

**STATE OF OHIO
EMERGENCY MEDICAL SERVICES BOARD**

TRAUMA COMMITTEE MEETING MINUTES FINAL

Chaired by: John Crow, MD

Date & Location: July 8, 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 May 2009 meeting minutes with one minor correction. Moved and second.

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

Liaison Reports

ODPS Legislative Update – HB 241 - The “do not resuscitate” legislation has been re-drafted and re-introduced within the last couple of weeks. This bill would require the Director of Health to prescribe a form to document medical orders for life-sustaining treatment and to make changes to the law governing DNR identification and orders. This bill has been assigned to a committee but no action has been taken. Heather Frient discussed Section 2133.43 (Line 1045) of this bill which includes language regarding “emergency medical services worker”. Ms. Frient feels this term is not well defined or specific enough since in some parts of the bill refers to EMS personnel. Ms. Frient will keep the committee informed if this legislation goes any further and/or if new language is added.

SB 58 – DUI Blood Draw legislation – The EMS Board did send a letter, which included Dr. Crow’s letter, to the members of the Criminal Justice Committee expressing their opposition to this bill. The bill has been featured neutrally by local newspapers and television stations. However, the bill has not gone forward.

EMS Medical Director Report – Dr. Cunningham updated the committee regarding the last Region 4 RPAB meeting which is revising its original Trauma Triage guidelines. Dr. Cunningham mailed a letter to the PRAB chair reminding the members that any proposed changes need to be presented to the Trauma Committee for approval; and if approved, it will then go to the EMS Board. Dr. Cunningham was invited and participated at the Department of Homeland Security, FEMA Workgroup, which is revising the target capability list. The work-group which Dr. Cunningham was part of was the Pre-Hospital and Hospital Triage. Dr. Cunningham is not sure how much of our suggestions (Ohio Trauma Triage) will be incorporated into the Federal government document, only time will tell. This meeting took place two days after the Metro Crash and there was a presentation by one of the battalion chiefs of DC fire department. Dr. Cunningham asked the battalion chief how their patient tracking system worked. His first response was “make sure you don’t throw away your paper and pencil” because during this crash the cell phone towers were overwhelmed and therefore, there was no access to computers or to any other program which they normally use for patient tracking. In addition to a regular triage tag that would go on a wrist or the ankle, they actually use a triage necklace which seems to expedite the triage designation process because the necklace is much more visible.

Ohio Department of Health – Dr. Smith updated the committee regarding the H1 N1 influenza outbreak. Ohio has had one hundred twenty-seven (127) reported cases and one death. The United States has reported 27,000 plus with 127 fatalities. This data changes constantly. This flu is now referred to as Pandemic H1 N1 2009. Dr. Smith reported on issues related to the H1 N1 flu such as vaccines, fatalities with other health complications, severity of the epidemic, etc.

Ohio Injury Prevention Partnership – Christy Beeghly – Tim Erskine reported that the last scheduled meeting was cancelled; therefore, there is no report.

EMS Board – Vickie Graymire – Ms. Graymire reported that the education program on Trauma Triage guidelines is now available via internet (www.ohioemstraining.com). These guidelines now include the clarification of drowning being defined as part of trauma; and therefore, drowning patients should be taken to trauma centers for care. Ms. Graymire also informed the committee members that because of the State of Ohio budget constraints, the EMS Board and Committee meetings will be reduced to every other month. This move will decrease travel and other expenses by 50%. The Board and committee schedules are posted on the EMS website under “EMS Calendar”. Also discussed at the EMS Board meeting was the latest revision of the proposed position paper, EMTs and the Emergency Medical Record. The report states “It is the strong opinion of the EMS Board that a run report should be left at the receiving facility as soon as possible after the patient’s care has been completed and successfully transferred to the receiving staff”. T. Erskine provided the EMS website where this document can be found (ems.ohio.gov/EMSpolicyandstatements.htm). Mr. Erskine also informed the committee members that a copy of this document was being e-mailed to their attention at the moment.

With the Trauma Triage course finally online (24/7), the requirement to have the trauma triage CE in order to recertify will go back into effect beginning with people who receive notification of their pending expiration on or after September 1, 2009. This course can also be taken in a classroom setting; the online version is a convenience not a mandate.

Ms. Graymire informed the committee that the EMS Grants had been awarded. A one page document detailing the 2009-2010 Priority 2, 3 and 4 Applicants was distributed for review. Ms. Graymire gave an overview of the grants awarded and commended the Research and Grants committee for all the work and time spent on this project.

Tim Erskine informed the Committee that Dr. Jon Groner had resigned his position on the EMS Board effective July 1, 2009. Dr. Groner will continue to attend the Trauma Committee meetings when possible, but not as EMS Board Liaison.

Sub-Committee & Work Group Reports

Trauma Registry Advisory Subcommittee – Dr. Knotts - No report.

Over/Under Triage – Mr. Englehart – Have not met; still waiting to get data from Region 4. No report.

Trauma Registry Reports – Dr. Crow - No report.

Distracted Driving – Mr. Erskine reported that there has been no activity.

