

Region 8 Trauma Rotation Committee REGULAR MEETING

Tuesday, December 6, 2022 – 5:30 p.m.

Location of Meeting: Oklahoma County Medical Society • 313 Northeast
50th Street • Oklahoma City, Oklahoma 73105

Minutes

- I. Dr. David W. Smith, MD, Chair, called the meeting to order at 5:35 p.m.
- II. Roll Call was taken. Attendance was recorded as follows:

Present at Roll Call	Absent at Roll Call
Dr. David W. Smith	Dr. Chad Borin
Dr. Roxie Albrecht	Dr. Eric Friedman
Dr. Zachary M. Hurwitz	Dr. Thomas Lehman
Dr. John Nalagan	Dr. Ross Martin
Dr. Ryan Wicks	

Dr. Martin arrived after roll call was taken.

- III. Dr. Nalagan moved to approve June 14, 2022 meeting minutes with a date correction to change the meeting date from March 29, 2021 to March 21, 2022 and Dr. Wicks seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dr. David W. Smith		
Dr. Roxie Albrecht		
Dr. Zachary M. Hurwitz		
Dr. John Nalagan		
Dr. Ryan Wicks		
Dr. Ross Martin		

Dr. Hurwitz moved to approve July 21, 2022 meeting minutes and Dr. Nalagan seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dr. David W. Smith		
Dr. Roxie Albrecht		
Dr. Zachary M. Hurwitz		
Dr. John Nalagan		
Dr. Ryan Wicks		
Dr. Ross Martin		

IV. Reports

- A. Zachary Sinsheimer reports the data was taken from September, October, and November. The data shows the number of patients EMSA Western Division transported as defined by Oklahoma Trauma Triage categories. Top 10 primary patient impressions were provided, and number one was head injury. Destinations were filtered by trauma triage category. The Priority I trauma's that were transported to INTEGRIS Baptist Medical Center were primarily burn patients. There are patients that were transported to Oklahoma Heart Hospital with signs of cardiac events causing the accident. Priority I and II face patients account for 14 to 16 patients per month if accounting for priority III it is up to 50 to 60 patients. Priority I and II hand patients account to 8 to 12 patients per month if accounting for priority III brings totals to around 30 per month. The usage of lights and sirens from scene to hospital data was presented. OU Health received most of the trauma patients followed by Mercy and INTEGRIS Southwest Medical Center. Chief complaint and anatomical location as provided by the pre-hospital provider data was presented. The presented data assists with identifying primary impressions such as neuro, general global, abdomen for specialty needs. Primary and secondary impressions must be documented as defined by Oklahoma trauma triage categories. SSM Midwest EMS have agreed to provide transport data at future meetings. EMSA is working with Pafford and awaiting data commitment from them.
- B. Jessie Leslie was not available to present TReC – Hand, Face, and Neuro Transfer Statistics Report. Dr. Smith provided an overview of the data. The data was from 2021 and 2022. Compared with EMSA data, trends showed to be consistent. Multi-system and single-system transfers are identified and helps hospitals understand the obligations by using historical data.

V. Business

- A. OU Health reported their ability to take patients on a 24/7 basis for hand, face, and neurosurgery to improve our access to trauma community resources. OU Health has requested the continuance with a call rotation with St Anthony's, INTEGRIS, and Mercy for hand call coverage. Dr. Smith proposed a question to Mercy, St Anthony's, and INTEGRIS for feedback on the idea of a separate but equal call rotation in addition to OU Health resources with a commitment of 33% of call rotation days. The proposed question will allow redundant resources. A second question was proposed of not having a posted call rotation schedule and updating EMResource to show scarce resources for St Anthony's, INTEGRIS, and Mercy for each day. Dr. Nalagan from Mercy could not provide an answer to the questions without consulting hospital administration. St Anthony's could not commit and is worried they would have "holes" in their schedule if agreeing on 33% of days. It was the consensus of the members that there is interest in maintaining a redundant call rotation schedule for Neurosurgery but further discussions at future meetings would be needed to confirm commitment of call rotation days. The question of maintaining a redundant face call rotation was proposed for coverage of 50% of days. It was the consensus of present members that there is interest in maintaining a redundant call rotation schedule for face but further discussions at future meetings would be needed to confirm commitment of call rotation days. OU Health has requested that they continue to be part of the hand call rotation. Mercy, INTEGRIS, and St Anthony's showed support of maintaining the face call rotation schedule. Dr. Smith proposed to add hand call language into the call rotation contract. Further discussion, consideration, possible action, and vote will be tabled until the next meeting.
- B. Dr. Smith requested a motion to approve the language and the continuance of a community wide call rotation for hand. Dr. Albrecht moved to approve the continuance of the community wide call rotation for hand Dr. Wicks seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dr. David W. Smith		
Dr. Roxie Albrecht		
Dr. Zachary M. Hurwitz		
Dr. John Nalagan		
Dr. Ryan Wicks		
Dr. Ross Martin		

