

## TRAUMA COMMITTEE

**Committee Meeting Date and Location:** Wednesday, March 13, 2019 (10:00 a.m.) at the ODPS Shipley Building, Conference Room 1106, 1970 W. Broad St, Columbus, OH 43223

**Committee Members Present:** Diane Simon - Chair, Joyce Burt, Dr. Jeff Claridge, Dr. Erik Evans, Dave Freeman, Kathy Haley, Dr. Ryan Harrison, Dr. Kent Harshbarger, Fran Lauriha, Dr. James Sauto, Dr. Avraham Schlager, Rachel Velasquez, Dr. Howard Werman, and Tammy Wilkes

**Committee Members Absent:** Dr. Marco Bonta, Herb de la Porte, Philip Ennen, Patty Hightower, Dr. Laurie Johnson, Dr. Travis Perry, and Dr. Michael Shannon,

**DPS and EMS Staff Members Present:** Sahithi Aurand, Dr. Carol Cunningham, Natalie Haslage, Executive Director Melvin House, Eric Mays, Kris Patalita, and Deputy Director Rob Wagoner

**Liaisons and Public Present:** See sign-in sheet on file

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### **Welcome and Introductions**

The meeting was called to order at 10:01 a.m. Diane Simon welcomed everyone. Quorum was attained.

Introductions were made around the room. Ms. Simon asked the three new members to introduce themselves first. Introductions of the remaining members and guests were then made.

Ms. Simon explained the Part I of the education piece of the meeting and why this presentation and update were necessary.

### **Education Part I – TVA/ITDX/ACS Update (John Kutcher and Jody Summers)**

John Kutcher, who is the CEO and founder of Digital Innovation (DI), began by discussing why he and Jody Summers, President of Clinical Data Management® (CDM), were at the meeting on this date. Mr. Kutcher gave some history of his company as well as history of the formation of the Trauma Vendor Alliance (TVA).

Dr. Harshbarger entered the meeting at 10:09 a.m.

Mr. Kutcher continued to describe the various layers involved in data reporting and the Trauma Quality Improvement Program (TQIP) compliance roadmap. He acknowledged

that there were questions yet unanswered regarding the TVA, the Analytic Solutions Network (ASN), and the Trauma Cloud. Mr. Kutcher and Mr. Summers went over some of the ongoing concerns and questions of which they were previously made aware.

After the initial presentation was concluded, Ms. Simon asked Kathy Haley to present a series of additional questions on issues that remained unaddressed or required clarification. Ms. Haley directed questions to the TVA representatives relating to security concerns, their relationship with the American College of Surgeons (ACS), and data use, to name a few. Mr. Kutcher and Mr. Summers answered the various questions to the best of their ability. The questions posed and transcribed answers are listed below:

#### **ITDX/ASN/Trauma Cloud**

Q. Can you explain the difference with the International Data Exchange (ITDX), Analytic Solutions Network (ASN), and the Trauma Cloud? Are they under one umbrella?

A. ITDX is the new name for the old [indiscernible]. What was formerly called NTDS is now called ITDX due to copyright issues. Analytic Solutions Network (ASN) is a company who is implementing these features. For the Trauma Cloud, [traumacloud.com](http://traumacloud.com) is the URL to access what they call the master registry database. The registration in this database helps them confirm who the facilities are and who the contacts are for the facilities. A listing in the master registry database does not mean that a facility has signed up for services. It just means that they have an account.

Q. The “us” that is referred to is not the individual vendor, i.e., CDM, the “us” is TVA, it’s ASN, or the Trauma Cloud? Who is the “us”?

A. CDM has worked with ASN to do this. ASN actually does it. As a vendor, CDM does not have access to the registry database. When “us” is used, it is within the work of the collaboration.

#### **The BAA/DUA list ASN**

Q. When hospitals are asked to sign the Business Associate/Data Use Agreements (BAA/DUA), it is not with ACS. Is it with ASN and ASN is not the vendor?

A. Correct.

Q. So there is a vendor, there is ASN, and ASN is not ACS.

A. Yes. ASN is a subsidiary that is wholly owned by DI and was created specifically to create a brand-neutral solution/infrastructure so that other companies who are competitors from software registries could be collaborators and provide a cost-effective way to meet ACS requirements.

