

**STATE OF OHIO
EMERGENCY MEDICAL SERVICES BOARD
TRAUMA COMMITTEE MEETING MINUTES**

Chaired by: John Crow, MD

Date & Location: November 4, 2009 at ODPS, Room 134 (Motorcycle Room), 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
Gary Englehart, FACHE	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 10:09 am. Members introduced themselves.

Liaison Reports

ODPS Legislative Update – Mr. Erskine stated that there was nothing new to report. This has been an extremely slow legislative session. Legislation that had been introduced in the past has not moved forward.

EMS Medical Director Report – Dr. Cunningham mentioned that the all members' RPAB meeting is scheduled for tomorrow, Thursday, November 5. Dr. Cunningham will be reviewing all the additions made to the trauma guidelines including the issue of drowning being considered a traumatic injury and therefore, the victim should be transported to a trauma center. Discussion regarding maintenance of hypothermia in a cold-water drowning may be recommended by local medical direction if the patient can be transported to a facility that is capable of continuing this therapeutic measure. Dr. Cunningham also attended the annual meeting of the National Association of State EMS officials where the topic of H1N1 was discussed at length. Dr. Cunningham informed the committee that there are two helicopter safety bills pending.

Ohio Department of Health – Dr. Forrest Smith reported that ODH has continued working on the H1N1 influenza matter. Dr. Smith continues to hold monthly conference calls with Tim Erskine regarding the Provisional Trauma Center Process in order to ensure trauma centers' compliance and ODH and ODPS enforcement steps or protocols. This process continues to be very effective.

Ohio Injury Prevention Partnership – Ms. Wermert informed the committee members that after surveying the members of the Ohio Injury Prevention Partnership, it was decided that their focus for 2010 will be on Child and Youth Injuries. At the moment this partnership is trying to work on a cooperative effort with the American Academy of Pediatrics (Ohio Chapter) and their annual meeting is scheduled for November 19, 2009 where a presentation regarding Child and Youth Injury will be featured and will also make a presentation regarding OIPP in trying to get more trauma and injury prevention personnel to join the Ohio Injury Prevention Partnership group.

EMS Board – Dr. Cunningham and Mr. Erskine reported that the EMS Board discussed the H1N1 influenza related to Homeland Security and the national scope of practice. Dr. Crow asked about the scope of practice with regard to Trauma. Dr. Cunningham responded that the EMS Board wanted to adopt the national scope of practice models as minimum guidelines for Ohio. Most of the impact from the national scope of practice will affect the paramedic level.

Sub-Committee & Work Group Reports

Trauma Registry Advisory Subcommittee – Tim Erskine – The TRAS subcommittee met last month and covered several major items. First, per this committee's request, reconsideration of the 48-hour rule was discussed. The subcommittee voted to recommend to the Trauma Committee to change the trauma registry inclusion criteria from "admission for at least 48 hours" to "admitted to the hospital, regardless of length of stay; this includes those maintained within the hospital for greater than 23 hours." This will probably be controversial and will result in an increase of work for non-trauma center hospitals.

Dr. Saxe arrived at 10:25 AM.

After much discussion regarding whether to propose a motion by the Trauma Committee in support of the TRAS subcommittee's further work of the 48 hours rule revision, Dr. Crow suggested to wait until Mr. Erskine has further discussions with OHA.

Dr. Glass arrived at 10:44 AM.

Mr. Erskine mentioned that he would notify Carol Jacobson of the OHA for further discussion regarding this matter and to try to finalize this item.

The TRAS subcommittee also proposed to remove several ICD-9 codes that are not producing real data. There are injury codes that run from 800 to 959.9. There are several that are below the 959.9 level. Mr. Erskine ran a query of the registry and out of the 230,000 or so records in the registry if we stop collecting these codes we would have lost only 77 records. Therefore, the subcommittee recommends proceeding with the dumping of the ICD-9 codes that were below 800 from the inclusion criteria.

The subcommittee was in agreement that all hospitals are required by law to send burn data to the trauma registry. There will not be any changes to the way things are collected or any other type of change to the method we are using.

