

**STATE OF OHIO  
EMERGENCY MEDICAL SERVICES BOARD  
TRAUMA COMMITTEE MEETING MINUTES FINAL  
Wednesday, September 14, 2011**

**Location:** Ohio Department of Public Safety, Conference Room 134, Columbus.

**Members Present:** Dr. John Crow, Vickie Graymire, Kathy Haley, Dr. Gary Huston, Brian Kuntz, Debra Myers, Dr. Greg Nemunaitis, Dr. Jonathan Saxe, Dr. Michael Shannon, Diane Simon, Dr. Howard Werman

**Non-Voting Liaisons Present:** Dr. Carol Cunningham, Kitty Hevener, Carol Jacobson, Christy Beeghly (for DeFiore-Hyrmer and Bakes), Dr. Steven Steinberg

**Members Absent:** Nancie Bechtel, Dr. Ed Michelson, Dr. Sidney Miller, David Pohlman, Dr. Kevin Pugh, John Ross, Dr. Richard Ziegler

**Non-Voting Liaisons Absent:** Dr. F. Barry Knotts

**Non-Voting EMS Staff Present:** Tim Erskine, Sue Morris, Toni Tester, Elizabeth Earley, Jeffrey Leaming, Winston Ford, Alan Boster

Guests in Attendance: Gary Englehart, Patricia Wilczewski, Kathy Cookman, Terrie Stewart, Dr. Ken Ransom, Cindy Nagel, Lynn Haas

SUBJECT	DISCUSSION	ACTION
<b>MEETING CALLED TO ORDER</b>		The State of Ohio Emergency Medical Services Trauma Committee was CALLED TO ORDER by Committee Chair Kathy Haley at 10:02 a.m.
<b>WELCOME &amp; INTRODUCTIONS</b>	Committee members and others in attendance introduced themselves.	
<b>MEETING MINUTES May 11, 2011</b>	Chair Haley asked if anyone wished to make any additions or corrections to the May 11th minutes.	A motion was made by Dr. Shannon to approve the Trauma Committee meeting minutes, seconded by Dr. Nemunaitis. All in favor, none opposed. MOTION PASSED.
<b>Trauma Committee Membership</b>	Mr. Erskine provided an update regarding the status of nominations for the six vacant spots on the Trauma Committee. He stated that nominations had been received for the Victim Advocate, Pediatric Emergency Medicine, Non-Trauma Center, and EMS provider representative positions. No nominations had been received for the Emergency Medicine Physician or Coroner representative positions. Discussion followed regarding the necessary qualifications to be nominated for each position. The Trauma Committee expressed concern over the lack of a nomination for the Emergency Medicine Physician representative position. Mr. Erskine agreed to contact the nominating organizations for the vacant positions to request nominations and report back to the Trauma Committee.	Mr. Erskine agreed to contact the nominating organizations for the vacant positions to request nominations and report back to the Trauma Committee in November.
<b>Workgroups/Committees: Trauma Surgeon</b>	Dr. Saxe reported that the workgroup had not had a meeting yet, but that they plan to have a conference call within the next	

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**Involvement in EMS Education**

month. Dr. Cunningham provided a brief history regarding the formation of the workgroup, describing how the members of the RPABs questioned whether or not it is necessary for a trauma surgeon to approve trauma continuing education materials for EMS providers.

**Workgroups/Committees: Metrics Document (TVC)**

Ms. Haas gave a PowerPoint presentation that summarized the Metrics Document that was created by the Trauma Visionary Committee. Ms. Haas requested that all of the Trauma Committee members look over the Metrics Document critically and provide any feedback to her within 30 days. Mr. Erskine agreed to send out the most current version of the Metrics Document to the Trauma Committee members along with contact information for Ms. Haas.

Mr. Erskine agreed to send out the most current version of the Metrics document to all Trauma Committee members along with contact information for Ms. Haas.

All Trauma Committee members are to look over the Metrics Document critically and provide any feedback to Ms. Haas within 30 days.

Ms. Hevener expressed some confusion over the focus and direction of the Trauma Committee compared to the Trauma Visionary Committee. Discussion followed regarding the role of each committee in implementing the Framework Document as well as how the two committees relate to each other.

