



Chair
David Howerton

Vice-Chair
Brad Smith

Secretary
Jason Likens

**Oklahoma City Area (8) Regional Trauma Advisory Board
REGULAR MEETING**

Tuesday, July 13, 2021 – 1:00 p.m.

**INTEGRIS Baptist Medical Center
3300 Northwest Expressway
Oklahoma City, Oklahoma 73112**

The meeting notice was filed with the Oklahoma Secretary of State on November 13, 2020 at 4:37 p.m. The meeting notice/agenda was posted on the Oklahoma State Department of Health website for the Region 8 RTAB on July 6, 2021 at 4:38 p.m.

MINUTES (Unofficial Copy)

- I. Call to Order David Howerton, Chair
The meeting was called to order at 1:03 p.m. by Chair David Howerton.

- II. Roll Call David Howerton, Chair
Roll call was taken with members present and absent reflected on the attached attendance sheet.

- III. Introductions and AnnouncementsDavid Howerton, Chair
Trauma Program Director Monica Sanders and Pediatric Trauma Program Manger Mollie Triplett of OU Health were introduced.

- IV. Approval of Minutes.David Howerton, Chair
 - A. October 1, 2020
 - B. April 13, 2021
 Chair David Howerton corrected the date for the October minutes as October 13, 2020 and announced these minutes were brought back to the committee for re-approval due to the initial motion for approval being made by a non-voting member. A motion to approve the October 1, 2020 and April 13, 2021 minutes as written was made by EMSA – West Division and seconded by SSM Health St. Anthony Hospital – Oklahoma City. There was no discussion and the motion passed 16-0.

- V. Reports
 - A. Emergency SystemsJennifer Woodrow
Jennifer Woodrow introduced Chris Dew as the new Trauma System Coordinator and announced open positions to include EMS Administrator, Statistical Analyst, and Epidemiologist. The Trauma Fund application deadline for hospitals was June 30, 2021 with applications due for EMS and physicians by July 15, 2021 at 5:00 pm. Submission options include mail or upload through box but due to the move to the Oklahoma Commons, applications can no longer be dropped off at the Oklahoma State Department of Health. Questions or request for training regarding the Trauma Registry, Stroke Registry, OKEMISIS, or EMS can be directed to Jennifer Woodrow for assistance. Ms. Woodrow requested that members complete and return the RTAB Authorized Representative Form to ensure representatives are current.
 - B. Oklahoma Trauma and Emergency Response Advisory Council (OTERAC). David Howerton, Chair
Jennifer Woodrow announced that OTERAC last met on October 7, 2020 but have not been able to meet since due to quorum. The next meeting is scheduled for August 4, 2021 at 1:00 p.m. with location to be determined. Meeting dates for the OTERAC subcommittee and work groups are available on the Emergency Systems webpage. The Rules and Regulation Committee has completed the work directed by OTERAC with a report to be present at the next OTERAC meeting. There subcommittee will have no more meetings until additional work is identified. OTERAC Chair Eddie Sims has retired to Florida leaving his position open.
 - C. Quality Improvement (QI) Committee.....Jamie Lee
Holle Howard reported that QI meetings will remain in a virtual format with the next meeting scheduled for July 21, 2001 at 9:00 a.m.



