine updated the Committee members regarding **HB 93**, the Bike Helmet Law, which will require bicycle operators and passengers under 18 years of age to wear helmets while riding on a roadway; and, this bill will also establish a Bicycle Safety Fund in order to assist low-income families in the purchase of bicycle helmets.

**SB 86** – If passed, this SB will grant qualified civil immunity to physicians who provide emergency medical services, first-aid treatment or other emergency professional care in compliance with the federal Emergency Medical Treatment and Active Labor Act or as a result of a disaster.

**SB 105** – 911 Calls - Broadcasting an actual 9-1-1 call that has been made available as a public record will be prohibited. This bill will also prescribe a penalty for such violation.

**SB 58** – Body Fluids – This bill would prohibit a person from collecting any bodily substance of another person without privilege or consent to do so. Furthermore, it would permit emergency medical technicians-intermediate and emergency medical technicians-paramedic to withdraw blood for the purposes of the watercraft or vehicle OVI or the commercial motor vehicle laws.

Lengthy discussion regarding SB 58 continued with Dr. Cunningham informing the committee that the EMS Board had asked her to draft a letter, which would be mailed to all members of the Criminal Justice Committee, representatives and senators and other public groups involved in the passage of this bill, expressing the Board's opposition to this bill. Specifically, withdrawing blood is not in the scope of emergent care and it also raises huge liability risks. Several other issues included in this bill were also raised in this letter.

**MOTION:** Nancy Bechtel proposed a letter be drafted voicing the Trauma Committee's dissent to this bill. Michelson second.

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

Dr. Crow will prepare the letter and Dr. Cunningham will present it to the EMS Board members at next week's Board meeting.

**EMS Medical Director Report** – Dr. Cunningham updated the committee regarding the last RPAB meeting. Mel House, from the Ohio Emergency Management Agency, discussed a drowning victim's case where the patient received extended hypothermia care at a medical facility. A survey might be needed to determine which hospitals have an extended hypothermia protocol. Dr. Cunningham emphasized the importance of working through the trauma centers since the current standard is to transport drowning victims to trauma centers. Dr. Cunningham also offered to work with the Ohio Hospital Association to see if they are willing to do a hospital assessment. Dr. Cunningham is also reviewing current state guidelines in regards to drowning and post cardiac arrest.

{Mr. Pohlman and Dr. Saxe arrived at 10:43}

Dr. Cunningham also distributed a copy of a letter from the Ohio EMS Board sent to the editor of *Prehospital Emergency Care* regarding a "Comparison of the Ohio and American College of Surgeons Guidelines in Identifying Trauma Center Need for Older Adults" published in January/March 2009 and presented at the NAEMSP 2009 annual meeting. This presentation is an inaccurate assessment of the geriatric trauma study completed in Ohio. Furthermore, the letter explains that this study "is an inadequate resource to assess the Geriatric Trauma Task Force Report and Recommendations due to its paucity of patient records examined, failure to utilize standardized prehospital trauma triage criteria, and lack of inclusion of trauma patients transported to non-trauma centers".

**Ohio Department of Health** – T. Erskine gave Dr. Smith's report in his absence. Dr. Smith is urging all of us to follow the Ohio Department of Health and CDC websites to keep up with the latest information regarding the H1 N1 influenza outbreak. There is guidance on the CDC website for EMS issues which is updated frequently. ODH has also been coordinating the State level response. On April 27<sup>th</sup> the State of Ohio received its supplies from the Strategic National Stockpile and it contained PPE and antiviral medications. These supplies have been distributed to regional distribution centers. Also, T. Erskine distributed a copy of the provisional trauma Center Process flow chart and the Provisional trauma Center Process checklist. Dr. Smith and T. Erskine met to discuss what it is that can be done administratively in response to hospitals that declare trauma center status but do not have evidence of having followed the process. T. Erskine offered that administratively, the only thing that ODH, EMS Board and Division of EMS can do is to simply inform all EMS providers that the hospital is not an appropriate destination for trauma victims.

Dr. Saxe reported that at the annual meeting of the Ohio Chapter of the College of Surgeons, during the Ohio Committee on Trauma meeting MedCentral Hospital in Mansfield announced the possibility of relinquishing its Level 2 trauma center status.

**Ohio Injury Prevention Partnership** – No report. This group meets quarterly and has not met since the last Committee meeting.

**EMS Board** – Ms. Graymire reported that Director Guzman secured funding for the next two years for the Division of EMS. The EMS Board is sending Mr. Guzman a letter of appreciation for arranging this funding. The grant proposals received are being reviewed. There were ten applications for priority two grants totaling \$929,000.00; one application for priority three which are the trauma rehab grants; and for

priority four related to medical procedures there were six submitted. The Research and Grants Committee is reviewing these applications at the moment.

Ms. Graymire reminded everyone that prior to the regularly schedule EMS Board meeting next week there will be a reception in celebration of National EMS Week.

