



Oklahoma State Department of Health  
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**Central (6) Regional Trauma Advisory Board**  
**INTEGRIS Cancer Institute**  
**5911 West Memorial Road**  
**Oklahoma City, OK 73142**  
**February 18<sup>th</sup>, 2020 – 1:00 pm**

## AGENDA

- I. Call to Order**
- II. Welcome and Introduction**
- III. Roll Call**
- IV. Approval of Minutes – November 19<sup>th</sup>, 2019**
- V. Reports/Updates**
  - A. Emergency Systems quarterly activity report
  - B. Oklahoma Trauma and Emergency Response Advisory Council report from previous meeting
  - C. Quality Improvement Committee quarterly activity report
  - D. Regional Planning Committee quarterly activity report
  - E. Region 8 Trauma Rotation Committee report from previous meeting
  - F. Regional Medical Response System quarterly activity report
  - G. EMS for Children Quarterly Activity Report
- VI. Business**
  - A. Update on number of Region 6 RTAB Annual Surveys received from members
  - B. Accept volunteers and recommendations for Quality Improvement Committee membership:
    1. Julia Day
    2. Mike Isaac
    3. Willis Snowden
  - C. Discussion, consideration, possible action, and vote to recommend to the Oklahoma State Stroke System Advisory Council amendments to the Rural EMS Stroke Triage Algorithm
  - D. Discussion, consideration, possible action, and vote to approve regional trauma system goals to include planning and implementation by January 2021
- VII. Presentation**
  - A. Process Improvement – Daniel Whipple, OSDH
- VIII. New Business**  
**(for matters not reasonably foreseen 48 hours prior to the meeting)**
- IX. Comments from the Board and General Members**

### Board of Health

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Commissioner of Health

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**X. Next Meetings**

- A. Oklahoma Trauma and Emergency Response Advisory Council  
Education and Training Committee  
Oklahoma State Department of Health  
February 20<sup>th</sup>, 2020 – 9:00 am
- B. Oklahoma Trauma and Emergency Response Advisory Council  
EMS Protocol Guidelines Committee  
Oklahoma State Department of Health  
February 26<sup>th</sup>, 2020 – 9:00 am
- C. Oklahoma Trauma and Emergency Response Advisory Council  
Regulations workgroup  
Oklahoma State Department of Health  
March 10<sup>th</sup>, 2020 – 9:00 am
- D. Oklahoma Trauma and Emergency Response Advisory Council  
Systems Improvement and Development workgroup  
Oklahoma State Department of Health  
March 11<sup>th</sup>, 2020 – 10:00 am
- E. Combined Region 6/8 Quality Improvement Committee  
Mercy Hospital I-35  
Edmond, OK 73013  
April 14<sup>th</sup>, 2020 – 1:00 pm
- F. Central (6) Regional Planning Committee  
Gordon Cooper Technology Center  
Shawnee, OK 74804  
May 19<sup>th</sup>, 2020 – 11:00 am
- G. Central (6) Regional Trauma Advisory Board  
Gordon Cooper Technology Center  
Shawnee, OK 74804  
May 19<sup>th</sup>, 2020 – 1:00 pm
- H. Oklahoma Trauma and Emergency Response Advisory Council  
Oklahoma State Department of Health  
1000 Northeast 10<sup>th</sup> Street  
Oklahoma City, OK 73117  
June 10<sup>th</sup>, 2020 – 1:00 pm

**XI. Adjournment**

Board of Health





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**Central (6) Regional Trauma Advisory Board**  
**El Reno Public Safety Center**  
**2707 Faith Avenue**  
**El Reno, OK 73036**  
**November 19<sup>th</sup>, 2019 – 1:00 pm**

## MINUTES

### I. Call to Order

The meeting was called to order by Vice-chair Eddie Sims at 1:00 pm.

### II. Welcome and Introduction

Ms. Laura Nzuonkwelle introduced herself as a member of the management team at Prague Community Hospital.

### III. Roll Call

Roll call was taken with all Board Members present except Purcell Municipal Hospital. Miller EMS – Cashion/.Crescent arrive at 1:06 pm. See the attached attendance roster for complete information.

### IV. Approval of Minutes – August 20<sup>th</sup>, 2019

A motion to approve the minutes as written was made by Dr. Steven Roberts and seconded by Chris Prutzman. There was no further discussion, and the motion passed 12-0.

### V. Reports/Updates

#### A. Emergency Systems Quarterly Activity Report

Mr. Daniel Whipple introduced three employees to the Board; Jamie Lee, our newest Quality and Survey Analyst, has been named as the point of contact for quality improvement issues in western Oklahoma and includes Region 6 and 8; Ms. Rashonda Hagar is our newest Administrative Assistant and will be working with the trauma system; and Mr. James Rose as our newest Statistical Research Specialist. Currently, there are still two vacancies in Emergency Systems that include an EMS Administrator and EMResource Coordinator positions.

Twenty winners of the Oklahoma Emergency Response System Stabilization and Improvement Revolving Fund (OERSSIRF) contract were provided a total of \$2.1 million dollars recently.

The Oklahoma EMS Information System (OKEMISIS) will transition from version 3.3.4 to 3.4 in the near future. There are a total of 51 updates, but most are background updates and will require little end-user work. Four elements will be added to better match National EMS Information System (NEMISIS) elements. As of January 1<sup>st</sup>, 2020, Internet Explorer will no longer be a supported web-browser for

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OKEMSIS. All other major browsers are still supported. Please contact Mr. Martin Lansdale for any questions or issues related to OKEMSIS.

