Oklahoma State Department of Health
Creating a State of Health

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

AGENDA

I. Call to Order

II. Welcome and Introduction

III. Roll Call

IV. Approval of Minutes – August 20th, 2019

V. Reports/Updates
- A. Emergency Systems Quarterly Activity Report
- B. Oklahoma Trauma and Emergency Response Advisory Council Update
- C. Quality Improvement Committee Quarterly Activity Report
- D. Regional Planning Committee Quarterly Activity Report
- E. Regional Medical Response System Quarterly Activity Report
- F. EMS for Children Quarterly Activity Report

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
- B. Update on number of Region 6 RTAB Annual Surveys received from members
- C. Vote to approve 2020 Board Member Rotation
- 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 18th, 2020 – 1:00 pm – INTEGRIS Canadian Valley Hospital
  2. May 19th, 2020 – 1:00 pm – REACT EMS
  3. August 18th, 2020 – 1:00 pm – Norman Regional
  4. November 17th, 2020 – 1:00 pm – OU Edmond
- F. Vote to remove Raquel King from RPC and affirm remaining 2020 Committee membership
- G. Accept volunteers and recommendations for Quality Improvement Committee membership:
  1. Julia Day
  2. Mike Isaac
  3. Willis Snowden
- H. Vote to approve proposed bylaw changes

VII. Presentation
- A. "Trauma System Toolbox" – Daniel Whipple, OSDH

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

IX. Comments from the Board and General Members

X. Next Meetings

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

B. Combined Region 6/8 Quality Improvement Committee
OU Medicine – Nicholson Conference Center
940 Northeast 13th Street
Oklahoma City, OK 73104
December 12th, 2019 – 1:00 pm

C. Oklahoma Trauma and Emergency Response Advisory Council
Systems Improvement and Development workgroup
Oklahoma State Department of Health
January 16th, 2020 – 10:00 am

D. Oklahoma Trauma and Emergency Response Advisory Council
Oklahoma State Department of Health
1000 Northeast 10th Street
Oklahoma City, OK 73117
February 12th, 2020 – 1:00 pm

E. Central (6) Regional Planning Committee
INTEGRIS Canadian Valley Hospital
1201 Health Center Parkway
Yukon, OK 73099
February 18th, 2020 – 11:00 am

F. Central (6) Regional Trauma Advisory Board
INTEGRIS Canadian Valley Hospital
1201 Health Center Parkway
Yukon, OK 73099
February 18th, 2020 – 1:00 pm

XI. Adjournment

CENTRAL REGIONAL TRAUMA ADVISORY BOARD
BYLAWS

Counties: Canadian, Cleveland, Lincoln, Logan, McClain, Pottawatomie

NAME AND GEOGRAPHIC DESCRIPTION

Section 1. Name:
Central Regional Trauma Advisory Board

Section 2. Geographic description:
Canadian, Cleveland, Lincoln, Logan, McClain, Pottawatomie.

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 in the right amount of time.

PURPOSE

Section 1. The purpose of the Regional Trauma Advisory Board (RTAB) is to assist the Oklahoma Trauma and Emergency Response Advisory Council (OTERAC), the Oklahoma State Department of Health (OSDH) with the development and implementation of a formal trauma care system regionally and statewide.

Section 2. The Regional Trauma Advisory Board shall be empowered but not limited to:

a. Assessing the current resources and needs within the region respective to Emergency Medical Services (EMS), acute care facilities, rehabilitation facilities, communication systems, human resources, professional education, public education and advocacy
b. Organizing regional human resources into coalitions and/or alliances, which will be proactive in trauma systems development.
c. Development of Regional Trauma System Development Plan.
d. Development and implementation of Regional Trauma Quality Improvement program.
e. Providing public information and education programs regarding the need for a formal trauma care system.
f. Providing region—specific input to the OTERAC and Oklahoma State Department of Health concerning trauma care issues.
g. Establishing and coordinating regional planning and networking activities with the Oklahoma City Region.

INITIAL STRUCTURE

The Commissioner of Health shall appoint the first chair of the board who will serve for the first year. This chair will work with the other providers identified for the initial membership rotation to identify the other individuals who will serve the first year.

Approved OTERAC: 01/13/2005
RTAB Revisions: 05/18/2010; 08/17/2010; 06/26/2013; 08/18/2015; 05/17/2016; 05/21/2019

CENTRAL REGIONAL TRAUMA ADVISORY BOARD
BYLAWS

Counties: Canadian, Cleveland, Lincoln, Logan, McClain, Pottawatomie

GENERAL MEMBERSHIP

General Membership is composed of representatives from all of the organizations that regularly service the region as well as other interested individuals. This may include:

a. Hospital
   - Non-acute care hospitals will serve as general members.
   - Any new acute care hospital will serve as general member initially until a rotation is established and approved by the board.

b. EMS
   - When not serving as a board member, member organization will serve as general member.
   - A new organization will serve as general member during the initial year of licensure and be placed into the upcoming board member rotation schedule.

c. A representative of the Emergency Medical Services for Children (EMSC)
d. A representative of the Medical Emergency Response Center (MERC)
e. A representative of the Trauma Referral Center (TReC).

Section 1. Responsibilities of the General Membership:
The General Members are expected to attend meetings regularly to provide input on topics under consideration by the Board.

Section 2. Committee Service:
General Members may serve on committees, work groups and task forces.

Section 3. Attendance Expectations:
The General Members are expected to attend at 100% of regularly scheduled meetings.

a. Each General Member organization may send a proxy to attend in place of the authorized representative.
b. Rescheduled meetings and special meetings are not considered to be regularly scheduled.

BOARD MEMBERSHIP

Representation will rotate between the member organizations in the region based upon an approved rotation schedule to be determined by the Board.

Rotation schedule will be operated as follows for the individual provider type:

a. Hospital
   - All acute care hospitals will serve as permanent members.
   - A new acute care hospital will serve as general member during the initial calendar year of licensure and be placed into the upcoming rotation schedule as permanent member.

- Non-acute care hospitals will serve as general members.

b. EMS
- The four organizations with licenses held within Region 6 that have the highest call volumes, as reported to OKEMSIS in the previous calendar year, will serve as permanent board members.
- All other organizations will serve as board members in alternating terms.
- When not serving as a board member, the organization will serve as general member.
- Any new organization will serve as general member during the initial year of licensure and be placed into the upcoming rotation schedule.

c. Physician
- TeamHealth will serve as a permanent member.

Ideally Board Membership will be multidisciplinary with broad representation from the following list of disciplines.

Hospital		*Emergency Medical Services*
1. Administrator		1. Administrator
2. Business office		2. Non-Administrator EMT
3. QI practitioner		
3. Emergency department physician		
4. Surgeon		
5. Trauma nurse coordinator		
6. Trauma registrar		
7. Emergency department nurse		
8. Operating room nurse		
9. Rehabilitation practitioner		
10. Safety officer		

Section 1. Powers and Responsibilities:
The Board Members are responsible for overall policy and direction of the RTAB.