A request was received asking TRAS to review the complications that are being collected in the trauma registry right now. Nothing has changed since 2003. However, a dictionary was drafted for future use to bring the trauma registry into alignment with the National Trauma Data Standard (NTDS) which will improve significantly what information we are collecting on trauma patients with regard to complications. The change to the database will be made whenever we have money available.

Mr. Erskine also brought up the concept of co-located providers. For example, when a hospital moves a patient to a wing, or a section or a unit being run by a different facility, do you call it a transfer, or do you call it a discharge from the original facility and a transfer to a new facility, and what code do you give it. The subcommittee's recommendation was to issue a separate ID code to each unit since we are more concerned about who is providing the care rather than where the care is being provided. Several committee members discussed different scenarios related to co-located providers.

Approval of Meeting Minutes

A quorum is now present at the meeting.

MOTION: Approve the September 2009 meeting minutes with one minor correction. Moved and second.

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

Over/Under Triage – Gary Englehart – No report. Mr. Erskine agreed to provide a report to Mr. Englehart in the near future now that the registry backlog has been corrected.

Trauma Registry Reports – Dr. Crow - No report.

Trauma System Plan – Ms. Schweer updated the Committee regarding the progress of the work group. A SAMPLE Trauma System Plan document was distributed for all committee members to review. Ms. Schweer emphasized that this document is just the first draft completed. Goals 1-8 are outlined; however, Goal 3 has not been completed. Several members of the committee asked questions regarding the Plan. Dr. Crow also suggested that the subcommittee should complete Goal 3 and then the completed document should be forwarded to all the committee members who should spend a fair amount of time reviewing the full document before next scheduled meeting (January 13th). Hopefully, a sample draft can be forwarded to the EMS Board members by the February 2010 Retreat. Then, we can introduce it to the stakeholders' groups. Mr. Erskine commented that we already have a list of approximately 33 stakeholders' organizations.

Old Business

PEC Article on Geriatric Triage – Mr. Erskine stated that Dr. Cunningham's letter was not printed in the last issue. Mr. Erskine was contacted by Dr. David Schatz, a trauma surgeon (previously from Miami, Florida), who is now with the State of California trauma system, and is looking to create geriatric triage criteria. Mr. Erskine mailed him this Committee's report to the EMS Board and Dr. Schatz felt that our report would provide the necessary information to implement their geriatric triage criteria. Dr. Schatz will keep Mr. Erskine updated.

Regional Trauma Triage variant, RPAB Region 4 – Mr. Erskine asked the committee members to review the two documents related to RPAB Region 4 at their desks. Both documents Section (D)(1)(b) and (F)(1)(b) states "Loss of consciousness longer than five minutes witnessed by any EMT" is a concern. Most committee members objected to this section. Mr. Englehart commented that the only part of the Region 4 submission for review pertains to Geriatric Trauma since the rest of the protocols had already been approved and not up for review or discussion. Mr. Erskine stated that this item is going to have to be tabled and up for review since the committee will not be able to vote since there is not a quorum, only 11 members present. (Dr. Werman left a little earlier). Mr. Englehart asked for guidance as far as what to tell the RPAB Region 4, and Dr. Crow replied "that the Committee is not comfortable with the phrase 'loss of consciousness greater than five minutes' language in the document and it needs further clarification."

Timely Verification of Trauma Centers – Mr. Erskine reported that he had started to send out the 90-day notification letters. There were two trauma centers that did wait until last minute to have their focus review; one was a level two submitted 30 days prior to their expiration of their provisional status did pass; and the other one was another level two which was submitted 28 days prior to their expiration and we are still waiting for their paperwork. Mr. Erskine further commented that there is some sensitivity in the part of some hospitals while going through this process; one of the hospitals took great offense once they received the letter which explained what would happen if something goes wrong.

