

## **President's Message:**

Summer has arrived and most of us are experiencing the impact of yet another trauma season. Emergency departments are bursting with patients, trauma teams are tiring of the alert calls, all the while the hot summer heat lends to tempers flaring on the streets. Yes, summer has arrived!

June also seems like a good time to benchmark the accomplishments of our state organization and identify future needs for Ohio's emergency nurses. A partial list of the accomplishments by state council and membership include:

- Active representation on the State Trauma Committee
- Inclusion in local, state, and regional disaster planning
- Development of an instructor/faculty plan for TNCC and ENPC
- Numerous ENPC, TNCC, and several CATN courses
- Beginning representation on the Regional Physician Advisory Boards throughout the state
- Testimony at the Statehouse regarding safety devices and safety promotion issues
- Numerous educational offerings by chapters
- Expansion of the web site and numerous "hits" for the web site
- An outstanding State conference
- Forensic nurse activity and SANE expansion
- Several publications by emergency nurses in journals and books
- Attendance by three officers at ENA Leadership Conference
- Establishment of a full slate of delegates to represent Ohio's emergency nurses in New Orleans
- Creative membership initiatives
- Revision of bylaws to facilitate officer election
- Co-sponsorship of a resolution at the fall meeting

A few future needs include:

- Expanding membership
- Expanding and enhancing web based information for emergency nurses
- ENCARE growth
- Ensuring representation of emergency nurses on the Regional Physician Advisory Boards.

At the first of the year I challenged chapters to enhance their membership by 2596, some have increased and some have decreased. The challenge remains. Think of creative ways to enhance membership. As emergency nurses we have personality characteristics that are typically unique to our profession. These include 1) a strong need to be needed; 2) a strong need to be in control; 3) easily bored; 4) action oriented; 5) need for immediate gratification; and 6) family oriented (including our work family). Foster activities, meeting agenda, and events with this knowledge.

We now have a president-elect! I want to congratulate our new president-elect — Deb Zang. Deb has been a long time leader within ENA. She has often been a "behind the scenes" driver of many initiatives. She will be a great navigator for our organization during 2003-2005. Deb will be the first state ENA president to be elected to fulfill a two-year term. Deb and I will be transitioning the leadership role late this fall - I would encourage you to contact Deb and congratulate her. Deb is also an expert on our chapter's membership numbers.

Lastly, have a safe and pleasant summer - wear sunscreen, stay cool, wear your seatbelt, go to a beach, have fun!

■ Kathy Haley, RN, CSN, CEN, President

## ***Ohio State Council Emergency Nurses Association June 15, 2002***

Kathy welcomed everyone and had them introduce themselves.

Agenda was reviewed and accepted. Credentialing of members was completed with 17 members present and 7 of 10 Chapters being represented.

***Check out our Web Site:  
www.ohioena.org***

Approval of minutes - moved by Connie Dishon seconded by Dona Laing and passed unanimously.

Treasurer's report - Marie Garrison - reported on income and Symposium expenses.

## CHAPTER REPORTS

Greater Akron Chapter - Dee Hart reported that they had a very successful Spring Symposium at the Amish Door Restaurant in Wilmot with Laura Gasparis Von Frolio and nearly 200 people there with about a dozen vendors. They are revising By-laws and several SOPs.

Cleveland - Rebecca Gemmell reported that their last meeting was at Cleveland Clinic with an allergist as the speaker. TNCC on 5/5 and ENPC in February were successful, they had a table display at Cleveland Clinic Symposium and Metro Life Flight Symposium. They are planning Nurses week preparing baskets to give out for local hospitals TNCC in the fall chapter sponsored no dates yet.

Greater Miami Valley - Connie Dishon - had a meeting on 6-5 and the speaker was on conscious sedation, meetings moved now in north area. Next meeting August 6 Wed topic TBA.

Lakeshore - Peg Kunsman - meeting coming up, just had meeting in April.

Southern Ohio - Nancy Fagan - not having meetings

Central Ohio - Jim Johnson - last meeting May 15 presentation on Central Ohio Trauma System and report from another conference on weapons of mass destruction and next meeting Aug. 21 with speaker about legal issues, planning Nurses Day celebration - similar to State Symposium.