Section 2. Duties of the Board Members:
Board members shall exercise ordinary business judgment in managing the affairs of the organization. In acting in their official capacity as Board Members of this organization they shall act in good faith and take actions they reasonably believe to be in the best interest of the organization and that are not unlawful. In all other instances, the Board Members shall not take any action that they should reasonably believe would be opposed to the organization's best interests or would be unlawful.

Responsibilities of the Board Members include but are not limited to:
a. Conduct the business of the organization
b. Specify the composition of and direct the activities of committees

c. Consider for approval recommendations from committees
d. Cause to be prepared and administer the budget, prepare annual reports of the organization
e. Cause to be prepared grant applications for the organization
f. Approve, execute and/or ratify contracts made in ordinary course of business of the organization
g. Make continuous and regular reviews of RTAB matters and business affairs in order to provide information to general membership

Section 3. Number of Board Members
The Board shall consist of no fewer than nine (9) members and no more than twenty (20) members.

Section 4. Actions of the Board
Each Board Member shall be entitled to one (1) vote on each matter submitted to a vote at a meeting of the Board.
A simple majority of the Members present and voting at a meeting at which a quorum is present shall be sufficient to constitute action by the Board.

Section 5. Term
The term of the Board Members is two calendar years with staggered terms.

Section 6. Appointments
Board members shall be appointed by the respective member organizations according to the established membership structure and rotation. Member organizations will appoint a representative and an alternate to the board, but will have only one (1) vote each meeting. If both primary and alternate member are present at a meeting, the representative who responds to the Roll Call shall hold the voting right.

Section 7. Meetings
~~Meetings of the Board shall be held in accordance with the Oklahoma Open Meeting Act.~~ Meetings of the Board Members shall be held at such times and places as determined by the Board Members. ~~These meetings should be held at least quarterly.~~
~~The Board shall not review patient specific information or medical records at these meetings.~~

Section 8. Proxies
A Proxy for attendance and voting at a meeting must be initiated by the authorized representative, or the member organization administrator. This must be a signed statement on the represented organization's letterhead or email stating the authority of a specifically named substitute from that organization to attend and

vote on their behalf. The proxy shall be delivered to the RTAB meeting prior to Calling to Order, and shall be retained with the roll call. A proxy shall only be valid at the meeting for which it is executed.

Section 9. Attendance Expectations/Removal of Board Members

a. A Member is automatically removed from the Board if an authorized representative misses any regularly scheduled meeting in any year without:
    a. arranging for a proxy, or
    b. if a meeting is missed by a Board Member or their proxy, the authorized representative of the member organization may request consideration for excused absence at the following RTAB meeting only. Request must be made to the RTAB Chair for placement as an agenda item, by contacting Emergency System staff at least fourteen (14) days prior to the meeting. The Board will then vote either to excuse or deny the absence.
b. Vacancies resulting from a Board Member's removal for not adhering to the attendance policy shall be replaced by another member organization that is next in line for rotation.
c. Any member organization that subsequently fails to ensure participation by their representative shall be reported to both the Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) and the member organization's licensing authority.
d. Any removed member will no longer carry the authority to vote, nor be listed as a board member for the remainder of the appointed term.

Section 10. Quorum

A simple majority of the Board shall constitute a quorum at any meeting.

OFFICERS

Section 1. The following officers shall be elected from the Board Members: Chair, Vice-chair, and Secretary.

Section 2. The same person shall hold no more than one office.

Section 3. The term for officers shall be two years.

Section 4. Nominations of candidates for office shall occur at least one month prior to the election.

a. The candidates shall be Board Members.
b. The candidates shall express a willingness to serve.

Section 5. Additional Offices

The Board Members may create additional officer positions, define the authority and duties of each such position, and elect persons to fill the position.

Section 6. Attendance Expectations/Removal of Officers

An Officer is automatically removed from office if he/she fails to maintain membership as defined by Board Membership Section 9: Attendance Expectations/Removal of Board Members.

Section 7. Vacancies

A vacancy in any office may be filled by the Board for the un-expired portion of the officer's term.

DUTIES OF OFFICERS

Section 1. The Chair shall be the executive officer of the RTAB and shall:

a. Set the agenda and preside at all meetings of the RTAB
b. Appoint all committee chairs
c. Sign agreements and contracts after authorization by the Board
d. Call special meetings when necessary
e. Ensure that the RTAB is represented at OTERAC Meetings
f. Ensure that the RTAB is represented at all other appropriate state and regional Meetings
g. Ensure that the RTAB membership is informed of all appropriate state and legislative activities
h. Perform other tasks as deemed necessary by the Board Members

Section 2. The Vice-Chair shall perform the duties of the Chair in the absence of the Chair and perform such duties as assigned by the Chair or the Board.

Section 3. Duties of the Secretary:

a. Ensure dissemination of all notices required by the Bylaws or by the Oklahoma Open Meetings Act
b. Assure a meeting attendance roster is maintained
c. Assure a register of the name and mailing address of each member organization is maintained
d. Ensure minutes are kept of all proceedings of the Board meetings.
e. Manage the correspondence of the organization.

MEETINGS

Section 1. Meetings of the Board shall be held in accordance with the Oklahoma Open Meeting Act.

Section 2. An Annual Board Meeting shall occur each fall. A meeting notice shall be mailed to all member-organizations at least 30 days prior to the meeting. The meeting dates, times and places for the forthcoming year shall be established at the annual meeting.

Section 3. Meetings for the forthcoming year shall be posted with the Secretary of State in accordance with the Oklahoma Open Meeting Act prior to December 15. Any changes to the meeting schedule shall be duly noted to the Secretary of State.

Section 4. Notice of the date, time and place of each meeting shall be mailed or e-mailed to each Board Member at least ten (10) days prior to the date of that meeting. The notice of each meeting shall include an agenda of the matters to be considered.

Section 5. These meetings should be held at least quarterly.

Section 6. The Board shall not review patient specific information or medical records at these meetings.

Section 7. Members of the General Membership are encouraged to attend these meetings to provide input on topics under consideration by the board.

Section 8. Special Meetings
Special meetings of the Board may be called by the Chair of the Board, Vice-Chair of the Board, or by any three members of the Board on not less than forty-eight (48) hours notice. Notice of such a meeting must be posted as a special meeting with the Secretary of State. Notice to Board Members can be communicated by mail, e-mail, telegram, telephone, or fax.

PROCEDURES

Robert's Rules of Order will be relied on to resolve any procedural issue not covered in the bylaws.

COMMITTEES

Section 1. Quality Improvement Committee

a. Each RTAB is required by statute to conduct quality improvement activities.
b. The function of this committee is to decrease death and disability by reducing inappropriate variation in care through progressive cycles of performance review. A multidisciplinary standing committee for Quality Improvement shall be created in each region.

