

**STATE OF OHIO  
EMERGENCY MEDICAL SERVICES BOARD**

**TRAUMA COMMITTEE MEETING MINUTES FINAL  
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**Chaired by:** John Crow, MD

**Date & Location:** September 8, 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 10:10 am. Members and everyone present introduced themselves.

**Liaison Reports**

**ODPS Legislative Update** – Mr. Erskine stated that Senate Bill 58, EMTs drawing blood for DUI evidence, goes into effect in about a week. Rules are being put into place and there seems to be some friction between law enforcement and EMS groups. The Division of EMS is also scheduling education sessions throughout the state and will bring together law enforcement, EMS and medical directors as soon as the bill becomes law. H.B. 567 has also been introduced regarding stroke care introduced by a representative from the Cleveland area. This bill will have a direct impact in trauma care since part of this legislation adds a sixth exception to mandatory transport to a trauma center. This would mean that if a trauma victim has had a stroke, the victim must be transported to a certified stroke center. Mr. Erskine will e-mail a copy of this bill to all committee members. Dr. Crow made a couple of suggestions: 1) preparing a letter on behalf of the Trauma Committee; and 2) having a trauma committee representative attend public hearings to present testimony regarding this legislation.

**EMS Medical Director Report** – Dr. Cunningham stated that S. B. 58 has kept medical directors very busy. RPAB Region X is looking into creating regional protocols and Dr. Cunningham has asked them to

invite medical directors from their regions to make sure everyone is involved in the process from the beginning. Dr. Cunningham mentioned that she was the primary author, along with other state medical directors, a magazine article titled "The Role of State Medical Director in the Comprehensive Emergency Medical Services System" which was published in Pre-Hospital Emergency Care Journal. The article has received a lot of attention from FICA (Federal Interagency Commission for EMS) which reports to Congress is using the document to help support state medical director physicians in all states; since many states do not have this. The EMSC committee is doing a study to look into EMS pediatric preparedness. They do not plan on legislating a certification process but the goal is to offer hospitals the chance to have independent assessors to go into their department, compare what the national EMSC committee shows them and the local study which is being done at RB & C (Rainbow Babies & Children's Hospital) in Cleveland. Once the criteria is determined, Dr. Cunningham will be happy to share the information with everyone. Dr. Cunningham also commented that it is her understanding that many of the EMS squads are already carrying a lot of the equipment that the national EMSC expects.

**Ohio Department of Health** – Dr. Smith reported that he continues to work with Mr. Erskine on the monthly conference calls regarding the Trauma Center process to ensure that the trauma centers are in compliance with policy. Dr. Smith commented that this program seems to be running well.

**Ohio Injury Prevention Partnership (OIPP)** – Amy Wermert reported that the Ohio Injury Prevention Partnership (OIPP) will be holding their annual meeting in November 18th. The Child Injury Action Group's Symposium regarding Prevention of Brain Injury Among Ohio Youth held on July 30<sup>th</sup> was a great success with the attendance of about two hundred people. The Fall Prevention Action Group is preparing to hold statewide fall prevention conferences scheduled for sometime in the spring. September 22<sup>nd</sup> (1<sup>st</sup> day of Fall) is Fall Prevention Awareness Day and the governor will be signing a proclamation to promote awareness of such.

Ms. Wermert announced that she will be stepping down from her position (term limit) and that Ms. Dara Bates will be taking over as chair of OIPP as well as representing OIPP at future Trauma Committee meetings. Dr. Crow thanked Ms. Wermert for her participation in the Trauma Committee during the last year.

**EMS Board** – Dr. Steinberg reported that he did not attend the last EMS Board meeting. However, he was not aware of any discussion related to the Trauma Committee.