Q. Where is ASN located?

A. ASN is incorporated in Maryland, which is where DI is headquartered. ASN has dedicated staffing. The main program manager is Sue Auerbach.

Q. Some hospitals had a problem contacting a real person at ASN.

A. The vendors are in constant contact with ASN. The hospitals should be calling their vendors because the vendors are working with ASN to provide this system as an option. If the facility does not want to use ASN, it puts the vendor and facility in a bad position. The ACS has made changes, and the vendors have to make updates to something that is changing weekly.

Q. What is the number that someone can call at ASN?

A. Jody Summers will send a follow-up email wherein he will provide contact information for ASN. There will also be webpage links included in the email. He will send the email to the DEMS so it can be disseminated to all stakeholders.

Q. How timely will a response be from ASN?

A. When someone signs up for the Trauma Cloud, it takes several days for contact to be made due to crosschecks that need to be done.

### **Clarify the three options for data submission to ACS**

Q. Hospitals want to get their data to ACS. There is some confusion with the “opt in, opt out, bypass” terms. If they choose to bypass, can they bypass ASN completely and submit their data? If they choose to opt out, does ASN warehouse the data?

A. The reason the individual vendors do not want to bypass ASN and submit directly to ACS is that ACS keeps making technical changes. Since the vendor has no voice or opinion on those technical changes, centralization is vital so the updates can be made more efficiently. If the facility does not want ASN involved and want to remain on their corporate or regional servers, “they” (not clear if this is ASN or the vendors) are willing to take the ASN software and provide it, on any server someone wants it to be on, for a fee. The fee is not for the software but rather for the installation on the server. The list price is \$15,000, but they offer it at a regional level for as low as \$500 a month, or \$6,000 a year. There would still be a per-hospital cost for programming and support for the vendor to connect to a centralized server. It does not have to be ASN's server. The ASN server is super secure; there is more security on ASN's server than any hospital's server. Data use is not an issue because they cannot do anything with the data other than process it.

Q. Within the BAA/DUA, it is assumed that the different options will result in unique language in the BAA/DUA.

A. A DUA is not needed if you use the other options. The DUA is only needed for the free option. A BAA is statutory.

Q. Want clarification on the pass-through – where the data won't be housed, where the data will be released – does that still function under the vendor?

A. There is the option for the free use. There is a fee-based subscription option. The subscription option does not require a DUA because the data will not be aggregated. The data still gets housed in a “staging” area, which is very secure, so the files can still be prepared and can still be analyzed. It will still be housed, but it will be isolated.

Q. There appears to be approximately 20 additional data elements in the ITDX data dictionary above and beyond what TQIP requires. Can you address why there are 20 additional data elements and how those will be used?

A. The ACS has no commitment to year-to-year data. What was done last year may not be what is in next year's database. People want to do trending reports. The extra data elements provide more options for analysis beyond what TQIP requires. The data dictionary technical definitions that are created by ACS are related only to ACS's technical purposes. ACS does national standardization and does not take into account what individual facilities may want to capture with their data.

Mr. Kutcher went on to answer a question that was depicted on a slide but was not verbalized.

Q. Who is responsible for getting data from ASN to ACS?

A. If ASN is used, each trauma center would be able to log on and see their validation in real time. The whole quarter of submissions could be viewed including all errors and individual patients. That dashboard is updated in real time from the registry as it is validated. No one can do this except the specific vendor for the facility because there has to be programming to connect the registry to the real-time validation. The facility validates data throughout the quarter and accumulates it in a dashboard. When the facility is ready, a file is prepared which is then dragged and dropped over to ACS.

Q. There were many concerns about how the BAA and DUA essentially describe a third-party use of the data and how that data will be used.

A. Absolutely not. The only thing they care about is that if a hospital wants to have a way to meet ACS benchmarking requirements at \$6,500 a year, then they can do that. They can take the data on a national scale and then internally do statistical analysis on it and create risk-adjusted models which they have committed to publish, and donate the algorithms and disclose the algorithms through the community.

Q. Security was addressed before, but there were concerns with encryption and SOC 2. Is the data encrypted for all venues (pass-through, opt in, opt out) and do you have SOC 2 certification?

A. The SOC 2 certification essentially applies to a datacenter. Azure has SOC 2 certification. As a long-term goal they may do that with ASN, but the whole reason things like Microsoft Azure, Google...the Amazon web starts, the whole reason they exist is every organization in the world doesn't have to become SOC 2 certified. The idea is to work with SOC 2 compliant systems and have policies and procedures that limit the personnel that have access to those servers to just what's needed to operate them.