Minimum membership requirement:

i. Emergency Department Physician
ii. Emergency Department Nurse

iii. Paramedic
iv. EMT, Intermediate, or Advanced EMT
v. Quality Improvement Practitioner

c. Other members for this committee may be identified based upon the need of the region. It is suggested that the membership be kept to 10 members or fewer.
d. Other specific disciplines that are not regular members of the committee may be called on to meet specific quality improvement needs.
e. A simple majority shall constitute a quorum to conduct business.
f. Upon approval by the Committee Chair, a committee member may be removed from the committee if he/she misses two (2) consecutive scheduled meetings and shall be removed after he/she misses three (3) consecutive scheduled meetings.
g. The chair of the RTAB may attend the QI committee as an ad-hoc representative.
~~g.~~h.
Vacancies and recommendations for committee membership:
i. Notice of either a vacancy or request for committee membership shall be distributed to Board members at least ten (10) days prior to a ~~scheduled~~ meeting.
ii. Volunteers/recommendations to fill the vacancy in membership or new request for membership on this committee shall be accepted and voted on at the next ~~scheduled~~ meeting of the Board.

~~h. Volunteers/recommendations for membership on this committee shall be accepted at the annual meeting, and membership appointments decided by a vote of the board members at the following meeting.~~

i. Each region shall adopt confidentiality policies for this committee.
j. The ~~-~~Quality Improvement Committee shall recommend minimum Quality Improvement activities to be defined and approved by the Regional Trauma Advisory Board.
k. The regional committee may identify other activities to monitor based upon regional need.
l. Committee Tenure:
Membership on this committee is for a term of two (2) years. Half of the initial appointments to this committee shall be for a term of one year to ensure staggered terms.

Section 2. Standing Committees shall be established by a majority vote of the Board
a. Standing committees may include but are not limited to:
Hospital Care Committee, Pre-Hospital Care Committee, Injury Prevention Committee, EMS/Hospital Disaster Committee, Trauma Coordinator Committee, Trauma Registry Committee, Finance,

Professional Education, Membership, Bylaws, Public Relations, and Research.

b. At least one Board Member shall serve on each standing committee.
c. The Board shall affirm Standing ~~Sub-~~Committee members.
d. Each person on a committee shall continue to serve on the committee until the next annual meeting of the Board and until his/her successor is appointed unless sooner removed or the committee is dissolved.
e. The Chair of the Board, the Chair of the committee or a majority of the committee may call meetings of a committee. Each standing committee shall meet at least annually.
f. Notice of the committee meetings must be given in accordance with the Oklahoma Open Meetings Act.
g. Upon approval by the Committee chair, a committee member may be removed from the committee if he/she misses two (2) consecutive scheduled meetings.
h. A majority of the voting persons on the committee shall constitute a quorum.

Section 3. Special Committees

The Chair may create special, ad hoc, or task force committees based upon the recommendation of the Board Members.

a. Members of these committees are not required to be members of the Board.
b. The Chair shall recommend the members of these committees to be affirmed by the Board.
c. These committees will have no power to act other than as specifically authorized by the Board.
d. The tenure of these committees will be decided by the Board based upon the specific need for the committee.
e. Upon approval by the committee Chair, a committee member may be removed from the committee if he/she misses two (2) consecutive meetings.

Section 4. Committee Resignations, Removal and Vacancies

Any person on a committee may resign from the committee at any time by giving written notice to the chair of the Board, chair of the committee or to the secretary of the Board.

Section 5. Committee Minutes

The Chair of each committee shall prepare complete and accurate minutes of each meeting and promptly forward duplicate originals thereof to the Secretary of the Board.

Section 6. Action by Committee

Recommendations by committees are to be taken back to the Board for action.

Section 7. Committee Compensation

Persons serving on a committee shall not receive salaries for their services, but by resolution of the Board a reasonable amount for expenses incurred in attending to authorized duties may be allowed; provided however that nothing herein contained shall be construed to preclude any member of the committee from serving;.

FINANCES

Section 1. Deposits

All money received by the corporation shall be deposited with a bank, trust company or other depository, which the Board selects, in the name of the corporation. All checks, notes, drafts and acceptances of the corporation shall be signed in the manner designated by the Board Members.

Section 2. Gifts

a. The Board may accept on behalf of the RTAB any contribution, gift, bequest or legacy that is not prohibited by any laws or regulations in the State of Oklahoma.
b. The Board may make gifts and charitable contributions that are not prohibited by the Bylaws, state law and are not inconsistent with the requirement for maintaining the RTAB's status as an organization exempt from taxation under Section 501(c)(3) of the Internal Revenue code.

Section 3. Conflicts of Interest

a. The Board shall not make a loan to any Board Member or member organization.
b. The Board shall not borrow money from a Board member, a member organization, an employee of a member organization or a family member of a member organization unless:
    i. The transaction is described fully in a legally binding instrument
    ii. The transaction is found to be in the best interests of the RTAB after full disclosure of all relevant facts at a scheduled meeting of the Board
    iii. Such action requires a 2/3-majority vote of the Board (excluding the vote of any person having a personal interest in the transaction) at a meeting when a quorum is present.
    iv. Disclosure of intent to undertake such action is declared to the OSDH and the OTERAC for approval prior to action.
c. The Board shall not transact business with a Board Member, a member organization, an employee of a member organization or a family member of a member organization unless:

i. The transaction is described fully in a legally binding instrument;

~~i.~~ii. The transaction is found to be in the best interests of the RTAB after full disclosure of all relevant facts at a scheduled meeting of the Board

~~ii.~~iii. Such action requires a 2/3-majority vote of the Board (excluding the vote of any person having a personal interest in the transaction) at a meeting when a quorum is present.

~~iii.~~iv. Disclosure of intent to undertake such action is declared to the OSDH and the OTERAC for approval prior to action.

PARTICIPATION

All member organizations are required to participate in RTAB activities and meet attendance expectations.

Section 1. Remote Locations
Individual RTABs may arrange for remote locations to Video Conference or Teleconference into their meetings to facilitate participation by member organizations. It is understood that Board members must attend at the published meeting location to meet the requirements of the Oklahoma Open Meetings Act.

EMResource®

The RTAB adopts the policies, standards and definitions recommended by the Oklahoma State Department of Health for the operations of EMResource. Any recommendations for changes to these documents will be made to the Oklahoma State Department of Health, Emergency Systems for consideration for statewide adoption. Because this is a statewide system, all changes must be made on a statewide basis. Any necessary regional operational procedures will be subject to approval by the RTAB.

AMENDMENT OF BYLAWS

The Bylaws may be altered, amended or repealed, and new Bylaws may be adopted by a vote of the Board Members held at a regularly scheduled meeting held in compliance with the Open Meetings Act or at a meeting specially called for the purpose of altering, amending or repealing the Bylaws.

Section 1. The Bylaws shall be reviewed/revised ~~biannually~~ biennially by the Central (6) Regional Planning Committee.

Section 2. The notice of any meeting at which the Bylaws are altered, amended or repealed shall include the text of the proposed revisions, either within the agenda or as an attachment to the agenda sent out to members in advance of the meeting.