**Workgroups/Committees: Prehospital Triage Data Report**

Mr. Erskine presented a report that was created in response to a report by COTS that looked at seriously injured patients who were transported to a Non-Trauma Center (NTC) in Franklin County. The report replicated the methodology used in the COTS report using Ohio Trauma Registry data for Franklin, Lucas, and Cuyahoga Counties. These counties were chosen because they all have major metropolitan areas with extensive trauma center coverage. Summary outcome data was presented for all three counties. Discussion followed regarding possible reasons that these patients were taken to NTCs.

A motion was made by Dr. Shannon to refer this study back to COTS for further review of the data with the recommendation that representatives from Lucas and Cuyahoga Counties be included, seconded by Ms. Graymire: All in favor, none opposed. MOTION PASSED.

**Workgroups/Committees: TRAS**

Ms. Terrie Stewart summarized the work done in July's TRAS meeting. She stated that the purchase of the software for the Ohio Trauma Registry (OTR) was delayed due to a problem with the purchasing procedure. Mr. Erskine elaborated on the subject, stating that due to a change in administration, the procedure that was used to select the software vendor is no longer considered valid. As a result, the vendor selection process has been delayed by approximately one year. Ms. Stewart went on to state that TRAS also discussed a plan for an educational roll out for the new data dictionary, a revised policy for handling hospitals that are non-compliant with data reporting, updates to the OTR data

Mr. Erskine and Ms. Jacobson will work together to develop a webinar for continuing education related to reporting data to the OTR, which will be developed by ODPS staff and hosted by the OHA.

dictionary, revisions to the 2010 OTR annual data report, a revised policy for monitoring rehabilitation registry compliance, and submission requirements for free standing emergency departments (FSED). Mr. Erskine explained that because FSEDs are not inpatient facilities and do not keep patients overnight, they are not currently required to report to the OTR. Ms. Stewart stated that TRAS' current work includes drafting a template for a quarterly report to illustrate the status of the data in the OTR as well as selecting representatives for participation in JROC. Ms. Haley requested that the quarterly report come to the Trauma Committee after being approved by TRAS. Ms. Stewart asked about the status of the PI Subcommittee of the Trauma. Ms. Haley explained that the work of the PI Subcommittee was put on hold pending the work of the Trauma Visionary Committee on the Framework Document.

Mr. Erskine presented a handout detailing the most current list of hospitals that are non-compliant with reporting to the OTR as well as a list of hospitals that are currently on extension for reporting data to the OTR. Mr. Erskine indicated that all non-compliant hospitals are working closely with ODPS to move towards compliance and that all non-compliance was due to staffing turnover and the reporting duties getting forgotten in the process. Discussion followed regarding the procedure for notifying hospitals of noncompliance of data reporting to the OTR. Ms. Jacobson proposed developing a system of continuing education for trauma registry reporting for the hospitals consisting of regular webinars to be developed by ODPS staff and hosted by the OHA, as well as regular letters to the individual hospitals reminding them of their legal obligation to report to the OTR. Mr. Erskine agreed to work with Ms. Jacobson on developing these materials.

**NHTSA Report Items:  
Exclusive Trauma  
System**

Mr. Erskine explained that the NHTSA document states that Ohio has an exclusive trauma system and should move towards having an inclusive trauma system. Discussion followed regarding the definition of an inclusive and exclusive trauma system. Ms. Jacobson recommended that feedback be obtained from Non Trauma Centers (NTC) and the issue should go to the Trauma Visionary Committee and the Trauma Registry Advisory Subcommittee to be further evaluated.

Mr. Erskine agreed to send out the NHTSA and Framework document language that specifically refers to an inclusive/exclusive trauma system to members of the Trauma Committee, Trauma Visionary Committee, and TRAS.

Mr. Leaming stated that the EMS Board decided to include the goals contained in the Framework document in the EMS Strategic Plan. He stated that the strategic plan is still in draft form, but the goals and action items will be emphasized in the strategic plan.