Ms. Haley yielded the floor to an audience member, Dr. Richard George, who wished to ask additional questions.

Q. Our institution's interpretation was that the BAA is secondary to the DUA. So without an explanation or sensible DUA, the BAA has no real value. The DUA is really the piece that is the crux of it because that defines the service that they are allowing their data with API (Application Programming Interface) to be outsourced to someone for a purpose. If you do not have that purpose, because that purpose is being provided by someone else – which is currently the case because they are using TQIP for their risk-adjusted benchmarking – they have no purpose or technically no legal obligation or reason to give or allow ASN to have the data for retention. So without that piece, which is not [indiscernible] very carefully, certainly the implication that is looming in there is that you can use the data for research without any subsequent permission from the institution. Those things are real problems on the DUA. We need you to explain what ASN is doing for the institution that they cannot already do. Why do business with ASN instead of doing business with TQIP?

A. I am not saying not to do business with TQIP. There is a quid pro quo, essentially. They are willing to solve a problem, that has a cost to solve, and willing to trade that work for you to allow your data to be used to meet ACS requirements.

Q. Then we don't have to sign a different DUA?

A. Nobody has to sign a DUA. Nobody has to be in ASN. The American College of Surgeons is saying you have to be in a risk-adjusted database. Your hospital, to meet that requirement, has made the elective option to participate in TQIP. Participating in TQIP has a technical requirement that falls on the vendors for which they have to charge a fair fee to do. This is a big change with a small cost to the facility. Ultimately, facilities are free to buy software from someone else.

Q. For the vendors who were not previously running the data set for the College, why is it any different for them today than it was before?

A. Before, the ACS was coming to DI and to the vendors and telling us to do the technical work and the programming and we'll accept the data in that format. The ACS changed that rule and did not tell anyone. Now, instead of the ACS following the format that the vendors defined (with tools that they can no longer use), they are making technical decisions out of the vendors control.

At this time, the formal question and answer period was discontinued. There was general discussion between the various members of the committee, the audience, and the representatives of ASN. Topics discussed included the reasoning behind the ACS changes and the obstacles related to the TVA rollout.

Ms. Simon advised that there was no more time for discussion regarding this subject. She also advised that there was one additional question to be answered and deferred to Ms. Haley for the specifics.

Q. Due to the deadline coming up in May or June, is there any option for institutions who have not been able to navigate through the ASN BAA/DUA language to get their data to a repository that can translate it in a meaningful manner, specifically for CDM users.

A. Because some institutions have had an inability to choose one of the individual options, and they require the vendor, specifically CDM, to do something directly, a contingency plan is being developed. They would still utilize ITDX, and they would need to get the ITDX updates because that has the national changes.

Q. Is the ITDX under the umbrella of CDM?

A. Yes, TraumaBase can make an ITDX file.

Q. So it would be under existing BAA/DUA?

A. You can make that file. The question is how can I get this ITDX file into an ACS IQVIA format, right? They are working on a solution but cannot commit to anything at this time. They are working on that contingency plan. That would be a one-time contingency; this would not be an ongoing behavior. The facility would still need to get a proposal for something as the vendor will not offer it for free.

Ms. Simon recognized that there were other program managers and registrars in the room who still have questions. Due to time constraints, it was requested that any additional questions or concerns should be submitted through the Trauma Committee via the committee secretary, Kris Patalita. The additional questions or concerns will then be forwarded to the TVA for response. Mr. Summers also advised that he would provide links and pertinent contact information for the TVA to Ms. Patalita to then be forwarded to various stakeholders.

## **Agenda Items**

Ms. Simon advised that she was going to be going out of order on the agenda in order to accommodate Dr. Carol Cunningham who has another commitment and has to leave the meeting early.

## **Approvals and Items Requiring Action**

### **Meeting Minutes**

Ms. Simon requested a motion to approve the January 9, 2019 meeting minutes, which were previously distributed via email. Dr. James Sauto asked for clarification on a couple of topics that were discussed at the last meeting. The minutes were accepted as written.

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***ACTION: Motion to approve the meeting minutes from January 9, 2019.*** Ms. Rachel Velasquez – First; Ms. Tammy Wilkes – Second. None opposed. None abstained. Motion approved.