- C. Dr. Smith requested a motion to approve hand call rotation schedule provided in the packet handouts. Dr. Nalagan made the motion to approve the provided hand call rotation schedule for February 2023 through July 2023 and Dr. Martin seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dr. David W. Smith		
Dr. Roxie Albrecht		
Dr. Zachary M. Hurwitz		
Dr. John Nalagan		
Dr. Ryan Wicks		
Dr. Ross Martin		

- D. Dr. Nalagan made a motion to approve the 2023 proposed meeting dates and Dr. Wicks seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dr. David W. Smith		
Dr. Roxie Albrecht		
Dr. Zachary M. Hurwitz		
Dr. John Nalagan		
Dr. Ryan Wicks		
Dr. Ross Martin		

VI. New Business (For matters not reasonably anticipated 24 hours prior to the meeting)

Dr. Smith started discussion on reviewing language included in the OMD/EMSA mobile application for pre-hospital protocols that address priority of patients and their destinations. The second proposal language for patient priority definitions and destinations to be reviewed was taken from the Region 8 RTAB trauma language. Dr. Smith reminded members of the patient priority and hospital level definitions obtained from both document and the differences between the two. Dr. Smith suggested a language change to show hand call rotation destinations and that Region 8 RTAB be advised of the trauma rotation language for hand call. Dr. Smith requested "D" be edited to show hand only and remove face and neuro language. Dr. Smith recommended changes to the diversion language and suggested language for pre-hospital calls be transported to the next closest, most appropriate facility. David Howerton from OMD noted pre-hospital divert belongs to the medical director of the transporting EMS system and suggested this committee prepare language and submit to EMS medical direction for approval. Dr. Smith recommend the suggestions be forwarded to the Region 8 Regional Planning committee. Dr. Smith reminded members of providing plans to EMResource and posting call rotation schedules for scarce resources. Dr. Smith drafted a proposed agreement that would show scarce resources provided by participating hospitals for each day. This agreement and postings would allow the public and EMS agencies to know what scarce resources are available daily. Mercy, St Anthony's, and INTEGRIS indicated that monthly scarce resource availability could be possible. Language changes located on the trauma rotation schedule was suggested by Dr. Smith to include:

- Eliminating item "A".
- Item "B" would have no reference to hand coverage, only face and neurosurgery.
- Language added to advise notification to Alison Fink of face and neurosurgery coverage for each month.
- Call rotation references would be removed and replaced with scarce resource availability lists.

David Howerton expressed concerns about using EMResource as the only tool for specialty availability, stating paramedics can't look at a computer each time a transport is required. Dr. Smith called for a vote to approve. Chris Dew from OSDH advised this item was not included in the agenda or a vote to approve. Dr. Smith disagreed and believed this is aligned with the call schedule changes and instead of listing this as a true call schedule, amend language that would show scarce resource availability. Dr. Smith was advised by Nena West that the agenda item was for vote to approve call schedules and not language changes.

Dr. Smith stated this is not a “stretch” and no misinterpretation of informing the public or non-present board members could be misunderstood as it relates to call schedules. Dr. Smith stated existing language is already part of and located on the bottom of the agreed upon call rotation schedule postings. The proposed language changes would replace existing language of the approved call rotation schedule. Dr. Smith stated the motion would be covered under item “B” and/or “C” of the agenda. Dr. Smith called for a vote and advised the State could negate and/or strike the vote if found in violation. Dr. Smith called for a vote to approve the scarce resource language and hospitals to notify Alison Fink of face and neurosurgery resource availability prior to the month starting. Dr. Wicks made the motion to approve and Dr. Nalagan seconded. The motion carried as follows.

Ayes	Nays	Abstain
Dr. David W. Smith		
Dr. Roxie Albrecht		
Dr. Zachary M. Hurwitz		
Dr. John Nalagan		
Dr. Ryan Wicks		
Dr. Ross Martin		

VII. Next Meeting

- A. Region 8 Regional Trauma Advisory Board
January 10, 2023 – 1:00 p.m.
- B. Region 8 Trauma Rotation Committee
March 14, 2023 – 5:30 p.m.

VIII. The meeting adjourned at 6:57 p.m.