Greater Cincinnati - Gordon Gillespie - education committee met and planning next year's programs. Moving the meetings around the city. TNCC in May very successful. TNCC Inst. Course and two providers being planned.

Heart of Ohio - NR

Seagate - NR

Eastern Ohio - NR

There are still some outstanding state president's reports. Get reports to Kathy regarding whom chapter Officers and Delegates are, she needs these before we will issue the checks for Chapter awards.

## LIAISON REPORTS

ACEP (American College of Emergency Physicians) - Kathy explained the importance of our liaison with this group in light of the upcoming trauma legislation. The relationship between ACEP and the RPAB is parallel. In order to simplify contact with ENA, the liaison function is important. Kathy asked for volunteers. Membership discussed that historically this was the responsibility of the President, Kathy would like to defer this responsibility to another Board Member. It is unknown when and how often they meet, Kathy will clarify with ACEP and then recruit a liaison.

Ohio Department of Public Safety -

EMS Board (Emergency Medical Services) - Kathy Haley -

activities high - still meeting every month - now a lot of work on curriculum. The deadline for Prevention and Trauma grants has passed and awards are being notified. She updated the board regarding the trauma amendment HB 124 and the short turnaround time from concept to passage.

Trauma Committee - Nancie Bechtel - Kathy for Nancie - Prehospital trauma triage guidelines have gone through the approval process and can be seen on the ODPS site. These are not for intrahospital transport but for prehospital to refer to a trauma center. There are town meetings being planned in all 10 regions regarding these issues and on the web site, we should all attend. Discussion be regarding EMS and how it will impact all EDs; Hospitals will be asked and have obligation to provide trauma transfer agreements and guidelines on how to stabilize both pediatric and adult trauma patients.

Regional Advisory Board have obligation to contact ENA member to get approval of Review Trauma Prehospital Trauma protocols.

Trauma Registry - we do have a seat on this committee and in November we had been asked to provide 3 names for representatives for the vacating seat - it was a regional issue and one of the names we submitted was appointed. Ann was not reappointed because of geographical requirements.

ONA (Ohio Nurses Association) - David Shields - he informally met with Kathy Morris at the Middle Ohio district meeting in April - they share info when there is anything affecting ENA.

Homeland security group getting together with ONA and ENA representation in weapons of mass destruction issues - ONA reported to this state committee that there are significant amount of nurses available to mobilize in the event (indicating retired nurses). Nancie Bechtel attended and challenged this issue - reporting that emergency nurses are those most qualified in such an event and they will be reporting to their own hospitals. OSC Trauma Committee will be addressing this and Nancie will continue to represent us at this state level.

OSTNC (Ohio Society of Trauma Nurse Coordinators) - Nancie Bechtel - meeting next week

Forensic Nurse Examiners - Deb Zang - In April they had their first National exam 80 people took the exam and 70 people passed. Congrats to Deb, she is now certified. Grant monies from the state are being used to have training meetings around the state and their state manual is complete.

## COMMITTEE REPORTS

Adult/Pediatric Trauma - Dee Hart - Committee meeting following this meeting. Dealing with CATN revision, Designee status and other SOPs of the committee.

Education/Research - David Shields/Jim Johnson - Symposium 61 attendees, 15 were not preregistered. Jim reported on finances and next year's conference. Plan to have it in another part of state but it may be more expensive.

Government Affairs - Deb Zang/Debbie Schwytzer - Nursing education-funding bill went through at the Federal level and

many of the Nurse practitioner's education programs will be enhanced.

Segway device - motorized device to carry a person on the highway for those people who are not mobile, it travels at 15 mi/hr and there was not a provision in the bill introducing its approved use on the highway or use by children - Kathy testified about concern for safety of device and potential for injury. Bill will limit age to use and advise helmet use.

Membership Development/Delegate Selection - Deb Zang - first 5 months membership report showed 933 no change, now 888 members in June. Membership as of June 20th are what National delegate selection numbers will be based on. Deb reviewed chapter numbers. Received 20 applications for National Delegate positions - will authorize first 15 to attend National. Deb reviewed the list.

#### Communications -

Newsletter - Dee Hart - announces date, request input.

Web site - Deb Zang - having many hits, discussed other things to add.

Nursing Practice - Debbie Schwytzer - working with ONA following nursing shortage legislation.