**NHTSA Report Items: PI for Presence and Consistency of Various Protocols and Agreements**

Mr. Erskine explained that the law requires all hospitals to have protocols for handling trauma patients for which they may not be appropriately equipped to deal with, including transfer agreements. The law requires hospitals to have these protocols and transfer agreements, but it does not provide any means for ensuring that the appropriate protocols and agreements are in place. Discussion followed regarding whether or not a legislative change is necessary to allow oversight of these protocols and agreements as well as the appropriate role of these protocols and agreements. Ms. Jacobson recommended that a survey be developed to assess the current status of these protocols and agreements in Ohio. Mr. Erskine agreed to work with Ms. Jacobson on developing this survey.

Ms. Jacobson and Mr. Erskine agreed to begin developing a survey to assess the current status of trauma patient protocols and transfer agreements in Ohio.

Mr. Erskine agreed to send out the language in the Ohio Revised Code that pertains to trauma protocols and transfer agreements to the Trauma Committee members.

**NHTSA Report Items: Compliance with Hospital Data Reporting**

No discussion needed.

**NHTSA Report Items: Lead Trauma Agency**

Ms. Haley and Mr. Erskine stated that a legislative change would be necessary in order to provide the necessary authority to a Lead Trauma Agency.

**NHTSA Report Items: Large Trauma Committee Membership**

Ms. Haley stated that the NHTSA assessment stated that the large Trauma Committee membership limits its potential. Discussion followed indicating that the committee does not feel limited and that the Trauma Visionary Committee helps address more detail oriented issues. Additionally, the size and membership of the Trauma Committee is stated in law. Consensus was reached that no action needs to be taken regarding this issue.

**NHTSA Report Items: Trauma Medical Director**

Mr. Erskine stated that the current legal structure of the Division of EMS does not make any provisions for a trauma medical director. Currently, Dr. Cunningham has medical oversight for the

Mr. Erskine agreed to send out position descriptions for trauma medical directors in other states to the Trauma Committee Members.

care of trauma patients in a pre-hospital setting which is the only legal provision for trauma medical direction. Ms. Haley recommended looking at position descriptions for trauma medical directors in other states to get a better idea of what the position entails. Discussion followed regarding the appropriate function of a trauma medical director. Ms. Haley and Ms. Graymire recommended that the issue be taken to the Trauma Visionary Committee to determine what the specific legislative needs are to achieve the goals in the Framework document, which can then be presented to the EMS Board. Dr. Steinberg questioned whether anyone would be available to assist with drafting any legislative needs of the Trauma Visionary Committee. Mr. Ford recommended the ODPS legislative liaison, Andy Spencer.

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**ACS State Trauma System Assessment**

Mr. Erskine stated that since the ACS is unable to provide funding for a system consultation, grant funding is the next option for obtaining an ACS consultation. Ms. Haley stated that the Grants committee has embedded a trauma system consultation within the Priority 2 grant focus area. The EMS board approved funding for that focus area in the amount of \$138,000. The EMS board also approved an early posting date for the Priority 2 grant application on November 1, 2011 in order for applicants to have sufficient time to write a grant application to meet the qualifications of the grant. Mr. Erskine presented a draft of language for the grant priority language, which read: "Highest consideration for this priority will be given to applications which analyze or evaluate the state trauma system using methodology based on a public health approach for evaluating public health systems." After a lengthy discussion regarding how to make the language more specific, Dr. Crow proposed a motion to specifically mention an ACS consultation including both the application and visit in the language, while removing the wording relating to the public health approach and public health model.

A motion was made by Dr. Crow to specifically mention an ACS consultation including both the application and visit in the grant language, while removing the wording relating to the public health approach and public health model., seconded by Dr. Nemunaitis. All in favor, none opposed, Dr. Saxe abstained. MOTION PASSED.

Mr. Erskine agreed to send a copy of the ACS consultation document to Mr. Leaming.

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**Trauma Framework (TVC)**

Ms. Graymire summarized the work of the Trauma Visionary Committee toward forming the Joint Registry Oversight Committee (JROC). She stated that after being presented to the EMS Board, it was decided that JROC will function as a group under the Trauma Visionary Committee. JROC is currently working on recruiting members from TRAS, Rehab, and IRSAC.

Mr. Erskine agreed to send out a schedule of the Trauma Visionary Committee meetings, along with TQIP documents, to the Trauma Committee members.

Mr. Erskine agreed to send out a copy of the strategic plan to the Trauma Committee members.