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### **Trauma Triage Decision Tree**

Eric Mays briefly reminded the group why this document was brought before this committee in January. All members of the Trauma Committee received a copy of the latest version on today's date. Mr. Mays described what changes have been made to date. Mr. Mays then inquired if there were other comments or corrections that this committee wanted to make to this document prior to seeking approval from the State Board of Emergency Medical, Fire, and Transportation Services (EMFTS Board). A committee member discovered a typographical error and Mr. Mays advised that he would get that corrected. There was a discussion about the wording of Rule 4765-14-02 from which this document is based. Dr. Claridge voiced concerns about the height listed for falls and the fact that the definition of the geriatric age is not stated in the document. Ms. Simon asked that the age ranges for pediatric, adult, and geriatric be delineated at the top of the document.

Mr. Mays advised he would make the recommended changes. Ms. Simon asked for a motion to accept the corrected version of this document. Dr. James Sauto moved to accept the document with corrections. Dr. Howard Werman seconded that motion. There was no additional discussion regarding the document and corrections.

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***ACTION: Motion to approve the corrected Trauma Triage Decision Tree document.*** Dr. James Sauto – First; Dr. Howard Werman – Second. None opposed. None abstained. Motion approved.

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This document will be presented to the EMFTS Board for approval at their April 17, 2019 meeting and will subsequently be posted on the DEMS website.

**ACTION ITEM: Mr. Mays to make corrections to the Trauma Triage Decision Tree document and submit the final version for EMFTS Board approval at their April 17, 2019 meeting**

**EMS Medical Director**

Dr. Cunningham reported that the Regional Physicians Advisory Board (RPAB) Chairpersons meeting is today, March 13<sup>th</sup>, at 1:00 p.m. The amended date of the next RPAB Chair meeting is May 2<sup>nd</sup> at 10:00 a.m. due to a scheduling conflict for Dr. Cunningham.

Dr. Cunningham advised that she attended the Center for Homeland Defense and Security's (CHDS) APEX (The Alumni Professional Exchange) conference. She advised that the CHDS now has a K-12 school shooting database available to the public. She advised that there is also a three-segment podcast being developed related to school shootings. Once she receives the information on the podcast, she will provide that to this committee.

### **Ohio Medical Directors Conference**

The second Ohio EMS medical director conference is tentatively scheduled for November 13<sup>th</sup> and is dependent upon availability of the Ohio Department of Transportation (ODOT) auditorium. Dr. Jon Krohmer from the National Highway Traffic Safety Administration (NHTSA) has agreed to speak at the conference, and Dr. Cunningham will be reaching out to additional speakers as well.

Ms. Simon mentioned that the tentative date for the Ohio EMS medical director conference conflicts with the November Trauma Committee meeting. The Trauma Committee needs to consider whether they would like to move the November meeting to a different date so members can attend the conference. One date available for the Trauma Committee meeting would be November 6<sup>th</sup>. There was a request made that the original date of November 13<sup>th</sup> and the alternate date of November 6<sup>th</sup> both be reserved until it is clear on what date the medical director conference will be held as it is highly dependent upon the availability of the Ohio Department of Transportation's auditorium.

### **Rescue Task Force (RTF) Conference**

Dr. Cunningham discussed the proposed RTF Conference that is being developed through the EMFTS Board Homeland Security Subcommittee. She further explained that the goals of the conference would be to provide resources and empowerment for communities to address and overcome hurdles on the path to administratively form an RTF. Dr. Cunningham further described what the conference would entail and advised that it still requires Board approval. Ms. Haley suggested considering Dr. Merritt Schreiber as a speaker for the event. He is involved in the PsySTART program through the American College of Emergency Physicians (ACEP). Ms. Haley further described the program. Dr. Cunningham asked that Ms. Haley forward this information to her. After the group discussed the particulars further, Dr. Cunningham inquired as to what role, if any, the Trauma Committee would like to play in organizing this type of conference. It was decided that this committee would like to be involved. Dr. Cunningham advised that the Homeland Security Subcommittee would take the lead. A proposal was made for a liaison to be appointed to work with the Homeland Security Subcommittee on this endeavor. Chief Dave Freeman volunteered to be that liaison. Ms. Simon requested that information about the Homeland Security Subcommittee meeting be sent to Chief Freeman. Ms. Simon will also advise the EMFTS Board in April of the plan.