### **Sub-Committee & Work Group Reports**

**Trauma Registry Advisory Subcommittee** – Dr. Knotts and Ms. Bechtel updated the committee regarding items TRAS has been working on: 1) *Staff Support for the Ohio Trauma Registry* (handout). OTR strongly recommends that ODPS hire additional full-time staff as soon as the State budget allows it. Dr. Knox explained the ODPS hiring process to the committee members. Committee members agree that this is needed in order to provide valid and reliable information to state leaders to make good decisions regarding trauma service and prevention initiatives in Ohio. A recommendation for the Trauma Committee to adopt this initiative was brought to the floor. However, a decision was made to bring this item back to the Trauma Committee for their November meeting. 2) *Suggested Definition for Capturing Trauma-Related Isolated Hip Fractures while Excluding Fragility-Related Hip Fractures in the Ohio Trauma Registry* (memorandum distributed). Ms. Bechtel stated that TRAS had discussed this item at their last meeting and drafted the following definition: *Exclude only those isolated hip fractures (ICD-9-CM 820.0-820.9) that occur in persons age seventy years or greater ( $\geq 70$ ) AND result from a fall on the same level due to slipping, tripping or stumbling (E885.0-E885.9).*

**MOTION:** Dr. Shannon made a motion to approve the definition and second by Dr. Pugh.

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

TRAS had discussed and documented 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

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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.**

**Trauma Visionary Workgroup** – Ms. Graymire reported that this workgroup had met and discussed the following items: Trauma System Framework; Dr. Crow’s executive summary regarding the ACS’s review specifically, funding mechanisms, funding avenues, what is available, etc.; TRAS item, such as, staffing requirements, etc.; changing the workgroup function to clearinghouse between the Trauma Committee and the EMS Board for resolution of issues related to trauma care; and the responsibility for recommendation of solution-oriented strategies and priorities in Ohio’s trauma system.

**Trauma System Plan** – Kathy Haley reported that the *Framework* document has been revised and all committee members should have received a draft copy (via e-mail) showing all the changes that stakeholders recommended. A copy of the final document was distributed earlier. Ms. Haley stated that two additional goals have been added since the last meeting for a total of ten goals. *Goal 9: People with Functional Needs* will include many groups, geriatrics, pediatrics, persons with special needs, and other groups that will be identified as the system plan evolves. *Goal 10: Professional Education and Public Information* - Integrate trauma education and public information into all aspects of the trauma system. A glossary has also been added to the document. Carol Jacobson recommended that a definition of the word “region” be addressed (expanded) because regions may overlap with other regional systems that exist for other purposes. Several committee members discussed this item in trying to clarify the use of the word “region” as it pertains to the framework. This definition should also be added to the glossary. Mr. Erskine suggested that the definition should read “these regions may overlap with other regional systems that exist for other purposes”. Dr. Crow stated that the definition of Lead Agency needs to be defined. Ms. Graymire commented that the Trauma Visionary group felt very strongly about the Trauma Committee identifying the lead agency before forwarding the framework for their review and approval. Dr. Smith commented that the expertise of the trauma system is not at ODH it is right here in this room. However, Dr. Smith added that he feels he is the only one at ODH who is aware of the trauma system plan. Dr. Saxe – Elevate this committee to be analogous to the EMS Board and have liaison with ODH so as recommendations or directives came down from this committee would then be implemented. Dr. Crow remarked that the ACS visit might define for our state or give us some guidance on the needs of the trauma system and the lead agency. Ms. Graymire commented that the Trauma Visionary group felt that this committee (Trauma) should be responsible for defining what would work best for the state of Ohio. Ms. Bechtel reported that Rich Rucker had been present at the last Trauma Visionary group meeting and he was very supportive of keeping this group at ODPS. Ms. Graymire added that until a decision is made regarding the lead agency, it is difficult to move forward with legislation, agency reporting, etc. Dr. Crow expressed concern regarding the elevating of the entity (group) to the EMS Board level. Dr. Smith commented that he is aware that the lead agency which will have oversight of the trauma system has not been decided on and questioned if there is a defined funding mechanism to support these activities. Dr. Shannon commented “that the lead agency would be something that you would describe that had authority, what kind of people you want on it, and actually fashion this thing to lead it into the most likely group; which a group of people who understand trauma, represent the public, stakeholders, people that are committed to doing this. You also have to have the other things such as authority, money to support this, somebody that is uninvolved in the committee to overview the hospitals to see if they are running like the ACS, somebody policing (like ODH) to make sure you follow the rules. It has to be a free-standing committee that stands on its own.” Ms. Haley commented that the trauma visionary group has already defined what the lead agency has to do.