For any questions related to the Trauma Registry, please contact Dr. Yang Wan.

Marva Williamson is the point of contact for the Trauma Care Assistance Revolving Fund, and there are two application deadlines approaching. The hospital application deadline is December 2<sup>nd</sup>, and the EMS and physician deadlines are December 16<sup>th</sup>.

B. Oklahoma Trauma and Emergency Response Advisory Council Update

Mr. Sims spoke of the activities at the last OTERAC meeting held October 2<sup>nd</sup>. In October, the Council discussed EMS and stretcher van proposed rules and approved them for the next step in the rule-making process, they formalized an agreement with the Oklahoma State Stroke System Advisory Council (OSSSAC) to act as a subject-matter expert work group to improve the stroke system of care, and they discussed the newest updates to the Good Samaritan law implementation. The OSDH Form 207 which covers employees with bloodborne pathogen exposure will be updated to contain a new option that will allow a non-employee to be treated and receive information regarding a possible bloodborne pathogen exposure.

C. Quality Improvement Committee Quarterly Activity Report

Ms. Jamie Lee stated that Box is being utilized to share case information for review as planned. The form used to refer cases for committee review has been updated. Those updates include an option to refer that have gone well and an option for the person submitting the form to remain anonymous.

D. Regional Planning Committee Quarterly Activity Report

Mr. Sims stated that the RPC planned to meet this morning, but quorum was not met. A reminder to complete the annual survey will be sent to those agencies that have not yet completed it.

E. Regional Medical Response System Quarterly Activity Report

Ms. Heather Yazdanipour stated that the Region 6 and 8 Healthcare Coalition is currently working on the pediatric patient surge annex as directed by the Assistant Secretary of Preparedness and Response (ASPR). The plan is being drafted by representatives from every hospital, EMS for Children, The Children's Center, and several pediatric home care agencies. The plan will be drafted in January and is hoped to be approved by the Healthcare Coalition in March so that it may be submitted to ASPR by June. The next plan annex will cover infectious disease, and participants will be needed to help draft that plan as well. Ms. Yazdanipour also noted that there is no meeting in December.

F. EMS for Children Quarterly Activity Report

No representative for EMS for Children was present today.

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**VI. Business**

- A. Discussion of “Diagnosing and Managing Pediatric Mild Traumatic Brain Injury” and possible vote to send to RPC for inclusion into regional planning

The Board did not feel that there was actionable information for this topic.

- B. Update on number of Region 6 RTAB Annual Surveys received from members

Mr. Sims covered this information during the RPC report.

- C. Vote to approve 2020 Board Member Rotation

Mr. Sims began the discussion of the 2020 Board Member rotation. Mr. Whipple explained that in the third quarter meeting, there were nine total proposed Board Members. Samaritan EMS – Stroud and Samaritan EMS – Yukon were both proposed Board Members, but the Samaritan EMS – Stroud license closed at the beginning of this month. This caused the region to have only eight proposed members, and the bylaws require a minimum of nine Board Members. Mr. Whipple stated that there have been two entities, INTEGRIS Canadian Valley Hospital and REACT EMS, that recently underwent leadership and representative changes that were removed from possible Board Membership due to having missed a meeting during the transition. Since the new representatives have been named, the attendance of each agency has been 100%. Mr. Sims stated that he believes the intent of the bylaws would allow those two agencies to serve as Board Members if the current Board choose.

A motion to accept the eight proposed Board Members and add INTEGRIS Canadian Valley Hospital and REACT EMS for the 2020 term was made by INTEGRIS Canadian Valley Hospital. The motion was seconded by Mercy Hospital Logan County. There was no further discussion, and the motion passed 12-0.

- D. 2020 Board Officer Elections

1. Chair – Jason Likens
2. Vice-chair – Eddie Sims
3. Secretary – Daniel King

- E. Vote to approve 2020 Board Meeting dates, times, and locations

1. February 18<sup>th</sup>, 2020 – 1:00 pm – INTEGRIS Canadian Valley Hospital
2. May 19<sup>th</sup>, 2020 – 1:00 pm – REACT EMS
3. August 18<sup>th</sup>, 2020 – 1:00 pm – Norman Regional
4. November 17<sup>th</sup>, 2020 – 1:00 pm – OU Edmond

- F. Vote to remove Raquel King from RPC and affirm remaining 2020 Committee membership

The Chair and Secretary, when nominated, represented Samaritan EMS – Stroud and Samaritan EMS – Yukon, respectively. During review of the bylaws, there is no prohibition against having two officers from one licensed entity. Mr. Whipple stated that the Board can elect the individuals for Chair and Secretary if it chooses. This will allow both representatives to serve the Board, but will allow only one vote among them.

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A motion to approve the officers as nominated; the 2020 meeting dates, times, and venues; remove Raquel King from RPC; and affirm the remaining Committee members was made by Richard Robinson and seconded by Dr. Steven Roberts. There was no further discussion, and the motion passed 12-0.

G. Accept volunteers and recommendations for Quality Improvement Committee membership:

1. Julia Day
2. Mike Isaac
3. Willis Snowden

There were no additional volunteers or recommendations for the Quality Improvement Committee.

