

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

March 14, 2007

Chaired by: John Crow, MD

Date & Location: March 14, 2007 at Ohio Department of Transportation, 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 Cummin, MD		X	Jodi Wilson, RN		X
Gary Englehart, FACHE	X				
Todd Glass, MD		X			
Vickie Graymire, RN	X		Virginia Haller, MD*	X	
Kathy Haley, RN	X		Carol Cunningham, MD [‡]	X	
Jay Johannigman, MD	X		Jon Groner, MD*	X	
Jason Kinley, EMT-P	X		F. Barry Knotts, MD*	X	
Brian Kuntz, EMT-P	X				
Michael Mackan, MD		X			
Cliff Mason, EMT-P	X				
Sidney Miller, MD		X	Heather Reed-Frient [‡]	X	
Greg Nemunaitis, MD		X	Tim Erskine, EMT-P [‡]	X	
Jennifer Piccione, RN	X		Sue Morris [‡]	X	
David Pohlman, EMT-P	X		* = Non-Voting Committee member		
Jane Riebe		X	‡ = Non-Voting ODPS/DEMS Staff		

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 10:15 am. A quorum is present at the meeting. Introductions were made among the committee members and the guests present.

Approval of Meeting Minutes

MOTION: Approve the January 2007 meeting minutes, made by Shannon with a second by Bechtel.

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

Presentation by CarePath

A presentation was made by a company called CarePath, demonstrating their product which is designed to improve outcomes of and reduce costs associated with traumatic brain injured patients. CarePath has been lobbying the General Assembly to fund a pilot of their product in trauma centers in Ohio.

LIAISON REPORTS

ODPS Legislative Update – Heather Reed-Frient

The Committee was informed of the introduction of SB 43, a bill to eliminate the requirement for national, standardized testing of EMTs who will be serving only as volunteers. It is essentially the same bill as one introduced last year, SB 304. SB 304 had little, if any, support and was roundly criticized in the EMS community.

The Committee was also updated on HB 375 which allows the EMS Board to create its own RPAB regions as it sees fit. This bill was signed into law and the Board has formed a workgroup to study what, if any changes are needed.

Presentation by OHA

A presentation was made by Bridget Gargan of the Ohio Hospital Association. The OHA has an initiative that asks the General Assembly to earmark \$4 million of Medicaid money to help defray the costs associated with operating a trauma center. This would then be supplemented by \$6.2 million from the Federal government. The details of the plan have not yet been worked out and the disbursement plans would be decided in the rulemaking process. Ms. Gargan asked the Committee members to write to members of the House Finance Committee to support the initiative. Mr. Erskine reminded the Committee that they cannot lobby as members of the Trauma Committee but could do so as practitioners or members of professional associations.

MOTION: The Trauma Committee should draft a letter that supports the OHA proposal as being of great value to the citizens of Ohio. Motioned by Johannigman, second by Haley.

VOTE: 13 in favor, none against, two abstentions. **Motion approved**

EMS Medical Director Report - Dr. Cunningham reported that she sent, as requested, a letter to Ohio ACEP, the national offices of ENA and the Prehospital Committee of the College of Surgeons seeking their support of the EMS Board's resolution which seeks support for measures to cease the practice of "helicopter shopping."

The EMS Board now has the ability to reconfigure the regions and this topic is on the agenda for the RPAB chairs meeting this afternoon.

Ohio Department of Health – Dr. Haller notified the Committee that testimony on the annual budget for the House Finance Committee might include the topic of provisional designation. There has been some discontent with the process, but those who are displeased appear to be viewing provisional status as a second-class status, instead of as the administrative safety net that it was intended to be.

Dr. Haller also informed the members of the Department of Health's annual epidemiology course being held in August. There is a call for abstracts and posters that will be due in April.

EMS Board – Dr. Groner reported that the EMS Board reviewed and revised their Mission and Vision statements. They also discussed the National Scope of Practice, with which they had concerns over potential legal liability for EMS medical directors. The final version of the Scope appears to have addressed many, if not all concerns.

SUBCOMMITTEE & WORK GROUP REPORTS.

Research and Analysis – Mr. Erskine reported that little has changed since January. There have been 22 research requests fulfilled this year.

Geriatric Triage Criteria – Dr. Werman reported that the statistical analysis resources needed to fully validate the geriatric triage criteria are not available in the EMS Office of Research and Analysis. He will be meeting with Mr. Erskine and Dr. Jeff Caterino, a colleague from OSU Medical Center who has assisted with this work, to determine how the needed analysis can be performed.

Transfer Times Work Group – Ms. Graymire reported that the transfer times issue was referred to the EMS Board and they made it the Priority 2 research grant for this year. The topic has already generated substantial interest from serious researchers.

OLD BUSINESS

Vacant Committee Seats – The two vacant seats on this Committee, one for an orthopaedic surgeon and one for an oral maxillofacial surgeon, remain vacant. Mr. Erskine will check on the progress of appointments but reminded the Committee that due to the recent change in administration, it may take longer than normal to approve nominees.

Trauma System Quarterly Reports – The 3rd quarter 2006 Trauma System Quarterly Reports were distributed to the members. Because there wasn't time for the members to thoroughly review and digest the information, this will be tabled for now. Dr. Crow urged Mr. Erskine to ensure the next reports are in the hands of the Committee members well before that meeting.

Trauma Triage CE materials – Mr. Kinley reported that there was some confusion over the EMS Board's intentions on how it was going to handle the trauma triage CE requirement, therefore, work has not begun on the project.

Model Trauma System Planning and Evaluation – Dr. Crow discussed that there is likely no money to fund a retreat as was originally planned. Due to the time that has elapsed since the introduction of the MTSPE, there are many new members, and some of the original focus has been lost for those who are not new. Dr. Crow wants to devote part of the next meeting to refocus and reintroduce the MTSPE document. He requested that Mr. Erskine prepare a presentation to do this, and to send out links to all the pertinent documentation.

NEW BUSINESS

ICD-9 software and substitutes – At the Committee's direction Mr. Erskine investigated other options to assigning injury severity scores as ICD-9 has become obsolete. Mr. Erskine reported that while ICD-9 has indeed become obsolete, it may still be adequate for scoring the Trauma Registry records from 1999-2002 as they have no severity coding whatsoever and the software is less out-of-date for that time period. He also reported that there is a scoring system that has a great deal of promise for our circumstances. The ICD-9 Injury Severity Score (ICISS) has a growing body of evidence that it can accurately portray injury severity in large datasets like the Ohio Trauma Acute Care Registry (TACR). It operates independent of proprietary scaling systems like AIS and ICD-9, will not become dated, and will operate with both ICD-9 and ICD-10 codes with equal accuracy. The one thing that he could not determine, however, was how to get ICISS for TACR. He will refer this to the Trauma Registry Advisory Subcommittee and will continue investigating.

Attendance/Absence policies

Mr. Crum stated that he serves on another state commission and that that commission has recently changed its attendance policy to allow for the chair to grant excused absences for commission-related activities. These excused absences do not count against the 66% attendance requirement. Ms. Reed-Frient will investigate.

Meeting adjourned by Dr. Crow at 12:30pm.

Next meeting May 9, 2007 Location ODOT conf room B

ACTION ITEMS:

- Letter of support for OHA Trauma Center Funding Initiative – Crow
- Geriatric Triage statistical analysis – Werman
- Trauma System Quarterly Reports – Erskine
- Trauma Triage CE – Kinley
- MTSPE introduction – Erskine
- ICISS acquisition and TRAS referral – Erskine
- Excused absences – Reed-Frient