

Trauma Committee

FINAL Minutes

Date/Time: July 11, 2012, 10 a.m.	Venue: ODPS Shipley Building		
Chair: Jonathon Saxe, MD	Minutes taken by: Tim Erskine		
Attendees: John Crow, MD; Vickie Graymire; Kathy Haley; Ed Michelson, MD; Sidney Miller, MD; Debra Myers; Greg Nemunaitis, MD; James Owen; Kevin Pugh, MD; John Ross; Johnathan Saxe, MD; Michael Shannon, MD; Diane Simon; Howard Werman, MD; Michael Winthrop; Richard Ziegler, DDS; Carol Cunningham, MD; Carol Jacobson; Steven Steinberg, MD [Guest sign-in sheet available in EMS Office]			
Staff: Tim Erskine; Rhonda Evans; Ryan Frick; Sue Morris			

Topic	Discussion	Actions	Responsible	Deadline
Call to order	Meeting was called to order by Dr. Saxe at 10:01 a.m. Introductions were made.			
EMS Medical Director Update	Dr. Cunningham reported that the RPABs are examining their potential role if the regions are realigned to match Homeland Security regions. She also updated the Committee on the emergency drug shortage situation and efforts to alleviate it. NHTSA's senior scientist Cathy Gotschall will be visiting OH and PA to see how evidence-based practice is being implemented at the state level, especially the geriatric triage. Dr. Cunningham has also been appointed to the National EMS Advisory Council (NEMSAC) by Transportation Secretary LaHood.			
		Quorum achieved at 10:10 a.m.		
Approval of May 2012 minutes	The following changes were made to the draft: Committees were to submit a list of legislative needs to the Policy & Regulation Committee by last month; Mr. Schuck and Ms. Harris raised the idea of "fee bundling" as possible legislation and discussions started with ODPS legislative liaisons; the Trauma System section of the EMS Division website will be used as a repository for the goal workgroup's documents; Visionary Committee will be taking over the relationship with Department of Health	MOTION: Approve the minutes with amendments. Motion by Ziegler, second by Myers. All in favor, none opposed, no abstentions. Motion passed.		

System Status Update	Mr. Erskine updated the Committee on the number and status of trauma centers in Ohio, including those operating on provisional status. Slow turn-around time on verification paperwork by the ACS continues to be problematic for Ohio's trauma centers during re-verification. Ms. Evans handed out the quarterly data submission status report for review.	Future quarterly reports will include the names of facilities not in compliance with submission and will be posted on the Division website.	Evans	9/12/2012
Workgroup Reports				
Goal 1: Leadership	Dr. Steinberg reported there was nothing new but reminded the Committee about the risk adjustment presentations from ODH and ACS immediately following this meeting.			
Goal 2: Injury Prevention	Mr. Erskine reported that there was no update as the Ohio Injury Prevention Partnership meets quarterly and has not had a meeting since the last Trauma Committee meeting			
Goal 3: Disaster Preparedness	Ms. Jacobson reported that work is going to be coordinated through the EMS Board's Homeland Security subcommittee.			
Goal 4: Prehospital Care	Mr. Ross reported the work group had its first meeting. The work group began reviewing position descriptions for trauma medical director. Goal 10 began discussion with this group on education of EMS providers on working with people with functional needs and with service animals. Some ideas on EMS involvement in injury prevention were also discussed, especially EMS intervention with elderly falls.			
Goal 5: Acute Care	No report.			

<p>Goal 6: Rehabilitation</p>	<p>Dr. Nemunaitis reported the work group reviewed the Post-Critical Trauma Care Commission's 2002 report. One of the recommendations was to create a web-based service locator to link patients/families with rehab resources. Funding would be needed for creating and maintaining such a service and is being discussed. 97 facilities that provide in-patient rehab services were identified, but to date only 47 of these facilities have submitted data to the Trauma Rehab Registry. Work is beginning to contact these facilities to help them with compliance. Mr. Erskine noted that Ohio COT and OSTNL have a stake in the resource locator as those groups represent some of the intended primary users.</p>			
<p>Goal 7: Performance Improvement</p>	<p>Ms. Haas reported that one meeting has been held. The top two priorities for review were established. The group will begin with 1) EMS destination decisions, and 2) interhospital transfers, especially timeliness of transfers. Ms. Graymire asked about the status of the performance metrics document that was previously created. Ms. Haas said that it was going to be looked at by the group at the next meeting but that it does not appear to be in line with the current focus.</p>			