H. Vote to approve proposed bylaw changes

Mr. Whipple reviewed the proposed bylaw changes which included language that would exempt rescheduled meetings from attendance requirements; removing duplicate language about meetings; allow e-mail as a means of notifying the Board of a proxy; deletion of the Treasurer position and its duties; allow new members to join the Quality Improvement Committee in a timelier manner; and require the RPC to review the bylaws annually.

A motion to accept the proposed bylaws was made by Christopher Prutzman and seconded by Dalton Bebout. There was no discussion, and the motion passed 12-0.

**VII. Presentation**

A. “Trauma System Toolbox” – Daniel Whipple, OSDH

Mr. Whipple reviewed the Oklahoma Trauma System to include its history and tools used to properly implement the system. He began by speaking about the Oklahoma Trauma System Improvement and Development Act passed in 2004. This law requires numerous items to include the creation of Regional Trauma Advisory Boards (RTABs), the requirement that each RTAB performs quality improvement activities, the creation of a trauma transfer and referral center, and an expansion of monies for the Trauma Care Assistance Revolving Fund. Mr. Whipple briefly discussed the current minimum requirements for each level of Oklahoma Trauma Center by classification level. He then spoke about the purpose of the RTAB and how that body is responsible for creating solutions for patient care within its regions, educating its providers about those solutions, and using quality improvement activities to verify that the regional plans are effective. He discussed the Triage, Transport, and Transfer (T-3) algorithm and how it assigns a Priority based upon physical exam findings and recommends a destination type that is appropriate for that patient to receive definitive care.

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Regional Trauma Plan utilizes a review of each region’s resources and, using the T-3 algorithm as its foundation, assign each trauma patient to an appropriate destination in an effort to reduce morbidity and mortality.

EMResource is the current statewide tool that should be used to communicate both pre-hospital and hospital resources to other healthcare providers throughout the state. Currently, EMResource provides contact information for hospitals and EMS agencies, near real-time updates regarding hospital specialties and air ambulance location services, and acts as a notification tool for matters that impact care of patients.

The Oklahoma Trauma Registry and Oklahoma EMS Information System (OKEMSIS) comprise the majority of the data systems used for trauma system review and improvement. The epidemiologists within the data team have used submitted data to produce numerous peer-reviewed articles to improve the care of trauma patients in Oklahoma and in systems similar to ours. Mr. Whipple then reviewed the inclusion and exclusion criteria for the trauma registry as well as the submission timelines for both registries.

The Trauma Care Assistance Revolving Fund was created in 1999 to serve as a means to provide funding to ambulance services and hospitals that cared for trauma patients whose services were uncompensated. Since its inception, physicians have been made eligible to receive monies from this revolving fund. While participation in the Trauma Care Assistance Revolving Fund is voluntary, eligibility is determined by a required task, data submission to the trauma registry.

Mr. Whipple provided an example of how the trauma system was designed to work and closed with the goal of those who participate within the trauma system: To get the right patient to the right place, receiving the right treatment in the right amount of time.

**VIII. New Business**  
**(for matters not reasonably foreseen at the time of posting the agenda)**

There was no new business.

**IX. Comments from the Board and General Members**

There were no comments from the Board or General Members.

**X. Next Meetings**

- A. Oklahoma Trauma and Emergency Response Advisory Council  
Regulations workgroup  
Oklahoma State Department of Health  
November 13<sup>th</sup>, 2019 – 9:00 am

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- B. Combined Region 6/8 Quality Improvement Committee  
OU Medicine – Nicholson Conference Center  
940 Northeast 13<sup>th</sup> Street  
Oklahoma City, OK 73104  
December 12<sup>th</sup>, 2019 – 1:00 pm
- C. Oklahoma Trauma and Emergency Response Advisory Council  
Systems Improvement and Development workgroup  
Oklahoma State Department of Health  
January 16<sup>th</sup>, 2020 – 10:00 am
- D. Oklahoma Trauma and Emergency Response Advisory Council  
Oklahoma State Department of Health  
1000 Northeast 10<sup>th</sup> Street  
Oklahoma City, OK 73117  
February 12<sup>th</sup>, 2020 – 1:00 pm
- E. Central (6) Regional Planning Committee  
INTEGRIS Canadian Valley Hospital  
1201 Health Center Parkway  
Yukon, OK 73099  
February 18<sup>th</sup>, 2020 – 11:00 am
- F. Central (6) Regional Trauma Advisory Board  
INTEGRIS Canadian Valley Hospital  
1201 Health Center Parkway  
Yukon, OK 73099  
February 18<sup>th</sup>, 2020 – 1:00 pm

**XI. Adjournment**

A motion to adjourn was made by Dalton Bebout and seconded by Richard Robinson. The meeting adjourned at 2:29 pm.

