

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

July 11, 2007

Chaired by: John Crow, MD

Date & Location: July 11, 2007 at Ohio Department of Public Safety, 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 10:04 am. A quorum is present at the meeting. Introductions were made among the committee members and the guests present, and new Committee member, Dr. Richard Ziegler, DDS, was introduced as the oral and maxillofacial surgery representative.

Approval of Meeting Minutes

MOTION: Approve the May 2007 meeting minutes. Moved by Crum, second by Shannon.

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

LIAISON REPORTS

ODPS Legislative Update – Mr. Erskine reported that there was no new legislation being considered that was of interest to the Committee. He also noted that the two previously mentioned bills, SB 43 (allows volunteer EMTs to be certified without having to take a standardized test) and HB 212 (allowing volunteer services to use one First Responder and one EMT to transport), had made no movement in the General Assembly, largely owing to the amount of work required for the biennial budget bill.

The OHA proposal for increased funding of trauma centers did not make it out of committee and into the new biennial budget. In the ensuing discussion it was pointed out that getting items added to the budget can take a lot of time and persistence was urged. The time between now and the next budget can be

used to inform and educate, and to gather and analyze data to support the issue. It was decided to redistribute the information that was initially gathered as a starting point.

Dr. Glass arrived at 10:25 a.m.

EMS Medical Director Report - Dr. Cunningham reported that the RPAB chairs met following the last Trauma Committee meeting. They reviewed the proposals for realigning the regions, based on the HB 375 workgroup's efforts. They were in agreement that any changes that were made simply needed to "make sense" to regionalization.

Dr. Cunningham also reported that at the mid-year meeting of the National Association of State EMS Officials' Medical Directors Council, she made mention of the current geriatric trauma triage work. A lot of members expressed a high level of interest in our work and in receiving the results, when available.

Ohio Department of Health – Dr. Haller reported that Dr. Alvin Jackson, Director of Health, recently started at ODH. He is quickly becoming acquainted with the Department's functions but has not yet approached trauma.

EMS Board – Vickie Graymire reported that the EMS Board approved \$3.1 million in grants for EMS training and equipment (Priority 1 grants), as well as \$526,067 for Priorities 2, 3 and 4 research grants. A list of these grants, the requestor and the amounts awarded was provided.

SUBCOMMITTEE & WORK GROUP REPORTS

Geriatric Triage Criteria – Mr. Erskine apologized to the Committee for lack of progress on this subject. The college intern that was to be hired (a student working on her Masters in epidemiology at OSU's College of Public Health) to complete the analysis of the data has not yet started. He anticipates that she will start next week and that the last of the analysis can be completed rapidly.

OLD BUSINESS

Vacant Committee Seats – With the appointment of Dr. Ziegler, only the orthopedic surgeon seat remains open. Mr. Erskine spoke with the Executive Director of the Ohio Orthopaedic Society who said that he was confident that three qualified nominees could be found soon.

Trauma System Quarterly Reports – Mr. Erskine reported that there were no recent updates to the quarterly performance improvement reports. He had conversed with Dr. Crow and Ms. Haley regarding the content of the reports. If one looks at the reports as they exist currently, little information is contained in them that indicate how the system is performing, therefore do not lend themselves to improving performance. He recommended that a subcommittee be formed to overhaul the current report with a starting point of having specific questions about the trauma system's performance that a quarterly report could answer. Additionally, as the Trauma Registry's data dictionary is currently being rewritten, the time to add fields to the data collection to answer those questions is ideal. After some discussion, Dr. Crow created a subcommittee to review and refine the trauma system PI reports. This subcommittee will be 6-7 members in size. Interested Trauma Committee members should contact him or Mr. Erskine.

Trauma Triage CE materials – Mr. Erskine reported that the Education Office was still experiencing difficulties with getting the CE materials online, mostly involving ensuring that fraudulent test taking is minimized or eliminated and the issuance of CE certificates. The Committee noted that this is a priority issue for the EMS Board and urged an expedited effort to complete it. The most recent version of the CE PowerPoint will be distributed to the Committee members for their input on the content. Their comments will be collated by Mr. Erskine.

ICD-9 software and substitutes – This issue was referred to TRAS but they did not meet last month so there is nothing to report on this at this time.

The topic of the use of unique identifiers instead of probabilistic linkage was raised. Mr. Erskine mentioned using pre-printed armbands with a unique ID and that the experience in Idaho has shown a cost of \$0.50 per patient. Even with a hypothetical volume discount of 50%, the absolute minimum raw material costs would be in excess of \$56,000 annually. This figure does not include wastage, the number of armbands needed in stock, or more importantly, the costs associated with the logistics of distributing to the 1,300 EMS agencies and 160 hospitals in the state. The use of the EMS incident number was raised as a possible no-cost alternative. It was also suggested that the cancer registry's unique ID system be examined. Dr. Crow will send a letter to the EMS Board regarding the need for a unique ID.

Model Trauma System Planning and Evaluation – Mr. Erskine still has not heard whether or not the administration is amenable to private funding for this task.

NEW BUSINESS

West Virginia Level 4 Trauma Centers – Mr. Erskine wanted to Committee members to be aware that, in accordance with the Ohio Revised Code, the designated Level 4 Trauma Centers in West Virginia are now recognized by Ohio as trauma centers and appropriate destinations for EMS. The two hospitals that have this designation and are within reach of Ohio EMS agencies are Wetzel County Hospital (across from Monroe County, where there is no hospital) and Weirton Medical Center (across the river from Steubenville).

Research and Injury Prevention grants – Mr. Erskine pointed out that 6 of the 8 research grants mentioned by Ms. Graymire were approved for full funding, while the other two did not score high enough to receive any funding.

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

Next meeting September 12, 2007.