ENCARE - discussion regarding what we should do to get this moving at our level. Kathy asked that we get informed about what the program is and make a decision about how to reactivate this.

Action: get to Deb Deedrick regarding what is happening, and Dixie will follow up and have a presentation at the next meeting.

Disaster Preparedness - Kathy reported about this ad hoc committee. Based on input from the Chair and Member, Nancie Bechtel, the desire is to sunset the committee and fold disaster education and update responsibilities into the Trauma Committee. There was discussion regarding the concern that disaster issues may not fit into trauma arena. After lengthy discussion regarding other options for appropriateness of disaster activity a motion was initiated. Motion - Dee moved that we sunset this committee into the trauma committee, seconded by Liz Pulley - unanimously passed.

2nd Motion - Liz Pulley moved to give trauma committee the education and disaster preparedness responsibilities, seconded by David Shields. Nancie Bechtel sitting on a state committee working on physician and nursing resources and can interface with the trauma committee on any issues that arise from this committee. Discussion. Motion 14 aye - 2 nay - 1 abstention. Motion carried.

Nominations - Debbie Schwytzer - As discussed at spring meetings, we held a special election to fill the President-elect position. It was very difficult because we did not have a complete list of Chapter representatives from the chapters. Therefore ballots were sent to Chapter Presidents to be distributed to State representatives. Many representatives did not receive their ballots. Only 10% response. Therefore, after a thorough review of Robert's Rules of Order and receiving updated lists at this meeting, those chapter representatives who

did not get a ballot were offered the opportunity to vote. (Election results reported on later in the meeting)

SOPs - Debbie Schwytzer - finance discussing their SOPs and Debbie reviewed them, she received National SOP, and trauma committee is working on theirs. Dee reported that the Newsletter SOPs are done. Debbie discussed.

Finance - Connie Dishon - Working on SOPs.

### **UNFINISHED BUSINESS**

SOP Development - as above

Bylaws - these will be revisited and probably revised after SOPs are complete. Project this will be done in 2003.

Committee Chairs - have been appointed.

Appointments - Infectious Disease - no communication from this state committee

Homeland Security - see above

American Trauma Society - and role in trauma, no longer an issue

Razzle Dazzle Raffle Tickets - Debbie - Following the last meeting we sent money to get our 15 tickets and hoped to give out tickets for the symposium. The process isn't finished yet and Debbie has communicated with National. They will be printing the booklet of all the prizes and sending the tickets with them. Debbie will distribute.

### **NEW BUSINESS**

Liability Coverage - action item - Kathy discussed - we have no liability insurance for officers and group. Kathy informed us about data she gathered from national ENA lawyer who has capability of providing coverage here in Ohio, we have some liability risk due to finances we have and the educational offerings we do.

Suggest we get a BOP (Business Owners Policy) - some coverage finances. This is \$500. The other item is Directors and Officers Liability Insurance. Because we have CEU offerings more at risk for liability. This policy is \$1000 and both are an annual assessments. Discussion regarding the need for insurance at Chapter level. Kathy will follow up with the lawyer and present our questions and get back to us. Motion made by Dona Laing and seconded by Connie Dishon to provide the funds of approximately \$1500 to obtain this insurance coverage through National for the year 2002. Motion passed unanimously.

CATN update - request - This program is being revised and there will be a presentation at National Conference. We want to keep this course alive in Ohio. We are proposing 3 people go and become Directors. The commitment will be they will open at least one CATN course to all state members. These people should be in good standing with ENA chapters and membership. Kathy will verify what the requirements are and how many people can be sent. Members will be selected by geographical area.

Election of Officer - President-elect vacant position results there were: 13 ballots submitted, with 35 being

eligible - following our historical agreement of the "majority of those present" and remaining consistent with our bylaws. Debbie announced the results that Deb Zang will be our President-elect and President for 2003-2005. Dona made motion to destroy ballots. Passed.

Debbie discussed how we will conduct November elections. Call for nominations in August and email ballot and election process, and snail mail to those who don't have email. Ballots will need to be returned by October. Motion made by Dona to begin the election process in August by asking in person nominations, followed by email nominations. Seconded by Connie. Discussion. Motion passed unanimously. Kathy swore in Deb Zang as President-elect. Congratulations.

Web site discussion - regarding listing addresses of representatives so people will know whom to contact. Suggestion if you need to list something and give information to other members contact Mike Glenn or Christie Holmes at ACEP.