Oklahoma State Department of Health
Creating a State of Health

Central (6) Regional Trauma Advisory Board
Norman Regional
901 North Porter Avenue
Norman, OK 73071
August 20th, 2019 – 1:00 pm

MINUTES

I. Call to Order
The meeting was called to order by Chairperson Jason Likens at 1:02 pm.

II. Welcome and Introduction
The following individuals introduced hisself/herself: Dr. Julie Myers, Director of Medical Facilities Service; Cindy Carter-Kappus, Child Neurology at J.D. McCarty Center; Ryan Sand, base manager for Survival Flight bases in Lawton and Oklahoma City.

III. Roll Call
Roll call was taken with all Board Members present except Prague Community Hospital and Wadley's EMS. Prague Community Hospital representatives arrived at approximately 1:15 pm. EMSSTAT left the meeting at approximately 2:15 pm. See the attached attendance roster for complete attendance details.

IV. Approval of Minutes – May 21st, 2019
A motion to accept the minutes as written was made by Celesa Green and seconded by Julia Day. There was no discussion, and the motion passed 11-0.

V. Reports/Updates

A. Emergency Systems Quarterly Activity Report
Daniel Whipple introduced Jamie Lee as our newest Quality and Survey Analyst and Liz Bermea as our newest Administrative Assistant. The Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund (OERSSIRF) Request for Proposal window has closed. The review process will begin this Thursday. The Oklahoma EMS Information System (OKEMSIS) continues to perform well after the migration of the database to ImageTrend servers with several updates being applied without any issues. Please contact Martin Lansdale for any questions or issues with OKEMSIS. The next trauma registry training is scheduled for November 7th in Lawton. Regarding the Trauma Fund, the next deadline is hospitals to submit their corrected data error and transfer feedback reports no later than August 22nd. The last three scheduled Oklahoma Trauma Education Program (OTEP) courses for the year will be held in Ada on September 17th, Edmond on October 17th, and Elk City on November 1st. The training is free of charge, will earn EMS providers two hours of in-person continuing education, and is also a train-the-trainer course. Please contact our office to register to attend.

B. Oklahoma Trauma and Emergency Response Advisory Council Update
No update was provided for OTERAC.

C. Quality Improvement Committee Quarterly Activity Report
Ms. Brandee Keele stated that the combined Region 6 & 8 Quality Improvement committee has completed all 2018 cases. Beginning in the fourth quarter a recent statute change has moved the meeting from a public meeting to a closed meeting. Also beginning in fourth quarter, all meeting information will be distributed via a secure online portal called box. Ms. Keele also stated that the RPC today has recommended changes to the bylaws to make the process to join the Quality Improvement Committee more efficient.

D. Regional Planning Committee Quarterly Activity Report
Mr. Likens and Mr. Whipple discussed the bylaw language changes recommended by the RPC at today's meeting. The proposed amendments included:

- adding language that special meetings and rescheduled meetings will not count against an entities attendance if the meeting is missed;
- section 7 of Board Membership regarding meetings was moved to the Meetings division;
- e-mail being used to notify of a proxy member;
- deletion of the Treasurer position and all associated duties;
- amendment of the process to join or replace a member of the Quality Improvement Committee; and
- a requirement to review the bylaws at least annually.

E. Regional Medical Response System Quarterly Activity Report
Ms. Heather Yazdanipour provided the update for the Regional Medical Response System. She stated that the Assistant Secretary for Preparedness and Response (ASPR) has approved the next five-year cooperative agreement. The first item of business this year is to create a pediatric patient surge plan. The Healthcare Coalition has contacted facilities in the region that care for critical pediatric patients and is using a template provided by ASPR to help draft the document. The Children's Hospital at OU Medicine had planned on obtaining grant funding for Regional Pediatric Centers of Excellence which focuses on pediatrics during disaster, but the grant will instead go to The Pediatric Center in Galveston, Texas. Despite the grant not being awarded to OU Medicine, the facility still plans on pursuing the requirements of the grant in order to improve the care in Oklahoma.

F. EMS for Children Quarterly Activity Report
Mr. Whipple spoke on behalf of EMS-C. EMS-C is looking for Pediatric Emergency Care Coordinators (PECCs) to service as liaison between EMS-C and his/her facility by discussing training and equipment needs. He stated that there are still openings for free certification in Pediatric Emergency Assessment, Resuscitation, and Stabilization (PEARS) and Pediatric Advanced Life Support (PALS) classes. Please contact Delores Welch at EMS-C to register for this free training.

VI. Business

A. Discussion of "Preparing for Chemical Emergencies" and "Venomous Snakes in Oklahoma" and possible vote to send to RPC for inclusion into regional planning
Mr. Whipple stated that several regions throughout the state have opted to add items into their regional plans with lessons learned from the chemical emergency and snakebite presentations from earlier this year. It was mentioned that one of the Healthcare Coalition (HCC) goals within the next five years is preparing for chemical surge patients, and the region can create a plan for that now in cooperation with the HCC and the OSDH Public Health Lab.
A motion to have the RPC develop draft plans for chemical emergencies and snakebites was made by Julia Day and seconded by Richard Robinson. There was no discussion, and the motion passed 12-0.

B. Vote to excuse absences from March 12th, 2019 meeting
Mr. Likens explained how the regional bylaws require attendance at all meetings by both Board and General Members and are not specific about which meetings might be exempt. The first quarter meeting was cancelled due to weather, and the bylaws require a meeting each quarter. Some members were not able to attend the rescheduled meeting on short notice, and the Board Officers feel it is unfair to hold them to the attendance standard since the meetings were not scheduled far in advance. Mr. Likens stated that he would like to see any agency who missed the rescheduled meeting have any absences removed from their record.
A motion to excuse the absences from March 12th, 2019 was made by Richard Robinson and seconded by Daniel Calvert. There was no discussion, and the motion passed 12-0.

C. 2020 Board Member Rotation discussion
Mr. Whipple reviewed the nine members that are proposed to be Board Members for the 2020-2021 meetings. He stated that the proposed Board Member list was kept at nine members due to attendance issues in the most recently completed calendar year. Richard Robinson asked why McClain-Grady County EMS was listed as a member and REACT EMS is not when REACT EMS has a higher-call

volume. It was explained that REACT EMS did not meet attendance expectations and was ineligible for Board Membership during the next cycle.

D. 2020 Board Officer Nominations
   1. Chair – Jason Likens volunteered to serve as Chair
   2. Vice-chair – Eddie Sims was nominated by Jason Likens; Mr. Sims will be contacted to ascertain if he will accept the nomination
   3. Secretary – Daniel King was nominated by Jason Likens and accepted

E. Discussion of 2020 Board Meeting dates and times and solicitation for venue hosts
   1. February 18th, 2020 – 1:00 pm – INTEGRIS Canadian Valley Hospital volunteered to host
   2. May 19th, 2020 – 1:00 pm – REACT EMS volunteered to host
   3. August 18th, 2020 – 1:00 pm – Norman Regional volunteered to host
   4. November 17th, 2020 – 1:00 pm – OU Edmond agreed to host

F. 2020 Committee membership discussion
   Mr. Likens reviewed the current committee members with the Board. Ms. Liz Lambert stated that Raquel King has expressed a desire to be removed from the RPC. It was explained that Ms. King may either submit her resignation from the committee, or the Board can vote her off the committee at the annual meeting.