Approved

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Jason Likens, Chair  
Region 6 Regional Trauma Advisory Board  
February 18<sup>th</sup>, 2020

Board of Health



CENTRAL (6) REGIONAL TRAUMA ADVISORY BOARD  
2019 ATTENDANCE

Board Member	Representative	1Q	2Q	3Q	4Q	2019
<i>EMSSTAT</i>	Eddie Sims	X	X	X	X	100%
	Mike Combs					
<i>INTEGRIS Canadian Valley Hospital</i>	Elizabeth Lambert	X	X	X	X	100%
	Raquel King					
<i>McClain-Grady County EMS</i>	Robin Robinson	X	X	X	X	100%
	Donnie Neer					
<i>Mercy Hospital Logan County, Inc.</i>	Daniel Calvert	X		X	X	100%
	Robin Channel					
<i>Norman Regional</i>	Eddie Sims	X	X	X	X	100%
	Mike Combs					
<i>Prague Community Hospital</i>	Rachel Pritchett	A	X	X	X	75%
	Jennifer Messer					
<i>Purcell Municipal Hospital</i>	Celesa Green	X		X	A	66.7%
	Don Bassett					
<i>REACT EMS</i>	Willis Snowden	X	X	X	X	100%
	Galen Hankal					
<i>Samaritan EMS - Yukon</i>	Jason Likens	X	X	X	X	100%
	Chris Prutzman					
<i>SSM Health St. Anthony Hospital - Shawnee</i>	Rebecca Snowden	X		X	X	100%
<i>Stroud Regional Medical Center</i>	Julia Day	X	X	X	X	100%
	Dahna Abbey					
<i>Team Health</i>	Steven Roberts	A	X	X	X	75%
<i>Wadley's EMS, Inc</i>	Dalton Bebout	A		A	X	33.3%
	Kathleen Heck					
<i>Chandler Ambulance</i>	Billy Buchanan	X		X	X	100%
	Bobby Buchanan					
<i>CHG Cornerstone Hospital of Oklahoma - Shawnee</i>	Larissa Steelman-Trulson	A		A	A	0%
	Autumn Pulis					

General Member	Representative	1Q	2Q	3Q	4Q	2019
<i>EMSC</i>	Delores Welch		X	A	A	%
<i>Guthrie Fire EMS</i>	Eric Harlow	A		A	X	33.3%
	Blake Braden					
<i>J.D. McCarty Center for Children</i>	Michael Isaac	X	X	X	X	100%
	Suanne Livingston					
<i>MERC</i>		A	X	X	X	75%
<i>Miller EMS - Cashion/Crescent</i>	Jim Koch	X		X	X	100%
	Greg Smith					
<i>Noble Fire Department</i>	Steven Paul	X	X	X	X	100%
	Bob Hall					
<i>Pafford EMS of Oklahoma (El Reno)</i>				A	A	0%
<i>Samaritan EMS - Stroud</i>	Jason Likens	X	X	X		100%
	Chris Prutzman					



**TRAUMA FUND OCTOBER 2020 (Claims January 1, 2019 to June 30, 2019)**

**Projected Timelines and Activities (Updated 02 03 2020)**

The processes and/or timelines listed below are subject to change.  
Refer to the Application Notification Letter for final instructions and deadline dates.

**HOSPITALS**

January 24, 2020	Data Error Report and Transfer Feedback Report identifying incomplete Trauma Registry data submitted, available for all Trauma Registrars via Box. For inquiries, please email <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a> .
February 21, 2020	All incomplete/corrections in the Data Error Report must be submitted to the Trauma Registry by this deadline. (Incomplete cases are NOT eligible for Trauma Fund reimbursement.)
<p>↑                    ↑                    ↑</p> <p><b>- Above are MANDATORY TRAUMA REGISTRY ACTIVITIES -</b></p> <p>~~~~~</p> <p><b>- For interested providers only - TRAUMA FUND APPLICATION ACTIVITIES BEGINS -</b></p> <p>↓                    ↓                    ↓</p>	
March 16, 2020	Notification sent to Trauma Registrars from Emergency Systems with instructions for downloading your facility-specific Major Trauma Case List from A T & T BOX.  The MAJOR TRAUMA CASE LIST identifies clinically qualified major trauma cases as reported to the Trauma Registry. It is the responsibility of Trauma Registrars to review this in order to confirm/refute the List. Detailed instructions are provided by email.
April 3, 2020	5:00 PM: Deadline to respond to OSDH Emergency Systems office for Major Trauma Case List.  No changes to the Major Trauma Case List are allowed after this deadline. Any cases with data errors that were not corrected are not eligible for reimbursement. However, <u>it is still the Registrar's responsibility to complete the corrections as required for your Hospital's licensure.</u>
April 14, 2020	Notification Letter with instructions mailed from OSDH to Hospital Administrator. <i>Trauma Registrars will receive a copy of the letter with additional instructions by email.</i>
June 1, 2020*	<b><u>DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see Checklist for Submission</u></b>
October 2020	Anticipated date for distribution of reimbursement checks to eligible providers – <i>Installments 1 through 6.</i>

\*May 30 occurs on a weekend.