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- D. Trauma Rotation Committee David Smith, MD, Committee Chair
A neurosurgery workgroup convened on June 1, 2021 to discuss the current status of the neurosurgery trauma rotation with no recommendations for change made. The committee last met on June 15, 2021 at INTEGRIS Baptist Medical Center. OMFS, hand, and neurosurgery rotations were reviewed with no need for changes identified. The rotation was reviewed approximately 18 months ago and will be reviewed on a regular basis to ensure the people that provide the service agree that the rotation is working and the patients are being served in the best way. Points of discussion included the pediatric trauma age currently defined as 16 or under and requirements/obligation for an on call physician/facility to provide follow-up care for unassigned trauma patients for hand, face, and neurosurgery who are seen at their facility and then discharged with referral for follow-up/outpatient care. Committee members agreed that, regardless of any barrier, an obligation exists and are developing language to make that obligation clear to on call facilities and providers. A recommendation was made by an RTAB member to also extend the obligation to the Level III Trauma Centers. Region 8 Trauma Plan amendments were approved for recommendation to the Region 8 RTAB regarding steps for an on all facility to follow in the event they must go on divert. Special and regular meeting dates for 2021 and 2022 were proposed with the next meeting scheduled on September 14, 2021 at 5:30 p.m.
- E. Regional Planning Committee (RPC)..... Brad Smith, PA, Committee Chair
The RPC has not met in a while but plan to schedule a meeting before the next RTAB. Brad Smith announced that Linsey Henson resigned and is no longer on the committee. Recommendations were made to add another representative of OU Health to the committee, as they are the only Level I Trauma Center. The committee is currently working to schedule a meeting with the region’s burn surgeons to develop a regional plan for burns with Jennifer Woodrow and Grace Pelley of OSDH volunteering to help facilitate that meeting due to difficulty with scheduling and implications to the entire state. The hope is to schedule a meeting prior to the RPC in order to bring information back to RPC for planning, implementation, and recommendation for approval at the next RTAB. Members discussed current burn capabilities of regional hospitals with members noting that burn patients, especially pediatric, from far parts of other regions are being lost to out of state hospitals. Monica Sanders of OU Health stated that she can help facilitate conversations with their surgeons and they have hired a new burn coordinator that can provide assistance.
- F. Regional Medical Response System..... Heather Yazdanipour
Budget period three began July 1 requiring RMRS to write a regional burn surge plan by June 30, 2022. Budget period two initially required a burn plan but was replaced with an infectious disease surge plan completed last year. Heather Yazdanipour stated that because each RMRS is required to write a burn surge plan, RMRS for Regions 8, 1, and 3 would like to participate in the discussions and regionally planning for burns so that plans do not conflict. RMRS was stood down by the governor from COVID response on May 1 and were busy moving patients from out of state into Region 8 and vice versa. Region 6/8 moved 366 COVID patients into the region from outside regions and outside of the state. Ms. Yazdanipour voiced appreciation for all hospitals who surged and helped care for those patients. RMRS is still tracking COVID saturation, which is currently 5% for the region. COVID saturation lowest level was 1% but has consistently gone up over the last three weeks. A meeting was held yesterday between all RMRS to discuss going back to tracking real time data, reinstating data entry every four hours in order to get a better picture of bed availability.
- G. EMS for Children Delores Welch
EMS for Children is funded by the Health Resources & Services Administration (HRSA) and is mandated to perform a National Pediatric Readiness Project Survey every five years. They Survey was due in 2020 but delayed until the summer of 2021 due to COVID. The deadline to complete the survey was moved to August 30 in order to meet the goal of an 80% national response rate. Delores Welch presented information regarding the National Pediatric Readiness Project to include information regarding purpose of the assessment, how emergency departments participate, and why participation is important. To assist with the survey, an updated list of every emergency room manager and their contact information was created and is available upon request. Ms. Welch is retiring October 1; her position of Contract Grant Coordinator is listed on the OU Jobs Website.