VII. Presentation

A. "Diagnosing and Managing Pediatric Mild Traumatic Brain Injury" – Lorry-Gail Malcom, MS, OSDH Injury Prevention Service and Naina L. Gross, MD, Chief of Pediatric Neurosurgery, OU Medicine
   Ms. Malcom began by discussing the burden created by mild traumatic brain injury (mTBI) in children. She then reviewed how the Centers for Disease Control and Prevention (CDC&P) created treatment guidelines for pediatric mTBI in 2018 and emphasized the key recommendations which include not routinely imaging these patients, assessing for risk factors, and providing guidance on returning to normal activities. Dr. Gross spoke about how concussion results in a biomechanically induced alteration of brain function and creates a state where the brain is more vulnerable to additional injury. Forces that produce an mTBI vary from one individual to another and no specific event or energy level can be said to cause injury. A description of signs and symptoms was reviewed as well as assessment and immediate treatment tips. It is important to monitor the patient for four hours after the event and to allow "cognitive rest" without being placed in a dark room. A return to normal activities should be graduated, and the patient must be symptom free without the use of drugs before progressing to the next step. If symptoms return, the patient must return to the previous step for at least 24 hours before continuing the process. Second impact syndrome is seen where a second injury occurs during the recovery from the first event; this injury can lead to severe cerebral edema and may cause death of the patient. Dr. Gross also discussed simple linear skull fractures and reviewed The Children's Hospital's isolated skull fracture protocol. If symptoms persist, the injury occurs as the result of a high-risk mechanism of injury, or there is risk for non-accidental trauma, it is recommended that the patient be admitted; otherwise, these patients can be discharged home after an observation period of at least fours.

VIII. New Business

(for matters not reasonably foreseen at the time of posting the agenda)
There was no new business.

IX. Public Comment

PJ Richards from Genentech stated that she has new triage sheets that are designed to capture posterior strokes. This is important as the presentation of a patient with a posterior stroke may be atypical and are often overlooked. Please see her for resources.

X. Next Meeting

A. Oklahoma Trauma and Emergency Response Advisory Council
   Systems Improvement and Development workgroup
   Oklahoma State Department of Health
   August 28th, 2019 – 10:00 am

B. Oklahoma Trauma and Emergency Response Advisory Council
Regulations workgroup
Oklahoma State Department of Health
September 4th, 2019 – 9:00 am

C. Oklahoma Trauma and Emergency Response Advisory Council
Oklahoma State Department of Health
1000 Northeast 10th Street
Oklahoma City, OK 73117
October 2nd, 2019 – 1:00 pm

D. Combined Region 6/8 Quality Improvement Committee
OU Medicine – Nicholson Conference Center
940 Northeast 13th Street
Oklahoma City, OK 73104
October 8th, 2019 – 10:30 am

E. Central (6) Regional Planning Committee
El Reno Public Safety Center
2707 Faith Avenue
El Reno, OK 73036
November 19th, 2019 – 11:00 am

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

XI. Adjournment

A motion to adjourn was made by Julia Day and seconded by Celesa Green. The meeting adjourned at 2:37 pm.

Approved

_____

Jason Likens,
Chair, Region 6 Regional Trauma Advisory Board
November 19th, 2019

CENTRAL (6) REGIONAL TRAUMA ADVISORY BOARD
2019 ATTENDANCE

Board Member	Representative	1Q	2Q	3Q	4Q	2019
EMSSTAT	Eddie Sims Mike Combs	X	X	X		100%
INTEGRIS Canadian Valley Hospital	Elizabeth Lambert Raquel King	X	X	X		100%
McClain-Grady County EMS	Robin Robinson Donnie Neer	X	X	X		100%
Mercy Hospital Logan County, Inc.	Daniel Calvert Robin Channel	X		X		100%
Norman Regional	Eddie Sims Mike Combs	X	X	X		100%
Prague Community Hospital	Rachel Pritchett Jennifer Messer	A	X	X		67%
Purcell Municipal Hospital	Celesa Green Don Bassett	X		X		100%
REACT EMS	Willis Snowden Galen Hankal	X	X	X		100%
Samaritan EMS - Yukon	Jason Likens Chris Prutzman	X	X	X		100%
SSM Health St. Anthony Hospital - Shawnee	Brandi Parsons Rebecca Snowden	X		X		100%
Stroud Regional Medical Center	Julia Day Dahna Abbey	X	X	X		100%
Team Health	Steven Roberts	A	X	X		67%
Wadley's EMS, Inc	Dalton Bebout Kathleen Heck	A		A		0%
Chandler Ambulance	Billy Buchanan Bobby Buchanan	X		X		100%
CHG Cornerstone Hospital of Oklahoma - Shawnee	Larissa Steelman-Trulson Autumn Pulis	A		A		0%

General Member	Representative	1Q	2Q	3Q	4Q	2019
EMSC	Delores Welch		X	A		%
Guthrie Fire EMS	Eric Harlow Blake Braden	A		A		0%
J.D. McCarty Center for Children	Michael Isaac Suanne Livingston	X	X	X		100%
MERC		A	X	X		67%
Miller EMS - Cashion/Crescent	Jim Koch Greg Smith	X		X		100%
Noble Fire Department	Steven Paul Bob Hall	X	X	X		100%
Pafford EMS of Oklahoma				A		0%
Samaritan EMS - Stroud	Jason Likens Chris Prutzman	X	X	X		100%

TRAUMA FUND 2020 APRIL (Claims July 1, 2018 to December 31, 2018)
Projected Timelines and Activities (Updated 08/09/2019)

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

HOSPITALS

July 25, 2019	*Data Error Report and Transfer Feedback Report identifying incomplete Trauma Registry data submitted, available for all Trauma Registrars via Box. For inquiries, please email YangW@health.ok.gov.*
August 22, 2019	*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.)*
↑ ↑ ↑ **- Above are MANDATORY TRAUMA REGISTRY ACTIVITIES -** ~~~~~~ **- For interested providers only - TRAUMA FUND APPLICATION ACTIVITIES BEGINS -** ↓ ↓ ↓	
Sept 16, 2019	Notification sent to Trauma Registrars from Emergency Systems with instructions for downloading your facility-specific Major Trauma Case List from 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.
Sept 30, 2019	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, it is still the Registrar's responsibility to complete the corrections as required for your Hospital's licensure.
Oct 14, 2019	Notification Letter with instructions mailed from OSDH to Hospital Administrator. *Trauma Registrars will receive a copy of the letter with additional instructions by email.*
Dec 2, 2019*	**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***
Apr 2020	Anticipated date for distribution of reimbursement checks to eligible providers – *Installment 1 through 6*.

***November 30 occurs on a weekend.**

EMS PROVIDERS

Oct 13, 2019	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.*
Dec 16, 2019*	**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.***
Apr 2020	Anticipated date for distribution of reimbursement checks to eligible providers – *Installments 1 through 6*.