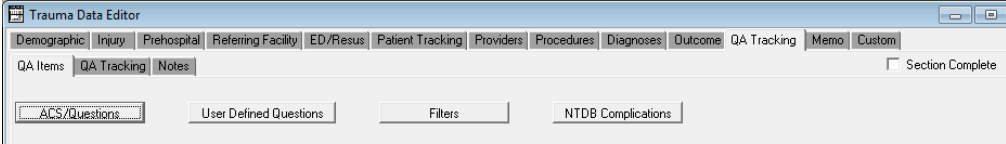
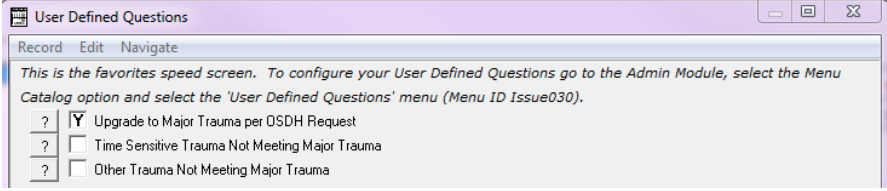
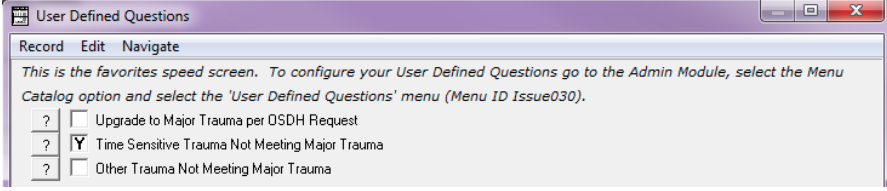
**EMS PROVIDERS**

April 14, 2020	Notification Letter and instructions from OSDH to EMS Director, along with a listing of cases that potentially meet "Trauma Fund – EMS Criteria" as submitted to OKEMSIS by the EMS provider. All EMS cases must be entered into OKEMSIS in accordance with OAC 310: 641-3-160.
June 15, 2020	<b><u>DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see Checklist for Submission.</u></b>
October 2020	Anticipated date for distribution of reimbursement checks to eligible providers – <i>Installments 1 through 6.</i>

**PHYSICIANS**

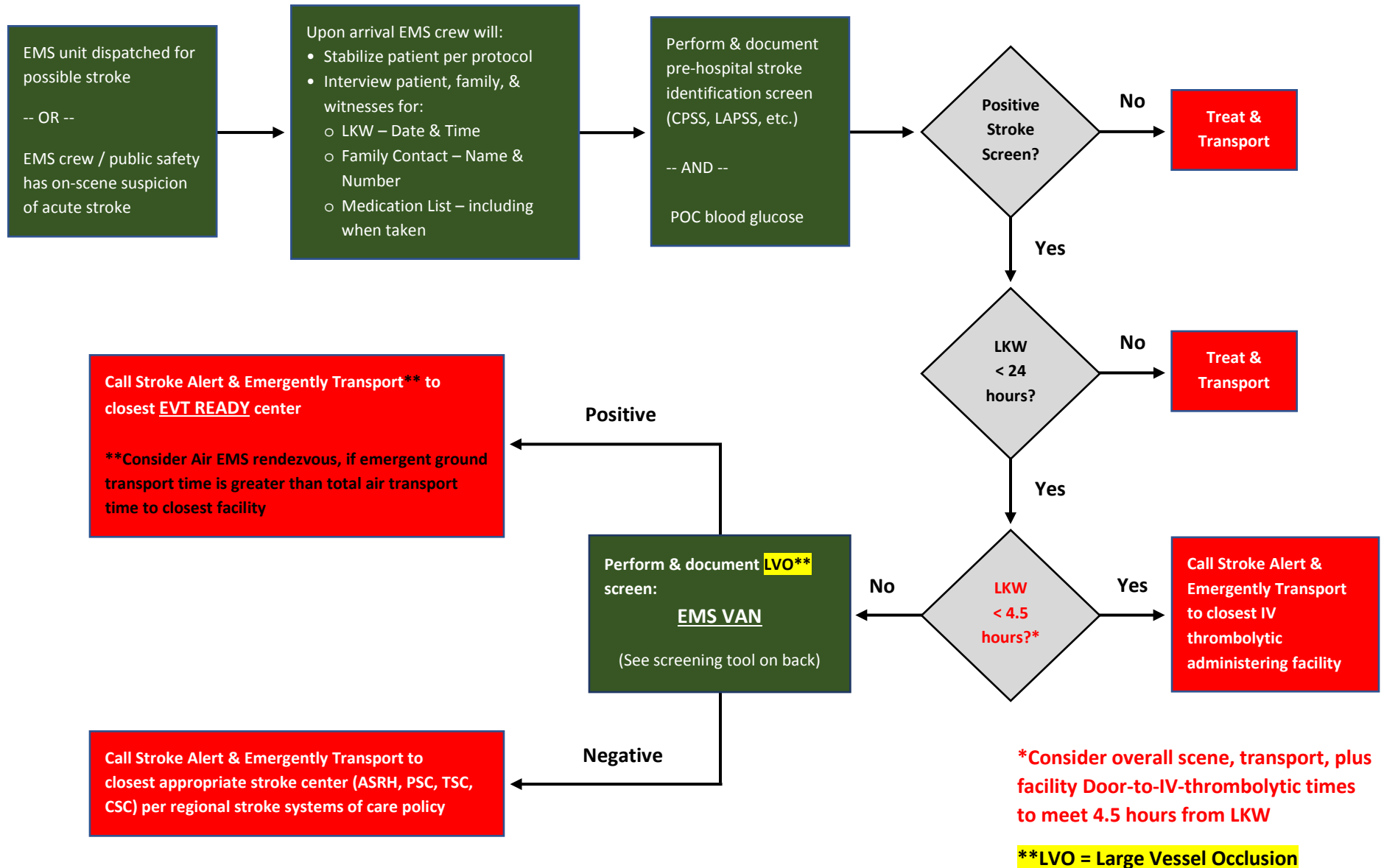
April 14, 2020	Notification Letter with instructions available on the Trauma Fund webpage for download.
June 15, 2020	<b><u>DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see Checklist for Submission</u></b>
October 2020	Anticipated date for distribution of reimbursement checks to eligible providers.

