



Chair
David Howerton

Vice-Chair
Brad Smith

Secretary
Jason Likens

Oklahoma City Area (8) Regional Trauma Advisory Board

REGULAR MEETING

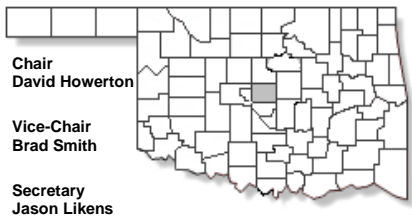
Tuesday, July 13, 2021 – 1:00 p.m.

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

AGENDA

- I. Call to Order.....David Howerton, Chair
- II. Roll Call.....David Howerton, Chair
- III. Introductions and Announcements.....David Howerton, Chair
- IV. Approval of Minutes.....David Howerton, Chair
 - A. October 1, 2020
 - B. April 13, 2021
- V. Reports
 - A. Emergency Systems.....Jennifer Woodrow
 - B. Oklahoma Trauma and Emergency Response Advisory Council.....David Howerton, Chair
 - C. Quality Improvement Committee.....Jamie Lee
 - D. Trauma Rotation Committee.....David Smith, MD, Committee Chair
 - E. Regional Planning Committee.....Brad Smith, PA, Committee Chair
 - F. Regional Medical Response System.....Heather Yazdanipour
 - G. EMS for Children.....Delores Welch
 - H. OU Health University of Oklahoma Medical Center Community Outreach.....Lindsay Lindsey
 - I. Strategic Goal Work Group.....George Benard
 - J. Stroke.....Dayla Hall/Kathy Stilwell
 - K. Region 8 Prehospital Trauma Transports.....David Howerton, Chair
- VI. Business
 - A. Discussion, consideration, possible action and vote to approve proposed Region 8 Trauma Plan amendments recommended by the Region 8 Trauma Rotation Committee.....David Howerton, Chair
 - B. Discussion and consideration of 2022 Committee Membership and solicitation of volunteers and nominations.....David Howerton, Chair
 - 1. Regional Planning Committee
 - 2. Quality Improvement Committee – Vote to add Monica Triplett
 - C. Discussion and consideration of the 2022 Board Member Rotation and proposal of 2022 Board Members.....David Howerton, Chair
 - D. 2022 Board Officer Nominations.....David Howerton, Chair
 - 1. Chair
 - 2. Vice-Chair
 - E. Discussion and consideration of proposed regular meeting dates and times for 2022 and solicitation for host venues.....David Howerton, Chair
 - 1. January 11, 2022
 - 2. April 12, 2022
 - 3. July 12, 2022
 - 4. October 11, 2022

- VII. New Business (For matters not reasonably foreseen 48 hours prior to the meeting)
- VIII. Next Meeting
 - A. Combined Region 6 & 8 Quality Improvement Committee
July 21, 2021 – 9:00 a.m.
 - B. Oklahoma Trauma and Emergency Response Advisory Council
August 4, 2021 – 1:00 p.m.
 - C. Region 8 Regional Trauma Advisory Board
October 12, 2021 – 1:00 p.m.
 - D. Region 8 Regional Planning Committee
As Called
- IX. Closing, Adjournment, and Dismissal



Oklahoma City Area (8) Regional Trauma Advisory Board

Microsoft Teams

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Optional Phone Number – 405-898-0717; Conference ID 965 468 332

October 13th, 2020 – 1:00 pm

MINUTES

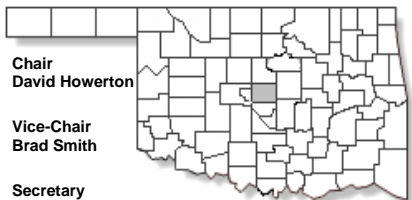
There is no physical meeting location, and the following Board Members are participating remotely using the Microsoft Teams teleconferencing platform:

- | | |
|---|---|
| AllianceHealth Midwest | Community Hospital |
| Emergency Physicians of Midwest City, LLC | EMSA – West Division |
| INTEGRIS Baptist Medical Center, Inc. | INTEGRIS Health Edmond, Inc. |
| INTEGRIS Southwest Medical Center | Medical Control Board |
| Mercy Hospital Oklahoma City, Inc. | Midwest Regional EMS |
| Oklahoma Heart Hospital, LLC | Oklahoma Spine Hospital |
| OU Medicine | Samaritan EMS – Tinker AFB |
| Samaritan EMS (Bethany/Warr Acres) | SSM Health St. Anthony Hospital – Oklahoma City |
| SSM Health St. Anthony Hospital – Oklahoma City EMS | The Children’s Center |

There is no physical meeting location, and the following General Members are participating remotely using the Microsoft Teams teleconferencing platform:

- | | |
|---|--|
| Cedar Ridge | CuraHealth Oklahoma City |
| Edmond – AMG Specialty Hospital | EMS for Children |
| Inspire Specialty Hospital | INTEGRIS Baptist Physicians Group |
| INTEGRIS Community Hospital – Council Crossing | Lakeside Women’s Hospital |
| McBride Orthopedic Hospital | Mercy ER Physicians |
| Mercy Rehabilitation Hospital Oklahoma City | Northwest Surgical Hospital |
| Oakwood Springs, LLC | Oklahoma Center for Orthopedic and Multi-specialty Surgery |
| OKC – AMG Specialty Hospital | Oklahoma ER & Hospital |
| Oklahoma Heart Hospital South, LLC | OneCore Health |
| Select Specialty Hospital – Oklahoma City, Inc. | Summit Medical Center |
| Surgical Hospital of Oklahoma | Team Health Physicians Southwest |
| Valir Rehabilitation Hospital of OKC, LLC | |

- 1 **I. Call to Order**
- 2 The meeting was called to order at 1:00 pm by Chair David Howerton.
- 3
- 4 **II. Welcome and Introductions** – Chair David Howerton
- 5 Chair David Howerton welcomed members with no introductions made.
- 6
- 7 **III. Roll Call** – Chair David Howerton
- 8 Roll call was taken with members present and absent reflected on the attached attendance sheet.
- 9
- 10 **IV. Approval of Minutes** – July 14th, 2020 – Chair David Howerton
- 11 A motion to approve the minutes as written was made by EMSA – West Division and seconded by SSM
- 12 Health St. Anthony Hospital – Oklahoma City. There was no discussion, and the motion passed 15-0.
- 13
- 14 **V. Reports/Updates**
- 15 A. Emergency Systems quarterly activity report – Daniel Whipple
- 16 Katrina Warden was hired as the Special Projects Coordinator. Her duties will include assisting with
- 17 the Trauma Care Assistance Revolving Fund and other special projects as they arise. The State of
- 18 Oklahoma purchased the SandRidge Energy Tower. The building has been renamed to the Oklahoma
- 19 Commons Building and the Oklahoma State Department of Health along with a few other State
- 20 agencies will move into the facility in the near future. The deadline for Trauma Fund applications for



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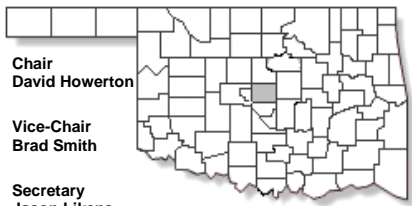
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MINUTES