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- H. OU Health University of Oklahoma Medical Center Community Outreach..... Lindsay Lindsey
Stop the Bleed courses are scheduled for July 14 and August 20 within OU Health with these courses to be offered internally for the foreseeable future. Permission has been granted to provide Rural Trauma Team Developmental Course training out in the communities. Anyone interested in receiving this training should contact OU Health for scheduling.
- I. Strategic Goal Work Group.....George Benard
George Benard was not available for report.
- J. Stroke Dayla Hall/Kathy Stilwell
Kathy Stilwell reported on activities and discussions conducted at the last OSSSAC meeting to include the following: discuss current and future goals to include assisting the communities and rural hospitals with stroke education and getting the resources they need, developing a hospital survey to determine what love of stroke is actually being provided; discuss issues and/or education regarding possible future use of tenecteplase. OSSSAC is currently working to re-educate the community to go to the hospital and not wait to get care when having stoke symptoms. The OSSSAC Chair position serves on a two year rotation and will be renewed or elected at the upcoming OSSSAC meeting in October.
- K. Region 8 Prehospital Trauma Transports David Howerton, Chair
Since 2005, EMSA-West data has been presented to the Trauma Rotation Committee. The data presented is only for EMSA-West and does not include data from other Region 8 EMS agencies. Chair David Howerton recommended that a trauma report of transported Priority 1, 2, and 3 trauma patients be submitted from all Region 8 EMS agencies to the RTAB and the Trauma Rotation Committee to ensure all data from all agencies is available for review. Mr. Howerton announced that the Medical Control Board will be voting to approve a field amputation protocol in September with information regarding the protocol provided. The Medical Control Board is also working in collaboration with OU Health and the Oklahoma Blood Institute to begin carrying low titer O positive whole blood on designated EMSA-West units and Oklahoma City Fire Department apparatuses. Mr. Howerton noted it is important to review data in order to see the impact of whole blood usage to possible incorporate into other EMS systems. Dr. Amanda Celli, MD from OU Health gave a presentation over whole blood utilization last week; this presentation is available on the OU Health website at <https://mediasite.ouhsc.edu/Mediasite/Channel/ch-traumagr/watch/63e47ad866a745278bf00c71e7fb0eb1d>. Dr. David Smith discussed data reviewed by the Trauma Rotation Committee noting that data received from OSDH doesn't always match the data received from EMSA-West and that the two can be combined to create a clearer picture in order to make the best decisions. Dr. Smith stated that pre-hospital data is critical to the Trauma Rotation Committee for meeting the needs of the patients in a timely fashion. At the suggestion of Chair David Howerton, points of contact were designated by Region 8 EMS agencies to include Jason Likens for Pafford EMS of Oklahoma-BWA, Zachary Sinsheimer for EMSA-West, and Larry Terry and Maxine Council for SSM Health St. Anthony. The designated representatives agreed to work together to develop a standardized report to be presented to both the RTAB and Trauma Rotation Subcommittee.

VI. Business

- A. Discussion, consideration, possible action and vote to approve proposed Region 8 Trauma Plan amendments recommended by the Region 8 Trauma Rotation CommitteeDavid Howerton, Chair
Chair David Howerton presented the proposed amendments and Dr. David Smith reviewed the proposed amendments recommended by the Trauma Rotation Committee regarding steps for an on all facility to follow in the event they must go on divert. Mr. Howerton and Jennifer Woodrow noted that further amendments are needed regarding the Description of Emergency Medical Services and Procedure for Selection of Hospital Destination sections and recommended the plan be sent to the RPC for review/revision. A motion to approve the proposed amendments as shown on the attached Region 8 Trauma Plan was made by EMSA-West Division and seconded by Community Hospital, LLC. There was no discussion and the motion passed 16-0.



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- B. Discussion and consideration of 2022 Committee Membership and solicitation of volunteers and nominations..... David Howerton, Chair

- 1. Regional Planning Committee
- 2. Quality Improvement Committee – Vote to add Monica Triplett

Chair David Howerton presented the proposed 2022 committee membership and solicited volunteers to serve on the committees to be voted on for approval at the next RTAB meeting. Jennifer Woodrow announced there was a vacancy on the QI Committee with notification of the vacancy sent to the members in accordance to the Region 8 Bylaws. Mollie Triplett, corrected from Monica Triplett, was nominated to fill that vacancy. Volunteers to serve on the Regional Planning Committee included Jason Likens, Daniel King, Monica Sanders, Heather Yazdanipour, and Zachary Sinsheimer. Monica Sanders requested to replace Renae Kirkhart on the RPC. Grace Pelley clarified that RPC membership is by volunteer only and that Ms. Kirkhart would need to request removal from the committee. Mr. Howerton acknowledged Ms. Kirkhart’s contributions to the region and requested that she attend the next meeting in order to recognize her contributions. A motion to approve Mollie Triplett to the QI Committee was made by Medical Control Board and seconded by EMSA-West Division. There was no discussion and the motion approved 16-0.

- C. Discussion and consideration of the 2022 Board Member Rotation and proposal of 2022 Board MembersDavid Howerton, Chair

Chair David Howerton presented the proposed 2022 Board Members for discussion. Jennifer Woodrow noted that the Board Members were proposed according the approved Board Member Rotation and recommended the Board Member Rotation Schedule be sent the RPC for review and updates regarding name changes and removal/addition of members with the recommendation accepted.