## TRAUMA FUND UPDATE (Updated 02 03 2020)

Subject	Updates on current issues								
Distributions	<p><b>2019 October</b> (Claims January 1, 2018 to June 30 2018)</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">Monthly Fund disbursement: <b>Beginning October 2019 through March 2020</b></td> <td></td> </tr> <tr> <td>Installment 1: January 2020</td> <td>Installment 4: February 2020</td> </tr> <tr> <td>Installment 2: January 2020</td> <td>Installment 5:</td> </tr> <tr> <td>Installment 3: January 2020</td> <td>Installment 6:</td> </tr> </table> <p>Eligible recipients should receive notification of electronic fund transfer (EFT). Recipient payment listing is available for download from <a href="http://www.ok.gov/health/Protective_Health/Emergency_Systems/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Reports/index.html">http://www.ok.gov/health/Protective Health/Emergency Systems/Trauma Division/Trauma_Care_Assistance_Revolving_Fund/Reports/index.html</a></p>	Monthly Fund disbursement: <b>Beginning October 2019 through March 2020</b>		Installment 1: January 2020	Installment 4: February 2020	Installment 2: January 2020	Installment 5:	Installment 3: January 2020	Installment 6:
	Monthly Fund disbursement: <b>Beginning October 2019 through March 2020</b>								
Installment 1: January 2020	Installment 4: February 2020								
Installment 2: January 2020	Installment 5:								
Installment 3: January 2020	Installment 6:								
<p><b>2020 April</b> (Claims July 1 2018 to December 31, 2018))</p> <p>The application period for Hospitals closed on December 2, 2019 with EMS &amp; Physicians closing on December 16. Completed applications are now processing for payment.</p>									
	<p><b>2020 October</b> (Claims January 1, 2019 to June 30, 2019)</p> <p><b>Trauma Fund Webinars:</b> are scheduled on the following dates: April 15 -Hospitals; April 22- EMS; and April 29- Physicians Groups. Application period for Hospitals closes on Monday, June 1, 2020 @ 5:00 pm, with EMS &amp; Physician Groups closing on Monday, June 15, 2020 at 5:00 pm.</p> <p>The two sets of deadlines to submit your completed application package for Trauma Fund reimbursement are set on the same dates every year: (Weekend or holiday deadline dates are moved to the following Monday at 5:00 pm).</p>								
1. OSDH Points of Contact	<ul style="list-style-type: none"> <li>• <b>TRAUMA FUND</b> = Marva Williamson, Trauma Fund Coordinator, <a href="mailto:marvaw@health.ok.gov">marvaw@health.ok.gov</a>; Linda Dockery, <a href="mailto:lindald@health.ok.gov">lindald@health.ok.gov</a></li> <li>• <b>TRAUMA REGISTRY</b> = Yang Wan, Ph.D., <a href="mailto:YangW@health.ok.gov">YangW@health.ok.gov</a>; <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a></li> <li>• <b>OKEMISIS (EMS Database)</b> = Martin Lansdale, <a href="mailto:martini@health.ok.gov">martini@health.ok.gov</a>; Xana Howard, <a href="mailto:xanah@health.ok.gov">xanah@health.ok.gov</a></li> </ul>								
2. TIME SENSITIVE CASES REPORTING in Trauma Registry (CollectorV5)	<p>An email is sent to all Registrars in early September (or March) of each year to provide guidance to locate the checkboxes for "Upgrade to Major Trauma" and "Time Sensitive Cases". To be considered for reimbursement, all major cases and time-sensitive cases must be clearly marked:</p> <ol style="list-style-type: none"> <li>1) QA Tracking/User Defined Questions           <div style="border: 1px solid gray; padding: 5px; margin: 5px 0;">  </div> </li> <li>2) Check Yes(Y) if Upgrade to Major Trauma per OSDH Request; or           <div style="border: 1px solid gray; padding: 5px; margin: 5px 0;">  </div> </li> <li>3) Check Yes(Y) if Time Sensitive Not Meeting Major Trauma           <div style="border: 1px solid gray; padding: 5px; margin: 5px 0;">  </div> </li> </ol>								
3. EFT PAYMENTS	<p>HB 1086 (2011) requires Oklahoma state agencies to disburse payments electronically. Providers are encouraged to provide information that would allow for EFT (Electronic Fund Transfer). If you are still receiving paper checks, please send an email to <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a> . Additional information and instructions will be provided. If you have changes to your business name, address, or Tax ID, you must submit a Vendor Payee form to receive payment. Email completed forms to <a href="mailto:esystems@health.ok.gov">esystems@health.ok.gov</a>.</p>								



## SEVERITY-BASED STROKE TRIAGE GUIDELINE ALGORITHM FOR RURAL EMS



OSSCAR Created: 10/2020; OSSSAC Approved: \_\_\_\_\_

References: Powers, W. J., et al. (2019). Guidelines for the Early Management of Patients With Acute Ischemic Stroke: 2019 Update to the 2018 Guidelines for the Early Management of Acute Ischemic Stroke: A Guideline for Healthcare Professionals From the American Heart Association/American Stroke Association. Retrieved from <https://www.ahajournals.org/doi/10.1161/STR.0000000000000211>  
Teleb, M. (2016). Learn VAN. Retrieved from <https://www.strokevan.com/learn-van/>