- 21 hospitals will be November 30th, 2020 and the deadline for EMS agencies and EMS physicians and
 22 physician groups will be December 15th, 2020. No trainings are currently scheduled for Trauma
 23 Registry or OKEMSIS. The position for OKEMSIS is still vacant and posted for anyone interested.
 24 EMS regulation updates went into effect on September 11th, 2020 and are available for review on the
 25 Emergency Systems website. EMS agencies needing a new unit inspections should use the following
 26 link found on the Emergency Systems website to schedule the date/time and location of the inspection:
 27 [https://www.ok.gov/health/Protective_Health/Emergency_Systems/EMS_Division/Ambulance_Serv
 28 es_ & EMRAs/Inspections/index.html](https://www.ok.gov/health/Protective_Health/Emergency_Systems/EMS_Division/Ambulance_Services_&_EMRAs/Inspections/index.html).
 29
- 30 B. Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) report from previous
 31 meeting – Eddie Sims
 32 The Council last met on October 7th, 2020. Points of discussion included issues regarding reporting
 33 disease and injuries to the Health Department through a new process, options for the new data registry
 34 for stroke, and OTERAC subcommittee’s goals. Business conducted at the meeting included approval
 35 of proposed 2021 meeting dates and approval of stroke triage guidelines developed by the Oklahoma
 36 State Stroke System Advisory Committee (OSSSAC) for prehospital patients.
 37
- 38 C. Quality Improvement Committee quarterly activity report – Eddie Sims
 39 The Committee last met today before the RTAB and reviewed 10 to 12 cases and one response letter.
 40 Business conducted included approval of the Letter Schedule of Escalation Proposal approved by
 41 OTERAC. Due to a large increase in the number of Priority 1 patients delivered to a Level IV Trauma
 42 Center last quarter, the Committee will begin reviewing all of these cases individually.
 43
- 44 D. Trauma Rotation Committee report from previous meeting – Dr. David Smith
 45 The committee last met on September 15th, 2020; points of discussion and business conducted included
 46 the following:
 47
 - 48 ■ Review of the Trauma Rotation Committee Bylaws
 - 49 ■ Facial trauma discussion regarding coverage and support of SSM Health St. Anthony Hospital –
 - 50 Oklahoma City. Hospital agreements for additional face coverage will end October 31st, 2021 with
 - 51 SSM Health St. Anthony Hospital – Oklahoma City resuming full coverage beginning November
 - 52 1st, 2020.
 - 53 ■ Receive call schedules for February through July of 2021
 - 54 ■ Review and approval of updated language on the bottom of the Metro Call Schedule clarifying that
 - 55 pediatric coverage is only required of the on call hospital for hand trauma. The Trauma Rotation
 - 56 Schedule is available on the Oklahoma County Medical Society website for review. Anyone that
 - 57 has any physicians that can provide hand, face, or neuro coverage should contact Dr. Smith
 - 58 directly.
- 59 DI. Regional Planning Committee (RPC) report from previous meeting – Brad Smith
 60 The RPC plans to meet soon and is currently reviewing regional plans regarding burns with the goal of
 61 identifying where to appropriately deliver adult and pediatric burn patients. The committee is also
 62 reviewing the prehospital and interfacility T3 Guidelines to identify possible needed updates to include
 63 prioritization of burn patients and identification of regional burn centers. A meeting is planned with
 64 EMSA, INTEGRIS Baptist Medical Center, and OU Medicine to begin work on recommendations for
 65 new criteria for the delivery of burn patients. OU Medicine is currently accepting patients with equal or
 66 up to 20% burns with the Medical Control Board protocol reflecting the same.



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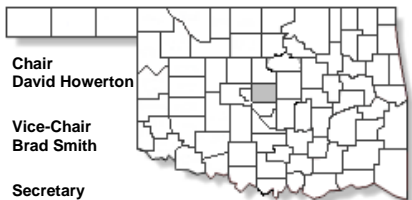
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- F. Regional Medical Response System (RMRS) quarterly activity report – Heather Yazdanipour
RMRS was unable to attend the July meeting due to being busy with the delivery of personal protective equipment (PPE) for the COVID response with over 4.5 million pieces of PPE delivered to Regions 6/8. That task has been taken over by OEM and RMRS is now currently working with OHA and OSDH to develop a COVID Surge Plan. RMRS has also been given a new task of working through EMResource data to identify consistent errors with hospitals reporting PPE numbers. RMRS presented this morning at the Oklahoma City Council meeting regarding extension of the mask mandate which was voted to be extend until December 6th, 2020.
- G. EMS for Children quarterly activity report – Delores Welch
EMS for Children had no report.
- H. OU Medicine Community Outreach quarterly activity report – Lindsay Lindsey
OU Medicine is currently unable to provide outside education due to COVID. With the help of Delores Welch and EMS for Children, OU Medicine was able to acquire a grant that enabled the purchase of Rural Trauma Team Development Course books and several Stop the Bleed kits to be donated to the schools at the time of the training.
- I. Strategic Goal work group quarterly activity report – George Benard
No representative was available for report.

VI. Business

- A. Discussion, consideration, possible action, and vote to approve the Combined Region 6/8 CQI Committee’s Letter Schedule of Escalation Proposal – Jamie Lee
Jamie Lee reviewed the Region 6/8 QI Committee’s Letter Schedule of Escalation Proposal noting the proposal was prompted due to a 2019 state average of responding to QI letters of 50%. The proposal was presented to OTERAC and approved with the goal of a 100% response rate. A motion to approve the Combined Region 6/8 CQI Committee’s Letter Schedule of Escalation Proposal was made by Midwest Regional EMS and seconded by OU Medicine. There was no discussion and the motion passed 15-0.
- B. Discussion, consideration, possible action, and vote to approve the CQI Committee recommendation that the RTAB and QI Committee Chairs draft and send a letter to licensed hospitals and ambulances services regarding the continuous quality improvement process – Jamie Lee
To ensure all members are aware of the quality improvement process, every licensed hospital and ambulance service will receive a letter informing them of the purpose and outline of the process. A motion to approve the QI Committee recommendation that the RTAB and QI Committee Chairs draft and send a letter to licensed hospitals and ambulance services regarding the continuous quality improvement process was made by EMSA – West Division and seconded by Community Hospital. There was no discussion and the motion passed 15-0.
- C. Discussion, consideration, possible action, and vote to approve 2021 Board Meeting dates, times, and venues – David Howerton
 - a. January 12th, 2021 at 1:00 pm – INTEGRIS Southwest Medical Center
 - b. April 13th, 2021 at 1:00 pm – Mercy Hospital Oklahoma City
 - c. July 13th, 2021 at 1:00 pm – INTEGRIS Baptist Medical Center
 - d. October 12th, 2021 at 1:00 pm – OU Medicine



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October 13th, 2020 – 1:00 pm