**ACTION ITEM: DEMS staff will forward information to Chief Freeman regarding the Homeland Security Subcommittee meetings.**

### **Trauma Committee Engagement with Burn Surge Committee**

Ms. Simon discussed the background of the Burn Surge Committee. Dr. Cunningham described her involvement with Deputy Director Rob Wagoner in writing the EMS section of the plan as well as developing the algorithms. She encouraged this committee to look at the burn surge algorithm and identify any potential gaps.

### **Education Part II – EIM Grant Project Report (Dr. Sid Baccam)**

Ms. Simon explained how these particular grant projects got started. Ms. Simon then turned the presentation over to Dr. Sid Baccam.

Dr. Baccam provided a little more history about the grant projects as well as his background. He is a manager for Innovative Emergency Management (IEM) and the project manager for these the three EMS grants. Dr. Baccam further explained the research objectives for these projects. Dr. Baccam also provided results from a study conducted in 2003 on trauma education and certification. He discussed the methods the researchers used to distribute their surveys and the limitations of the same. Dr. Baccam explained how IEM would like to improve the distribution reach with an online survey. Dr. Baccam first asked the Trauma Committee to help champion this research. Making the regions more aware of this project will likely result in better participation in the surveys. Dr. Baccam then asked this committee to identify points of contact in the members' areas to assist IEM in disseminating their customized online surveys. He asked that the members work with Ms. Simon and the DEMS staff to provide the requested information.

There was a group discussion of the specifics of the projects and the goals involved. Ms. Simon explained the specific benchmarks, measurable objectives, and deliverables that were included in the Trauma Committee Strategic Plan and how those led to the current grant projects. She further commented on the survey that was done in 2003 and how the response was poor. Ms. Simon believes that the customized surveys will be much more beneficial.

### **Current Status of Trauma Administration ODPS**

Mr. Wagoner reported that there has been no change since the last report.

### **System Update**

#### **System Status**

##### **Trauma Center Status**

Two slides were presented regarding the status of all trauma centers in Ohio. Ms. Simon briefly discussed the totals of the various levels of trauma centers. Ms. Simon went on to advise that there is one hospital, Ohio State University Hospital East, which is currently in provisional status. Mercy Health Regional Medical Center in Lorain is still seeking provisional status and has had their consultative site visit. Mr. Rob Wagoner discussed Ohio Revised Code (ORC) 3727.101 and

the process that needs to be completed for those seeking provisional status. Dr. Claridge, who is a reviewer for the ACS, described some of the hurdles encountered throughout the process.

There was an additional group conversation regarding neighboring states' trauma centers, where they are located, and possibly adding a map of them back on the DEMS website. Several committee members voiced a desire to have an updated map of the trauma centers in neighboring states. Ms. Simon requested the DEMS staff develop a map of Ohio that will include trauma centers in our border states that are close.

Dr. Claridge mentioned grant-funded, needs-based research that has been conducted through the Ohio Chapter of the Committee on Trauma (OCOT) regarding trauma centers. He would like to see the data from that project presented at a future Trauma Committee meeting. Ms. Simon advised that she would like to have that information provided as an educational element in a meeting once the project is complete. There was a question posed as to whether the data is ready now for a review. Dr. Claridge advised that they can provide a snapshot of what has been done. It was decided that this would be added as an educational element for the May 8, 2019 meeting.

There was further discussion regarding the map for trauma centers outside of Ohio. Mr. Wagoner advised that he and Eric Mays will develop a map to include trauma centers outside of Ohio that are close to our borders; however, he has concerns regarding posting the same to the DEMS website. It was decided that this map would be for Trauma Committee review only at this time.

**ACTION ITEM:** Mr. Wagoner and Mr. Mays will develop a map of trauma centers in neighboring states.

#### **Data Submission Status**

Ms. Simon advised that there is no report because the quarter has not yet ended.

#### **System Status**

##### **Member Status**

Ms. Simon discussed the open seats. With the three (3) new members who were just appointed, there are now three (3) open seats. Ms. Simon mentioned that we expect to have nominations soon for Seat #20, Victim Advocate.