Ms. Graymire also stated that she is working with Craig Self on incorporating the Framework document into the EMS strategic plan. She also stated that part of the overall strategy for developing the state trauma system is a review by the American College of Surgeons (ACS). Additionally, the Trauma Visionary Committee is looking into the TQIP program, which is available through the ACS, as a tool to measure and evaluate the trauma system in Ohio.

Ms. Haley noted that Trauma Visionary Committee meetings are open meetings that happen immediately after Trauma Committee Meetings as well as from 4-6 pm on the evening before EMS Board meetings. Mr. Erskine agreed to send out a schedule of Trauma Visionary Committee meetings, as well as TQIP documents to all Trauma Committee members. Ms. Graymire gave a brief overview of the TQIP program, explaining that it is a program that hospitals participate in at an individual level to monitor trauma performance. Dr. Steinberg explained that the Trauma Visionary Committee is interested in looking into statewide participation in TQIP because the 2002 trauma legislation calls for risk adjusted data to be reported from the Ohio Trauma Registry, which hasn't been done because there is no universally accepted risk adjustment methodology. TQIP would be able to provide risk adjusted data, as well as provide a basis for a quality improvement program that focuses on trauma centers. Dr. Steinberg stated that it is only within the past year that the ACS has begun conversations with states to explore implementing TQIP on a statewide basis. Dr. Steinberg indicated that the ACS is willing to come give a presentation on TQIP to interested stakeholders. Ms. Jacobson recommended including some trauma center representatives in this exploratory process. Dr. Steinberg stated that the Trauma Visionary Committee would not be ready to have TQIP come present until later in the fall or winter. Discussion followed regarding the appropriate time and venue for a TQIP presentation, as well as which stakeholders need to be involved.

Dr. Steinberg went on to provide an update on the status of funding for an ACS consultation. He stated that the ACS does not grant money to external agencies, so there will need to be an alternative source of funding.

<b>Trauma Committee Meeting Times</b>	Ms. Haley asked the committee if they felt that meeting every other month was still adequate. Consensus was reached to continue meeting every other month.	
<b>Report for Chief of Trauma and Research</b>	<p>Mr. Erskine presented a schema which illustrates the flow of data through the Office of Research and Analysis (ORA). He mentioned that Ms. Summer Boyer has resigned as Trauma Data Manager and that ORA is working on finding a replacement. Mr. Erskine also introduced Ms. Liz Earley, a new epidemiologist in ORA.</p> <p>Mr. Erskine provided a hospital compliance update, indicating that the main barrier to compliance was staffing turnover. He stated that letters were sent directly to non-compliant trauma centers, which generated a significant response.</p> <p>Ms. Tester presented a draft of the 2010 Annual Ohio Trauma Registry Data Report. Discussion followed regarding what data was collected and presented in the report. Ms. Haley recommended that the report go to TRAS for further revision, and then be brought back to the Trauma Committee for final recommendations.</p>	Starting at November's Trauma Committee meeting, ORA will begin providing quarterly hospital compliance status reports to the Trauma Committee.
<b>2011 Trauma Research Awards (Priorities 2,3,4)</b>	<p>Mr. Boster provided an update of the trauma research grant priorities, stating that there are now six priorities: EMS Training and Equipment, Trauma System Evaluation, Injury Prevention, Trauma Rehabilitation, EMS Research, National Accreditation for EMS Paramedic Training Programs. Mr. Boster stated the need for specific focus areas for Priorities 3 and 4, in addition to the focus area language for Priority 2. He reviewed the dollar amounts that were assigned to each priority, which are as follows:</p> <ul style="list-style-type: none"><li>*Priority 2-Trauma System Evaluation: \$138,000</li><li>*Priority 3- Injury Prevention: \$131,000</li><li>*Priority 4-Trauma Rehabilitation: \$129,000</li><li>*Priority 5-EMS Research: \$127,000</li><li>*Priority 6-National Accreditation for EMS Paramedic Training Programs: \$125,000</li></ul>	<p>Ms. Beeghly agreed to work with Mr. Erskine on determining a focus area for the Priority 3 grant by the first week of November.</p> <p>Mr. Nemunaitis agreed to determine a focus area for the Priority 4 grant by the first week of November.</p>

area for the Priority 4 grant. Mr. Boster stated that he would need focus areas determined by the first week of November.