Trauma System Plan – Ms. Graymire distributed a one page document regarding *Goal 6: Definitive Care – Rehabilitation* for review and comment. This group started with this goal (Goal 6), Rehabilitation, because it seemed to be the easiest one, with only two indicators. One of the issues the work group was struggling with was whether to keep this document as a broad-based document or have it more detailed. It was decided that the goals will be broad-based and not too detail-oriented until they can engage additional members or experts on the different fields, such as OHA, rehabilitation, EMTs, neurosurgeons, orthopedics, etc. The work group is also struggling with making sure the document provides enough clarity to ensure everyone understands what we are trying to say in each section of the document. The column labeled Measures of Success has been difficult. Hopefully, the experts that get involved can give us their opinion on how we are really going to measure this and stay on task to make sure we develop a working document. The group would like to have all the indicators done, hopefully by December, and complete the whole document by the first part of 2010.

Ms. Graymire asked for input and comments regarding this document from those present. The work group wants to ensure that others are able to read and understand the document. Dr. Crow asked how is the group going to implement this document. Ms. Graymire answered: First, the committee will finalize and come to some conclusion for each goal; second, the specific goal will be presented to stakeholders requesting their review and input; third, the subcommittee will then revise and finalize the goal; and finally, once all the goals are completed, the final document (which includes all the goals) will be forwarded to the EMS Board for final approval. Ms. Graymire informed the committee members that the subcommittee will be asking some of them for assistance and their participation as they undertake each goal.

Old Business

Provisional Level Trauma Centers –Provisional Trauma Center Process document was distributed to the committee members. Tim Erskine explained this will be the process followed when a hospital has taken no steps to become a trauma center but it is representing itself as a trauma center. Dr. Smith (ODH), Tim Erskine (ODPS), Heather Frient (ODPS Legal) and Lance Himes (ODH Legal) met to go over the document and to develop a plan of action when a hospital is in violation. During the time of the meeting there was a hospital that appeared to be in violation of the same. The hospital contacted ODPS and ODH and provided documentation they met all the legally prescribed steps to achieve the provisional trauma center status. The committee members present reviewed the procedure document and felt it was a very thorough and specific instrument to ensure compliance and enforcement. In reviewing the draft letter form included in the packet and addressed to the hospital CEO, Dr. Crow suggested that a copy be mailed to the Chief Medical Officer and the Chairman of the Board of Trustees of the Hospital when mailing correspondence to the non-compliant hospital. Dr. Smith informed those present that he will comply with this suggestion when possible. T. Erskine will forward a copy of this document to OHA and discuss it with OHA in the near future.

CDC Trauma Triage Guidelines – At the last Trauma Committee meeting (May, 2009), T. Erskine distributed and discussed the draft copy of the CDC Trauma Triage Guidelines. This document included a side-by-side comparison of Ohio's and CDC's Trauma Triage guidelines. It was decided that there were only three differences in these guidelines: 1) Ohio lists "Abdominal tenderness, distention or seatbelt sign" as a sign to go to a trauma center, CDC does not mention it; 2) CDC lists "Open or depressed skull fractures", Ohio does not mention it; regarding mechanism of injury, CDC has indicators to go to a trauma center while Ohio has special considerations. T. Erskine will e-mail the Ohio Prehospital Trauma Triage Decision Tree* to all committee members. This document is also on the EMS website under the Trauma Triage Course. Dr. Crow asked committee members to review the document and if there are comments or changes to forward it to T. Erskine.

PEC Article on Geriatric Triage – Have not received a response; therefore, there is no report.

New Business

Regional Trauma Triage variant, RPAB Region 4 – Region 4 has created a regional trauma triage variant. There are a couple of steps that they need to follow before it is submitted to the EMS Board for approval. They must consult with a very large number of groups and individuals as specified by the trauma law (4765.40 (B)(2)), which states the need to consult professional organizations, emergency medicine physicians and nurses, other RPABs, EMS agencies and their medical directors, EMS instructors, etc., in their region. This process will take a great deal of time; however, use of the internet will make it more efficient and doable. Once this is done, it will be submitted to the Trauma Committee for review and approval, as specified by law. Previously, the Trauma Committee instituted a form which will be used in order to review the proposed variant; then, it will be sent to the EMS Board for final approval. T. Erskine has already informed Region 4 of the process they need to follow.

State of Ohio Financial Situation – Tim Erskine discussed the state of Ohio's budget shortfall and the impact on the Department of Public Safety. The EMS Board will meet the third Wednesday of every other month starting at 9:00 instead of 10:00 a.m.; and many Committees will meet the day before. Some of the committees will merge. The Trauma Committee will not be affected as far as meeting schedule or merging with any other Committee. The only change affecting the Trauma Committee will be that matters acted upon by the Trauma Committee on a regularly scheduled Wednesday meeting will not be heard or reviewed by the EMS Board until the third Wednesday of the following month.

Since the November meeting had to be rescheduled because it falls on a state holiday (November 11th - Veterans Day), the Committee members decided to meet on Wednesday, November 4th at Room 134.

Regional Trauma Registries – It has come to the attention of the EMS Division that two of the regional registries were not submitting their data on a timely fashion, if at all. This matter is being rectified at the moment, but it is a very lengthy and tedious process. Some of the research and registry reports derived from the Ohio Trauma Registry during the last 1½ to 2 years may be incorrect because of a large amount of the population was not included. Mr. Erskine told the committee members that he felt it was his fault for not monitoring the submission status and he was trusting that the data was coming in. Mr. Erskine further explained that the geographical area covers Akron-Canton and Northwest Ohio trauma registry regions. Mr. Erskine assured the committee that further review of this data and its effect will continue and the Trauma Committee members will be updated of the findings and steps to remedy this discrepancy.

Meeting adjourned at 11:50 a.m.

Next meeting will be on September 9, 2009, 10am, ODPS, Room 134 (The Motorcycle Room).