***December 15 occurs on a weekend.**

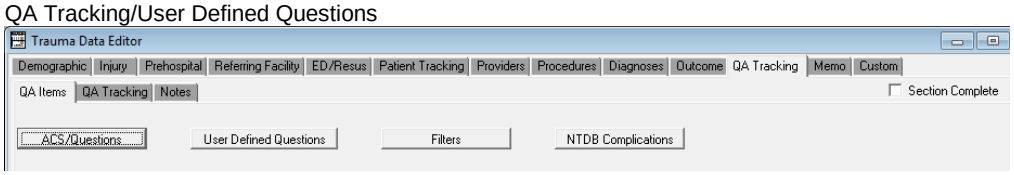
PHYSICIANS

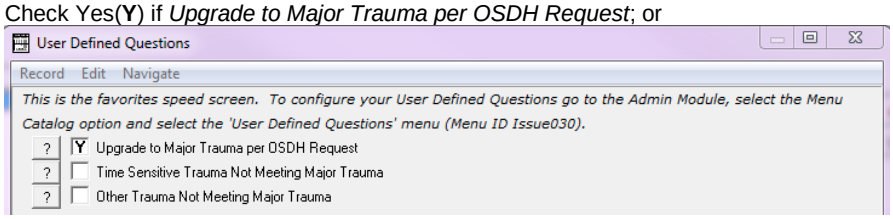
Oct 14, 2019	Notification Letter with instructions available on the Trauma Fund webpage for download.
Dec 16, 2019*	**DEADLINE: Complete application package in the required format must be received in the OSDH Emergency Systems office by 5:00 P.M. – see *Checklist for Submission***
Apr 2020	Anticipated date for distribution of reimbursement checks to eligible providers.

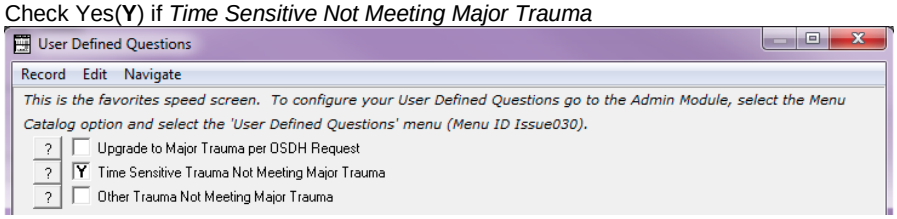
***December 15 occurs on a weekend.**

TRAUMA FUND UPDATE (Updated 08/09/2019)

<table>
<tr><th colspan="2">Subject</th><th>Updates on current issues</th></tr>
<tr><td rowspan="2">1. Distributions</td><td>2019 April
(Claims July 1, 2017 to Dec 31, 30, 2017)</td><td>Monthly Fund disbursement: Beginning December April 2019 through September 2019
<table>
<tr><td>Installment 1: June 2019</td><td>Installment 4: August 2019</td></tr>
<tr><td>Installment 2: June 2019</td><td>Installment 5:</td></tr>
<tr><td>Installment 3: July 2019</td><td>Installment 6:</td></tr>
</table>
Eligible recipients should receive notification of electronic fund transfer (EFT). Recipient payment listing is available for download from
http://www.ok.gov/health/Protective_Health/Emergency_Systems/Trauma_Division/Trauma_Care_Assistance_Revolving_Fund/Reports/index.html</td></tr>
<tr><td>2019 Oct
(Claims Jan 1 2018 to Jun 30 2018))</td><td>Application period for Hospitals closed on May 30, 2019 with EMS & Physicians closing on Monday, June 17, 2019 at 5:00 pm. Completed applications are now processing.</td></tr>
<tr><td></td><td>2020 April
(Claims July 1 2018 to Dec 31, 2018)</td><td>Trauma Fund Webinars: will be held at 10: 30 and repeat at 3:30 on the following dates: October 16-Hospitals; October 23- EMS; October 30- Physicians Groups.
Application period for Hospitals closes December 2, 2019 @ 5:00, with EMS & Physician Groups closing on Monday, December 16, 2019 at 5:00 pm.</td></tr>
<tr><td>2. Application deadline dates</td><td colspan="2">The 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 day or Monday at 5:00 pm).
<table>
<tr><th rowspan="2">Disbursement Period/Month</th><th rowspan="2">Claims Dates (Date of Service)</th><th colspan="2">Provider Type</th></tr>
<tr><th>Hospital</th><th>EMS/Physician</th></tr>
<tr><td>October</td><td>Jan 1-Jun 30</td><td>May 30</td><td>Jun 15</td></tr>
<tr><td>April</td><td>Jul 1-Dec 31</td><td>Nov 30</td><td>Dec 15</td></tr>
</table></td></tr>
<tr><td>3. OSDH Points of Contact</td><td colspan="2">• TRAUMA FUND = Marva Williamson, Trauma Fund Coordinator, marvaw@health.ok.gov; Linda Dockery, lindald@health.ok.gov
• TRAUMA REGISTRY = Yang Wan, Ph.D., YangW@health.ok.gov; esystems@health.ok.gov
• OKEMSIS (EMS Database) = Martin Lansdale, martinl@health.ok.gov; Xana Howard, xanah@health.ok.gov</td></tr>
<tr><td>4. TIME SENSITIVE CASES REPORTING in Trauma Registry (Collector V5)</td><td colspan="2">An email is sent to all Registrars in early September (or March) 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:

1) QA Tracking/User Defined Questions
 

2) Check Yes(Y) if Upgrade to Major Trauma per OSDH Request; or
 

3) Check Yes(Y) if Time Sensitive Not Meeting Major Trauma
 
</td></tr>
<tr><td>5. EFT PAYMENTS</td><td colspan="2">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 esystems@health.ok.gov . Additional information and instructions will be provided.</td></tr>
</table>

Submitted 2019 annual surveys by Region 6 organization

Guthrie FD
Purcell Hospital
Prague Community Hospital
JD McCarty Center for Children with Developmental Disabilities
Samaritan EMS
Noble FD
Miller EMS

2020-2021 Central Region (6) Regional Trauma Advisory Board
Proposed Board Member Rotation

Chandler Ambulance
EMSSTAT
McClain-Grady County EMS
Mercy Hospital Logan County
Noble Fire Department
Norman Regional
Purcell Municipal Hospital
Samaritan EMS – Yukon

2020 Central Region (6) Regional Trauma Advisory Board
Committee Members

Regional Planning Committee	Quality Improvement Committee
Eddie Sims, Chair	Eddie Sims, Chair
Julia Day	Patrick Cody, DO
Celesa Green	James Girvin
Daniel King	Robin Mantooth, MD
Jason Likens	Richard Robinson
	Willis Snowden – Discuss to add
Raquel King – Vote to remove	Julia Day – Discuss to add
	Mike Isaac – Discuss to add