- D. 2022 Board Officer NominationsDavid Howerton, Chair
 - 1. Chair
 - 2. Vice-Chair

Nominations included David Howerton of the Medical Control Board for Chair and Brad Smith of Community Hospital for Vice-Chair.

- E. Discussion and consideration of proposed regular meeting dates and times for 2022 and solicitation for host venuesDavid Howerton, Chair

- 1. January 11, 2022
- 2. April 12, 2022
- 3. July 12, 2022
- 4. October 11, 2022

Regular meeting dates for 2022 were presented with INTEGRIS Southwest Medical Center volunteering to host on January 11, 2022, Mercy Hospital Oklahoma City volunteering to host on April 12, 2022, INTEGRIS Baptist volunteering to host on July 12, 2022, and OU Health volunteering to host on October 11, 2022.

VII. New Business (For matters not reasonably foreseen 48 hours prior to the meeting)

David Howerton provided information about the field amputation protocol being developed by the Medical Control Board in collaboration with OU Health noting the ability to respond statewide. Mr. Howerton hopes to provide a presentation regarding the protocol at the next RTAB. Mr. Howerton also discussed whole blood utilization in EMS and stated he hoped to also bring a presentation regarding whole blood to the RTAB. Jennifer Woodrow reminded members to complete and return the RTAB Authorized Representative Form to ensure their representatives are current.

VIII. Next Meeting

- A. Combined Region 6 & 8 Quality Improvement Committee
July 21, 2021 – 9:00 a.m.
- B. Oklahoma Trauma and Emergency Response Advisory Council
August 4, 2021 – 1:00 p.m.



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- C. Region 8 Regional Trauma Advisory Board
October 12, 2021 – 1:00 p.m.
- D. Region 8 Regional Planning Committee
As Called

IX. Closing, Adjournment, and Dismissal
A motion to adjourn was made by INTEGRIS Baptist Medical Center, Inc. and seconded by EMSA-West Division. The meeting adjourned at 2:30 p.m.

Approved

David Howerton, Chair
Oklahoma City Area (8) Regional Trauma Advisory Board
October 12, 2021

OKLAHOMA CITY AREA (8) REGIONAL TRAUMA ADVISORY BOARD

BOARD MEMBER ATTENDANCE

BOARDMEMBER	REPERESNTATIVE	1Q	2Q	3Q	4Q	2021
Community Hospital, LLC	Brad Smith PA-C		X	X		100%
	Mandi DeLaughter-COX					
Emergency Physicians of Midwest City, LLC	Michael Kalcich, MD		X	A		50%
	Michael Padgham, MD					
EMSA - West Division	David Gooshaw		X	X		100%
	Zachary Sinsheimer					
INTEGRIS Baptist Medical Center, Inc.	Janice Statzer		X	X		100%
	Marla Lincecum					
INTEGRIS Health Edmond, Inc.	Tesha Loven		A	X		50%
	Angie Kamer Mayer					
INTEGRIS Southwest Medical Center	Jacob Lovell		A	X		50%
	Sonia Reeves					
Medical Control Board	David Howerton		X	X		100%
	Jeff Reames					
Mercy Hospital Oklahoma City, Inc.	Holli Howard		X	X		100%
	Haley Hunter					
Oklahoma Heart Hospital, LLC	Sarah Hering		X	X		100%
	Devin Hamilton					
Oklahoma Spine Hospital	Peter Lewis		A	X		50%
	Ann Ford					
OU Health University of Oklahoma Medical Center	Lindsey Henson		X	X		100%
	Lindsey Lindsay					
Pafford EMS of Oklahoma - BWA	Jason Likens		X	X		100%
	Daniel King					
Samaritan EMS - Tinker AFB	Jason Likens		X	X		100%
	Daniel King					
SSM Health St. Anthony (Midwest EMS)	Larry Terry		X	X		100%
	Maxine Council					
SSM Health St. Anthony Hospital - Midwest	Karen Nguyen		A	X		50%
	Meghan Ayotte					
SSM Health St. Anthony Hospital - Oklahoma City	George Benard		X	X		100%
	Michelle Faulkner					
SSM Health St. Anthony Hospital - Oklahoma City EMS	George Benard		A	X		50%
	Jack Watkins					
The Children's Center, Inc.	Amy Clevenger		A	A		0%

