



Oklahoma State Department of Health
Creating a State of Health

Tulsa Region (7) Regional Trauma Advisory Board
Saint Francis Hospital
6161 South Yale Avenue
Tulsa, OK 74136
January 15th, 2019 – 1:00 pm

Minutes

I. Call to Order

The meeting was called to order by Chair Russell Martin at approximately 1:00 pm

II. Roll Call

Roll call was taken and all Board Members were present except for Mercy Regional of Oklahoma and Shadow Mountain Hospital, and quorum was met. See the attached attendance list for all members.

III. Introductions and Announcements

The group went around the room and everyone introduced themselves.

IV. Approval of Minutes – October 16th, 2018: A motion was made by Teresa Compos and seconded by Bruce Kelley. There was no discussion and the motion passed 16-0.

V. Reports

A. Emergency Systems Quarterly Activity Report

Ethan Barstow began with an introduction of new hires for CQI - Brandee Keele and David Share. The OKEMSIS database is currently being migrated to ImageTrend servers, and there will be a new URL when the migration is complete. Martin wanted to advise that you can no longer upload more than 200 files at a time into the system. The training for OKEMSIS for Regions 2, 4 and 7 will be April 25th at Tri-County Tech Center. There is another training session for the other Regions in Woodward and those interested are advised to see Ethan after meeting. Dr. Stewart left the Department of Health as the State Trauma Registrar and he's been replaced by Xana Howard. Marva Williamson is still over Trauma Funds. Information related to Trauma fund is made available in the packets, if there are any questions please contact Marva. Regional Updates: Region 1 has drafted a letter to ED physicians regarding their decision to transfer time on trauma patients and the need to accurately document that time into the trauma registry. Region 3 is approving a similar letter to its ED medical directors. Regions 6 and 8 are encouraging on-call physicians to conduct an in-person medical assessment as opposed to telephone consults in the hopes that the number of trauma patient transfers will be decreased. The next OTERAC meeting will be February 6, 2019 at 1:00pm at OSDH.

Board of Health

Timothy E Starkey, MBA (*President*)
Edward A Legako, MD (*Vice-President*)
Becky Payton (*Secretary-Treasurer*)

Jenny Alexopoulos, DO
Terry R Gerard II, DO
Charles W Grim, DDS, MHA

R Murali Krishna, MD
Ronald D Osterhout
Charles Skillings



Dan Whipple spoke about this quarter's TReC data regarding the number of interfacility transfers and EMS patients transported into Region 7. There was a brief discussion of EMS agencies that have multiple licenses around the State and different regions that may not be in the TReC database appropriately; for example Miller EMS has operations in 4 different trauma regions and has been asked that when they contact TReC to identify what license they are calling from to make sure they get credited correctly.

B. Regional Quarterly Activity Reports

1. Regional Planning Committee

There was no report provided.

2. Quality Improvement Committee

Dan Whipple announced that Regions 2, 4, and 7 did meet on December 13th of last year. The committee reviewed 10 cases and discussed some of the quality improvement indicators and reviewed a lot of the higher acuity trauma and felt that the focus should be on these types of cases to drive positive change in those numbers. Our goals were with the priority 1 cases on the EMS side and those cases that scored 16 or higher on the hospital side. The goal is to transfer high-acuity trauma patients that cannot receive definitive at the initial hospital in under an hour, and the region is not currently meeting those goals. Provide a presentation in the next meeting to show how those numbers can be driven in the direction they need to be. Another item for review is the patients that have a Trauma Injury Severity Score (TRISS) of ≥ 0.9 and die. The TRISS score is loosely correlated to patient survivability with a score of 0.9 having a 90% of surviving his/her injuries. The committee will review those that don't survive to identify any potential system issues in order for them to be corrected.

3. Metropolitan Medical Response System

Heather Yazdanipour stated Michael Murphy is no longer with EMSA or Regional Medical Response System (RMRS) and she has taken over the position as Director just before Christmas of last year. Region 7 is going through some changes; Johnna Easley and Michael have been the Medical Emergency Response Center coordinators but Heather is now filling in. Cory is still the response coordinator and James Plumlee is still the Regional Medical Response System (RMRS) coordinator. They will be posting a position for a Director for Region 7 RMRS who will work closely with regions 6 and 8 since we oversee all three of those regions. RMRS had to submit the final regional medical response plan to the State Department of Health at the end of last month and now have to focus on writing annexes to that plan to include the trauma and burn surge plan. RMRS was supposed to have its new work plan but they have not due to the Federal government shut down. RMRS is still pushing for the April due date for completion but is anticipated that it will not be due until 2020. The RMRS must have a pediatric and disaster surge plan as well; all input is welcome for that. There is also a Federal requirement to do a coalition surge test, to show an ability to surge 20% for the region and that a tabletop is set for March 7th and that will be held at Tulsa Health Department. There is also a ChemPack formulary change from midazolam to seizalam when either the drug is used or when it reaches its expiration date.