Benny Merrit and Task Force Resolution request: there will be a Resolution addressed at National Assembly - the establishment of Academy of Emergency Nursing. This will entail a process for nurses meeting certain requirements to be credentialed as FAEN. There will be an application and fees but will be awarded to those RNs with major achievements in education and/or research and other areas of emergency nursing. Do we want to sign on as a supporter for this Resolution? Proposed annual membership dues of \$125 and initial application fee of \$75. David made a motion to support this, seconded by Dee. Discussion. 8 for aye, 5 nay, 2 abstention. Motion passed and we will have our name added as a supporter for this Resolution.

Training opportunity for staff and EMS to learn more about chemical and bioterrorism in Columbus in October. Brochure made available.

Kathy reviewed other informative items.

All Chapter Presidents should contact Carol 614-466-9459 if they want information regarding Physicians Regional Advisory Board chairs names or meeting dates. Regional ENA Chapters are required to have input into any customized regional trauma prehospital triage guidelines. Some RPAB do not plan on deviating from the state template. Only areas may modify the template and if so, are required to have ENA input. A letter will be sent to chapter presidents if the RPAB modifies, Kathy encourages ENA to be timely in their response. Kathy would also like chapter presidents to let her know if their service has been requested.

### **The narrative for the rules and meeting announcement include:**

The following is a description of the prehospital trauma triage guidelines which will become effective November, 2002.

The Town Meetings will be offered throughout the state and will include an educational rollout for these guidelines. Emergency nurses are encouraged to attend.

The EMS Boards' Trauma Committee will be holding a series of Town Meetings regarding the new **Trauma Triage Rules**. The purpose of these meetings is to share with health and safety professionals around Ohio the recently approved EMS Trauma Triage Rules, and how EMS providers can use these in the field.

**Scheduled for All EMS Regions**  
**Visit the EMS web site for more info.**  
**[www.ohiopublicsafety.com](http://www.ohiopublicsafety.com)**

Follow the links to EMS and the Triage Town Meetings

- 1:00-3:00 p.m. New Trauma Triage Rules For ALL EMS Providers
- 3:00-5:00 p.m. Special Triage Info/Update Sessions
  - 3-4 p.m. EMS instructors & EMS Medical Directors
  - 4-5 p.m. Township Trustees & County Commissioners
- 5:30-7:30 p.m. New Trauma Triage Rules For ALL EMS Providers (repeat of 1-3 session)

Continuing Education Credit will be provided for the 1-3 p.m. and 5:30-7:30 p.m. session. Town Meetings are FREE and ALL EMS providers should attend.

To help our planning RSVP to Mike Glenn, RN  
614-728-6853 or [www.ohiopublicsafety.com](http://www.ohiopublicsafety.com)

### **REGIONAL TRIAGE TOWN MEETINGS**

Region 1: Wilmington - August 1  
Clinton Memorial Hospital

Region 2: Troy - August 29  
Upper Valley Medical Center

Region 3: Lima - July 16  
Apollo Career Center

Region 4: Toledo - August 15  
Medical College Hospital

Region 5: Columbus - July 18  
Central Ohio Trauma System (COTS)

Region 6: Martins Ferry - September 3  
Location TBA

Region 6: Zanesville - July 30  
(Revised) Muskingum County Library

Region 6: Marietta - September 5  
Marietta Memorial

Region 6: Jackson - August 20  
Holzer Medical Center

Region 7: Canton - September 4  
Aultman Hospital

Region 8: Akron - August 28  
Akron Children's Medical Center

Region 9: Cleveland - August 13  
Lakewood Hospital

Region 9: Cleveland - August 30  
Hillcrest Hospital  
Region 10: Youngstown - August 27  
St. Elizabeth's Medical Center

## **Ohio's Definition of Trauma**

An injured patient who you think is at significant risk for loss of life or limb, or significant, permanent disfigurement or disability; and the injury is caused by blunt or penetrating injury, exposure to electromagnetic, chemical, or radioactive energy, drowning, suffocation, or strangulation, or a deficit or excess of heat.

EMS should use the following criteria to help identify patients that fit the above description of a trauma patient.