MINUTES

- 114 D. Discussion, consideration, possible action, and vote to approve 2021 Committee membership – David
- 115 Howerton
- 116 a. Regional Planning Committee
- 117 b. Quality Improvement Committee
- 118 David Howerton presented the proposed 2021 Board Meeting dates, times, and venues and the
- 119 proposed 2021 Regional Planning Committee and Quality Improvement Committee membership. A
- 120 motion to approve Business Items C and D was made by SSM Health St. Anthony Hospital –
- 121 Oklahoma City and seconded by Mercy Hospital Oklahoma City, Inc. There was no discussion and the
- 122 motion passed 15-0.
- 123
- 124 **VII. New Business** – Chair David Howerton
- 125 (for matters not reasonably anticipated 48 hours prior to the meeting)
- 126 No new business was presented.
- 127
- 128 **VIII. Next Meetings** – Chair David Howerton
- 129 A. Combined Region 6 & 8 Quality Improvement Committee
- 130 January 12th, 2021 – 10:00 am
- 131 B. Region 8 Regional Trauma Advisory Board
- 132 January 12th, 2021 – 1:00 pm
- 133 C. Regional Planning Committee
- 134 As Called
- 135 D. Oklahoma Trauma and Emergency Response Advisory Council
- 136 As called
- 137 E. OTERAC Systems Improvement and Development Work Group
- 138 As Called
- 139 F. OTERAC Medical Direction and Coordination Committee
- 140 As called
- 141 G. OTERAC Education and Training Committee
- 142 As called
- 143 H. OTERAC Regulations Work Group
- 144 As called
- 145
- 146 **IX. Adjournment** – Chair David Howerton
- 147 A motion to adjourn was made by SSM Health St. Anthony – Oklahoma City and seconded by EMSA-
- 148 West. The meeting adjourned at 1:39 pm.

BOARD MEMBER	REPRESENTATIVE	1Q	2Q	3Q	4Q	YTD
ALLIANCEHEALTH MIDWEST	Meghan Ayotte	X		X	A	67%
COMMUNITY HOSPITAL	Brad Smith Terra Collie	X		X	X	100%
EMERGENCY PHYSICIANS OF MIDWEST CITY, LLC	Michael Kalcich Michael Padgham	X		X	X	100%
EMSA - WEST DIVISION	David Gooshaw Zack Sinsheimer	X		A	X	67%
INTEGRIS BAPTIST MEDICAL CENTER, INC.	Janice Statzer Marla Lincecum	A		X	A	33%
INTEGRIS HEALTH EDMOND, INC.	Angie Heigle Angie Kammeyer	X		X	X	100%
INTEGRIS SOUTHWEST MEDICAL CENTER	Jacob Lovell Sonia Reeves	X		X	X	100%
MEDICAL CONTROL BOARD	David Howerton Jeff Reames	X		X	X	100%
MERCY HOSPITAL OKLAHOMA CITY, INC.	Holli Howard RN Jennifer Bramlett	X		X	X	100%
MIDWEST REGIONAL EMS	Maxine Council	X		X	X	100%
OKLAHOMA HEART HOSPITAL, LLC	Sarah Hering Devin Hamilton	X		X	X	100%
OKLAHOMA SPINE HOSPITAL	Aaron Burns	X		A	A	33%
OU MEDICINE	Lindsey Henson Lindsey Lindsay	X		X	X	100%
SAMARITAN EMS - TINKER AFB	Jason Likens Chris Prutzman	X		X	X	100%
SAMARITAN EMS (BETHANY/WARRACRES)	Jason Likens Chris Prutzman	X		X	X	100%
SSM HEALTH ST. ANTHONY HOSPITAL - OKLAHOMA CITY	George Benard Michelle Faulkner	X		X	X	100%
SSM HEALTH ST. ANTHONY HOSPITAL - OKLAHOMA CITY EMS		X		X	X	100%
THE CHILDREN'S CENTER, INC.	Amy Clevenger	X		X	X	100%

GENERAL MEMBER	REPRESENTATIVE	1Q	2Q	3Q	4Q	YTD
CEDAR RIDGE	Heather Jospeh	A		A	A	0%
CURAHEALTH OKLAHOMA CITY	Stephanie Tsonetokoy	A		A	A	0%
EDMOND - AMG SPECIALTY HOSPITAL	Erick Heflin Shana Branum	A		A	A	0%
EMS FOR CHILDREN	Delores Welch Caitlin Holland	X		A	X	67%
INSPIRE SPECIALTY HOSPITAL	Keith Kalinich Amy Clark	A		A	A	0%
INTEGRIS BAPTIST PHYSICIANS GROUP	David W. Smith, MD Jeffrey Sparkman, MD	X		X	X	100%
INTEGRIS COMMUNITY HOSPITAL - COUNCIL CROSSING	Smantha K. Mitchell Chris McAuliffe	X		A	A	33%
LAKESIDE WOMEN'S HOSPITAL	Alexandra Hensley Stacey Decker	X		X	X	100%
MCBRIDE ORTHOPEDIC HOSPITAL	Jeremy Podany Courtney Breckenridge	X		A	A	33%
MERCY ER PHYSICIANS	Juan Nalagan Lance Watson	X		X	A	67%
MERCY REHABILITATION HOSPITAL OKLAHOMA CITY	Sharon Smeltzer	A		A	A	0%
NORTHWEST SURGICAL HOSPITAL	Dusty Ervin Christina Mueller	X		A	A	33%
OAKWOOD SPRINGS, LLC		A		A	A	0%
OK CTR FOR ORTHO & MULTI-SPEC. SURG.	Jo Wyer Stacy Sargent	A		A	A	0%
OKC-AMG SPECIALTY HOSPITAL		A		A	A	0%
OKLAHOMA ER & HOSPITAL		A		A	A	0%
OKLAHOMA HEART HOSPITAL SOUTH, LLC	Devin Hamilton	X		X	X	100%
ONECORE HEALTH	Valerie Henry Stacy Sargent	X		X	A	67%
SELECT SPECIALTY HOSPITAL - OKLAHOMA CITY, INC.	John Yakel Michelle Belote	A		A	A	0%
SUMMIT MEDICAL CENTER	Curtis Summers	A		A	A	0%
SURGICAL HOSPITAL OF OKLAHOMA	Mindy Burkhart Kacy Pinnick	X		A	A	33%

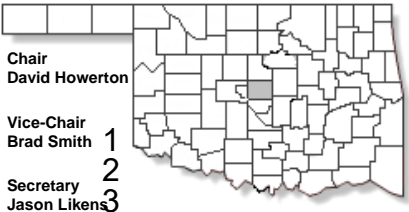
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REGIONAL TRAUMA ADVISORY BOARD

GENERAL MEMBER ATTENDANCE

TEAM HEALTH PHYSICIANS SOUTHWEST	Mark Keuchel	A		A	A	0%
VALUR REHABILITATION HOSPITAL OF OKC, LLC	Ginger Castleberry Susan Huffstutler	A		A	A	0%

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REGULAR MEETING
Tuesday, April 13, 2021 – 1:00 p.m.

