

**Region 8 Trauma Rotation Committee
SPECIAL MEETING
Tuesday, June 15, 2021 – 5:30 p.m.**

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

The meeting notice was filed with the Oklahoma Secretary of State on May 14, 2021 at 8:56 a.m. and amended on May 18, 2021 at 2:21 p.m. The meeting notice/agenda was posted on the Oklahoma State Department of Health website for the Region 8 RTAB on June 14, 2021 at 4:16 p.m.

MINUTES

- I. Call To Order.....David W. Smith, MD, Chair
The meeting was called to order at 5:35 p.m. by Chair David W. Smith, MD.
- II. Roll Call.....David W. Smith, MD, Chair
Roll call was taken with the following members present: Dr. David W. Smith, Dr. Roxie Albrecht, Dr. Zachary M. Hurwitz, Dr. Thomas P. Lehman, and Dr. Ross Martin. Dr. John Nalagan arrived at 5:39 p.m. and Dr. Chad Borin, Dr. Eric Friedman, and Dr. Ryan Wicks were absent.
- III. Approval of Minutes – March 23, 2021.....David W. Smith, MD, Chair
A motion to approve the March 23, 2021 minutes as written was made by Dr. Roxie Albrecht and seconded by Dr. Thomas P. Lehman. There was no discussion and the motion passed 5-0.
- IV. Reports
 - A. EMSA Statistics Report.....David Howerton
David Howerton reviewed the EMSA Trauma Report that was included in the member packet and sent to attendees prior to the meeting. Mr. Howerton noted that transport numbers were low in January and February due to EMSA switching to a new EHR platform in January, COVID 19, and the February ice storm. March and April data showed transport numbers are beginning to return to normal and consistent with historical data with OU taking the majority of patients and the remainder transported to Mercy Hospital Oklahoma City, INTEGRIS Baptist Medical Center, INTEGRIS Southwest Medical Center, and SSM Health St. Anthony Hospital - Oklahoma City. Dr. David Smith noted that the data showed that INTEGRIS Baptist Medical Center played a bigger role in receiving Priority 2 and Priority 3 patients than before possibly due to removal of general surgery and orthopedics from the rotation. Mr. Howerton reminded members that there would possibly be a one to two year learning curve from the time of the rotation change for EMSA medics to implement the change.
 - B. Emergency Systems Report.....Jennifer Woodrow
Jennifer Woodrow announced staffing updates to include hiring of a new Trauma Systems Coordinator and two open epidemiologist positions. The Trauma Fund application deadline is June 30, 2021 at 5:00 p.m. for hospitals and July 15, 2021 at 5:00 p.m. for EMS agencies and physicians. Applications can be submitted via mail or by uploading through Box. Due to the move to the Oklahoma Commons, applications can no longer be dropped off at the Oklahoma State Department of Health. The Oklahoma Trauma and Emergency Response Advisory Council last met October 7, 2020. The June 2, 2021 meeting was cancelled due to quorum with the next meeting scheduled for July 21, 2021 at 1:00 pm at OSDH pending quorum. Ms. Woodrow provided a brief overview of the TReC data included in the members packets and emailed to attendees prior to the meeting. Dr. David Smith noted that the inter-facility transfers are consistent with the last TReC data presented approximately 20 months ago with no new trends identified.

V. Business

- A. Discussion, consideration, possible action and vote to approve proposed amendments to the Trauma Rotation On Call Schedule and Region 8 Trauma Plan for recommendation to the Region 8 RTAB.....David W. Smith, MD, Chair
- On Call Schedules for August 2021 through January 2020 have been drafted and approved by Chair Dr. David W. Smith with packets made available in the member packets and emailed to attendees prior to the meeting. Dr. Smith asked for any comments regarding the schedules with none received. Please follow directions on the bottom of the schedule for any scheduling questions or concerns. At the request of this committee, OSDH and RMRS reviewed current regional plans and worked together to draft clearer language for the Region 8 Trauma Plan regarding communication in the event an on call facility must go on divert. Dr. Smith noted that text messages from EMResource regarding who is on call for the day have changed and now provide additional information regarding what to do in the event of a disaster. Grace Pelley noted that the messages have changed to a shorter message due to previous messaging being too long with an attachment containing additional details available for download on EMResource. Ms. Pelley then reviewed the following proposed language noting that it does not change the current processes and only formalizes it for placement in the regional trauma plan.

g. (new) 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 system wide 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://arcq.is/Ob40X0> or QR Code*



Jennifer Woodrow noted that current regional Trauma Plans are now available on EMResource for review. A motion to approve the above proposed amendments for recommendation to the Region 8 RTAB was made by Dr. Roxie Albrecht and seconded by Dr. John Nalagan. There was no discussion and the motion passed 6-0.

- B. Discussion, consideration, possible action and vote to approve any recommendations to committee workgroups and/or needed scheduling or coverage changes regarding OMFS and Hand coverage.....David W. Smith, MD, Chair
- Dr. Smith asked members to identify any issues with current coverage with none identified.
- C. Discussion, consideration, possible action and vote to approve recommendations to the Region 8 RTAB regarding pediatric trauma age pending review of the pediatric survey results.....David W. Smith, MD, Chair
- Dr. David Smith reviewed discussion from the previous meeting. The pediatric survey was sent out with one response from OU Health and no responses from the remaining community hospitals received. Dr. Smith stated that there are differences regarding pediatric trauma age, specifically in the 17-year-old age range with current guidelines identifying 17 as an adult. Due to the lack of survey responses, Dr. Smith questioned the need to continue discussions in this committee and asked members to provide input regarding the need for further discussion. Members provided input regarding historical and current practices noting differences between surgeons, intensivist, hospitalists, and nursing staff. Members agreed that the system is currently working and no changes are needed.