Oklahoma Trauma System Improvement and Development

Fourth quarter 2019

OKLAHOMA STATE DEPARTMENT OF HEALTH

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

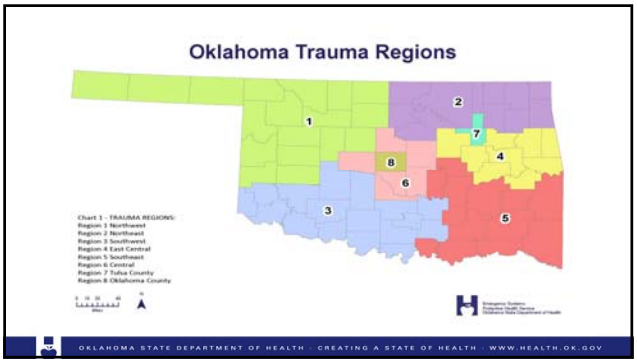
OKLAHOMA STATE DEPARTMENT OF HEALTH · CREATING A STATE OF HEALTH · WWW.HEALTH.OK.GOV

Overview

- Historical overview
- Trauma Center classification
- RTAB and Committees
- Regional trauma plans
- Communication tools
- Data
- Trauma Care Assistance Revolving Fund

Historical overview

- In 2005, the Trauma Division was established through the Oklahoma Trauma System Improvement and Development Act (SB 1554, 2004)
- Hospital classification (63 O.S. § 1-2511; 63 O.S. § 1-2530.3)
- Trauma Regions and Regional Trauma Advisory Boards (RTABs) (63 O.S. § 1-2530.5)
  - Regional plans around the Triage, Transport, and Transfer (T-3) algorithm
  - Quality Improvement activities
- Established Trauma Referral Center (TReC) (63 O.S. § 1-2530.8)
- Expansion and addition of monies for Trauma Fund (63 O.S. § 1-2530.9)



Trauma Center classification

Level I

This is the highest level of trauma center. A Level I Trauma Center has an emergency department staffed with emergency physicians and nurses, and maintains a surgeon-led trauma team with rigorous response standards and the capability of rapid surgical intervention when necessary. Comprehensive specialty services are available including but not limited to neurological, cardiovascular and orthopedic surgery. There is a hospital wide commitment with immediate access to surgery, recovery and critical care beds. In addition this level of trauma center provides research and education activities.

Level II

A Level II Trauma Center has the same resources and clinical capabilities of a Level I and is staffed to provide prompt and comprehensive care to seriously injured patients. A Level II like a Level I functions as a tertiary referral facility capable of managing all types of injured patients. Unlike a Level I a Level II will not provide the same level of research or education activities.

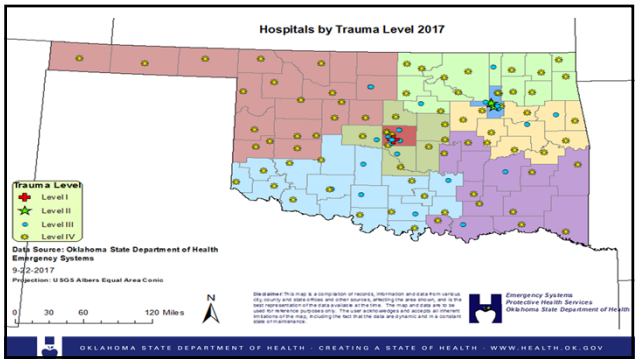
Level III

A Level III Trauma Center is a facility which staffs a 24 hr. emergency department with at least a physician and nursing staff and has general surgical and some surgical subspecialties, such as orthopedics, on an on-call basis. Prompt anesthesia and operating room capabilities are required in addition to X-ray, laboratory services, recovery room and intensive care beds. This is an intermediate facility capable of handling minor to moderate trauma.
A Level III Trauma Center can function as an enhanced trauma center on days when additional on-call resources, such as neurosurgery, are available in addition to general surgery and orthopedics. An enhanced Level III is referred to as a regional trauma center in this document as well as the pre-hospital trauma triage reference manual. This information is tracked through EMResource

Level IV

A facility that staffs a 24 hr. emergency department with at least one of the following:

- Physician Assistant (licensed)
- Nurse Practitioner
- Registered Nurse
- Paramedic (with special trauma training as defined by that facility).



Regional Trauma Advisory Boards (RTABs)

- Title 63 O.S. § 1-2530.5 requires hospital and ambulance service providers designate RTAB members
- Each Region is unique in its resources and population
- Each Region is responsible for:
  - Trauma Plan development
  - Determining how and where patients move to higher levels of care
  - Assist in creating solutions for patient care
  - Conducting quality improvement activities
  - The education of providers in the region

Regional Trauma Advisory Boards – (RTABs)

Committees

- Regional Planning Committee
- Quality Improvement Committee
- Other committees and work groups

Quality Improvement

- Mandated through RTABs
- Review of system performance
  - Based on regional plans
  - Predetermined indicators approved by each RTAB
  - Referrals from health care providers

Triage, Transport, and Transfer (T-3) guidelines

- Establishes definitions and criteria for Priority 1, Priority 2, and Priority 3 adult and pediatric patients
- Recommends destinations based on patient Priority and hospital classification
- Has pre-hospital and interfacility sections
- Serves as the foundation for the regional plans

Patient Priority criteria

Priority 1 Trauma Patients
Patients with high-energy blunt or penetrating injury causing physiological abnormalities or significant single- or multi-system injuries

Priority 2 Trauma Patients
Patients with potentially time-sensitive injuries due to a high-energy event or with a less severe single-system injury but currently with no physiological abnormalities or significant anatomical injury

Priority 3 Trauma Patients
Patients without physiological abnormalities, altered mentation, neurological deficit, or a significant single-system injury. These patients have generally been involved in a low-energy event

Regional Trauma Plans

- Purpose
  - Reduce trauma morbidity and mortality
  - Assure trauma patients are stabilized and transported to the most appropriate facility with the available resources and capacity to provide care
  - Match resources with each patient's needs to ensure optimal and cost-effective care is achieved
- Utilize
  - Hospital Classification
  - Patient Prioritization
  - EMResource
  - Trauma Referral Center (TReC)
- Components
  - Pre-hospital destination component
  - Interfacility component
  - Trauma triage algorithm

EMResource

https://emresource.juvare.com/login

Data

Trauma Registry (63 O.S. § 1-2530.3)	**Oklahoma EMS Information System** (63 O.S. § 1-2511)
• Hospital trauma incidence reporting system used for system operation, determination of patient outcome, and quality improvement activities • Case reports are due at the end of the month for all applicable cases discharged from the hospital the previous month.	• Data set used to collect data related to the provision of emergency medical and trauma care. • Reports shall be entered by the last business day of the month following the event

Trauma Registry inclusion and exclusion criteria

Inclusion criteria:	**Exclusion criteria:**
Certain ICD codes AND: • Length of hospital stay ≥ 48 hours; or • Patient dead on hospital arrival or death in hospital; or • Patients admitted to ICU; or • Patients who went direct to OR for surgery of the head, chest, abdomen, or vascular surgery; or • Patients transferred with Major or Minor trauma AND • An abbreviated Injury Scale ≥ 3; or • An Injury Severity Score of ≥ 9; or • A Trauma Injury Severity Score (TRISS) or Burn Survival Probability less than 0.9; or • Death	• Isolated orthopedic injury to the extremities due to same level falls; • Overexertion activities; • Injury caused by pre-existing conditions; • Injuries greater than 30 days old; • Poisonings and toxic events; • Submersion injuries; • Foreign-body (leading to choking or otherwise); • Strangulation/asphyxiation/anoxic brain death; • Electrocution