<p>Goal 8: Trauma Registry</p>	<p>Ms. Myers reported the work group has met a couple of times and have been working on finalizing the OTR Data Dictionary for the Acute Care Registry. Most effort has focused on semantics and matching NTDS standards. The work group needs a decision from the Trauma Committee on how to handle a disparity between OTR and NTDS in the reporting of "A&Ox3" as GCS 15 - NTDS calls for it, OTR prohibits it. After discussion, it was decided keep the OTR interpretation as it is. Ms. Myers also reported that each of the other Goal work groups has a Goal 8 member assigned as a liaison. Plans for education of hospitals on the new data set and data system are being created. AOTR will be used extensively in this effort. Finalization won't occur until a vendor has been selected.</p>	<p>Review complete data dictionary</p>	<p>All</p>	<p>9/12/2012</p>
<p>Goal 9: Public Information / Professional Education</p>	<p>Ms. Haley stated that because this work group has two foci, it has formed two subgroups to cover each. For both, a needs assessment is the starting point for efforts. On public education, the 2005 Harris Poll on public perceptions of trauma systems was used as the basis for a survey to be performed at the Ohio State Fair. 800 responses are needed. Incentives are being provided by OSTNL (a very generous \$1,000 to be awarded in the form of 40 \$25 gift cards) and an application for IRB approval has been submitted for possible publication of the results. The Tri-State Trauma Coalition is providing leadership in the professional education subgroup. They are tasked with determining what trauma-related education should be provided to or required of which healthcare providers. This is a very large and daunting task.</p>	<p>MOTION: Use the Goal 9 format for minutes of all work groups. Motion by Haley, second by Werman. All in favor, none opposed, no abstentions. Motion passed.</p>		

<p>Goal 10: People with Functional Needs</p>	<p>Mr. Erskine reported that the work group is working on two immediate tasks. One is the link between Goal 4 and Goal 10 (see Goal 4 report), the other is defining "people with functional needs." Existing definitions are being examined to decide who to consider within the scope of the definition and setting down practical definitions for use in an emergent setting. Ms. Haley spoke to having pediatrics represented within the Framework. They had previously been intended for Goal 10 when it was designated as "Special Populations" but that has been lost with the change to "Functional Needs." To rectify this, a strategy was devised by Ms. Haley, Mr. Erskine, and Joe Stack, the State EMS-C Coordinator, to create a liaison relationship between the EMS-C Committee and the 10 Goal work groups.</p>			
<p>Trauma System Website</p>	<p>Ms. Haley stated that there is lack of clarity in communication between work groups because of the minutes not being posted to the website.</p>	<p>ODPS IT will be prompted to raise the priority level of the Trauma System website redesign</p>	<p>Erskine</p>	<p>8/27/2012</p>
<p>Liaison Reports</p>				
<p>Legislative Update</p>	<p>Mr. Erskine reported that there have been no new bills or movement on existing bills since the last meeting.</p>			
<p>Department of Health</p>	<p>No updates.</p>			
<p>EMS Board</p>	<p>No updates.</p>			

Old Business	<p>Ms. Haley brought up the topic of a Board directive that all Committees send their legislative needs to the Policy and Regulation Committee (PRC) and wondered where that stood. Dr. Steinberg replied that the needs are being carefully considered and will be gradually formulated but there is nothing to send at this time. Ms. Harris stated that PRC is moving forward with its legislative agenda and it needs to have Trauma Committee's needs on hand if a bill opportunity arises. After discussion, it was decided to revisit the Framework's strategies and indicators document, as well as a draft document that broke down each indicator by cost, ease and need for legislation.</p>	<p>Send Framework foundational documents and PRC "buckets" to Committee for review at next meeting.</p>	Erskine	9/12/2012
New Business	None			
Open Forum	None			
Adjournment	Meeting was adjourned at 12:07 p.m.			