

**STATE OF OHIO
EMERGENCY MEDICAL SERVICES BOARD**

TRAUMA COMMITTEE MEETING MINUTES FINAL

Chaired by: John Crow, MD

Date & Location: July 14, 2010 at ODPS, Conference Room 134, 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	
Mark Gebhart, MD		X			
Todd Glass, MD	X		Dara Bakes*		X
Vickie Graymire, RN	X		Carol Cunningham, MD*	X	
Kathy Haley, RN	X		Carol Jacobson*	X	
Gary Huston, MD	X		F. Barry Knotts, MD*	X	
Brian Kuntz, EMT-P	X		Forrest Smith*		X
Edward Michelson, MD	X		Steven Steinberg*	X	
Sidney Miller, MD	X		Amy Wermert*	X	
Debra Myers	X				
Greg Nemunaitis, MD	X		Tim Erskine, EMT-P ‡	X	
Jennifer Piccione, RN		X	Heather Frient†		X
David Pohlman, EMT-P		X	Sue Morris, EMT-P ‡	X	
Kevin Pugh, MD	X		Millie Pontious†	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 10:07 am. Members and everyone present introduced themselves.

Approval of Meeting Minutes

Review of the May 12, 2010 minutes.

MOTION: Mr. Crum moved to approve the minutes and second by Dr. Ziegler.

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

Liaison Reports

ODPS Legislative Update – Mr. Erskine stated that a piece of legislation which moved very quickly and surprisingly was Senate Bill 58. The bill will go into effect on September 16, 2010. This bill includes provisions for EMS providers to withdraw blood for the purpose of evidence collection in cases involving allegations of operating watercraft or vehicles under the influence. The performance of phlebotomy for evidence collection may only occur in addition to, and in the course of, the provision of emergency medical treatment. In other words, EMS providers may not be dispatched for the sole purpose of performing phlebotomy when a person does not require emergency medical treatment. The EMS Board will be drafting rules to address these sections of Senate Bill 58 in the near future, and ODPS, Division of EMS will keep all of the members of our EMS community updated on this process. There are administrative and operational issues associated with evidence collection, including the ability of local

medical directors to restrict or supervise the practice. Other issues, such as the response to subpoenas for depositions or testimony in court, may not be within the realm of the authority of the EMS Board.

EMS Medical Director Report – Dr. Cunningham stated that the EMS Board had just approved Dr. Stuart Chow to serve as the RPAB Region VI medical director. Dr. Cunningham also commented that she had been contacted by Deborah Carter, EMT-P and MPH, to inform her about a federal grant Ms. Carter had applied for through Health and Human Services to work specifically with EMS, Trauma and Critical Access Hospitals (CAH). Will be reviewing EMS transport protocols and how they are impacted, current capabilities of CAHs, and looking at areas where they potentially give additional funding in rural and remote areas. There are many CAH facilities nationwide; Ohio has 34 Critical Access Hospitals at present time. CAHs are 25 bed (maximum) facilities, only certain services available, within 50 miles of other hospital facilities. Dr. Cunningham noted that for many communities the CAH facilities serve a vital purpose since this is how they (communities) get their healthcare. Dr. Cunningham feels that it would be very beneficial for this committee to review this study once it is completed. Dr. Cunningham also reported that she had attended the mid-annual NASEMSO meeting where one of the projects the HITS (Highway Incident and Transportation Systems committee) focused on was mass casualty dispatch, resource utilization and response in remote areas. This committee will be looking at high risk accident incident areas particularly around rural highways. It is a multi-faceted project but one facet will be to analyze crash data found through *OnStar* navigation safety system such as: Certain impact speeds, certain part of a car that gets hit, etc. This data would indicate more severe injury patterns that can be released to the dispatcher so they can dispatch maybe a higher level of EMS response to the accident scene initially. This project has just started but Dr. Cunningham feels it has a lot of potential and feels this information will help with Trauma prevention. The NASEMSO's annual meeting will be in October and the New York Fire Department EMS Chief, John Peruggia will be one of the featured speakers. He will make a presentation regarding the Miracle on the Hudson. Dr. Cunningham will update the committee after the annual meeting.