**EMS VAN: Acute Stroke Screening Tool**  
(for Large Vessel Occlusions)

**Is ARM weakness present?**

- Yes**    **Continue the VAN exam.**
- No**     **Patient is VAN negative. Stop VAN exam.**

	Yes	No
<b>Visual Disturbance?</b>		
<b>Aphasia?</b>		
<b>Neglect?</b>		

If patient has **any degree of weakness PLUS any 1** of the below:

- V**isual Disturbance - (Assess field cut by testing both sides, 2 fingers right, 1 left)
- A**phasia - (Inability to speak or understand. Repeat and name 2 objects, close eyes, make fist)
- N**eglect - (Forced gaze to one side or ignoring one side, touching both sides)

This is likely a large artery clot (cortical symptoms) = **VAN Positive**



**Process Improvement**

January 2020

OKLAHOMA STATE DEPARTMENT OF HEALTH

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**Getting the right patient to the right place,  
receiving the right treatment in the right amount  
of time...**



**Right Patient**  
Patient Priority

**Right Place with the  
Right Treatment**  
Hospital Resources

**Right Amount of Time**  
Time and Distance

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Overview

- Lean processes
- Six Sigma methodology
- Where do we go from here?

OKLAHOMA STATE DEPARTMENT OF HEALTH | CREATING A STATE OF HEALTH 11

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Lean

- Eliminates or reduces waste
- Improves process flow

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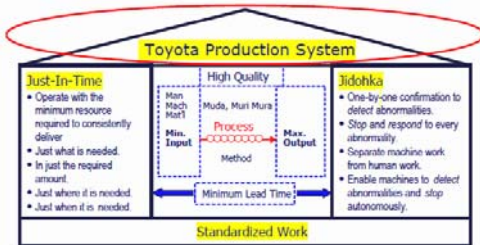
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Lean




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Five principles of Lean

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Five principles of Lean

- 1. Define value (expectation) from the customer perspective

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Non-value added items

Does each process step add or detract value?

- Value-adding steps is any activity that transforms a product to meet the customer’s needs
- Non-value added steps add time or cost without adding value to the customer

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Five principles of Lean

- 2. Identify the value stream and eliminate waste
  - a. Examples of where waste can occur:

Talent	Inventory
Motion	Waiting
Transportation	Defects
Overproduction	Over processing

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Five principles of Lean

3. Make value flow at the pull of the customer



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Five principles of Lean

4. Involve and empower employees

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Five principles of Lean

5. Create a continuous improvement culture



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How does BMW paint its cars?



[BMW Paint Process](#)

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Six Sigma

- Eliminates or reduces variation
- Improves capability

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Six Sigma Process Improvement – DMAIC

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DMAIC

- Define the issue

 OKLAHOMA STATE DEPARTMENT OF HEALTH | CREATING A STATE OF HEALTH 24

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DMAIC

- Define the issue
- Measure the current state

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DMAIC

- Define the issue
- Measure the current state
- Analyze and identify improvement opportunities

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DMAIC

- Define the issue
- Measure the current state
- Analyze and identify improvement opportunities
- Improve by implementing the best opportunities

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DMAIC

- Define the issue
- Measure the current state
- Analyze and identify improvement opportunities
- Improve by implementing the best opportunities
- Control and monitor the new process

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Review

- Lean processes
- Six Sigma methodology
- Where do we go from here?

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How do we apply this knowledge?

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### A (Brief) Overview of the Oklahoma Trauma Process

Injury occurs:

911 is contacted	Patient arrives at ED
Request processed	Triage
Ambulance dispatched	Assessment by nursing staff
Ambulance crew triages patient	Assessment by provider
Destination determination	Diagnostics ordered
Patient transported to destination	Results reviewed
	Disposition decision

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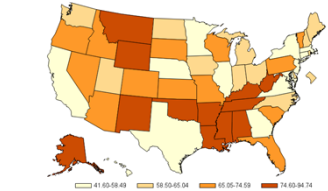
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2008-2014, United States  
Death Rates per 100,000 Population  
All Injury, All Events, All Causes, All Countries, Both Sexes, All Ages  
Annualized Crude Rate for United States: 62.06



Reports for All Ages include those of unknown age.  
\*Data for Alaska and Hawaii may be unreliable. States with lower rates are cross-hatched in the map (see legend above). Such rates have an asterisk.  
Prepared by: The Statistics Program and Research Branch, National Center for Injury Prevention & Control, CDC  
Data Source: NCHS National Vital Statistics System, for numbers of deaths; ED Census Bureau for population estimates.

