



Mark Marchetta, Sr., Chair
Mark Resanovich, Vice Chair

Dr. Carol Cunningham, State Medical Director

**TRAUMA COMMITTEE
MAY 10, 2023 MEETING MINUTES**

Committee Meeting Date and Location: Wednesday, May 10, 2023, ODPS Shipley Building, Conference Room 1106, 1970 W. Broad Street, Columbus, OH 43223

Committee Members Present: Ms. Diane Simon – Chair; Dr. Erik Evans, Ms. Deanah Moore, Mr. Joseph Natko, Mr. Darin Robinaugh, Dr. James Sauto, Jr. (arrived at 10:21), Dr. Michael Shannon, Dr. Rajan Thakkar, and Ms. Julie Warholic

Committee Members Absent: Dr. Michael Beltran, Dr. Marco Bonta, Ms. Sara Brokaw, Dr. Kent Harshbarger, Dr. Laurie Johnson, and Ms. Rachel Velasquez

DPS and EMS Staff Members Present: Mr. Rob Wagoner, Executive Director; Dr. Carol Cunningham, State Medical Director; Mr. Eric Mays, Research and Analysis Chief; Ms. Sahithi Aurand, Research and Analysis; Mr. Joseph Stack, Rules, and Ms. Robin Burmeister, Support Staff

Public Present: Dr. Richard George, Ohio Committee on Trauma (OCOT); Ms. Roxanna Giambri, Central Ohio Trauma System (COTS); Ms. Abby Hagemeyer, Ohio Department of Health (ODH); Ms. Sherri Kovach (COTS); Ms. Monica Rozzell (COTS); and Ms. LeeAnn Wurster, Nationwide Children’s Hospital (NCH)

Welcome and Introduction

Chair Simon welcomed everyone and called the meeting to order at 10:03 a.m. She asked all in attendance to introduce themselves.

Roll Call

Dr. Michael Beltran	Absent	Mr. Darin Robinaugh	Present
Dr. Marco Bonta	Absent	Dr. James Sauto, Jr.	Present
Ms. Sara Brokaw	Absent	Dr. Michael Shannon	Present
Dr. Erik Evans	Present	Ms. Diane Simon, Chair	Present
Dr. Kent Harshbarger	Absent	Dr. Rajan Thakkar	Present
Dr. Laurie Johnson, Vice-Chair	Absent	Ms. Rachel Velasquez	Absent
Ms. Deanah Moore	Present	Ms. Julie Warholic	Present
Mr. Joseph Natko	Present		

A quorum was present.

Education Presentation – None scheduled. There will be a presentation at the July meeting.

Approval of Minutes

Chair Simon requested a motion to approve the March 8, 2023, Trauma Committee meeting minutes. The minutes were accepted as written.

ACTION: *Motion to approve the Trauma Committee minutes of the March 8, 2023, meeting.* Mr. Natko – First. Dr. Shannon – Second. None opposed. None abstained. **Motion approved.**

Current Status of Trauma Administration in the DEMS – Executive Director (ED) Wagoner reported that Deputy Director Jennings is no longer employed with the DEMS. As such, ED Wagoner is now the staff liaison from the division.

Staff openings continue to receive applications for review.

Trauma Center Status - Chair Simon reported that seven centers have had visits scheduled by the American College of Surgeons (ACS) since the March 8 meeting.

Committee Member Status – Chair Simon reported that there are currently nine open seats on the committee. Some seats cannot be filled until changes in law take place as some nominating organizations are now defunct.

Data Submission - Mr. Mays reported that the deadline for the first quarter data submission has been extended to September 30, 2023, due to the software reporting issues that vendor ESO is working on to correct. The second quarter reporting will also be due on that date. A notice was sent out via GovDelivery about the extension. ESO states it will have the software issues resolved by June 30, 2023.

New Legislation and Trauma Committee Legislative Needs - ED Wagoner reported changes that HB51 amended to the HB509 and were effective as of April 6, 2023.

Staff continues to monitor the recommendations from the Governor’s Task Force on Volunteer Fire Service, and the DEMS is working with the State Fire Marshal’s office on this project.

A response time report on all fire, EMS and law enforcement services is in development and will be reviewed with the Governor’s office next week.

SB131 has been reviewed with legal and pertains to reciprocity. Any rule that conflicts with the law cannot be enforced after April 3, 2023.

SB30 is the only bill moving in the House this week that affects EMS. It is the 911 service law changes and is known as “Next Gen 911.” It proposes a lot of changes throughout the state. It is mainly focused on fees and assessment of fees related to recouping costs for calls made through wireless systems.