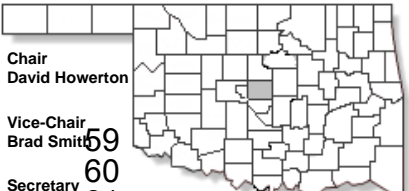
Location of Meeting: Microsoft Teams
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Join by Phone: +1 405-898-0717 United States, Oklahoma City (Toll)
Conference ID: 108 085 925#

The meeting notice was filed with the Oklahoma Secretary of State on November 13, 2020 at 4:37 p.m. and amended on March 19, 2021 at 5:44 p.m. The meeting notice/agenda was posted on the Oklahoma State Department of Health website for the Region 8 RTAB on April 9, 2021 at 3:46 p.m.

MINUTES

- I. Call to Order.....David Howerton, Chair
The meeting was called to order at 1:06 p.m.
- II. Roll Call.....Jason Likens, Secretary
There was no physical meeting location with Board members participating remotely using the Microsoft Teams teleconferencing platform reflected on the attached attendance sheet.
- III. Introductions and Announcements.....David Howerton, Chair
David Howerton introduced and welcomed back Jennifer Woodrow as the Region 8 RTAB Coordinator.
- IV. Approval of Minutes – October 13, 2020.....David Howerton, Chair
A motion to approve the October 13, 2020 minutes as written was made by Dr. David Smith of INTEGRIS Baptist Physicians Group and seconded by SSM Health St. Anthony Hospital - OKC. There was no discussion and a roll call vote was recorded of 10-0. The motion was made by an authorized representative of a general/non-voting member, therefore, did not pass.
- V. Reports/Updates
 - A. Emergency Systems.....Jennifer Woodrow
EMS Administrator Jennifer Woodrow introduced herself and announced she will be taking over the Region 8 RTAB Coordinator duties previously assigned to Daniel Whipple to include assisting with the Region 8 Trauma Rotation Committee. Mr. Whipple is no longer with Emergency Systems; his position of Trauma Systems Coordinator and the Statistical Research Specialist position are open for application. The move is complete to the Oklahoma Commons Building with most the staff currently working from home. EMS agencies needing a new unit inspection should use the following link to schedule the inspection:
[https://www.ok.gov/health/Protective Health/Emergency Systems/EMS Division/Ambulance Services & EMRAs/Inspections/index.html](https://www.ok.gov/health/Protective%20Health/Emergency%20Systems/EMS%20Division/Ambulance%20Services%20&%20EMRAs/Inspections/index.html). Ms. Woodrow asked members to complete and return by email a current RTAB Authorized Representative Form located in the member packets and asked that these forms be submitted annually.
 - B. Oklahoma Trauma and Emergency Response Advisory Council (OTERAC).....Eddie Sims
Eddie Sims announced that OTERAC has not met this year and the next meeting is scheduled for June 2, 2021.
 - C. Quality Improvement Committee.....Eddie Sims, Committee Chair
Eddie Sims announced the committee last met this day prior to the RTAB noting there were more positive than negative case reviews.
 - D. Trauma Rotation Committee.....Dr. David Smith, Committee Chair
The Trauma Rotation Committee last met virtually on March 23, 2021. The committee began working for the first time with Jennifer Woodrow of OSDH and Alison Fink of the Oklahoma County Medical Society (OCMS). Ms. Woodrow replaced Daniel Whipple as the committee

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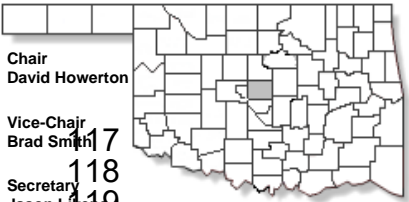
Secretary
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coordinator and Ms. Fink replaced Jana Timberlake as Executive Director of OCMS and the point of contact for any issues regarding the trauma rotation schedule. Points of discussion and business conducted included the following:

- Discussion regarding appropriate processes and communication routes in the event an on call hospital goes on divert with participating hospitals, RMRS, and OSDH to review all regional and disaster plans and report back findings at the next meeting
- Pediatric trauma age definition discussion and approval of a pediatric trauma age query for facilities participating in the rotation to determine compliance with the current OSDH guideline of 16 years of age and identify possible issues for further discussion
- Reformation of the neurosurgery workgroup to ensure the current neurosurgery rotation is meeting the needs of the region and its citizens with first meeting scheduled for June 1, 2021
- Burn Rotation discussion with discussion referred back to the Region 8 Regional Planning Committee (RPC)
- Approval of 2021 meeting dates to include June 15, 2021 and September 14, 2021 at 5:30 p.m. with location to be determined

- E. Regional Planning Committee.....Brad Smith, Committee Chair
The RPC is currently working with regional experts in burn care for the identification of appropriate burn criteria for the development of a regional plan for patient prioritization and delivery of pediatric and adult trauma patients to designated burn destinations as well as review of the Oklahoma Trauma Triage and Transfer Guidelines for possible amendment recommendations.
- F. Regional Medical Response System (RMRS).....Heather Yazdanipour
RMRS is currently monitoring COVID saturations and involved in patient movement. Region 8 has noted a recent drop in COVID saturation to Tier 1 and a low number of patients being moved with today's saturation for med surge and ICU beds at 7%. RMRS is working with the Oklahoma Hospital Association to reduce the amount of COVID reporting required for hospitals and will report back as more information is available. The notice of funding opportunity from ASPER has not been received due to a delay at the federal level secondary to COVID response activities. RMRS is on track with all of grant deliverables with the Infections Disease Surge Plan and the MERC COOP Plan in place.
- G. EMS for Children (EMSC).....Delores Welch
EMSC concluded their annual EMS survey at the end of March with 52 out of 129 responding for a 40% response rate noted to be down from last year's 100% response rate prior to COVID. Beginning May 1 through the end of July, the National Pediatric Readiness Survey will be sent via United States Postal Service to leadership of all emergency departments. This survey is conducted every five years and, due to the amount of information requested and extensive time needed for completion, reporting will be completed online.
- H. OU Medicine Community Outreach.....Lindsay Lindsey
Due to COVID, normal operations have been put on hold. Classes are currently being conducted virtually via Zoom with hopes to go back into the community for outreach and education by the end of next quarter.
- I. Strategic Goal Work Group.....George Benard
No representative was available for report.
- J. Region 8 prehospital trauma transports.....David Howerton, Chair
David Howerton presented data regarding EMSA transports within Region 8 showing 809 Priority 1, 1032 Priority 2, and 4740 Priority 3 patients transported for a total of 6581 trauma transports. Mr. Howerton noted that EMSA trauma transport data is currently presented at the Trauma Rotation Committee meetings. Members were asked and agreed it would be beneficial for trauma transport data from the region's EMS systems to also be presented to the Board for quarterly review. Dr. David Smith stated data should still be obtained from OSDH and compared to prehospital data to identify possible discrepancies. Mr. Howerton stated he would send the EMSA data report to Jennifer Woodrow to then be sent to the regional EMS systems as well as agencies who frequently transport into Region 8 as a template and requested those agencies prepare a quarterly report for Region 8 RTAB and Trauma Rotation Committee review.