- D. Discussion, consideration, possible action and vote to approve recommendations regarding the Trauma Rotation on Call Schedule pending review of the Neurosurgery Workgroup report.....David W. Smith, MD, Chair
The Neurosurgery Workgroup met on June 1, 2021 with neurosurgeons from all of the Priority 2 rotation facilities attending. Data reviewed at the meeting was presented by Dr. Smith and provided to members in the member packet. After review of the current data with comparison to previous data, the Neurosurgery Workgroup recommended keeping the existing call rotation for neurosurgery rather than transporting to closest most appropriate. The workgroup also discussed current pediatric trauma age guidelines and current practices and identified that, due to either facility or physician privileges and/or credentialing issues, 17-year-old neurosurgical patients would require transfer to OU Health. OU Health neurosurgeons in attendance stated that OU Health would be happy to accept and help serve these patients in the event the on call facility is unable to provide care due to age.
- E. Discussion, consideration, possible action and vote to approve possible recommendations regarding Priority 2 trauma patient follow-up requirements.....David W. Smith, MD, Chair
Dr. David Smith asked the committee for advice and discussion regarding what they feel should be the follow-up requirements for unassigned trauma patients for hand, face, and neurosurgery who are seen at an on call facility and then discharged from the emergency department without requiring admission. Currently, there is no State or legal requirements to provide follow-up care. All members agreed that there is an issue with the on call physicians not providing follow-up care for these patients after discharge noting insurance issues, patient's inability to pay, and oversight by office staff as reasons for refusal. Concern was voiced that on call physicians are becoming frustrated due to patients presenting at their facility upwards to three weeks after an injury making the injury more difficult to treat and, if the trend continues, on call coverage could be lost. Members identified that hospital administration could be utilized to assist in providing care for the uncompensated patients through financial review and approval and to assist with managing issues, providing guidance and effective communications between hospital administrations and physicians when issues are identified. In order to help address the issue, Dr. Albrecht previously developed a code of ethics for trauma which stated that, if a physician sees a patient in the emergency department, they are obligated to either see that patient in follow-up or personally arrange for follow-up with another physician who can manage that patient and who has the appropriate insurance coverage. Members agreed that if a physician sees a patient while on call, that physician is ethically obligated to provide follow up care or personally arrange for appropriate care for that patient. The decision was made to develop a code of ethics to be brought back to the next meeting for review and approval. Once approved, the code of ethics will then be sent to the Quality Improvement Committee to determine how to best incorporate into the quality improvement process.
- F. Discussion, consideration, possible action and vote to approve proposed special and regular meeting dates for 2021 and 2022.....David W. Smith, MD, Chair
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| 1. December 14, 2021 | 4. September 13, 2022 |
| 2. March 15, 2022 | 5. December 13, 2022 |
| 3. June 14, 2022 | |
- Dr. Smith presented the proposed special and regular meeting dates for 2021 and 2022 for discussion and consideration with all meetings to be held at the Oklahoma State Medical Association Board Room beginning at 5:30 p.m. In order to allow time to communicate information or recommendations back to the RTAB, these meetings were scheduled four weeks prior to Region 8 RTAB meetings. Members discussed possibly moving the December 14, 2021 date to the 1st week of December in order to allow participation in the RTAB Leadership Conference.

VI. New Business (For matters not reasonably anticipated 48 hours prior to the meeting)

David Howerton announced the Medical Control Board has developed a formal field amputation protocol and is also working on developing a whole blood protocol with OU Health to begin first on June 1st and EMSA to begin carrying a couple of units of blood in the next year. OSSSAC Chair Charlie Morgan is retiring in July. OU Health Trauma Grand Rounds are scheduled for July 8th covering whole blood usage and how it improves outcomes. Grace Pelley of OSDH asked members what information they would like to take back to the upcoming regional RTABs. Dr. Smith asked the following information be relayed:

- OU Health has agreed to accept pediatric patients in the event the on call facility is unable to accept due to age.
- The committee continues to review the hand, face, and neurosurgery call rotation as well as safety issues regarding age ranges. All involved are committed and serve with good intentions and collegiality is extended to all regions served.
- If there are concerns about an action or policy, getting the patient to the right place in the right amount of time, or if the rotation is a barrier for their patients getting care, the committee is open to hearing about it.

VII. Next Meeting

A. Region 8 Regional Trauma Advisory Board
July 13, 2021 – 1:00 p.m.

B. Region 8 Trauma Rotation Committee
September 14, 2021 – 5:30 p.m.

VIII. Closing, Adjournment, and Dismissal

A motion to adjourn was made Dr. Thomas P. Lehman and seconded by Dr. Roxie Albrecht. The meeting adjourned at 7:11 p.m.

Approved,



Dr. David Smith, Chair
Region 8 Trauma Rotation Committee
September 14, 2021