Ms. Graymire read the definition of lead agency in the Minnesota trauma plan. Committee members asked Mr. Erskine to please send out a copy of the Minnesota trauma plan. Ms. Graymire and Mr. Erskine revised this item to read: “A regulatory body whose membership is analogous to the EMS Board’s Trauma Committee, with rule-making ability, including authority, responsibility and resources to lead development, operations and evaluation of the trauma system.”

Ms. Haley asked for a motion to accept the framework document.

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**MOTION:** Mr. Crum made a motion to approve the framework, to forward it to the EMS Board with the changes noted in the August 30, 2010 draft, and the new definition of LTA and second by Ms. Bechtel.  
**VOTE:** All in favor, none against, no abstentions. **Motion approved.**

**Dr. Werman left the meeting at 11:30 a.m.**

Ms. Haley started a discussion regarding the *Executive Summary: State Trauma System Consultative Visit by the American College of Surgeons* document. The cost for this 3.5 days visit including 5 reviewers is \$65,000 plus site costs including meeting rooms and meals for a total estimate of \$85,000 to \$100,000. Discussion regarding ways of funding this visit followed. Ms. Bechtel recommended writing a cover letter to be sent to groups soliciting contributions (funds). Lengthy discussion regarding the ACS visit followed. Ms. Haley and Ms. Graymire suggested that the Trauma Committee needs to approve/disapprove a motion regarding approval of the ACS visit.

**MOTION:** Mr. Crum made a motion to proceed with the ACS consultation visit and second by Ms. Bechtel.

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

**Performance Improvement Subcommittee** – Dr. Miller reported that this group had a meeting this morning and had an excellent first discussion. The subcommittee will work on developing a white paper to bring to this committee with definitions of over/under triage actually means and a suggestion for integration of most definitions into the local quality improvement program in hospitals and system as well as the regional physician advisory board. The second thing they are going to work on is to try to gather as much information as possible on issues from our own trauma registry and EMS registry. Dr. Miller received a report from Mr. Erskine regarding deaths in non-trauma centers and the subcommittee has been reviewing this data. Dr. Miller commented that these are just a sample of the items this subcommittee will be working on.

**Approval of Meeting Minutes**

Review of the July 14, 2010 minutes.

**MOTION:** Mr. Miller moved to approve the minutes and second by Dr. Shannon.

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

**Old Business**

**Distracted Driving** – Mr. Erskine reported that the Distracted Driving White Paper was approved and adopted by the EMS Board. This document will be posted on the website as the EMS Board's position in the near future.

**Committee Goals** – Mr. Erskine announced that the EMS Board has asked all the committees to put together their goals for the next five years. The perspective is: "it is now the year 2015 and we are looking back over what we have accomplished over the past five years." Dr. Crow and Ms. Bechtel asked Mr. Erskine to compile the Trauma Committee goals including the items we have been discussing during this meeting and bring it to the next committee meeting.

**Trauma Center Exit Interview** – Mr. Erskine distributed the **Ohio Trauma Program Closure Survey** document and explained the reasons for creating this survey. Specifically, to better understand the factors influencing a trauma center's closure. Committee members asked that future trauma center closure surveys be sent to them for review.

**New Business**

**November Elections** – Mr. Erskine announced that Dr. Crow's and Ms. Haley's term as Chairman and Vice-Chairman respectively will expire and therefore nominations are to be made. Ms. Bechtel nominated

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Ms. Haley for Chairman second by Mr. Crum. Ms. Haley nominated Dr. Saxe and second by Ms. Bechtel.  
Nominations can be made through next committee meeting in November.

**Committee SOP Review** – Mr. Erskine reported that these need to be reviewed and completed by November.

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

**Next meeting will be on Wednesday, November 10, 2010, Conference Room 134**

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