New Business

Distracted Driving –

Summit – Ms. Morris made a presentation regarding an Ohio Department of Transportation (ODOT), Distracting/Texting Summit she attended on September 25th. Three speakers were featured presenting informational data, Bill Windsor from Nationwide Insurance, David Teeter from the National Safety Council and Zach Reed, a Cleveland City Councilman. Mr. Windsor offered the following survey data points: 1) 98% of those surveyed consider themselves safe drivers; 2) 72% of those surveyed state they multi-task; 3) 81% stated they talk on the cell phone while driving; and, 4) 18% state they text. Also, 80% of those surveyed, support a law that would ban reading text or e-mails while driving. The survey also found the most impact: 43% support technology that would prevent texting; and, 42% would support laws making it illegal.

Mr. Teeter gave additional data points from the National Safety Council research: The late 80s car phones were introduced called "Bag Phones"; there are now 4 billion cell phones, this is 61% penetration; portable internet portals will replace the PC; one million died in the last 25 years=100 per day; leading cause of death in ages 1-35; a study in Australia showed that 4 times likelihood of crashing while on cell

phone, whether or not it was handsfree; a Carnegie Mellon study showed a 37% decrease in brain activity with listening to cell phone; and an University of Utah study showed that cell phone users have a slower reaction time and more likely to crash than a drunk driver. Mr. Teeter also commented that the seat belt and helmet laws are more about personal rights where cell phone usage is protecting us against the actions of others.

Mr. Reed stated that any state that does not pass a texting ban will lose 25% of national funding; there are 2 bills in the Ohio House that have texting while driving a primary offense: HB 266 which is a general ban on all cell usage and HB 270 which prohibits texting. There is also SB 164 which prohibits driving a vehicle while text messaging or typing on a mobile communication device and to establish the violation as a secondary traffic offense. Therefore, he explained, texting is not a constitutional right. In Ohio, twenty-one people were killed this past year and distracted driving was listed as the reason for death.

White Paper – Ms. Wermert presented data related to the four proposed legislation in the Ohio General Assembly on distracted driving. Ms. Wermert suggested that we should be for a strong law and if it is not going to be a strong law, why support it? Mr. Erskine stated that the National Governors Highway Safety Association, representing each state's highway safety office which funnels federal transportation funds, and are the foremost experts in highway safety, do not support just banning handsfree. This organization would prefer to support full distracted driving. Discussion by all members followed. A copy of current legislation proposed in the Ohio General Assembly on distracted driving. Mr. Erskine and Dr. Crow agreed to continue researching additional distracted driving data before taking a position and making a recommendation to the EMS Board.

Trauma Research Grant Priorities – Mr. Erskine distributed Priority 2, 3 and 4 grants document for the committee to review and make recommendations for changes to focus areas. It was suggested to add the following:

Priority 2 Application:

Under the second focus area "Research that focuses on factors affecting motor vehicle crashes, with special focus on:" This area has been amended to read: " Research that focuses on factors affecting motor vehicle, motorcycle and motorized bicycle crashes, with special focus on:"

Priority 3 and 4 Application:

Under Priority area 4-A Medical Procedures) add a fourth bullet point that reads: uses, misuses and complications of intraosseous infusion

Dr. Crow asked that any additional comments be e-mailed to Mr. Erskine.

ICISS – Mr. Erskine explained that in order to evaluate the trauma system we need to have the ability to rate the severity of all injuries for all records. The International Classification Injury Severity Score (ICISS) is a methodology that computes a probability of survival (Ps) for an individual patient by using ICD-9-CM discharge diagnoses, thereby enabling comparison of trauma centers to non-trauma centers that do not maintain trauma registries. Each ICD injury diagnosis has a survival risk ratio (SRR) that is defined by analysis of the patients in OTR (the index population). The SRR for each diagnosis is determined as the one minus the mortality rate for that diagnosis in the index population. The Ps is the product of the SRR for each trauma diagnosis code. This method was created and validated against the North Carolina trauma registry; also, it was validated in New Zealand and Australia. Mr. Erskine reported that the Ohio trauma registry is ready to use this new scoring system.

Meeting adjourned at 12:30 p.m.

Next meeting will be on January 13, 2010, ODPS, Room 134 (The Motorcycle Room).