

STATE OF OHIO  
EMERGENCY MEDICAL SERVICES BOARD

TRAUMA VISIONARY COMMITTEE MEETING MINUTES  
Tuesday, August 16, 2011

**Location:** Ohio Department of Public Safety, Room 109, Columbus, OH

**Members Present:** Nancie Bechtel, John Crow, Vickie Graymire, Lynn Haas, Kathy Haley, Deanna Harris, Doug Paul, Mark Resanovich, Jonathan Saxe, Bruce Shade, Steven Steinberg

**Guests Present:** Carol Jacobson, Patty Wilczewski, Bill Schuck

**EMS Staff Present:** Tim Erskine, Sue Morris, Toni Tester, Anne Vitale

SUBJECT	DISCUSSION	ACTION
<b>MEETING CALLED TO ORDER</b>		The State of Ohio Emergency Medical Services Trauma Visionary Committee was CALLED TO ORDER by Committee Co-Chair Vickie Graymire at 4:00 p.m.
<b>WELCOME &amp; INTRODUCTIONS</b>		
<b>MEETING MINUTES</b>	Ms. Kathy Haley recommended including sending out updated metrics document and sending out a copy of the ACS PRQ as action items in the June 2011 minutes. The list of action items from the June 2011 was reviewed to ensure all actions were complete.	Ms. Toni Tester will add the additional action items to the June 2011 TVC minutes.  Mr. Tim Erskine will send out the ACS PRQ.  Ms. Kathy Haley moved to approve the minutes as amended, Dr. Saxe seconded. All in favor, none opposed. <b>MOTION PASSED.</b>
<b>Legal Question</b>	Ms. Anne Vitale discussed the requirements for a report to be considered a public record, specifically regarding risk adjustment. She cited ORC §4765.06, which specifies that data cannot be released which would identify or tend to identify a recipient or provider of care unless it is risk adjusted, and OAC §4765-4-04 which defines risk adjustment.  There was also discussion about how a public employee's presence at a hospital PI meeting affects the openness of the meeting. Ms. Vitale said that a state employee being present at a confidential meeting does not make the meeting an open meeting. However, any documents or notes taken from the meeting would become public	ODPS legal counsel will be put into contact with OHA legal counsel to discuss peer-review rules.  Mr. Erskine will send out the legal rules regarding risk adjustment.

PUBLIC RECORD

records. A question came up regarding the confidentiality of such a meeting. It was agreed that Ms. Vitale would be put into contact with the legal counsel at OHA to further clarify this question.

**JROC Plan**

Ms. Deanna Harris discussed progress on the formation of JROC. She discussed the individual needs of EMSIRS and the Ohio Trauma Registry (OTR) and the potential role of JROC in helping meet these needs. Due to the ongoing specific needs of the two databases, TRAS and IRSAC would continue to exist as separate committees. It was proposed that JROC consist of 3 members each of TRAS and IRSAC, along with the chairs of both committees. JROC would report directly to the EMS Board. Ms. Harris mentioned working with the Ohio Injury Prevention Partnership (OIPP) and their Data Action Group (DAG) to share data to get a more complete picture of trauma in Ohio. This was mentioned as an especially important partnership to help establish a relationship with the coroner's office and obtain their autopsy data. She also mentioned seven special reports from 2003 on EMS and trauma included on the ODPS website that were mandated through legislation, and was interested in learning about the progress on meeting the recommendations included in the studies. Ms. Haley provided a brief history on the seven special studies and how once the studies were completed, the EMS Board looked at the results and embedded some of the recommendations into the grant application. Mr. Bill Schuck asked Ms. Harris if there was a timeline established for the formation of JROC, but Ms. Harris reported that a timeline would not be developed until the co-chairs and other committee members determine a mission statement and specific goals for the group. She also stated that the implementation of the new software for the OTR would also affect their timeline.

Ms. Harris requested a specific written charge from the TVC for the purpose of JROC. Ms. Bechtel asked for clarification on whether the ultimate goal of JROC was to have a single database containing all injury data or whether it was to have a set of databases that are able to communicate with each other and function as a single database. The committee decided on the following statement as a written mission statement for JROC:

*"To work toward developing a single data repository that links*

Mr. Erskine will look into finding an ODPS IT representative to participate in future JROC meetings.

*multiple state databases in order to pull meaningful data with standardized processes and without duplication of efforts.”*

Ms. Carol Jacobson recommended involving ODPS IT in JROC since there will be a significant technical component in establishing communication between the various data sources.

Mr. Mark Resanovich mentioned how the ultimate goal of forming the EMSIRS and OTR databases was to make them linkable to each other, as well as with other databases. Mr. Erskine mentioned that the CODES program, which is housed in the Injury Prevention Center at Nationwide Children’s hospital, links all three databases that are maintained in the Division of EMS with Crash Outcome data, even though all of the databases are not housed in a single repository. Ms. Haley recommended including Dr. Gary Smith or some of his staff, who have worked on the CODES program, in JROC.