ODPS Director Wilson and division executive staff testified on HB33 (current budget bill) before the Senate concerning 2024-25 fiscal year budgets and other changes for the EMFTS Board and Trauma Committee if passed. It will also put the DEMS and other DPS divisions under the operational budget and move revenue from seatbelt fines to support DEMS grants.

Dr. Sauto reported that there was a request for \$300,000 to support the CARES Project so that no EMS agency will have to pay a subscription fee with the state paying the \$25,000 fee for the national CARES subscription. If passed, it would fund CARES for two years to make it sustainable as well as provide for part-time support staff.

EMFTS Board - ED Wagoner reported that the EMFTS Board held its annual retreat in April. Chair Simon presented the 2021 Annual Trauma Report, which was approved. It has been published on the website and sent out to interested parties.

Discussion occurred on the Strategic Plan, which is reviewed every five years, and it will be further reviewed.

Chief Dorothy Battles and then Deputy Director Aaron Jennings reported on the Volunteer Firefighter Task Force recommendations and the EMS and firefighter recruitment, retention, and attrition trends. They provided data from approximately the past nine years regarding the perceived decrease in responders. The data demonstrates that, while there are some increases and decreases in areas, the change in the numbers of responders have decreased, but not to a huge degree. EMR and AEMT numbers experienced the largest decrease.

The Board discussed Mobile Stroke Units (MSU) and the impact of reporting to EMSIRS, and the interface of MSUs and their reporting of in-hospital and difficulties with out-of-hospital patient care report vendor.

The CEO of the NREMT provided a report on cognitive and competency exams and the development of exams in the future.

Lt. Governor Husted requested that the Board review the EMS COMPACT, which currently has 22 states participating. To become a COMPACT state, it must pass REPLICA (Recognition of EMS Personnel Licensure Interstate Compact). It facilitates movement across borders.

Medical Director Report – Dr. Cunningham (Dr. C) reported that RPAB (Regional Physicians Advisory Board) will be meeting after the Trauma Committee meeting.

The Ohio EMS Star of Life Awards will be held on May 24th. The ceremony will take place in the ODOT auditorium. Contact Valerie Koker at the DEMS for more information.

At the EMFTS Board retreat, the Board approved an updated version of the *State of Ohio Adult EMS Guidelines and Procedures Manual*. Added chapters include information on motor vehicle crashes involving lithium-ion batteries.

The Ohio EMS Medical Directors Conference, scheduled for November 8th, needs to find a new venue to host the event. Suggestions for venues can be sent to Dr. C. The venue should have AV capabilities, hopefully a cafeteria, and be available at little or no cost. It needs to have the capacity to seat 250 attendees and have ample, and preferably free, parking. In addition, if anyone has any topics for the conference, please let Dr. C know.

Another potential upcoming change in the *State of Ohio Pediatric EMS Guidelines and Procedures Manual* is in chapter on the response to active shooter incidents dependent upon potential revisions in the Committee for Tactical Emergency Casualty Care (C-TECC) pediatric guidelines.

NASEMSO meets in June, and Dr. C will be attending the meeting. Recruitment and Retention is on the agenda. Another focus is NHTSA partnering with transportation divisions in each state in an effort to reduce motor vehicle deaths. The NHTSA Office of EMS is expecting NASEMSO to play a role in this effort.

Ohio Department of Health (ODH) – Ms. Hagemeyer reported that the Motor Vehicle and Passenger Safety car seat program will place an order for this item in June to each state to provide this benefit to low-income families.

Regarding falls in older adult, the ODH just completed tai chi for arthritis training and will be targeting counties with a high number of fall deaths in the state.

The suicide annual fact sheet has a planned release by the end of the month. A press release will go out prior to that informational communique becoming public. It will be followed by the annual drug overdose report a few weeks later.

Workgroup Reports

HR Ad Hoc Committee – No report

Performance Improvement Workgroup – Ms. Wurster reported that 2021 report is in development, but it is not yet ready for release.

Scope of Practice Ad Hoc Committee – No report

Trauma Registry Advisory Workgroup – TRAW will be meeting at the conclusion of the Trauma Committee meeting.

EIS Evaluation/EMS/Rehabilitation Workgroups – These three workgroups remain on hiatus.

Resource Assessment/Competent Workforce - Chair Simon reported that they continue to work on exploring ways to provide educational opportunities, especially in rural areas. The Level III Subcommittee of the OSTNL is working on a 4-hour basic trauma education experience for critical access hospitals. An outline of the course has been created and the content will be added. The 4-hour experience should allow for hospital staff to rotate through it in a manner that does not create staffing stress on a facility. The target pilot date is at the beginning of 2024. A mobile SIM lab would be beneficial and that may be an option down the road. Critical access hospitals have a relationship with Level III trauma centers. The course would extend these relationships into education mode. Dr. Cunningham commented that tertiary care and mobile ICU are not always stationed near rural areas. Patients often wait hours for interfacility transports. Units need incentives to branch to a rural hub even if only for ALS care. This is especially needed for time-sensitive conditions in areas without access to a hospital. Weather issues cause transfer challenges. There are nursing shortages as well for lack of availability to resources that educate trauma centers.