Chair
David Howerton

Vice-Chair
Brad Smith

Secretary
Jason Little

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VI. Business

A. Discussion, consideration, possible action and vote to approve amendments to the Region 8 Trauma Plan pending review of the approved Letter Schedule of Escalation and placement within the Region 8 Trauma Plan.....David Howerton, Chair
 Jamie Lee reviewed the proposed amendments, purpose, and placement within the Region 8 Trauma Plan noting the Letter Schedule of Escalation was approved by the RTAB at the fourth quarter meeting. A motion to approve the proposed Region 8 Trauma Plan amendments was made by INTEGRIS Baptist Medical Center, Inc. and seconded by EMSA – West Division. There was no discussion and the motion passed 10-0

VII. Presentation

A. Non-Accidental Trauma.....Dr. Larissa Hines
 Dr. Larissa Hines of Oklahoma Children’s Hospital at OU Health presented information regarding child abuse recognition to include types of abuse, epidemiology, reporting, clinical approach and presentation, and physical examination. A child protective team provider is available 24 hours a day, 7 days per week and can be reached at 405-271-3636.

VIII. New Business (For matters not reasonably anticipated 48 hours prior to the meeting)
 No new business was presented.

IX. Next Meetings

A. Oklahoma Trauma and Emergency Response Advisory Council	147	C. Region 8 Regional Trauma Advisory Board
June 2, 2021 – 1:00 p.m.	148	July 13, 2021 – 1:00 p.m.
B. Combined Region 6 & 8 Quality Improvement Committee	149	D. Regional Planning Committee
July 13, 2021 – 10:30 a.m.	150	As Called
	151	

X. Closing, Adjournment, and Dismissal

A motion to adjourn was made by Samaritan EMS – Tinker AFB and seconded by Medical Control Board. The meeting adjourned at 2:08 p.m.

Approved,

 David Howerton, Chair
 Oklahoma City Area (8) Regional Trauma Advisory Board
 July 13, 2021

OKLAHOMA CITY AREA (8) REGIONAL TRAUMA ADVISORY BOARD

BOARD MEMBER ATTENDANCE

BOARD MEMBER	REPERESNTATIVE	1Q	2Q	3Q	4Q	2021
Community Hospital, LLC	Brad Smith		X			100%
	Terra Collie					
Emergency Physicians of Midwest City, LLC	Michael Kalcich		X			100%
	Michael Padgham					
EMSA - West Division	David Gooshaw		X			100%
	Zachary Sinsheimer					
INTEGRIS Baptist Medical Center, Inc.	Janice Statzer		X			100%
	Marla Lincecum					
INTEGRIS Health Edmond, Inc.	Angie Heigle		A			0%
	Angie Kamer Mayer					
INTEGRIS Southwest Medical Center	Jacob Lovell		A			0%
	Sonia Reeves					
Medical Control Board	David Howerton		X			100%
	Jeff Reames					
Mercy Hospital Oklahoma City, Inc.	Holli Howard		X			100%
	Haley Hunter					
Oklahoma Heart Hospital, LLC	Sarah Hering		X			100%
	Devin Hamilton					
Oklahoma Spine Hospital	Aaron Burns		A			0%
OU Health University of Oklahoma Medical Center	Lindsey Henson		X			100%
	Lindsey Lindsay					
Samaritan EMS - Tinker AFB	Jason Likens		X			100%
	Chris Prutzman					
Samaritan EMS (Bethany/Warr Acres)	Jason Likens		X			100%
	Chris Prutzman					
SSM Health St. Anthony (Midwest EMS)	Larry Terry		X			100%
	Maxine Council					
SSM Health St. Anthony Hospital - Midwest	Meghan Ayotte		A			0%
SSM Health St. Anthony Hospital - Oklahoma City	George Benard		X			100%
	Michelle Faulkner					
SSM Health St. Anthony Hospital - Oklahoma City EMS	George Benard		A			0%
The Children's Center, Inc.	Amy Clevenger		A			0%

OKLAHOMA CITY AREA (8) REGIONAL TRAUMA ADVISORY BOARD

GENERAL MEMBER ATTENDANCE

GENERAL MEMBER	REPERESNTATIVE	1Q	2Q	3Q	4Q	2021
Cedar Ridge	Heather Josphe		A			0%
CuraHealth Oklahoma City	Stephanie Tsonetokoy		A			0%
Edmond - AMG Specialty Hospital	Erick Heflin Shana Branum		A			0%
EMS for Children	Delores Welch Caitlin Holland		X			100%
Inspire Specialty Hospital	Keith Kalinich Amy Clark		A			0%
INTEGRIS Baptist Physicians Group	David W. Smith, MD Jeffrey Sparkman, MD		X			100%
INTEGRIS Community Hospital - Council Crossing	Samantha K. Mitchell Chris McAuliffe		A			0%
Lakeside Women's Hospital	Garret Graziano Alexandra Hensley		A			0%
McBride Orthopedic Hospital	Jeremy Podany Courtney Breckenridge		X			100%
Mercy ER Physicians	Juan Nalagan Lance Watson		X			100%
Mercy Rehabilitation Hospital Oklahoma City	Sharon Smeltzer		A			0%
Northwest Surgical Hospital	Dusty Ervin Christina Mueller		A			0%
Oakwood Springs, LLC	Karen Walker		A			0%
OK Ctr for Ortho & Multi-Spec. Surg.	Jo Wyer Stacy Sargent		A			0%
OKC-AMG Specialty Hospital	Erick Heflin		A			0%
Oklahoma ER & Hospital	Tom Vo, MD		A			0%
Oklahoma Heart Hospital South, LLC	Devin Hamilton Sarah Hering		A			0%
OneCore Health	Valerie Henry Stacy Sargent		X			100%
Select Specialty Hospital - Oklahoma City, Inc.	John Yakel Michelle Belote		A			0%
Summit Medical Center, LLC	Curtis Summers		A			0%
Surgical Hospital of Oklahoma	Mindy Burkhart Kacy Pinnick		A			0%
Team Health Physicians Southwest	Mark Keuchel		X			100%
Valir Rehabilitation Hospital of OKC, LLC	Ginger Castleberry Susan Huffstutler		X			100%

Oklahoma City Regional Trauma Plan

Region 8



Developed by the Regional Planning Committee

Approved by RPC: 03/07/2007, 05/23/2018, 08/19/2019
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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

Region 8 Trauma Plan

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Appendix A	Oklahoma Model Trauma Triage Algorithm
Appendix B	Trauma Transfer and Referral Center (TReC)
Appendix C	Hospital Standards Oklahoma Administrative Code
Appendix D	EMResource™ Usage
Appendix E	Advanced Life Support Assistance Protocol
Appendix F	Letter Schedule of Escalation

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

I. GOALS / PURPOSE

- A. Assure trauma patients are stabilized and transported to the closest, appropriate hospital facility with the available resources and capacity to provide definitive care in a timely fashion.
- B. Support the Trauma Triage and Transport Guidelines to effectively reduce trauma morbidity and mortality.
- C. Match a facility's resource with each trauma patients needs to ensure optimal and cost effective care is achieved.
- D. This plan will not conflict with any rules and/or regulations that are in place now or may be written or changed in the future.