## **Field Trauma Triage Criteria: Physiologic - Adult & Pediatric**

### **Adult - 16 years and older**

#### **Neuro**

- GCS  $\leq$  13;
- LOC  $>$  5 minutes;
- Decreasing LOC at the scene/transport;
- Failure to localize to pain (GCS  $\leq$  4)

#### **Respiratory**

- Respiratory rate  $<$  10 or  $>$  29;
- Requires endotracheal intubation;
- Requires relief of tension pneumothorax;

#### **Circulatory**

- Pulse  $>$  120 with hemorrhagic shock;
- SBP  $<$  90 or no radial pulse w/ carotid pulse present;

### **Pediatric - less than 16**

#### **Neuro**

- GCS  $\leq$  13;
- LOC  $>$  5 minutes;
- Decreasing LOC at the scene/transport;
- Failure to localize to pain (GCS  $\leq$  4)

#### **Respiratory**

- Evidence of respiratory distress or failure: *one or more of the following signs*; Stridor, Grunting, Retractions, Cyanosis, Hoarseness, Difficulty speaking.

#### **Circulatory**

- Evidence of poor perfusion: *one or more of the following signs*; Weak distal pulse, Pallor, Cyanosis, delayed capillary refill, Tachycardia.

## **Deadline for Buckeye Beat Articles**

August 19

November 18

## **Field Trauma Triage Criteria: ANATOMIC - ALL ages**

- Penetrating trauma to the head, neck, or torso;
- Significant, penetrating trauma to extremities proximal to the knee or elbow with evidence of neurovascular compromise;
- Injuries to the head, neck, or torso where the following physical findings are present:
  - (i) Visible crush injury;
  - (ii) Abdominal tenderness, distention, or seat belt sign;
  - (iii) Pelvic fracture;
  - (iv) Flail chest;
- Injuries to the extremities where the following physical findings are present:
  - (i) Amputations proximal to the wrist or ankle;
  - (ii) Visible crush injury;
  - (iii) Fractures of two or more proximal long bones;
  - (iv) Evidence of neurovascular compromise.
- Signs or symptoms of spinal cord injury;
- Second degree or third degree burns greater than ten percent total body surface area, or other significant burns involving the face, feet, hands, genitalia, or airway.

## **Field Trauma Triage Criteria: Mechanism of Injury (MOI) & Special Considerations (SC), All ages**

"EMS shall also consider the mechanism or injury and special considerations, when evaluating whether an injured person qualifies as a trauma victim." (*the MOI & SC examples listed are only a few examples and NOT an exhaustive list*)

MOI Examples: high speed crash, ejection or victim from vehicle, fall  $>$  20 ft. Pedestrian run over...

SC Examples: age  $<$  5 or  $>$  55, Hx of cardiac or respiratory disease, on anticoagulant medication, pregnancy...

## **2002 Ohio State Council Officers**

**President** – Kathy Haley, Columbus

**Immediate Past-President** – Debbie Schwytzer, Cincinnati

**Secretary** – Dee Hart, Suffield

**Treasurer** – Marie Garrison, West Chester

**Members-at-large** – Peg Kunsman, Rocky River and James Johnson, Reynoldsburg

**President-elect** — Deb Zang, Columbus

### **Exceptions to EMS Field Triage to a Trauma Center**

1. It is medically necessary to transport to another hospital for stabilization
  2. It is unsafe or inappropriate due to excessive ground transport time or adverse weather
  3. Would cause a shortage of local EMS resources
  4. No trauma center is able to accept the patient
  5. Patient or guardian requests transport to a specific hospital
- EMS Providers should refer to the Ohio Revised Code, 4765.40 and to the Ohio Administrative Code 4765-14 for the full text of the laws and rules regarding trauma triage.

### **Summer Tragedies... or not?**

Here comes summer and with summer come new types of emergencies for us to deal with. Summer emergencies fall into three categories: heat-related, near-drowning and lightning strikes.

Heat-related injuries are heat cramps, heat syncope, heat exhaustion and heat stroke. Of these heat stroke is the only true medical emergency. Heat-related illnesses occur when humidity readings are greater than 80% and the temperature is over 95° F (35°C). The very young and elderly are at great risk of suffering a heat-related illness.

A patient thought to be suffering a heat-related injury first needs to be cooled down. This can be done by applying cool compresses to the neck, chest, abdomen and groin areas. All clothing needs to be removed. Shivering must be avoided as it creates heat, but if shivering does occur Thorazine is the drug of choice to control it.