Ms. Vitale reminded the committee that once JROC is formed, all meetings will need to be open to the public and a DEMS staff member will need to be assigned to the committee to take care of all of the administrative functions of JROC.

**ACS TQIP**

Dr. Steinberg provided a quick overview of the ACS TQIP program, which is a program that provides risk-adjusted comparisons of data from individual trauma centers nationwide. In discussion of risk adjustment methodology, he mentioned that there are currently two widely accepted models: TRISS and TQIP. He mentioned that TRISS came about in the early 1980’s and it is considered outdated. He talked with TQIP staff regarding whether TQIP has been implemented by anyone on a statewide basis. He informed the committee that three states currently participate: Michigan, Georgia, and Arkansas. In Michigan, it is not actually a statewide program, but rather a public-private partnership. Georgia is currently working with the ACS to implement TQIP statewide. The program in Arkansas is in the early discussion stages, but is well funded. Dr. Steinberg mentioned that the TQIP program is currently a collaboration between individual hospitals and the ACS. There is a \$9,000 annual fee for hospitals to participate. Additionally, hospitals need to meet specific criteria, such as having a dedicated trauma

Dr. Steinberg will invite TQIP to come present to the Trauma Committee, TVC, and individual trauma centers on September 14, 2011 from 2pm-4pm.

Mr. Erskine will arrange reservation of an auditorium for the TQIP presentation.

Mr. Erskine will send invitations to individual trauma centers for the TQIP presentation.

registrar. He did not discuss with TQIP staff what type of contract might be available for a whole state to participate.

Dr. Steinberg mentioned that the TQIP staff would be willing to come give a presentation to any interested parties about their program. It was suggested that TQIP come give a presentation to the State Trauma Committee, TVC, and individual trauma centers at the end of the September 14<sup>th</sup> Trauma Committee meeting. Mr. Tim Erskine agreed to arrange for the reservation of an auditorium for the presentation and to send invitations to the individual trauma centers.

Ms. Bechtel asked whether TQIP participation would be related to the meaningful use data requirements under the health information exchange project, which is a federal program that reimburses hospitals when they submit electronic data that meets certain requirements for meaningful use. The pros and cons of having a home grown risk adjustment program compared to TQIP participation were discussed.

**Metrics Document**

Ms. Lynn Haas presented a draft of a trauma metrics scorecard document to be reviewed by the TVC. When discussing the timeline for implementation, it was noted that the proposed timeline will be pushed back 6 months-1 year due to a delay in obtaining new software for the OTR. The following changes were suggested for the trauma metrics scorecard:

- Adjust the "Compliance with the Model Trauma System" metric to reflect % of total score and % of values >3
- Remove the "Squad to Population Ratio" metric

Mr. Erskine and Ms. Jacobson agreed to continue working together to establish what financial data is available and to give an update at September's TVC meeting.

All TVC members agreed to look over the metrics document and be prepared to discuss in detail at September's TVC meeting.

Ms. Haas will adjust the "Compliance with the Model Trauma System" metric to reflect % of total score and % of values >3 and will remove the "Squad to Population Ratio" metric from the trauma metrics scorecard

Mr. Erskine will continue to work with OHA regarding financial data and provide an update at September's TVC meeting.

All TVC members will look over the trauma metrics scorecard and be prepared to discuss at September's TVC meeting.

**Grants Application for ACS Consult Visit**

Ms. Haley reported that she had been exploring the possibility of using EMS grant money to fund an ACS consultation, including the PRQ and the actual ACS site survey. She mentioned that the short length of time between the posting of the grant application and the deadline is a barrier to being able to complete a complex grant application. She mentioned that she and Ms. Graymire requested that the grants committee post the Priority 2 grant application on November 1, instead of February 1, 2012 so that the applicant can have sufficient time to complete the application. However, they had to leave the grants meeting early, so they did not know the outcome of their request. Discussion followed regarding the timeline that would be necessary to successfully complete the application and consultation as well as the amount of money that would be necessary. Mr. Erskine and Dr. John Crow agreed to work on developing language for the grant application.

Mr. Erskine and Dr. Crow will work on developing language for the Priority 2 grant application.

**ODH Meeting**

Ms. Graymire summarized a meeting between members of the TVC, Trauma Committee, DEMS, and ODH to determine any potential role of ODH in the trauma system. The framework document was presented to ODH and all parties agreed to look more closely at the framework and determine what changes are necessary to implement the framework document.

**Next Regular Scheduled Meeting**

The date of the next Trauma Visionary Committee meeting will be on Wednesday, September 14, 2011 in Conference Room 134.

**Adjournment**

Before adjournment, Mr. Resanovich announced that he had been selected to participate in a trip to Israel in December to view their disaster preparedness, EMS, and trauma systems.

The State of Ohio Emergency Medical Services Trauma Visionary Committee meeting was ADJOURNED at 5:59 p.m. by Committee Co-Chair Ms. Graymire