#### **Liaison Reports**

##### **Legislative Updates**

Mr. Wagoner advised that there is a bill in motion that would allow emergency medical responder (EMR) personnel to drive an ambulance from the station to the scene. Current regulations stipulate that the driver must be at least an emergency medical technician (EMT) to operate an ambulance.

The second bill of note is a bill in which there is a requirement for all new EMS providers to submit to a background check and continuous monitoring of their certification. This bill has gone through the House and through the first two hearings in the Senate.

The last bill mentioned was the stroke bill, HB 464, which has gained momentum again after stalling in the last general assembly. There appears to be an effort to write some very specific prescriptive treatment language for EMS providers to identify stroke patients. There was a request made by a committee member for Mr. Wagoner to forward information related to this bill to the committee.

**ACTION ITEM: Mr. Wagoner will forward information to the committee regarding the stroke bill.**

### **State Board of Emergency Medical, Fire and Transportation Services (EMFTS Board)**

Mr. Wagoner advised that during the EMFTS Board retreat in February, the Board approved the recommendation that all electronic trauma data be retained indefinitely. Paper copies will be retained for five years. The Board was also asked to consider revising the rules regarding trauma-related education. Under ORC 4765.16, it states, in part, that each course that deals with trauma care shall be developed in consultation with a physician who specializes in trauma surgery. The belief out in the field is that it is somewhat difficult, for a number of reasons, including but not limited to, obtaining a consultation with a trauma surgeon or someone who specializes in trauma surgery which may be causing the void of education in trauma care. At the retreat, Dr. Cunningham and others recommended that an emergency physician be identified as someone who is capable of overseeing the development of trauma education as well. It would take a change in law. Dr. Claridge advised that he has approached other trauma surgeons in the past regarding this and they would be interested in helping. A law change may not happen right away, but the OCOT could identify an education leader. Dr. Claridge further identified the vice chair of education for the OCOT and advised he would forward information regarding that contact to Mr. Wagoner.

**ACTION ITEM: Dr. Claridge will send contact information regarding the vice chair of education of the OCOT to Mr. Wagoner.**

There was some further group discussion regarding this opportunity and what measures need to be taken to advance it. Dr. Claridge advised that the OCOT has their spring meeting in May and he can hopefully come back after that meeting with a recommendation for what they can provide.

### **Ohio Department of Health (ODH) – Kara Manchester**

Kara Manchester was in attendance for Jolene DeFiore-Hyrmer. She advised that the Fall Prevention Symposium, Preventing Falls Among Older Ohioans will be March 29<sup>th</sup> at the Crowne Plaza Columbus North in Worthington. She advised that the ODH has just recently posted a fact sheet to their website regarding traumatic brain injury mortality. This includes trends and other information on mortality. She also gave an update on the three pilot projects that the ODH is working on at this time regarding emergency department (ED) comprehensive

care. They are currently working on developing a web-based toolkit for screening intervention and management of opiate use disorder (OUD) in ED settings. She then discussed the epidemiological investigation that the Centers for Disease Control and Prevention (CDC) conducted in Stark County regarding youth suicides. She advised that the report is in its final stages and will be available soon. Stark County has already begun implementing some of the recommendations.

## **Subcommittee/Workgroup Reports**

### **EMS Workgroup (on hiatus)**

Ms. Simon advised that the EMS workgroup was currently on hiatus; however, they will eventually be assisting with the Emergency Medical Services Incident Reporting System (EMSIRS) rewrite.

### **Performance Improvement (PI) Workgroup**

Ms. Anne Moss advised that there is nothing to report since their last meeting was cancelled.

### **Trauma Registry Advisory Workgroup (TRAW, formerly known as TRAS)**

Joyce Burt reported that the TRAW workgroup continues to work on the data dictionary for next year. She advised that the workgroup has discussed adopting the National Trauma Data Bank (NTDB) data dictionary for inclusion criteria. She further described the various elements being discussed and the process for determining if they can eliminate some of the data points. She then discussed the Trauma Acute Care Registry (TACR) quizzes and the concern about whether or not they are effective. Ms. Burt briefly mentioned the injury severity score (ISS) project and she asked Deanah Moore, the Regional Data Manager for the Northeastern Ohio Regional Trauma Network (NORTN), to provide a report on the project. Ms. Moore advised that she has been working with their vendor to develop the fields for the pilot project to take place. As soon as the fields are completed, the facilities and/or regions involved in this pilot project will receive the updates necessary to begin submitting data. She further described the next steps in the project and the additional processes involved.