OKLAHOMA CITY AREA (8) REGIONAL TRAUMA ADVISORY BOARD

GENERAL MEMBER ATTENDANCE

GENERALMEMBER	REPERESENTATIVE	1Q	2Q	3Q	4Q	2021
Cedar Ridge	Heather Jospeh Debbie Dahl		A	A		0%
CuraHealth Oklahoma City	Stephanie Tsonetokoy		A	A		0%
Edmond - AMG Specialty Hospital	Erick Heflin Shana Branum		A	A		0%
EMS for Children	Delores Welch Caitlin Holland		X	X		100%
Inspire Specialty Hospital	Keith Kalinich Amy Clark		A	X		50%
INTEGRIS Baptist Physicians Group	David W. Smith, MD Jeffrey Sparkman, MD		X	X		100%
INTEGRIS Community Hospital - Council Crossing	Samantha K. Mitchell Chris McAuliffe		A	X		50%
Lakeside Women's Hospital	Garret Graziano Alexandra Hensley		A	X		50%
McBride Orthopedic Hospital	Courtney Breckenridge Jeremy Podany		X	X		100%
Mercy ER Physicians	Juan Nalagan Lance Watson		X	X		100%
Mercy Rehabilitation Hospital Oklahoma City	Sharon Smeltzer Jamey Garner		A	A		0%
Mercy Rehabilitation Hospital Oklahoma City South	Gina Clemens Charita Chavez			A		0%
Northwest Surgical Hospital	Dusty Ervin Christina Mueller		A	A		0%
Oakwood Springs, LLC	Karen Walker Patrick Waters		A	A		0%
OK Ctr for Ortho & Multi-Spec. Surg.	Jerry Forehand Marva Harrison		A	X		50%
OKC-AMG Specialty Hospital	Erick Heflin Kelli Schenk		A	A		0%
Oklahoma ER & Hospital	Tom Vo, MD Judy Farrar		A	A		0%
Oklahoma Heart Hospital South, LLC	Devin Hamilton Sarah Hering		A	X		50%
OneCore Health	Valerie Henry Stacy Sargent		X	X		100%
Pafford Medical Services of Oklahoma - Del City	Jason Likens Daniel King			X		100%
Select Specialty Hospital - Oklahoma City, Inc.	John Yakel Michelle Belote		A	A		0%
Summit Medical Center, LLC	Curtis Summers Tom Weston		A	A		0%
Surgical Hospital of Oklahoma	Mindy Burkhart Kacy Pinnick		A	A		0%
Team Health Physicians Southwest	Mark Keuchel, DO		X	X		100%
Valir Rehabilitation Hospital of OKC, LLC	Ginger Castleberry Susan Huffstutler		X	A		50%

Oklahoma City Regional Trauma Plan

Region 8



Developed by the Regional Planning Committee

Approved by RPC: 03/07/2007, 05/23/2018, 08/19/2019
Approved by RTAB: 03/13/2007, 07/10/2018, 10/08/2019, 04/13/2021
Amended and consolidated: 03/2008, 05/2011, 04/2014, 01/2015
Approved by OTSIDAC: 08/02/2006
Approved by OTERAC: 06/04/2014

OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

Region 8 Trauma Plan

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Appendix A	Oklahoma Model Trauma Triage Algorithm
Appendix B	Trauma Transfer and Referral Center (TReC)
Appendix C	Hospital Standards Oklahoma Administrative Code
Appendix D	EMResource™ Usage
Appendix E	Advanced Life Support Assistance Protocol
Appendix F	Letter Schedule of Escalation

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

I. GOALS / PURPOSE

- A. Assure trauma patients are stabilized and transported to the closest, appropriate hospital facility with the available resources and capacity to provide definitive care in a timely fashion.
- B. Support the Trauma Triage and Transport Guidelines to effectively reduce trauma morbidity and mortality.
- C. Match a facility's resource with each trauma patients needs to ensure optimal and cost effective care is achieved.
- D. This plan will not conflict with any rules and/or regulations that are in place now or may be written or changed in the future.

II. MISSION STATEMENT

In support of the statewide system, create a regional system of optimal care for all trauma patients, to ensure the right patient goes to the right place, receiving the right treatment, in the right amount of time.