Publications

- "Repeat Computed Tomography Scans among Inter-Facility Transferred Major Trauma Patients in Oklahoma" – Emergency Radiology
- "Direct Air versus Ground Transport Predictors for Rural Pediatric Trauma" – Air Medical Journal
- "Out-of-hospital and Inter-hospital Under-triage to Designated Tertiary Trauma Centers among Injured Older Adults: A 10-year Statewide Geospatial-Adjusted Analysis" – Prehospital Emergency Care
- "Factors Associated with the Use of Helicopter Inter-Facility Transport of Trauma Patients to Tertiary Trauma Centers within an Organized Rural Trauma System" – Prehospital Emergency Care
- "Association of Direct Helicopter versus Ground Transport and In-Hospital Mortality in Trauma Patients: A Propensity Score Analysis" – Academic Emergency Medicine

Trauma Care Assistance Revolving Fund

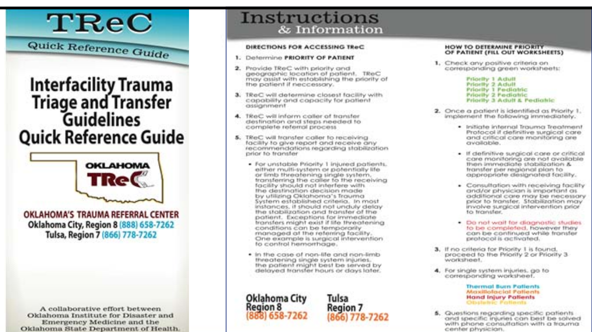
- Created by SB 290, 1999
- Allowed for reimbursement of ambulance service providers and hospitals for uncompensated trauma care
- Amended by the Oklahoma Trauma System Improvement and Development Act to include physicians
- Total monies distributed through end of 2018 October cycle - $327,936,712.64.

How to operate the Oklahoma Trauma System Case Reviews

Level III Trauma Center

Patient 1 chart

- 23 year-old male
- Ejected from a high-energy MVC
- GCS 12, BP 112/68, P 118, RR 34
- Contusion, tenderness, crepitus to the right chest wall



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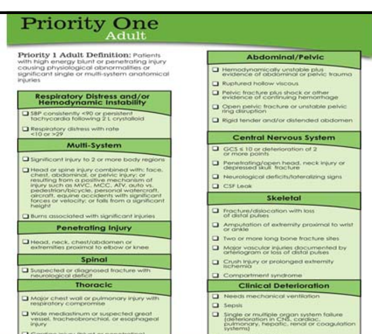

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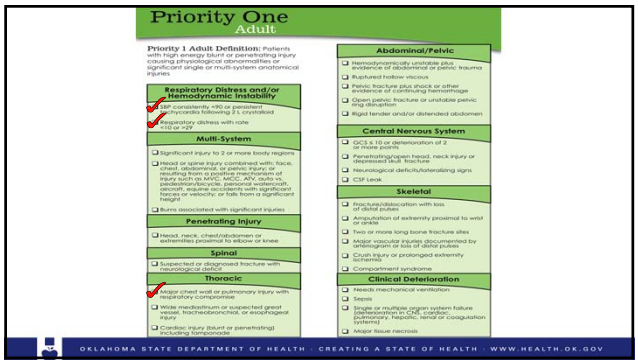

Priority 1 Adult

Patients with high-energy blunt or penetrating injury causing physiological abnormalities or significant single- or multi-system anatomical injuries

If a patient is identified as Priority 1, implement the following immediately:

- Initiate internal Trauma Treatment Protocol if definitive surgical care and critical care monitoring are available
- If definitive surgical care or critical care monitoring are not available, then immediate stabilization & transfer per regional plan to appropriate designated facility
- Stabilize life-threatening conditions. **DO NOT delay transfer decision by performing unnecessary (non-therapeutic) diagnostic testing.**
- Consultation with receiving facility and/or physician is important as additional care may be necessary prior to transfer. Stabilization may involve surgical intervention prior to transfer.

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Determining appropriate resources

- Priority 1 Adults – Level I, II, or Regional Level III
- Priority 1 and Priority 2 Pediatrics
  - East side of state – Saint Francis Hospital in Tulsa
  - West side of State – OU Medicine in Oklahoma City
- Priority 2 Adult – Closest appropriate facility based on capability and capacity to provide definitive care
  - Spinal – Imaging capabilities, Emergency Physician, Orthopedics
  - Thoracic – Imaging capabilities, Emergency Physician, General Surgery
  - Abdominal/Pelvic – Imaging capabilities, Emergency Physician, General Surgery
  - CNS – Imaging capabilities, Emergency Physician
  - Skeletal – Imaging capabilities, Emergency Physician, Orthopedics
  - MOI alone – Imaging capabilities, Emergency Physician
  - Hand, OMF, Burn, OB – See specific single-system flow diagram

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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

Review

- Historical overview
- Trauma Center classification
- RTAB and Committees
- Regional trauma plans
- Communication tools
- Data
- Trauma Care Assistance Revolving Fund

For information or inquiries:

Oklahoma State Department of Health
Emergency Systems
1000 Northeast 10th Street
Oklahoma City, OK 73117-1207
Tel: 405-271-4027 / Fax: 405-271-4240
e-mail: esystems@health.ok.gov


Oklahoma State Department of Health
Creating a State of Health
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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.

Reporting individual contact information	☐I wish to remain anonymous
Date	
Full name and title	
Organization	
Telephone number	
Address	
Email address	

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

Reason for requesting review: *(Check all applicable boxes and include a brief narrative)*
☐ *Incorrect application of the Trauma Triage, Transport, and Transport Algorithm*
☐ *Deviation from Regional Trauma Plan*
☐ *Delay in care*
☐ *Communication Problems*
☐ *Refusal*
☐*Other(please specify)*
Additional Information:

Mail, email, or fax to:

OKLAHOMA STATE DEPT OF HEALTH
EMERGENCY SYSTEMS: Attn. CQI
1000 NE 10TH STREET, OKLAHOMA CITY, OK 7311 7-1299
Phone: (405) 271-4027 Fax (405) 271-1045
Email: esystems@health.ok.gov

REGIONAL TRAUMA ADVISORY BOARD
Authorized Representative Form

DATE: _____

☐ NEW APPOINTMENT
☐ UPDATED APPOINTMENT

TRAUMA REGION:

☐ NW REG-1
☐ NE REG-2
☐ SW REG-3
☐ EC REG-4
☐ SE REG-5
☐ CENTRAL REG-6
☐ TULSA REG-7
☐ OKC REG-8

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***

Oklahoma State Department of Health
Emergency Systems
1000 Northeast 10th Street, Oklahoma City, Oklahoma 73117-1207

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