### **Rehabilitation Subcommittee (on hiatus)**

### **Epidemiology Intelligence Service (EIS) Evaluation Workgroup (on hiatus)**

## **Trauma Committee Strategic Plan Focus**

### **Resource Assessment – Update**

This was covered during the Education Part II presentation by IEM.

### **System Oversight**

### **Ohio Regional Trauma Organizations Coalition (ORTOC)**

Ms. Kelly Harrison advised that the ORTOC group had a steering committee meeting in January and the next regular meeting will be held on April 5<sup>th</sup> at 9:00

a.m. in an ODOT meeting room. She advised that there should be more to report after the next meeting. They also continue to work on validation.

### **Competent Workforce - Update**

This was covered during the Education Part II presentation by IEM.

### **Data-based System Evaluation**

Ms. Simon advised that there was nothing new to report.

## **Old Business**

### **Rules – Update**

Ms. Simon reiterated that the Board, at their retreat, approved the proposed change in the retention of patient records.

### **EMSIRS – Update**

Mr. Mays advised that the Division has successfully received test files from DI. The ODPS information technology (IT) department is pleased with what has been provided. IT is currently pushing to complete the user interfaces so testing can begin.

### **New Strategic Plan (tabled)**

### **2017 Annual Report – Revisions and Reposting**

Mr. Mays advised that there were minor editorial changes made to the document and it was reposted to the DEMS website.

## **New Business**

### **Trauma Training for Continuing Education (CE) Sites**

Mr. Wagoner reported on this in an earlier segment.

Ms. Simon inquired if anyone on the committee had any new business they would like to discuss. Dr. James Sauto discussed his concerns with receiving data from EMS patient care reports in a timely manner following arrival in the emergency department. He mentioned that it is really troublesome when the emergency rooms cannot get run sheets consistently from EMS providers. He stated that as an emergency room physician, he relies on these run sheets for his decision-making process, and if they cannot get them, it is counterproductive. It is also a hindrance to overall data collection. He believes this should be taken to the EMFTS Board for possible legislative action.

There was some additional group discussion regarding the EMS run sheets and what the regulations are, if any. It was decided that some initial research should be done before any recommendations are made. This would include determining the percentage of run reports actually being received and whether there is a standard or regulatory requirement regarding run sheets. Mr. Wagoner advised that the law does not mandate a time period, it only identifies that data will be collected and that it needs to be submitted. Ms. Simon advised that she would mention this topic to the EMFTS Board members at the April meeting. Ms. Haley will solicit help from the Ohio Society of

Trauma Nurse Leaders (OSTNL) to determine what percentage of run sheets are being entered.

**ACTION ITEM:** DEMS staff to research the current law and rules to determine what, if any, standards or regulations are already in place.

**ACTION ITEM:** Kathy Haley will take this to the Ohio Society of Trauma Nurse Leaders (OSTNL) and ask volunteers to look into what percentage of run sheets are being entered.

### **Open Forum**

Ms. Simon asked if anyone had anything to bring before the Committee in an open forum. Rachel Velasquez advised the group that the Emergency Nurses Association is doing an educational presentation in November. If anyone has any specialty in disaster medicine, they are looking for volunteers to lecture and/or participate in a rapid-fire panel evaluation. She further mentioned a couple of organizations that are already involved. She asked that anyone that is interested let her know.

### **Recap of Action Items**

Eric Mays will make revisions to the current Trauma Triage Decision Tree document and submit it for Board approval at the April 17, 2019 EMFTS Board meeting

Kris Patalita to send Chief Freeman the information regarding the Homeland Security Subcommittee meetings

Mr. Wagoner and Mr. Mays will develop a map of trauma centers outside of Ohio that are close to our borders

Mr. Wagoner will send the legislative information out to the committee regarding the stroke bill

Dr. Claridge will forward the contact information regarding the OCOT education liaison  
DEMS staff to research the current law and rules to determine what, if any, standards or regulations are already in place

Ms. Haley will solicit OSTNL's help with determining what percentage of EMS run sheets are being entered

### **Adjourn**

Dr. Sauto moved to adjourn the meeting; Dr. Claridge seconded it. The meeting was adjourned at 1:19 p.m.

### **Next meeting:**

The next Trauma Committee meeting is scheduled for May 8, 2019.