III. REGION DESCRIPTION

Region 8 consists of Oklahoma County and its contiguous communities.

IV. 911 CAPABILITIES

Enhanced 911 serves region 8. Infrastructure is now in place for Wireless E-911 to incorporate E-911 to cell phones. Wireless E-911 is currently being implemented.

V. TRAUMA PRIORITY CATEGORIZATION

All injured patients must be identified and transported/transferred to the facility that provides the appropriate care based on the clinical needs of the patient. This should be done in a timely fashion with specific attention focused on preserving the highest level of care for major trauma patients. A three-tiered system designed to determine the appropriate hospital destination for all injured patients considers injury severity, severity risk, time and distance from injury to definitive care, and available resources to meet the region's specific needs.

Three trauma triage priorities are used in determining the appropriate destination for patients.

A. Priority I Trauma Patients:

These are patients with blunt or penetrating injury causing physiological abnormalities or significant anatomical injuries. These patients have time sensitive injuries requiring the resources of a Level I or "On-Call Facility". These patients should be directly transported to a Level I or "On-Call Facility" for treatment but may be stabilized at a Level III or Level IV facility, if needed, depending on location of occurrence and time and distance to the higher-level trauma center. If needed these patients may be cared for in a Level III facility if the appropriate services and resources are available.

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

B. Priority II Trauma Patients:

These patients are those that have potentially time sensitive injuries because of a high-energy event or single system injury. These patients do not have physiological abnormalities or significant anatomical injuries and can be transported to a trauma facility with the resources to perform a complete trauma evaluation and medical screening and can care for their injuries. Patients >20 weeks pregnant will also be considered Priority 2 trauma patients.

C. Priority III Trauma Patients:

These patients are without physiological instability, altered mentation, neurological deficit, or significant anatomical or single system injury that has been involved in a low energy event. These patients should be treated at the nearest treating facility or the patient's hospital of choice.

VI. CATEGORIZATION OF HOSPITALS

A. Hospital Providers in Region 8 include:

1. Level I Trauma Center: ~~OU Medicine (OUM)~~ OU Health University of Oklahoma Medical Center
2. Level II Trauma Center: None
3. ~~By Levels~~-Level III Trauma Center:
 - a. INTEGRIS Baptist Medical Center, Inc.
 - b. INTEGRIS Health Edmond, Inc.
 - c. INTEGRIS Southwest Medical Center
 - d. Mercy Hospital Oklahoma City, Inc.
 - e. ~~Alliance Health Midwest~~ SSM Health St. Anthony Hospital – Midwest
 - f. SSM Health St. Anthony Hospital – Oklahoma City
4. Level IV Trauma Center:
 - a. ~~a.~~ Community Hospital, LLC
 - b. INTEGRIS Community Hospital – Council Crossing
 - ~~a-c.~~ Oklahoma ER & Hospital
 - ~~b.~~
5. Rehabilitation Hospitals:
 - a. Edmond – AMG -Specialty Hospital
 - b. Inspire Specialty Hospital
 - c. Mercy Rehabilitation Hospital Oklahoma City
 - ~~b-d.~~ Mercy Rehabilitation Hospital Oklahoma City South
 - ~~e.~~ Valir Rehabilitation Hospital of OKC, LLC
6. ~~J.D. McCarty Center for Children with Developmental Disabilities~~ Focus Facilities:
 - a. Curahealth Oklahoma City
 - a. ~~Kindred Hospital – Oklahoma City~~
 - b. Lakeside Women's Hospital
 - c. McBride ~~Clinic~~ Orthopedic Hospital, LLC

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

- d. Northwest Surgical Hospital
 - e. OKC-AMG Specialty Hospital
 - ~~e.f.~~ Oklahoma Center for Orthopaedic & Multi-Specialty Surgery
 - ~~g.~~ Oklahoma Heart Hospital, LLC
 - ~~f.h.~~ Oklahoma Heart Hospital South, LLC
 - ~~i.~~ Oklahoma Spine Hospital
 - ~~g.i.~~ OneCore Health, LLC
 - ~~h.~~ Orthopedic Hospital
 - ~~i.~~ Renaissance Women's Center of Edmond
 - ~~j.k.~~ Select Specialty Hospital - Oklahoma City, Inc
 - ~~k.~~ Select Specialty Hospital – Oklahoma City, East Campus
 - ~~l.~~ Summit Medical Center, LLC
 - ~~m.~~ Surgical Hospital of Oklahoma, LLC
 - ~~n.~~ The Children's Center, Inc.
7. Psychiatric Hospitals
- ~~a.~~ Cedar Ridge
 - ~~a.b.~~ Oakwood Springs, LLC Hospital (Psychiatric) in OKC