Near-drowning, the recovery after a submersion and near asphyxiation in water is the next most common injury. The typical injured are young children or teenagers. The severity of the injury depends on whether the incident occurred in fresh or salt water.

Fresh water causes a washing out of the surfactant from the

lungs, destabilizing the alveoli and increasing the airway resistance. Salt water, a hypertonic fluid, causes an osmotic gradient pulling of protein rich fluid from the vascular space into the alveoli.

Outcomes from a near-drowning incident are linked to the amount of time submerged, degree of hypoxic central nervous system damage, age, co-morbidities and the water temperature. The victim needs to be retrieved as quickly as possible, providing spine stabilization followed by the A-B-C's, IV's and N/G tube.

Lightning hits occur mostly in the summer due to the frequency of thunderstorms. Lightning often triggers asystole or ventricular fibrillation. Initial treatment involves spine stabilization and stabilization of other obvious fractures while performing ACLS measures.

The best way to treat all of these really is PREVENTION. Children should be supervised at all times, most especially around water, during storms or in extremely hot weather. Everyone needs to eat, drink fluids with sodium and electrolytes in them, and avoid staying in one place for extended periods of time. Limiting our exposure to the sun and wearing sun screen as well as light weight, light colored and loose clothing.

Watching the forecasts for threatening weather, avoid water during storms and do not seek shelter under trees or by metal objects. Swim with a buddy and don't dive into shallow or unknown depth of water.

With an ounce of prevention and a little education — let's have a fun, enjoyable and safe summer.

■ Peg Kunsman

### **Visits to the ED**

#### **Increase Nationwide**

*From National ENA Publication  
Washington Update May 2002*

The latest national data on the use of hospital EDs show that 108 million visits occurred in 2000, up 14% from 95 million visits in 1997. CDC's National Center for Health Statistics conducts this annual survey of visits to the ED at part of its National Hospital Ambulatory Medical Care Survey, which also covers doctors' offices, hospitals, nursing homes, hospices and home health care.

According to the new CDC report, the number of hospitals providing emergency care decreased from 4,005 to 3,934 between 1997 and 2000, resulting in the number of annual visits per ED increasing about 16% - 24,000 to 27,000. Waiting time for non-urgent visits increased 33% during this same time period.

ED use varied by age and other patient characteristics. The African-American population used the ED at a rate 67% higher than of the white population in 2000.

The most seriously ill or injured patients (with needs deemed emergent) continue to get care about as quickly in 2000 as in

1997. However, for non-urgent visits, patients on average waited about 68 minutes to see a doctor for non-urgent visits, up from 51 minutes in 1997.

The increase in visits to the ED is a result of overall population growth and increases in the number of seniors. Older Americans, those 75 years of age and over, had the highest rate of ED visits - 65 visitors per 100 persons per year while the national average was 39 visits per 100 persons per year.

Stomach and abdominal pain, chest pain, and fever were the most commonly recorded reasons for a visit to the ED. Since 1997, an increase in visits with a primary diagnosis of chest pain or abdominal pain was found for women aged 45 and over. Adverse drug reactions or other complications from medical care in 2000 accounted for 1.3 million visits.

Persons aged 15 to 24 years had the highest injury visit rate. The most frequently recorded injury diagnoses were open wounds (18%), and the most commonly mentioned body site injured was hand, wrist and fingers (13%).

The survey found that medications were used in 74% of all visits, virtually unchanged from 1999. An average of 1.6 drugs were used or prescribed per ED visit. Since 1997, drug prescription rates increased for persons 15-44 years old. Medication for pain relief was the most frequent class of drugs administered.

The report can be viewed or downloaded at <[www.cdc.gov/nchs](http://www.cdc.gov/nchs)>.