II. 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, receiving the right treatment, in the right amount of time.

III. REGION DESCRIPTION

Region 8 consists of Oklahoma County and its contiguous communities.

IV. 911 CAPABILITIES

Enhanced 911 serves region 8. Infrastructure is now in place for Wireless E-911 to incorporate E-911 to cell phones. Wireless E-911 is currently being implemented.

V. TRAUMA PRIORITY CATEGORIZATION

All injured patients must be identified and transported/transferred to the facility that provides the appropriate care based on the clinical needs of the patient. This should be done in a timely fashion with specific attention focused on preserving the highest level of care for major trauma patients. A three-tiered system designed to determine the appropriate hospital destination for all injured patients considers injury severity, severity risk, time and distance from injury to definitive care, and available resources to meet the region's specific needs.

Three trauma triage priorities are used in determining the appropriate destination for patients.

A. Priority I Trauma Patients:

These are patients with blunt or penetrating injury causing physiological abnormalities or significant anatomical injuries. These patients have time sensitive injuries requiring the resources of a Level I or "On-Call Facility". These patients should be directly transported to a Level I or "On-Call Facility" for treatment but may be stabilized at a Level III or Level IV facility, if needed, depending on location of occurrence and time and distance to the higher-level trauma center. If needed these patients may be cared for in a Level III facility if the appropriate services and resources are available.

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B. Priority II Trauma Patients:

These patients are those that have potentially time sensitive injuries because of a high-energy event or single system injury. These patients do not have physiological abnormalities or significant anatomical injuries and can be transported to a trauma facility with the resources to perform a complete trauma evaluation and medical screening and can care for their injuries. Patients >20 weeks pregnant will also be considered Priority 2 trauma patients.

C. Priority III Trauma Patients:

These patients are without physiological instability, altered mentation, neurological deficit, or significant anatomical or single system injury that has been involved in a low energy event. These patients should be treated at the nearest treating facility or the patient's hospital of choice.

VI. CATEGORIZATION OF HOSPITALS

A. Hospital Providers in Region 8 include:

1. Level I Trauma Center: ~~OU Medicine (OUM)~~ OU Health University of Oklahoma Medical Center
2. Level II Trauma Center: None
3. ~~By Levels~~-Level III Trauma Center:
 - a. INTEGRIS Baptist Medical Center, Inc.
 - b. INTEGRIS Health Edmond, Inc.
 - c. INTEGRIS Southwest Medical Center
 - d. Mercy Hospital Oklahoma City, Inc.
 - e. ~~Alliance Health Midwest~~ SSM Health St. Anthony Hospital – Midwest
 - f. SSM Health St. Anthony Hospital – Oklahoma City
4. Level IV Trauma Center:
 - a. ~~a.~~ Community Hospital, LLC
 - b. INTEGRIS Community Hospital – Council Crossing
 - ~~a-c.~~ Oklahoma ER & Hospital
 - ~~b.~~
5. Rehabilitation Hospitals:
 - a. Edmond – AMG -Specialty Hospital
 - b. Inspire Specialty Hospital
 - c. Mercy Rehabilitation Hospital Oklahoma City
 - ~~b-d.~~ Mercy Rehabilitation Hospital Oklahoma City South
 - ~~e.~~ Valir Rehabilitation Hospital of OKC, LLC
6. ~~J.D. McCarty Center for Children with Developmental Disabilities~~ Focus Facilities:
 - a. Curahealth Oklahoma City
 - ~~a.~~ Kindred Hospital – Oklahoma City
 - b. Lakeside Women's Hospital
 - c. McBride ~~Clinic~~ Orthopedic Hospital, LLC

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

- d. Northwest Surgical Hospital
 - e. OKC-AMG Specialty Hospital
 - ~~e.f.~~ Oklahoma Center for Orthopaedic & Multi-Specialty Surgery
 - g. Oklahoma Heart Hospital, LLC
 - ~~f.h.~~ Oklahoma Heart Hospital South, LLC
 - i. Oklahoma Spine Hospital
 - ~~g.i.~~ OneCore Health, LLC
 - ~~h.~~ Orthopedic Hospital
 - ~~i.~~ Renaissance Women's Center of Edmond
 - ~~j.k.~~ Select Specialty Hospital - Oklahoma City, Inc
 - ~~k.~~ Select Specialty Hospital - Oklahoma City, East Campus
 - l. Summit Medical Center, LLC
 - m. Surgical Hospital of Oklahoma, ~~LLC~~
 - n. The Children's Center, Inc.
7. Psychiatric Hospitals
- a. Cedar Ridge
 - ~~a.b.~~ Oakwood Springs, LLC Hospital (Psychiatric) in OKC

B. Region 8 Trauma Rotation On-Call Facility System

- 1. Hospitals participating in the Region 8 Trauma Rotation On-Call Facility System are:
 - a. INTEGRIS Baptist Medical Center, Inc.
 - b. INTEGRIS Southwest Medical Center
 - c. Mercy Hospital ~~—Oklahoma City, Inc.~~
 - d. OU Health University of Oklahoma Medical Center ~~OU Medicine~~
 - e. SSM Health St. Anthony Hospital – Oklahoma City

The On-Call schedule is posted daily to the EMResource™ computer as a document. Additionally the EMResource™ computer posts the On-Call hospital as an FYI alert daily at the top of the Oklahoma West screen.

- 2. On Call Facility Requirements: (Refer to Call Schedule)
 - a. When “on call”, each hospital will provide neurosurgery, facial trauma, and hand trauma (both adult and pediatric)....or arrange coverage through hospital transfer agreements.
 - b. This schedule is for unassigned, Priority 2 patients with single-system injury, or at risk for injury that at least include neurosurgery, facial trauma, or hand trauma but currently stable, picked up by EMSA in its service area or transported into the metropolitan area from other regions of the State. As of September 1, 2013, isolated Priority 1 neurologically-injured patients transported directly by EMS within or into the OKC region will go to OUMC. All other patients will be transported to the closest, most appropriate facility.
 - c. In order to maintain accurate statistics for patient transfers into Region 8 and to comply with interfacility triage and transfer criteria, all requests to the on- call

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

hospital or physicians for the transfer of unassigned injured patients should be referred and managed through TReC.

- d. Each hospital will provide care for established patients, stable patients that have requested the facility, or patients arriving to their ED even on the date they are not the designated on-call hospital if they have the capability to do so.
- e. It is understood that the other hospitals may have to provide back-up coverage for a designated hospital.
- f. The On Call Facility will serve as a backup should the Level I Facility become overwhelmed or incapacitated.

f.g. When an On Call Facility is incapacitated, the facility must complete the following:

- i. Update EMResource to ensure their most current status is reflected. This will serve as notification to the hospital licensing authority, OSDH-Facilities Services as required in Oklahoma Administrative Code (OAC) 310:667.
- ii. Patients are to be transported/directed to the closest most appropriate facility according to the Trauma Triage Transfer and Transport Algorithm, with capability and capacity based on information provided on EMResource.
- iii. When the facility will be incapacitated for a prolonged period or have systemwide impact, it must begin actions to provide situation reporting as provided in the Region 6/8 Medical System Response Plan. Telephone number for the Region 8 MERC 24/7 Duty Officer is 405-297-7200. Region 8 Medical Facility Incident Status Report is available at : <https://arcg.is/Ob40X0> or QR Code



VII. TRAUMA CENTER PROGRAM

Each hospital shall provide the level of Trauma Services for which the facility is licensed in accordance with the Hospital Standards Oklahoma Administrative Code (OAC) 310:667 (See Appendix C). It is important to incorporate all facilities in trauma planning and implementation, as well as, in the planning of transfer protocols.