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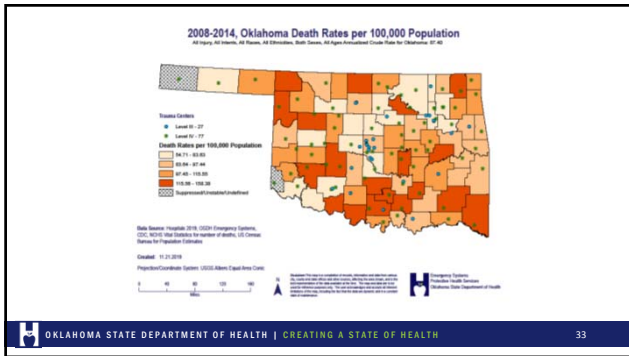
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Define the problem:

- Priority 1 Trauma patients are being transported to inappropriate facilities
- Priority 1 Trauma patients have too great a length of stay at sending hospitals

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**Measure – Regional OKEMSIS numbers**  
 January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018 as reported on November 25<sup>th</sup>, 2019

Region	Number of Priority 1 patients originating in region	Number of total P-1 patients transported to an in-region Level III or IV	Number of patients needed to reduce by 3%
6	211	47 (22.27%)	1.41
Statewide	2,737	1,077 (39.34%)	35.58

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### Measure – Regional Trauma Registry data\*

January 1<sup>st</sup>, 2018 – December 31<sup>st</sup>, 2018 as reported on December 18<sup>th</sup>, 2019

Region	Number of transferred patients with ISS $\geq$ 16 by region	Average Length of Stay at the initial facility in minutes	Number of minutes needed to reduce by 3%
6	57	183	5.49
Statewide	609	177	5.31

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Analyze and identify improvement opportunities:



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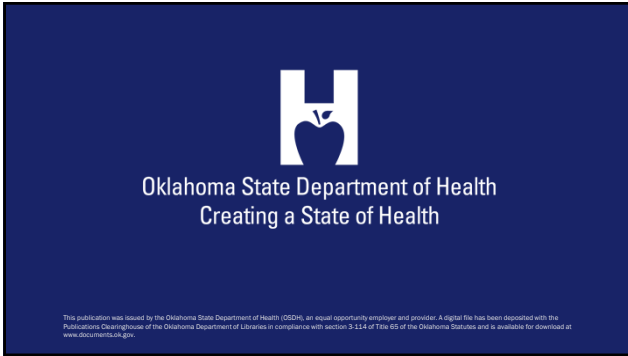
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Oklahoma State Department of Health  
 Creating a State of Health

## OKLAHOMA TRAUMA SYSTEM QUALITY IMPROVEMENT PROCESS REFERRAL FORM

**Please complete this form and attach related records.**

<b>Reporting individual contact information</b>		<input type="checkbox"/> <b>I wish to remain anonymous</b>
<i>Date</i>		
<i>Full name and title</i>		
<i>Organization</i>		
<i>Telephone number</i>		
<i>Email address</i>		

<b>Patient information for review</b>	
<i>Date of incident</i>	
<i>Name of patient</i>	
<i>Patient date of birth</i>	
<i>Your medical record#</i>	
<i>Name of any other involved agency/facility</i>	

<b>Reason for requesting review:</b> <i>(Check all applicable boxes and include a brief narrative)</i>
<input type="checkbox"/> <i>Good Job!</i>
<input type="checkbox"/> <i>Incorrect application of the Trauma Triage, Transport, and Transport Algorithm</i>
<input type="checkbox"/> <i>Deviation from Regional Trauma Plan</i>
<input type="checkbox"/> <i>Delay in care</i>
<input type="checkbox"/> <i>Communication problems</i>
<input type="checkbox"/> <i>Refusal</i>
<input type="checkbox"/> <i>Other( please specify)</i>
Additional information:

Mail, fax, or email to:  
 OKLAHOMA STATE DEPT OF HEALTH  
 EMERGENCY SYSTEMS: Attn. CQI  
 1000 NE 10<sup>TH</sup> STREET OKLAHOMA CITY, OK 73117-1299  
 Phone: (405) 271-4027 Fax (405) 271-1045  
 Email: [esystems@health.ok.gov](mailto:esystems@health.ok.gov)



**REGIONAL TRAUMA ADVISORY BOARD**  
**Authorized Representative Form**

DATE: \_\_\_\_\_

- NEW APPOINTMENT  
 UPDATED APPOINTMENT

TRAUMA REGION:

- |                                   |  |                                      |
|-----------------------------------|--|--------------------------------------|
| <input type="checkbox"/> NW REG-1 | <input type="checkbox"/> EC REG-4      | <input type="checkbox"/> TULSA REG-7 |
| <input type="checkbox"/> NE REG-2 | <input type="checkbox"/> SE REG-5      | <input type="checkbox"/> OKC REG-8   |
| <input type="checkbox"/> SW REG-3 | <input type="checkbox"/> CENTRAL REG-6 |                                      |

ORGANIZATION NAME: \_\_\_\_\_

INDIVIDUAL AUTHORIZING APPOINTMENT OF RTAB REPRESENTATIVES:

Name: \_\_\_\_\_

Job Title:  Hosp Admin. /or \_\_\_\_\_  EMS Director /or \_\_\_\_\_

Signature: \_\_\_\_\_

DESIGNATED REPRESENTATIVE: (please print legibly)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

ALTERNATE REPRESENTATIVE: (please print legibly)

Name: \_\_\_\_\_

Job Title: \_\_\_\_\_

Email: \_\_\_\_\_

Telephone: \_\_\_\_\_

Facsimile: \_\_\_\_\_

\*\*\* Please fax to the Emergency Systems at (405) 271-4240\*\*\* Update Annually\*\*\*

Office Use Only:	
___ Distribution List	___ Attendance Roster
___ Sign in Form	___ Vote Call Form
(If new facility/agency – update rotation – trauma plans)	