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**ODPS Legislative Liaison Report**

No update.

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**EMS Medical Director Report**

Dr. Cunningham reported that the RPAB chairs did not meet over the summer, but that they have been working on updating the state guidelines. Specifically, they are working on checking any areas that may be affected by the EMS Board's decision to adopt the National Scope of Practice model and removing any outdated material.

Dr. Cunningham also reported that the new titles of Emergency Medical Responder (EMR), EMT, Advanced EMT, and Paramedic will go into effect in Ohio by law on September 29, 2011. These title changes came about as a result of a national standardization effort. She pointed out some new skills that were added to the Paramedic level, including maintenance of blood transfusions. She will personally work on other minor revisions before presenting them to the RPAB chairs.

Dr. Cunningham reported that the NASEMSO annual meeting will be in October. She stated that NASEMSO recommends that there be medical direction for EMS providers at the EMR level, which Ohio already has in place.

She also stated that the Department of Homeland Security has selected her to serve on a newly-developed first responder resource group. Additionally, she and Mark Resanovich were selected by the American Israeli Education Foundation to participate in an EMS Homeland Security mission to Israel. She requested that if anyone has any issues or questions they would like to see addressed, they be brought to Dr. Cunningham or Mr. Resanovich by the next Trauma Committee meeting in November. Dr. Cunningham stated that they will be giving a presentation at the EMS Board retreat in February.

Ms. Hevener asked Dr. Cunningham if the new educational programs being developed for emergency responders include

Dr. Cunningham agreed to look into the posting of minutes from RPAB meetings to the website by the regional chairs.

Dr. Cunningham agreed to send Ms. Hevener a copy of the most recent educational chapter on disabilities for EMS providers for feedback.

disability awareness and other issues. Dr. Cunningham explained that they will be working on revising the existing chapter that relates to disabilities. Ms. Hevener stated that she would like to be involved in the revisions. Dr. Cunningham agreed to send Ms. Hevener the most recent version of that chapter.

Ms. Haas asked Dr. Cunningham about the availability of minutes from RPAB meetings. Dr. Cunningham stated that the individual region chairs are responsible for writing the agenda and the minutes as well as posting minutes to the website.

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**Ohio Department of  
Health Report**

Ms. Haley summarized a meeting that took place between Trauma Committee members, Trauma Visionary members, Division of EMS staff, and Department of Health leadership to determine what legislation would be necessary in order to implement the Framework document. Ms. Beeghly mentioned that Bob Campbell from the ODH data center has become involved in setting up an Ohio Health Information Exchange. She stated that over 5,800 providers have signed up for electronic health records and that Ohio leads the country in this field. Three hospitals are currently working on integrating records into the exchange. She also stated that the BMV is interested in participating in including critical health information on drivers' licenses.

Ms. Beeghly stated that the Ohio Chapter of the AAP is spearheading a "Wear your helmet to work/school day" on September 21 to raise awareness for the importance of bicycle helmets. September 18 through September 21 is Child Passenger Safety Week to raise awareness about properly restraining children in vehicles. September 23 is National Falls Prevention Awareness Day to raise awareness about prevention of falls among older adults. Information on these events is available on the Ohio Violence and Injury Prevention Program website.

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**Ohio Injury Prevention  
Partnership Report**

Ms. Beeghly stated that there is a new committee focused on injury advocacy and policy. This new committee has created an

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Injury Advocates Program, which is meant to include people who would be unable to commit to the quarterly meetings, but would be willing to be an injury spokesperson or otherwise participate in injury advocacy.

Ms. Beeghly mentioned that OIPP has just initiated an Injury Prevention Champions Award, with a deadline for nomination at the beginning of October.

Ms. Graymire mentioned a rally that will be taking place in Columbus on September 22 to raise awareness about a potential statewide ban on texting while driving.

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**EMS Board Report**

No Update.

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**Next Regularly Scheduled Meeting**

The next Trauma Committee meeting will be on November 9, 2011, Conference Room 134.

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**Adjournment**

The State of Ohio Emergency Medical Services Trauma Committee meeting was ADJOURNED at 2:10 p.m. by Committee Chair Ms. Haley.

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Minutes submitted by: Toni Tester, MPH