Discussion occurred regarding any future grant funds that could be designated to facilitate training. Ms. Simon stated that there is a grant designated for trauma system use which can be used for ACS review of the state for system improvement. The committee could work on grants in January, determine what is vital to trauma, and identify how it can be adapted to align with the major needs. Needs vary depending on location in the state. There is a commitment for trauma centers to build relationships with critical care hospitals and EMS responders. Continuing education credits could also be awarded.

System Oversight (ORTOC) – Ms. Arida reported that they are working on sheets with vital signs.

OLD BUSINESS

EMSIRS – Mr. Mays reported that work is continuing to take place on v3.5

New Trauma Strategic Plan – Ms. Simon reported that the EMFTS Board is working on its plan and that there may be information that will carry over to the committee to incorporate into an updated trauma plan.

Trauma Dashboard Prototype – Mr. Mays reported that the person he needs to work with has been on vacation and returns in a week. He will contact the individual regarding moving forward with needs to move the project forward.

Rules – ED Wagoner introduced Mr. Joe Stack to the committee, who has replaced Beverly Cooper due to her retirement. Mr. Stack reported that there are no pending rule changes relating to trauma. The 5-year review filing is not due until June 1, 2027, for ORC 4765-4 and 4765-14.

NEW BUSINESS

AIS 2015 Reporting Software Deadline – Ms. Wurster reported that the deadline is December 31, 2024. ACS will no longer accept old AIS software submissions. It cannot accept data from both the 2008 and 2015 software. All trauma systems will need to get all registry staff 2015 software and will be costly, especially for Level III centers. Training for the new system will be limited. The state will also need to adopt 2015 software as it will also affect all hospitals and FSEDs—all reporting facilities. There will likely be a licensing cost. Those costs are due annually, which was not the case in the past. Costs for the course are unknown but hopefully there will be a group discount. Virtual training may be available. One concern is that if a non-trauma center does not move to 2015 then they cannot report to the state as required. Discussion ensued about notifying hospital CEOs about the pending deadline that they can distribute the information to their staff. With the number of facilities that will need to update to the new software, concerns about AIS being able to accommodate all of them before the deadline. If a trauma center is unable to update by the deadline, they face losing verification due to non-compliance by the ACS.

Discussion ensued that a letter and/or email could be sent to the ACS about its unachievable deadline. NASEMSO is meeting in June 2023. Dr. C said that she is not attending the Data Managers Council meeting due to a conflict with the Medical Directors Council meeting, but she is willing to reach out and ask that this issue be added to the agenda. Costs relating to training, annual subscription fees, training availability, concerns of potentially losing ACS verification if an institution cannot meet the reporting timelines for the state, and other hurdles, will be drafted in a letter to be sent to Avery Nations, at ACS, and Jeff Kirby, as well as Chris Ellison, and be copied to hospital CEOs and the Ohio Regional Trauma Organization Coalition (ORTOC). A letter should go to the Association for the Advancement of Automotive Medicine (AAAM) regarding course availability as well. The letter could go to Kathy Cookman as well. Ms. Wurster will contact Ms. Cookman regarding concerns about course availability and copy Diane Simon. AAAM could be queried how many other states have already upgraded to AIS 2015 and if they can provide timely training for the software. Dr. C reminded the committee that Ohio has received a waiver in the past when requested with supporting data and hardship causes and CoAEMSP granted a 5-year waiver to Ohio. The committee could request information if each registrar was paying a fee since 2008 went into effect. Ms. Wurster estimated that about 25 percent of the states are already using 2015. The committee needs to consider what to do if an extension is not granted. Mr. Mays has asked for firm costs, as have other individuals, and no information has been provided to date. The fee structure is presumed to be in development.

