

Oklahoma State
Department of Health
Creating a State of Health

Oklahoma City Area (8) Regional Trauma Advisory Board

REGULAR MEETING

Tuesday, July 11, 2023 – 1:00 p.m.

Location of Meeting: Oklahoma State Department of Health •
123 Robert S Kerr Avenue • Oklahoma City • 73102

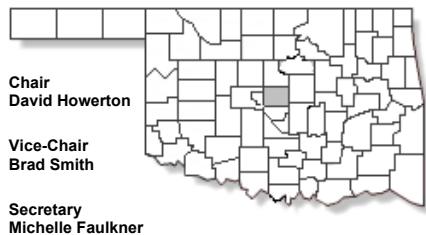
Minutes

1. David Howerton, Chair, called the meeting to order at 1:01 p.m.
2. Roll Call was taken. Attendance was recorded as follows:

Present at Roll Call	Absent at Roll Call
Brad Smith	INTEGRIS Community Hospital – Council Crossing
Zachary Sinsheimer	INTEGRIS Southwest Medical Center
Janice Statzer	Northwest Surgical Hospital
David Smith	Valir Rehabilitation Hospital of OKC, LLC
Julie Evans	Cedar Ridge
James Dehaven	Curahealth Oklahoma City
David Howerton	Mercy Rehabilitation Hospital Oklahoma City
Holli Howard	Mercy Rehabilitation Hospital Oklahoma City South
Lindsey Lindsay	Oakwood Springs, LLC
Daniel King	Oklahoma ER and Hospital
Bryan Jones	Oklahoma State Stroke Systems Advisory Board
Jason Likens	OneCore Health
Maxine Council	Select Specialty Hospital – Oklahoma City, Inc.
Michelle Faulkner	Summit Medical Center, LLC
Michelle Faulkner	Surgical Hospital of Oklahoma
Michelle Faulkner	Team Health Physicians Southwest
Bethany Children's Health Center	
EMS for Children	
Inspire Specialty Hospital	
McBride Orthopedic Hospital	
Mercy ER Physicians	
OK Center for Ortho and Multi-Specialty Surgery	
OKC-AMG Specialty Hospital	
Oklahoma Heart Hospital, LLC	
Oklahoma Heart Hospital South, LLC	
Oklahoma Spine Hospital	

3. No introductions or announcements.
4. Zachary Sinsheimer motioned to approve April 11, 2023 meeting minutes and Jason Likens seconded. The motion carried as follows:

Ayes	Nays	Abstain
Brad Smith		
Zachary Sinsheimer		
Janice Statzer		
David Smith		
Julie Evans		
James Dehaven		
David Howerton		
Holli Howard		



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Lindsey Lindsay		
Daniel King		
Bryan Jones		
Jason Likens		
Maxine Council		
Michelle Faulkner		
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5. David Howerton reported that the new trauma triage algorithm was presented at OTERAC and approved. Dr. Amanda Celii presents the changes that were recommended which includes changing tender abdomen on the prehospital trauma triage algorithm to abdominal rigidity. ACS guidelines were used to review the documents and the suggested hemodynamic compromise was added to the Oklahoma Trauma Triage and Transfer Algorithms. Pediatric Trauma Scores were removed from prehospital. Several points were combined into one bullet point and the document combined adult and pediatric algorithms into one page. The recommended age was changed from 55 to 65. Dr. Celii also presents the new age for pediatric trauma is 14 and younger. The new documents are included in the packets for review.

Katrina Warden reports that information is still being obtained for OERSSIRF and the information will be released once all the information has been obtained.

Tessa Cleary-Smith reports OTEP trainings is scheduled for next month. The Trauma Triage and Transfer Guidelines is in the process of going through the communications team for final approval before release.

Katrina Warden reports that Trauma Fund is in the process for distribution in October. Trauma dates are listed in the packets along with training dates. Trauma registry cases need to be uploaded and compliance reports will be handed out which will now include EMS compliance reports as well.