Dr. Miller asked Dr. Cunningham a couple of questions regarding EMS runs to non-trauma hospitals. Dr. Cunningham suggested writing a letter to the local medical director and notifying the EMS agency responsible for the emergency run.

Ohio Department of Health – Christy Beeghly made a slides presentation regarding a 4-year grant of \$273,727/year received by the Department of Health's Violence and Injury Prevention Program from the CDC to develop the Ohio Violent Death Reporting System (OH-VDRS). Ohio becomes the 18th state participating in this program. The funding was effective on September 1, 2009. Ms. Beeghly distributed a one page handout which included the following information: *This funding will allow the collection and analysis of high quality violent death data. ODH will be obtaining and linking data from multiple key data sources including death certificates, coroners' records, police reports and crime laboratory records in order to better understand the circumstances surrounding and contributing to violent deaths in Ohio. These data will eventually provide a basis for the development and evaluation of violence prevention strategies at the state and local level, and will help increase awareness of violence as a pressing public health issue. For the purposes of data collection, the National Violent Death Reporting System (NVDRS) considers a "violent" death to include homicide, legal intervention, suicide, unintentional firearms, terrorism and deaths of undetermined intent. In 2007, there were 2,007 violent deaths in Ohio. Almost 32% were homicides, while 63% of "violent" deaths were suicides. The remaining categories account for approximately 5% of the violent death.* Ms. Beeghly addressed several questions regarding the program.

Ohio Injury Prevention Partnership (OIPP) – Amy Wermert reported that the Ohio Injury Prevention Partnership (OIPP) has created several working groups. The first group will be the Poison Action Group concentrating mainly on unintentional drug overdose which is very active at the moment. The second group is the Fall Prevention Action Group which will focus on falls among older adults. This group will be holding several events related to Fall Prevention Awareness For Older Adults starting on Wednesday, September 22nd (1st day of Fall); and the Data Action Group (just forming), which will be having a data forum in October 13th and they are hoping to bring all stakeholders together in order to connect data in order to talk to each more effectively. The Child Injury Action Group, which is very active at the moment, is promoting the prevention of brain injury. Ms. Wermert also announced that there will be a symposium regarding **Prevention of Brain Injury Among Ohio Youth: Helping Them Reach Their Full Potential** on Friday, July 30, 2010 at the Northeast Conference Center in Westerville. Ms. Wermert distributed a flyer

regarding the symposium including a registration form and encouraged everyone to attend. Ms. Wermert reported that the last group is working on Violence Prevention.

EMS Board – Dr. Steinberg briefly reported that much of the discussion pertaining to Trauma at the last EMS Board meeting was regarding the strategic planning process. Further discussion regarding the strategic planning process will be addressed at a later date.

Sub-Committee & Work Group Reports

Trauma Registry Advisory Subcommittee – Dr. Knotts reported that the TRAS subcommittee had discussed their roles and responsibilities and approved such at their meeting on May 24, 2010. A handout was distributed to the Trauma committee members for review and comments. Ms. Bechtel requested comments and approval of the TRAS roles and responsibilities as listed on the handout.

MOTION: Ms. Haley made a motion to approve the role and responsibilities of the Trauma Registry Advisory Subcommittee of the State of Ohio Trauma Committee and second by Ms. Graymire.

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

Dr. Knotts mentioned that TRAS has continued to review the data dictionary updates. Ms. Bechtel commented that the complete data dictionary's work is done. However, it has not been approved by TRAS. It is expected to be approved at the June 21st meeting. Once it is formally approved by TRAS, it will be presented at the next Trauma committee meeting (September 8th).