Burn Centers – Ms. Wurster reported that a lot of changes in development. From the trauma center standpoint, she reminded the committee that ESO purchased all the trauma registries several years ago. ESO is now moving to a common trauma registry. In the future, the three legacy products will no longer be used. There is no hard deadline set on when this will occur. She shared that Nationwide Children's Hospital (NCH) is moving into the ESO common registry. NCH has regulatory requirements to report to the trauma registry as well as to report burn data. There is no burn data module built into the new common trauma registry, and the projected date to add it is after 2024. Therefore, NCH is transitioning its burn data into the American Burn Association's (ABA) Burn Care Quality Platform (BCQP), which is relatively new. Data is entered individually as it is separate from NCH's trauma registry. This incurs additional costs due to the need to add staff to accommodate entries into multiple systems. Ohio currently requires that burn data be submitted to the state, although the ACS no longer requires

burn data. There is no interface between the burn platform and Ohio. The interface is with the ESO trauma registry. In order to meet Ohio's reporting requirements, NCH will now have to provide burn data in multiple platforms. Thus, Ohio trauma centers will end up reporting double burn entries. However, Ohio's reporting is through its trauma reporting system. As such, it is not getting true burn data because only trauma field data is collected. It takes about an hour to input data for trauma fields yet takes about four hours to input data into the burn data platform. ESO needs to develop a relationship with the BCQP in order to develop an interface between burn and trauma records. ESO is in discussion with the ABA, so it may be developed in the future. ABA owns the burn registry. Two different data dictionaries are used, so reporting differs which is also an issue. ESO is still struggling to create patches for 2022 data, and creating an interface could take several years. Ms. Wurster expressed burn center reporting to Ohio is required yet the new ESO database does not have burn fields so how are burn centers going to meet the Ohio burn reporting requirements. The state could follow the ACS's Trauma Quality Improvement Program (TQIP) requirements and exclude the requirement to provide burn data to it. There are contracts and costs for burn centers to report to the BCQP. Mr. Mays informed the committee members that the question has arisen several times if burn data should be included as it is outside of ACS reporting requirements, yet the state still feels that the data is valuable.

The TRAW Workgroup could be tasked to review the ABA-State reporting conflict, but it is still the Trauma Committee's decision to make a request to not have to provide burn data to the state. Mr. Mays explained that if the state only gets burn data from BCQP, then all non-ABA burn centers in the state will not have data in that platform and the state would not receive it. The 1992 law about collecting data may need review and potentially updated now that additional data platforms are in use.

Ohio Trauma Triage Course Requirement for EMS Certification Renewals – Ms. Simon reported that she was asked by the Chair of the EMFTS Board to address with the committee the requirement that EMS certification holders who are renewing their certifications be required to complete the Ohio Trauma Triage module every renewal cycle. Dr. C commented that the trauma triage module is the only module that is required to be completed for renewals. After discussion, a motion was brought forth to recommend to the EMFTS Board that the requirement to take the Ohio Trauma Triage training module for each renewal cycle be sunsetted.

ACTION: *Motion to recommend to the EMFTS Board that the requirement to have EMS certification holders complete the Ohio Trauma Triage module each renewal cycle be sunsetted.* Dr. Shannon – First. Mr. Natko – Second. None opposed. None abstained. **Motion approved.** Ms. Simon will submit the committee's recommendation to the EMFTS Board at its June 21, 2023, regular meeting.

Ohio Designation of Level IV Trauma Centers – Ms. Simon reported that a public query had been received regarding if Ohio designates Level IV Trauma Centers. Discussion took place with legal counsel (Mike Wise) as to any legal reason that Ohio could not designate Level IV trauma centers. ED Wagoner reported that ORC 3727.09 states that Ohio is not required to designate Level III or IV trauma centers in the Department of Health code. However, it is not precluded from doing so. Therefore, if the ACS recognizes various levels of trauma centers, then Ohio can also allow those levels. Ms. Simon will reach out to the inquirer that put forth the question that a Level IV is not prohibited in Ohio. It was noted that information about Level IV trauma centers is not in the "Grey Book," which does not go into effect until September 2023.

OPEN FORUM – No matters were brought up to discuss.

RECAP OF ACTION ITEMS

1. The committee will draft a letter regarding AIS 2015 deadline concerns, costs, and training to be sent to Avery Nations and Jeff Kirby at ACS in addition to Chris Ellison at Ohio State University and all Ohio hospital CEOs. – Wagoner and Simon

2. After the letter is sent to aforementioned parties, the letter will be shared with ORTOC to share with its constituents. - Simon
3. Contact Kathy Cookman regarding how many instructors AAAM has and availability to accommodate training needs for staff by the 12/31/24 deadline – Wurster
4. Contact ESO to get a firm fee list. - Mays
5. Send approved March 2023 minutes to webmaster to post to website. – Burmeister
6. Contact the ABA to determine how to get burn data extracted and interfaced with the state data. – Wurster
7. Create a report for the next committee meeting regarding work hours that will be required to meet each platform and state requirements. – Wurster

UPCOMING MEETING SCHEDULE: July 12, 2023

ACTION: *Motion to adjourn the Trauma Committee meeting at 1:07p.m.* Dr. Shannon – First. Dr. Sauto – Second. None opposed. None abstained. **Motion approved.**

Prepared by: Robin Burmeister, Trauma Committee Support Staff