## **Update From Your State Trauma Committee Rep**

Much has been happening at the State Trauma Committee over the past few months. The following is a brief summary. Please feel free to call me with questions or concerns anytime % the Central Ohio Trauma System at 614-240-7419. Thanks - Nancie Bechtel

**Prehospital Trauma Triage Guidelines.** The state's new prehospital trauma triage protocols will take effect October 28, 2002. These protocols define which trauma patients have a likely threat to loss of life or limb and must be transported to a verified trauma center. There are exceptions, written into law. These prehospital trauma triage protocols affect every EMS care provider and many hospitals in the state. Last year, *Trauma Town Meetings* were conducted by the Ohio Department of Public Safety (ODPS) and the State Trauma Committee to begin to educate the public in the trauma triage protocols and the implications of the new trauma legislation. ODPS is conducting another set of Trauma Town Meetings in the coming months to further educate the community. Please note the following dates and plan to attend one of these sessions in your region. Call Mike Glenn at (614) 728-6853 to pre-register.

**Hospital Mandates.** November 3, 2002 is the official date for the initiation of the new state trauma legislation (Am. Sub. HB 138, 123 GA). All hospitals in Ohio must have several components in place to care for victims of trauma by that date.

- Transfer agreements with Level I and II verified trauma

centers

- Protocols to identify, stabilize, and transfer adult and pediatric trauma patients
- A hospital-based performance improvement process for trauma victims

After November 3, 2002, hospitals that are not Level I or II trauma centers as verified by the American College of Surgeons (ACS) will have a limited ability to admit trauma patients.

**Provisional Trauma Center Designation.** There are currently less than 30 verified trauma centers in Ohio. In order to become a verified trauma center via the ACS process, hospitals must demonstrate a pattern of excellent trauma care over many months. This is done by a stringent review of the hospital facility and resources as well as a thorough evaluation of care as documented in trauma patients' medical records. HB 138 did not allow hospitals who are not ACS-verified trauma centers by November 3, 2002 to receive trauma patients, even if the hospitals have many resources in place to care for trauma victims. This created a dilemma for hospitals who have since chosen to raise the standard of care in their communities and submit to the rigorous ACS trauma center verification process. Without a track record of caring for trauma patients, the ACS would not agree to a verification review; without ACS verification, hospitals could not become trauma centers. In response to constituents on this issue, Am. SB 124 was recently passed and signed into law. Am SB 124 allows:

- That hospitals who are currently in the process of obtaining verification and who adhere to specific conditions may be considered provisional trauma centers as they complete the ACS process.
- The establishment of a process for hospitals who subsequently begin to work towards ACS verification to obtain temporary provisional status as long as specified criteria are met.
- Currently ACS-verified trauma centers who may sustain a lapse in verification to operate under provisional status providing certain conditions are met.

This bill represents a compromise on a temporary solution to provisional trauma center designation. The Ohio Departments of Public Safety and Health have agreed to work together with the State EMS Board and Trauma Committee to establish an equitable solution to this issue with the best interest of citizens in mind.

## **NOTE:**

If you have chapter or other news to share with ENA members across the state please contact Christie Holmes at [xie@aol.com](mailto:xie@aol.com) to get the information put on the state web site.

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**ENA OHIO STATE COUNCIL**  
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SUFFIELD, OHIO 44260

PRSRT STD  
US POSTAGE  
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AKRON OH  
PERMIT # 691

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### **Training Opportunity**

Hello to all of you! Save the date on your calendar! COTS is working with Battelle and the Franklin County EMA to present a training for first responders including hospital staff on chemical & biological terrorism. The seminar will be from 9:00 a.m. - 1:00 p.m. (registration @ 8:30 a.m.) and will be offered several days in a row to accommodate scheduling needs. Staff need only attend one day.

Nursing/EMTP CEU's are being applied for. We strongly encourage hospitals to send as many of their emergency department, safety/security, and disaster management staff as possible. The dates for the seminar will be: August 28, 29, & 30; and September 23, 24, & 25. Flyers and registration details will be out soon.

■ Nancie Bechtel

### **Congratulations!!**

Deb Zang has been elected to the vacant President-elect position of Ohio State Council Board. Deb is from the Central Ohio Chapter in Columbus. She will serve as President in 2003-2005. WELCOME!!

### **Congratulations!!**

Ben Melnykovich has been appointed to the Blue Ribbon Commission at National level. This group will be reviewing the functions of ENA. Ben is from the Eastern Ohio Chapter, Youngstown area and has been an active ENA member for many years.

### **Ohio State Council (OSC) Meeting Dates for 2002**

Location: ACEP Offices,  
Suite 100, 3510 Snouffer Road, Columbus, Ohio

August 10

November 9