Trauma Visionary Workgroup – Dr. Crow reported that this workgroup had been created to try to carry the Model Trauma System (Framework) document to a new level, and to deal with some of the issues, such as ODPS, the registry and the amount of support we have for these. The first meeting was on June 16th. The twelve-member workgroup includes: EMS Board members, Dr. Deanna Dahl-Grove, Vickie Graymire, Mark Marchetta, Mark Resanovich, Craig Self, Dr. Steven Steinberg; Trauma Committee members, Nancie Bechtel, Dr. John Crow, Dr. Todd Glass, Kathy Haley, Dr. Jonathan Saxe and Diane Simon; and EMS Staff, Tim Erskine. This group will be meeting monthly, probably on the Tuesday before the Board meetings and on Wednesday of the odd months, immediately after the Trauma Committee meetings. Everyone is welcome to attend these meetings. This workgroup will also be working on the Ohio's EMS assessment by the National Highway Transportation Safety Administration (NHTSA). All committees under the EMS Board have been asked to list five goals based on SWOT (Strengths, Weaknesses, Opportunities and Threats) analyses. The due date for these committees to submit their analyses to the EMS Board is October 1st. NHTSA will be here sometime in February 2011. Another item to be discussed is the funding for an external review of the trauma system by the American College of Surgeons (\$65,000 fee).

Trauma System Plan – Kathy Haley reported that the 2010 Ohio Trauma System Framework workgroup had disbanded because the work has been completed. After the Visionary Trauma workgroup met, it was decided that this workgroup would take over the Trauma System Framework project and be responsible for the review of all the information submitted by stakeholders and others. The framework was mailed to forty-three agencies or groups. Several comments and suggestions have already been received. The committee and others have done an enormous amount of work integrating the recommendations into the framework document. The framework work group will be meeting in a couple of weeks for about 5 hours to go over the changes and recommendations and provide some sort of rationale as to why we are not incorporating some of the recommendations. Ms. Haley mentioned that the framework has had many significant changes and actually added a ninth goal related to recommendations from the Governor's Council on People with Disabilities and the Ohio Association of Gerontology. These groups have been given an extension (3-4 weeks) to submit additional recommendations. T. Erskine commented that the EMS Board's intent was to have a public hearing in order to have the framework document available for public comment and input.

Performance Improvement Subcommittee – Dr. Miller reported that a meeting will be set up sometime in August and members of the Trauma Committee that would like to be part of this subcommittee are welcome to attend. Dr. Miller asked that anyone that is interested in working in this subcommittee to please let Mr. Erskine know. Dr. Miller plans to talk to Mr. Erskine to get some registry data before the

meeting in order to have some ground work established. Dr. Miller and Mr. Erskine will be collecting PI audit filters from other states trauma registries.

Old Business

Distracted Driving – Ms. Bechtel distributed copies of *Driving While Distracted by a Cell Phone and/or Texting Device: Review of the Literature and Recommendations for Ohio*. Ms. Bechtel answered a few questions related to the distracted driving white paper.

MOTION: Dr. Michelson moved to adopt the document as written and to forward it to the EMS Board with a recommendation that they also endorse it and then the document will be disseminated to all sponsored agencies and review options for posting and for greater public accessibility through the EMS website. Second by Dr. Glass.

VOTE: All in favor, none against, Ms. Bechtel abstained. **Motion approved.**

Committee Goals – Mr. Erskine announced that the EMS Board is working on a Strategic Plan for themselves and all of the committees. All the committees need to have their goals spelled-out in the form of a SWOT analysis. Mr. Erskine explained that the EMS Board has requested that the Trauma Committee compile a list of their goals for the next five years, based on a SWOT analysis. Mr. Erskine distributed the Trauma Committee Standard Operating Procedures (SOP) document along with some relevant sections of the Ohio Revised Administrative Codes which pertain to what is required of this committee. The SOP is reviewed every two years and therefore, will be reviewed at the end of this year. Mr. Erskine feels that the SOP document will help the committee members in building the committee goals. Mr. Erskine informed those present that the Trauma Committee is well ahead than other committees because of the 2008 system assessment. Mr. Erskine added that immediately after this meeting, the EMS Board would be meeting with several stakeholder organizations to go over the concepts of the Strategic Plan and the upcoming NHTSA assessment of the state EMS system. Dr. Crow tabled this item until the next committee meeting.