B. Region 8 Trauma Rotation On-Call Facility System

- 1. Hospitals participating in the Region 8 Trauma Rotation On-Call Facility System are:
 - a. INTEGRIS Baptist Medical Center, Inc.
 - b. INTEGRIS Southwest Medical Center
 - c. Mercy Hospital – Oklahoma City, Inc.
 - d. OU Health University of Oklahoma Medical Center ~~OU Medicine~~
 - e. SSM Health St. Anthony Hospital – Oklahoma City

The On-Call schedule is posted daily to the EMResource™ computer as a document. Additionally the EMResource™ computer posts the On-Call hospital as an FYI alert daily at the top of the Oklahoma West screen.

- 2. On Call Facility Requirements: (Refer to Call Schedule)
 - a. When “on call”, each hospital will provide neurosurgery, facial trauma, and hand trauma (both adult and pediatric)....or arrange coverage through hospital transfer agreements.
 - b. This schedule is for unassigned, Priority 2 patients with single-system injury, or at risk for injury that at least include neurosurgery, facial trauma, or hand trauma but currently stable, picked up by EMSA in its service area or transported into the metropolitan area from other regions of the State. As of September 1, 2013, isolated Priority 1 neurologically-injured patients transported directly by EMS within or into the OKC region will go to OUMC. All other patients will be transported to the closest, most appropriate facility.
 - c. In order to maintain accurate statistics for patient transfers into Region 8 and to comply with interfacility triage and transfer criteria, all requests to the on-call

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

hospital or physicians for the transfer of unassigned injured patients should be referred and managed through TReC.

- d. Each hospital will provide care for established patients, stable patients that have requested the facility, or patients arriving to their ED even on the date they are not the designated on-call hospital if they have the capability to do so.
- e. It is understood that the other hospitals may have to provide back-up coverage for a designated hospital.
- f. The On Call Facility will serve as a backup should the Level I Facility become overwhelmed or incapacitated.

f.g. When an On Call Facility is incapacitated, the facility must complete the following:

- i. Update EMResource to ensure their most current status is reflected. This will serve as notification to the hospital licensing authority, OSDH-Facilities Services as required in Oklahoma Administrative Code (OAC) 310:667.
- ii. Patients are to be transported/directed to the closest most appropriate facility according to the Trauma Triage Transfer and Transport Algorithm, with capability and capacity based on information provided on EMResource.
- iii. When the facility will be incapacitated for a prolonged period or have systemwide impact, it must begin actions to provide situation reporting as provided in the Region 6/8 Medical System Response Plan. Telephone number for the Region 8 MERC 24/7 Duty Officer is 405-297-7200. Region 8 Medical Facility Incident Status Report is available at : <https://arcg.is/Ob40X0> or QR Code



VII. TRAUMA CENTER PROGRAM

Each hospital shall provide the level of Trauma Services for which the facility is licensed in accordance with the Hospital Standards Oklahoma Administrative Code (OAC) 310:667 (See Appendix C). It is important to incorporate all facilities in trauma planning and implementation, as well as, in the planning of transfer protocols.

VIII. TRAUMA TEAM

The team approach is optimal in the care of the multi- injured patient. The trauma center must have a written policy for notification and mobilization of an organized trauma team (in a Level I, “On-Call” Facility, or Level III facility) or to the extent that one is available (Level IV facility). The Trauma Team may vary in size and composition when responding to trauma activation. The physician leader or the advanced practice clinician on the trauma team will have preferably completed ATLS certification and is responsible for directing all phases of the resuscitation in compliance with ATLS protocol. Suggested composition of the trauma team can be found in the current version of “Resources for Optimal Care of the Injured Patient

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by the Committee on Trauma, American College of Surgeons”.

The required Trauma Physician Specialties are defined in the Hospital Standards Oklahoma Administrative Code (OAC) 310:667 (See Appendix C).