C. EMS for Children Quarterly Activity Report

Deloris Welch provided the EMSC report and stated that Trish Dickerson is no longer with the program. OU medical EMSC is federally funded by Health Resources and Service Administration (HRSA) grants. EMSC is initiating training for the EMS agencies within the next 30-45 days but did not receive enough funding from the HRSA grant. They were able to secure additional funding from the health department and the Oklahoma Office of Rural Health. Critical access hospitals and the rural trauma regions but our HRSA mandate is to have a Pediatric Emergency Care Coordinator (PECC) in each EMS agency and each hospital ED, and Ms. Welch requested a contact person from each agency that they can go to and or that can come to them. One of the primary goals is to help with pediatric equipment in addition to training. EMSC is working to have their first newsletter which will provide training dates and information. EMSC will also be providing instructor certifications for both PALS and PEARS.

VI. Business

A. National Emergency Department Over Crowding Score (NEDOCS) discussion
Grace Pelley, OSDH Trauma Program Manager, discussed the successes and opportunities for improvement of Region 7 NEDOCS implementation.

NEDOCS was activated on EMResource for Region 7, but it has been operating in private mode to test it out before releasing to everybody else. Ms. Kathy O'Dell stated that St. John Medical Center (SJMC) calculates NEDOCS every four hours until certain scores are reached at which time the score is calculated every two hours and every hour if necessary. NEDOCS is part of the daily Safety Huddle, and the score has been implemented as part of daily hospital-wide operations in an effort to help guide throughput. The SJMC surge plan based on NEDOCS has been working well. Ms. Kari Smoot asked about the timeline for all hospitals' NEDOCS scores to be visible to all entities rather than just itself. Ms. Pelley stated that she made the decision to allow hospitals to only see its score pending the resolution of some final details in implementation. When asked about opportunities for improvement, Ms. O'Dell stated that there is a need to agree upon certain definitions such as what is defined as a critical patient. Two hospitals stated that they did not have NEDOCS visible when they log into EMResource. Mr. Russel Martin stated that EMSA does not see NEDOCS currently as they do not submit that data; his concern is how the EMS component will integrate into the hospital system with NEDOCS. OSU Medical Center has recently begun work on a hospital capacity plan and is looking forward to implementing NEDOCS into that plan. Ms. Pelley proposed that between now and the next meeting hospitals review internal processes relating to EMResource and there will be a "go live" vote taken at the next RTAB meeting. Dr. Coby Nirider asked about how focus facilities such as Brookhaven Psychiatric Hospital fit into NEDOCS and Ms. Pelley and Ms. Yazdanipour provided some guidance on how all hospitals fit into the regional needs.

VII. Presentation

A. Venomous Snakes in Oklahoma – Dr. Scott Schaeffer, D.Ph., DABAT, Oklahoma Center for Poison and Drug Information

Dr. Schaeffer spoke about native venomous snakes in Oklahoma and the management of those snakebites. He stated that historically snakebites begin to occur regularly in March and that there is a new antivenin available on the market. He offered an easy to obtain the contact information to the Oklahoma Center for Poison and Drug

Information by texting 797979. He then discussed the four native venomous snakes in Oklahoma and ways to distinguish them from non-venomous snakes by physical characteristics and the bites themselves. A brief review of the pathophysiology of snakebites was had, and Dr. Schaeffer tied those into the management of those injuries by emphasizing the need to appropriately assess the patient to include marking the location of swelling and rapid treatment with antivenin. Previously, only CroFab® had been available for treatment of snakebites but recently AnaVip® has been approved by the Food and Drug Administration, and dosing guidelines were discussed for both drugs as well as how they were derived. General guidelines regarding the management of snakebites includes not bringing the animal to the ED, calming the patient as much as possible, and keeping the wound as near the level of the heart. He then debunked several of the "Hollywood" methods to treat snakebites and ended after a brief question and answer session.

VIII. Public Comment

IX. Next Meeting

Oklahoma Trauma and Emergency Response Advisory Council

Oklahoma State Department of Health

1000 Northeast 10th Street

Oklahoma City, OK 73117

February 6th, 2019 – 1:00 pm

Quality Improvement Committee Region 2/4/7

Saint John Medical Center

1819 East 19th Street

Tulsa, OK 74104

March 7th, 2019 – 10:30 am

Regional Planning Committee

EMSA East

1417 North Lansing Avenue

Tulsa, OK 74106

April 16th, 2019 – 11:00 am

Regional Trauma Advisory Board

EMSA East

1417 North Lansing Avenue

Tulsa, OK 74106

April 16th, 2019 – 1:00 pm

X. Adjournment

A motion to adjourn was made by Bruce Kelley and seconded by KC Nichols. The meeting adjourned at approximately 2:45 pm


Russell Martin – Chair

19 July 2019
Date