Lindsey Lindsay reports that CQI met this morning with 14 members present. 10 cases were reviewed, and 14 letters were authored including one good job letter. 8 responses were reviewed with 6 of the responses accepted and 2 require further information.

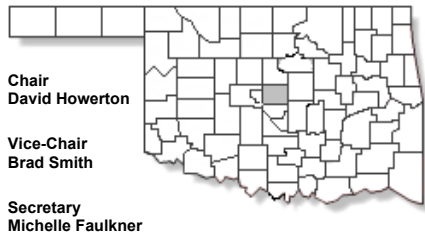
Brad Smith reports that the RPC group plans to review the regional trauma plan and Region 8 bylaws.

Heather Yazdanipour reports that budget period 4 has ended. A REMS conference is scheduled for September. A PowerPoint is presented with grant deliverables and information on current plans.

Dr. Curtis Knoles reports that the quarterly advisory meeting met this morning. Different avenues are being investigated to get providers to OU Children's for pediatric training.

Zachary Sinsheimer presents data on trauma transports in Region 8. A 24-month trend is shown for EMSA transports with a break down of priority, chief complaint, and destination. An increase in priority 2 trauma patients is noted and it is reported that no whole blood was administered in the month of June, but the trauma numbers remained the same.

Melody Bridges reports there are National Surveys underway to determine where delays are in patient care. A stroke plan will be presented at RTABS, once complete, to include information and procedures that are minimum necessity for stroke patients.



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6. Brad Smith moved to approve Dr. Kersey Winfree and Dr. Alisa Cross to Region 6/8 CQI Committee without discussion. David Smith seconded the motion. The motion carried as follows:

Ayes	Nays	Abstain
Brad Smith		
Zachary Sinsheimer		
Janice Statzer		
David Smith		
Julie Evans		
James Dehaven		
David Howerton		
Holli Howard		
Lindsey Lindsay		
Daniel King		
Bryan Jones		
Jason Likens		
Maxine Council		
Michelle Faulkner		
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David Howerton proposed to keep CQI and RTAB on the same day with the dates being:

January 9, 2024

April 9, 2024

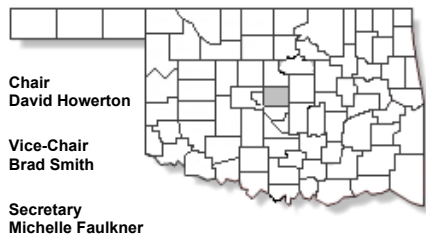
July 9, 2024

October 8, 2024

The meetings will continue to be held at 1:00 p.m. and it is requested to be hosted at OSDH. Facilities were asked if there was opposition to the meetings being hosted at OSDH with no facilities voicing opposition.

Michelle Faulkner motioned to approve the meeting dates, time, and venues of January 9, 2024, April 9, 2024, July 9, 2024, and October 8, 2024, at 1:00 p.m. located at OSDH. Zachary Sinsheimer seconded the motion and the motion carried as follows:

Ayes	Nays	Abstain
Brad Smith		
Zachary Sinsheimer		
Janice Statzer		
David Smith		
Julie Evans		
James Dehaven		
David Howerton		
Holli Howard		
Lindsey Lindsay		
Daniel King		
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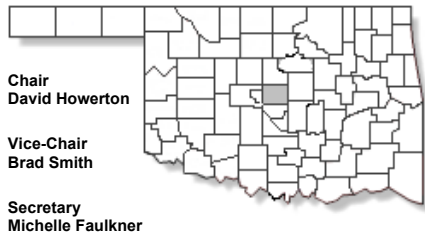
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7. Dr. Knoles reports that OU Children's has been on divert more recently due to volume increase and the transfers received which are around 30-40 a day. Holding of psychiatric patients has also increased. Dr. Knoles reports that OU Children's Hospital will not divert trauma at any time. Dr. Knoles also reports that neurosurgery will also not be diverted at any time and that other specialties related to trauma are not diverted. OU Children's does not accept priority 1 pediatric trauma patients, those patients are transported to OU Health adult trauma center. Questions were asked about trauma patients that are accepted at OU Children's, specifically head injury patients, that do not match the trauma triage algorithm. Dr. Knoles recommends that unstable patients should be transported to the trauma center but that the nurses at OU Children's will advise if they believe the patient needs to be transported to the trauma center or if the patient can be accepted at OU Children's. Questions are also asked about if a parent and child are brought in together if they are kept together or are separated. It is reported that they are usually separated depending on the condition of the child. Medical patients are seen up to 18 years old for OU Children's unless there are chronic medical conditions that have specialists, and that age is extended to 21. Dr. Alisa Cross emphasizes that any priority 1 patient should be transported to OU Health trauma center and if it is a priority 2 patient, 14 and undergo to OU Children's. Ruth Crawford from INTEGRIS Baptist reports that they do not do cardiology, oncology, or neurosurgery. Ms. Crawford reports that they will only accept up to 17 for pediatric patients and that INTEGRIS Baptists does take pediatric burn patients. INTEGRIS is working on getting pediatric general surgery and their transfer center is up to date if there is a general surgeon for pediatrics on for the day. Questions are asked on where transport should be for a pediatric burn patient. Both facilities are able to be seen at either INTEGRIS Baptist or OU Health.

Tessa Cleary-Smith presents EMResource, and the potential expansion of specialties listed. Discussions are had on the difficulties that have been presented lately with a single listing of cardiology when that does not provide information on interventions that are currently available. Neurology is also discussed on options that would provide better information for neurology services. Discussion is opened for suggestions on expansion of the listed specialties with suggestions of adding 'PCI capable' to the list or adding 'Level I, II, or III' cardiac facility. Discussion is also had on expanding stroke on the EMResource by adding the level of stroke facility. It is requested to have EMResource on the next agenda to have further discussions.

Grace Pelley posed the question of the role of free-standing ER's and adjunct facilities in the trauma system as well as specialty hospitals and their display on EMResource. Offsite campuses are not currently listed on EMResource due to no surgical capabilities. It is asked if Region 8 RPC would be willing to add definitions and explanations of adjunct sites in the Region 8 Trauma Plan. It is suggested that each adjunct facility be listed on EMResource with their capabilities listed. It is also presented that having each facility listed under the main facility is detrimental to the use of EMResource. It is also discussed if the free-standing ERs, without any specialty or surgery, has benefit to be listed on EMResource. Prehospital providers do believe that the listing of these facilities would be beneficial for prehospital to know that they would be unable to receive patients. It is also discussed the benefit to have the facilities listed out in the event of a disaster or if the MERC is overloaded requiring assistance from another region. It is suggested that hospitals evaluate their internal capabilities to be listed on EMResource. It is requested to take this information with questions through chain of commands to discuss, especially with bed number listings. It is also requested to have the weight limit of CT scanners listed on EMResource. It is requested that this topic be added to the next quarter agenda for further discussion.

David Howerton discusses the need for professional communication between prehospital and hospital. It is discussed that there is recognition of divert but that divert is owned by the facilities CMO. Prehospital role is to deliver patients to facilities, and this is a large area of discussion due to a lack of understanding and professional communication between both parties. It is discussed that the best solution to starting professional communication is by pulling the other party aside to start a discussion to form an understanding. There are numbers available if there is further concern about care provided to the patient. Allie Friesen introduces herself as the INTEGRIS Director of Behavioral Health and is requesting feedback on the mental health system for the providers that are present and the issues that are present. Placement of



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patients experiencing mental health crisis is discussed. It is also discussed the tests that are run on patients presenting with a mental health crisis that are unnecessary and adding expenses that are also unnecessary. Extremes in age are presented as a difficulty in finding placement.

8. No new business to discuss.
9. Future meeting dates for 2023:
 - Tuesday, October 10, 2023 – 1:00 p.m.
10. No public comment.
11. The meeting adjourned at 3:23 p.m.