VIII. TRAUMA TEAM

The team approach is optimal in the care of the multi- injured patient. The trauma center must have a written policy for notification and mobilization of an organized trauma team (in a Level I, "On-Call" Facility, or Level III facility) or to the extent that one is available (Level IV facility). The Trauma Team may vary in size and composition when responding to trauma activation. The physician leader or the advanced practice clinician on the trauma team will have preferably completed ATLS certification and is responsible for directing all phases of the resuscitation in compliance with ATLS protocol. Suggested composition of the trauma team can be found in the current version of "Resources for Optimal Care of the Injured Patient

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

by the Committee on Trauma, American College of Surgeons”.

The required Trauma Physician Specialties are defined in the Hospital Standards Oklahoma Administrative Code (OAC) 310:667 (See Appendix C).

IX. CRITERIA FOR ACTIVATION OF THE TRAUMA TEAM

Activation of the trauma system per hospital operations should occur for Priority I and Priority II patients in accordance with the Oklahoma Triage and Transport Algorithm (See Appendix A).

X. INTER-FACILITY TRANSFERS

In an effort to optimize patient care and deliver the trauma patient to the most appropriate destination, rapid assessment of the patient is imperative. When a trauma patient arrives at a destination hospital the trauma team will be activated in accordance with the hospital operating procedures for Priority I and Priority II patients and the patient will have an immediate medical screening completed. Depending upon the screening and the needs of the patient any of the following may occur:

- A. The Priority I patient will be stabilized, admitted if appropriate, or transferred to the designated Trauma Center.
- B. The Priority II patient will be stabilized and then admitted to that facility, or transferred to the Level II rotation, or other facility of choice.
- C. The Priority III patient will be stabilized and treated, then transferred if necessary to the facility of choice, or discharged to home with appropriate follow-up instructions.

It is the expectation that facilities with the capability and capacity to treat patients at their facility will not initiate a transfer.

XI. DESCRIPTION OF EMERGENCY MEDICAL SERVICE (EMS)

A. EMS Providers within Region 8 include:

1. EMSA - EMSA Western Division is the largest EMS provider in the State of Oklahoma, covering Oklahoma County and small portions of Logan and Canadian Counties, EMSA provides exclusive paramedic ambulance service to Oklahoma City and surrounding cities. The service area is approximately 900 square miles.
2. ~~Midwest Regional Medical Center EMS—Midwest Regional Emergency Medical Service (EMS) is the oldest and largest hospital-based ambulance service in Oklahoma. It is a paramedic level service, providing emergency response to Midwest City, Del City, Choctaw, Nicoma Park, Luther, Spencer, Hickory Hills, Harrah, Jones, Newalla, Moore, Forest Park, and Southwest Lincoln County. The service area is approximately 240 square miles. Pafford EMS of Oklahoma – BWA~~

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

2-3. Pafford Medical Services of Oklahoma – Del City

4. Samaritan EMS – Tinker AFB serving on Tinker Air Force Base.

5. SSM Health St. Anthony (Midwest City) - SSM Health St. Anthony (Midwest City) is the oldest and largest hospital-based ambulance service in Oklahoma. It is a paramedic level service, providing emergency response to Midwest City, Del City, Choctaw, Nicoma Park, Luther, Spencer, Hickory Hills, Harrah, Jones, Newalla, Moore, Forest Park, and Southwest Lincoln County. The service area is approximately 240 square miles.

6. SSM Health St. Anthony Hospital – Oklahoma City EMS

XII. TRAUMA REFERRAL CENTER (TReC)

The Trauma Transfer and Referral Centers were created by statute (Senate Bill 1554, 2004) and they were implemented on July 1, 2005. The purpose of TReC is to ensure that trauma patients transported or transferred to facilities in Region 7 or 8 are transported to the facility that provides the appropriate level of care based on the clinical needs of the patient. This should be done in a timely fashion with specific attention focused on preserving the highest level of care for major trauma patients. Contact information for TReC (Appendix B).

Statewide training sessions were held throughout June 2005 to orient all providers to the use of TReC.

Ambulances entering Region 8 are required to call into TReC prior to entering Region 8 in order to ensure appropriate destination. Likewise, hospitals may call TReC for assistance in identifying the appropriate destination for their trauma patients. TReC will provide information on resource utilization to the OSDH that will be available to the Region 8 RTAB for Quality Improvement purposes.

XIII. PROCEDURE FOR SELECTION OF HOSPITAL DESTINATION

It is recognized that some patients have needs that can only be met at specific destination hospitals. Thus, a trauma patient will often benefit from transfer directly to an appropriate hospital with the capabilities and capacity to provide definitive trauma care. This care may not necessarily be at the closest or patient preferred facility and this must be taken into account when treating the patient.

Rapid pre-hospital recognition and appropriate triage of trauma patients using the Oklahoma Model Trauma Triage and Transport Guidelines is essential in determining the appropriate selection of Priority I, II, and III trauma patient hospital destination (Appendix A).

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OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

These Destinations are:

A. Within the EMSA service area:

1. Priority I adult and pediatric patient trauma destination = OUMC.
2. Priority II unassigned adult trauma destination = communitywide on call facility.
3. Priority II pediatric patient (≤ 16 years of age) trauma destination = The Children's Hospital at OUMC
4. Priority III adult and pediatric trauma destination = facility of patient preference or closest appropriate facility.
5. Pediatric (≤ 16 years of age) and adult single system **hand injuries** will be transported to the on call facility as assigned by the trauma call rotation committee.

B. Within Midwest Regional EMS service area:

1. Priority I adult and pediatric trauma destination = OUM.
2. Priority II unassigned adult destination = AllianceHealth Midwest or community wide on call facility based on time/distance constraints.
3. Priority II unassigned pediatric trauma patient destination = The Children's Hospital at OUMC
4. Priority III adult and pediatric trauma destination = facility of patient preference or closest appropriate facility.
5. Pediatric (≤ 16 years of age) and adult single system **hand injuries** will be transported to the on call facility as assigned by the trauma call rotation committee.

C. Burn Patients

Refer to Triage & Transport Guidelines – Oklahoma Model Trauma Triage Algorithm.