IX. CRITERIA FOR ACTIVATION OF THE TRAUMA TEAM

Activation of the trauma system per hospital operations should occur for Priority I and Priority II patients in accordance with the Oklahoma Triage and Transport Algorithm (See Appendix A).

X. INTER-FACILITY TRANSFERS

In an effort to optimize patient care and deliver the trauma patient to the most appropriate destination, rapid assessment of the patient is imperative. When a trauma patient arrives at a destination hospital the trauma team will be activated in accordance with the hospital operating procedures for Priority I and Priority II patients and the patient will have an immediate medical screening completed. Depending upon the screening and the needs of the patient any of the following may occur:

- A. The Priority I patient will be stabilized, admitted if appropriate, or transferred to the designated Trauma Center.
- B. The Priority II patient will be stabilized and then admitted to that facility, or transferred to the Level II rotation, or other facility of choice.
- C. The Priority III patient will be stabilized and treated, then transferred if necessary to the facility of choice, or discharged to home with appropriate follow-up instructions.

It is the expectation that facilities with the capability and capacity to treat patients at their facility will not initiate a transfer.

XI. DESCRIPTION OF EMERGENCY MEDICAL SERVICE (EMS)

A. EMS Providers within Region 8 include:

1. EMSA - EMSA Western Division is the largest EMS provider in the State of Oklahoma, covering Oklahoma County and small portions of Logan and Canadian Counties, EMSA provides exclusive paramedic ambulance service to Oklahoma City and surrounding cities. The service area is approximately 900 square miles.
2. ~~Midwest Regional Medical Center EMS – Midwest Regional Emergency Medical Service (EMS) is the oldest and largest hospital based ambulance service in Oklahoma. It is a paramedic level service, providing emergency response to Midwest City, Del City, Choctaw, Nicoma Park, Luther, Spencer, Hickory Hills, Harrah, Jones, Newalla, Moore, Forest Park, and Southwest Lincoln County. The service area is approximately 240 square miles. Pafford EMS of Oklahoma – BWA~~

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2.3. Pafford Medical Services of Oklahoma – Del City

4. Samaritan EMS – Tinker AFB serving on Tinker Air Force Base.

5. SSM Health St. Anthony (Midwest City) - SSM Health St. Anthony (Midwest City) is the oldest and largest hospital-based ambulance service in Oklahoma. It is a paramedic level service, providing emergency response to Midwest City, Del City, Choctaw, Nicoma Park, Luther, Spencer, Hickory Hills, Harrah, Jones, Newalla, Moore, Forest Park, and Southwest Lincoln County. The service area is approximately 240 square miles.

6. SSM Health St. Anthony Hospital – Oklahoma City EMS

XII. TRAUMA REFERRAL CENTER (TReC)

The Trauma Transfer and Referral Centers were created by statute (Senate Bill 1554, 2004) and they were implemented on July 1, 2005. The purpose of TReC is to ensure that trauma patients transported or transferred to facilities in Region 7 or 8 are transported to the facility that provides the appropriate level of care based on the clinical needs of the patient. This should be done in a timely fashion with specific attention focused on preserving the highest level of care for major trauma patients. Contact information for TReC (Appendix B).

Statewide training sessions were held throughout June 2005 to orient all providers to the use of TReC.

Ambulances entering Region 8 are required to call into TReC prior to entering Region 8 in order to ensure appropriate destination. Likewise, hospitals may call TReC for assistance in identifying the appropriate destination for their trauma patients. TReC will provide information on resource utilization to the OSDH that will be available to the Region 8 RTAB for Quality Improvement purposes.

XIII. PROCEDURE FOR SELECTION OF HOSPITAL DESTINATION

It is recognized that some patients have needs that can only be met at specific destination hospitals. Thus, a trauma patient will often benefit from transfer directly to an appropriate hospital with the capabilities and capacity to provide definitive trauma care. This care may not necessarily be at the closest or patient preferred facility and this must be taken into account when treating the patient.

Rapid pre-hospital recognition and appropriate triage of trauma patients using the Oklahoma Model Trauma Triage and Transport Guidelines is essential in determining the appropriate selection of Priority I, II, and III trauma patient hospital destination (Appendix A).

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