### **Sub-Committee & Work Group Reports**

**Trauma Registry Advisory Subcommittee** – T. Erskine reported that the TRAS met last month. The first topic of conversation was reviewing the 48-hour rule as recommended by this Committee. There will be a lot of information which will be pulled from the Trauma Registry and reviewed in order for TRAS to move forward with the evaluation of the 48-hour rule. Another issue which was discussed was the burn data within the Trauma registry. We do have a problem because the information being received is from Trauma Registry and not from Burn Registry. Dr. Miller agreed and commented that because of this the information we receive from hospitals with burn centers is probably inaccurate and incomplete. Furthermore, Dr. Miller suggested to the Committee, that maybe the answer would be for the Trauma Committee to contract with burn centers statewide and ask that a benchmark report be submitted by each program.

Discussion regarding unique patient identifier followed. T. Erskine informed the Committee that at the moment the only thing that needs to happen to solidify the report is the hospitals' data identifying the squad that brought the patient in. We need to program our database to accept it and having CDM, which is the only commercial vendor for trauma registry in the state, create a squad ID field that then gets exported to and uploaded by hospitals. No time frame can be established because the programming schedule is way behind and money is also not available. Probabilistic linkage is doable but it will not include the squad ID. Several states such as Virginia, Oregon and New York are working on creating unique identifier programs.

**Over/Under Triage** – Mr. Englehart reported that this group has not met; therefore, there is no report.

**Trauma Registry Reports** – Dr. Crow reported that a small group met right before this meeting. Dr. Nemunaitis has prepared a PowerPoint presentation which includes the three-year report which includes 2006, 2007 and 2008. Dr. Nemunaitis showed the presentation via television and gave an explanation of each slide. The information presented included the three yearly reports on the registry data (increase of over 600 cases) and listed the data side-by-side. Issues presented were race, patient's age, trends of aging population (over 65 group), male patients seem to be increasing after age 35, female patients seem to be increasing after age 25. The data was also broken-down by counties. It also included injury trends during these three years which increased with age. Also listed were drownings, falls, motorcycle accidents, struck-by or against, etc. Data shows type of injuries which increased with age. Also studied were patients admitted to hospitals through ER, ICU, or directly to the floor, etc. Copies of this presentation were e-mailed to all Committee members.

**Distracted Driving** – Mr. Erskine reported that there was nothing to report.

**Trauma System Plan** – Ms. Haley reported that the work group has been very productive and has been meeting on a monthly basis for a total of twelve hours of work. The group is not quite ready to present a draft to the Committee as of right now. The group has been reviewing several trauma system plans from other states although most of the plans do not fit Ohio's exactly. The state of Florida's system plan is the one this group has chosen to align with and to expand upon or use their experiences in implementing our plan. The Florida plan is on their second five-year plan and therefore since it has been in effect for 9 years this group can benefit from seeing their work and capitalizing from that. The group is working on nine goals and those are: Leadership, injury prevention, disaster preparedness pre-hospital care/transport, definitive care (trauma services), medical rehabilitation, evaluation quality management and performance improvement, regional system evaluation, and lastly, trauma registry. The group has been working on all the listed goals except leadership. Rehabilitation Definitive Care has been the main focus. This group will continue to work on the Plan concentrating on Leadership immediately after this meeting. Ms. Haley also mentioned that as soon as the group has a draft of the Plan it will be distributed to all members of the Committee for their review and comments probably by the next Committee meeting. Dr. Crow commended this sub-committee group for all their hours of hard work. Ms. Haley also

mentioned that this sub-committee needs an EMS representative as soon as possible to continue the work with this group.

### **Old Business**

**Provisional Level 3 Trauma Centers** – Already discussed.

**CDC Trauma Triage Guidelines** – T. Erskine distributed copies of a draft of the CDC Trauma Triage Guidelines including a side-by-side comparison of these guidelines and Ohio's, showing what exists in one but not the other. Dr. Crow asked for three or four volunteers to review and revise this document. In reviewing the draft, the Committee would like to concentrate and have further discussion on open skull fractures and mechanism of injury items. After a period of much discussion, it was decided that the document would be finalized and approved by the Committee at a later date.

Mr. Erskine presented the Committee with a draft Ohio Trauma Triage Decision Tree modeled on the CDC's version. The Committee approved the document with two changes: changing the title to indicate the document is for EMS and adding a footnote that it is not intended for interhospital transfer decision making.

### **New Business**

Brief discussion regarding the use of blood products by EMTs was brought up. Overall the Committee feels more research needs to be done on this issue.

Nancy Bechtel brought up for discussion the issue of terminology, definitions and descriptions of complications in the National Trauma Data Bank. T. Erskine will bring this issue up to TRAS for review. Mr. Erskine also mentioned that TRAS has a draft of a new dictionary to match the National Trauma Data System.

Cliff Mason brought up the subject of EMS scope of practice related to Tactical EMS. Mr. Erskine informed Mr. Mason that this work has been going on a regular basis by the EMS Board and will continue to be discussed in the future. There is a Tactical EMS Sub-Committee under the Homeland Security Committee. The meeting dates for both of these groups are listed on the EMS website ([www.ems.ohio.gov](http://www.ems.ohio.gov)) under the EMS calendar.

November meeting change of date – November's meeting will have to be rescheduled since it falls on a state holiday (November 11<sup>th</sup> - Veterans Day). Committee members need to let Tim Erskine know their availability on the Wednesday before or the Wednesday after the 11<sup>th</sup>.

Meeting adjourned at 12:25 p.m.

Next meeting will be on July 8, 2009, 10am, ODPS, Room 134 (The Motorcycle Room).