New Business

Definition of ‘Admitted Patient’ for OTR – The *Ohio Trauma Registry Patient Inclusion Criteria (rev. 5/24/2010)* document was distributed to all the committee members. Dr. Knotts outlined the document into three sections. Those present reviewed the first item which read “*First or initial admission to the hospital or observation as defined by physician order regardless of length of stay, and who have one or more inclusion diagnoses;*

Or, patients who transfer into or out of any hospital by ambulance and/or aeromedical helicopter, regardless of length of stay and who have one or more inclusion diagnoses;

Or patients who arrive dead on arrival (DOA) and who have one or more inclusion diagnoses;

Or, patients who die after receiving any evaluation or treatment while on hospital premises and who have one or more inclusion diagnoses”.

MOTION: Dr. Michelson made a motion to approve the definition of ‘Admitted Patient’ definition for the OTR and forwarding the recommendation to the EMS Board and second by Dr. Glass.

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

Dr. Knotts continued with the second item, that is, that the subcommittee also cleaned up the inclusion and exclusion criteria concerning abrasions. The change was only a change only in definition.

MOTION: Ms. Haley made a motion to approve the way the abrasions “have been cleaned-up” and second by Ms. Myer.

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

Dr. Knotts brought up the third item: A recommendation to include hip fractures rather than leaving isolated hip fractures as an excluded cause of injury. After much discussion regarding the trauma registry, specifically hip fractures, the Trauma Committee members tabled this item and referred it back to TRAS. Dr. Crow followed by suggesting to TRAS that the question they need to decide on is whether to set up a mechanism to pick up the non-fragility isolated hip fractures.

Stakeholder Education on OTR Data Reliability and Validity – Nancy Bechtel reported that one of TRAS' responsibilities is to oversee the validity and reliability of the OTR data. At the last TRAS meeting, it was decided that any time a stakeholder submits a question or an issue that needs to be addressed, that a response be immediately processed. Also discussed was how to get the message out in a larger picture if we are finding discrepancies on data entries to all registries in the state. Mr. Erskine has agreed to create a column in the state ODPS newsletter called something like "Registry Corner". Therefore, anytime TRAS uncovers an issue, Mr. Erskine will publish it in the state newsletter describing the issue and in turn the resolution.

Closure of Trauma Centers – Mr. Erskine reported that two trauma centers had closed. Lakewood Trauma Center (West of Cleveland), a level II center, had been preparing to close for a time and had already notified EMS and their neighboring trauma centers. Mr. Erskine has studied the effects of the closing and from a strategic loss perspective, it was not very significant. There are four trauma centers within 1-7 miles of this facility. A month prior to the Lakewood closing, EMS had already been transporting to other facilities. The other trauma center that closed was Southeastern, a level III center, in the Cambridge area. The closing of this center will be a tremendous loss to this area and it will leave a big gap since Southeastern has been the only trauma center in this area for a long time. Possible amelioration to their west is Genesis in the Zanesville area. Genesis has been in consultation to become a Level III trauma center. It is anticipated that after they receive their written report they will be declare provisional status. Mr. Erskine received their trauma center closure tool (survey) and Southeastern stated that the biggest problem they had encountered was that they could not keep orthopedic surgeons. There were other contributing factors; however, this one was the biggest problem. Ms. Myers asked if there was anything in the framework that would address the review of trauma centers that are closing down and the effects to the system and the actual framework? Ms. Haley will create some language to address this item in the framework. Ms. Haley suggested creating a voluntary exit interview document for the hospitals. Mr. Erskine will be sending out to all committee members a copy of the trauma center closure (survey) in order to facilitate the creation of the voluntary exit interview.

Dr. Crow thanked everyone for their participation and called the meeting adjourned at 12:30 p.m.

Next meeting will be on Wednesday, September 8, 2010, Conference Room 134