D. Discretionary Patients

Adult trauma patients may be determined to be priority I or priority II if clinical suspicion of significant injury and heightened by any single or particularly a combination of the following patient attributes:

1. Age > 55 ;
2. Anticoagulation and bleeding disorders;
3. Time Sensitive extremity injury;
4. Pregnancy > 20 weeks.

XIV. PROCEDURE FOR MONITORING HOSPITAL STATUS AND CAPABILITY

A. EMResource

The EMResource Administrator at the Oklahoma State Department of Health will generate reports from the EMResource™ for use in monitoring hospital status related to destination. These reports will be made available to the Region 8 CQI Committee as

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requested. Any problems and/or trends identified through review of this data will be addressed by the CQI committee directly with the provider and if necessary through referral to the appropriate state level committee. (Appendix D)

B. QI Indicators

A set of QI Indicators has been developed for use in monitoring hospital status and appropriateness of destination. The Region 8 CQI Committee will monitor these indicators. Any problems and/or trends through review of the indicators will be addressed by the CQI committee directly with the provider and if necessary through referral to the appropriate state level committee.

XV. HELICOPTER UTILIZATION PROTOCOL

Purpose - Appropriate utilization of air ambulance resources by Region 8 providers.

Medical literature to date demonstrates no significant survival benefit utilizing medical helicopter transport for patients in densely populated, urban settings. The Oklahoma State Department of Health and the University Of Oklahoma Department Of Emergency Medicine EMS Section provide the following information regarding the clinically appropriate utilization of medical helicopters to maximize patient benefit and protect the safety of patients, aeromedical professionals, and ground EMS professionals.

A. "No Fly" Patient Conditions

Medical helicopter utilization rarely affects outcome in already moribund patients or in the converse, stable patients without apparent serious illness/injury. A medical helicopter should NOT be utilized for the following patients:

1. Medical or Traumatic Cardiac Arrest without Return of Spontaneous Circulation;
2. Trauma Patients with minimal traumatic injury, without apparent risk of life/limb loss;
3. Patients with stable vital signs and without signs of serious illness/injury.

B. "No Fly" Zones

Medical helicopter utilization is very rarely indicated within an approximate 30 minute radius of an appropriate destination hospital unless there are extenuating circumstances.

These extenuating circumstances include the following:

1. Hazardous or impassible road conditions resulting in significant ground transport delays for seriously injured or ill patients;
2. Multiple casualty incidents with high numbers of red/priority 1 patients, overwhelming available ground EMS units;
3. A combination of lengthy extrication and extended ground transportation (traffic conditions, weather conditions) of a priority 1 or priority 2 patient at the lead EMS professional's careful discretion.

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Amended and consolidated: 03/2008, 05/2011, 04/2014, 01/2015

Approved by OTSIDAC: 08/02/2006

Approved by OTERAC: 06/04/2014

OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

PROTOCOL 14F: Helicopter EMS (HEMS) Considerations, cont. Medical Helicopter Utilization:

At incidents greater than 30 minutes from the appropriate destination hospital, the decision to activate a medical helicopter response should be based upon an EMS professional's assessment of the patient's clinical condition, factoring in apparent and/or suspected illness or injury, mechanisms of injury – if applicable, anticipated scene time, and anticipated ground transport time to an appropriate destination hospital (eg. cardiac catheterization capable hospital or trauma center). Medical helicopters should not be activated until an EMS professional or medically-trained law enforcement officer has assessed the patient.

C. Further utilization concepts include:

1. EMS professionals on scene may elect to activate a medical helicopter if flight time to the incident, flight scene time, and return flight time would still allow a critical patient to arrive at an appropriate destination hospital significantly faster by air.
2. If ground EMS transport capability is not on scene and a decision is being factored as to ground or air transport, the on scene EMS professionals should first request an ETA for the ground transport unit. If the on scene EMS professionals then judge transport time by ground will be detrimental to the patient clinical condition, a medical helicopter response can be activated. This decision should be communicated to ground EMS agency to keep all responding apparatus crews aware of scene and patient dynamics.
3. If uncertain whether medical helicopter activation is in the best interest of the patient, contact online medical control, (OLMC) at the anticipated destination hospital for consultation and determination of transport mode and destination.
4. The primary determinant of helicopter transport mode is to achieve getting the critical patient to the most appropriate definitive care hospital in the shortest amount of time. The medical helicopter to be utilized is the medical helicopter appropriate for the patient's needs and closest to the incident location.

D. Cancellation of Medical Helicopter Activation:

An EMS professional may cancel a medical helicopter response after being activated if patient condition significantly improves or deteriorates to meet —no fly criteria. Keep in mind, though, that once a medical helicopter is responding to the scene, it is generally unwise to cancel that response. EMS professionals should avoid requesting a medical helicopter response, canceling the response, and then having to request the helicopter again. Such a situation prolongs scene time and helicopter response time in addition to conveying indecisive patient care.

Approved by RPC: 03/07/2007, 05/23/2018, 08/19/2019

Approved by RTAB: 03/13/2007, 07/10/2018, 10/08/2019, 04/13/2021

Amended and consolidated: 03/2008, 05/2011, 04/2014, 01/2015

Approved by OTSIDAC: 08/02/2006

Approved by OTERAC: 06/04/2014

OKLAHOMA CITY (8) REGIONAL TRAUMA PLAN

E. Landing Zone:

Appropriate fire or law enforcement personnel will be responsible for establishing and maintaining a safe landing zone.

XVI. DIVERSION

In the event OUM is on divert for Priority I trauma patients, the “On Call” Facility will be the adult Priority I trauma patient destination.

In the event the “On Call” Facility is on diversion, the resources of the metropolitan area Level III facilities as identified on EMResource™ will determine appropriate Priority II patient destination.

XVII. REGIONAL QUALITY IMPROVEMENT ACTIVITIES

Every licensed hospital and ambulance service is to participate with the Continuous Quality Improvement process. Participation in the process will be demonstrated by meaningful responses to committee correspondence, and with respectful consideration being given to the recommendations made by the committee. Those who do not participate with the CQI committee process will be subject to the schedule of escalation outlined in Appendix F.

DRAFT

Approved by RPC: 03/07/2007, 05/23/2018, 08/19/2019

Approved by RTAB: 03/13/2007, 07/10/2018, 10/08/2019, 04/13/2021

Amended and consolidated: 03/2008, 05/2011, 04/2014, 01/2015

Approved by OTSIDAC: 08/02/2006

Approved by OTERAC: 06/04/2014

REGION 8 REGIONAL TRAUMA ADVISORY BOARD

Proposed 2022 Committee Members

REGIONAL EDUCATION PLANNING COMMITTEE

Brad Smith, Chair

David Howerton

Larry Terry

Renae Kirkhart

Chris Prutzman

QUALITY IMPROVEMENT COMMITTEE

Roxie Albrecht, MD

Julie Evans

David Gooshaw

Holli Howard

David Howerton

Bryan Jones

Lindsey Lindsay

Juan Nalagan, MD

Chris Prutzman

Brad Smith, PA

David Smith, MD

VOTE TO ADD:

Monica Triplett

8 | REGIONAL TRAUMA ADVISORY BOARD

BOARD ROTATION

ATTACHMENT A

16 PERMANENT BOARD MEMBERS

PERMANENT BOARD MEMBER	CLASSIFICATION
AllianceHealth Deaconess	Level III Pre-Hospital Trauma Destination Hospital
AllianceHealth Midwest	Level III Pre-Hospital Trauma Destination Hospital
Community Hospital	Level IV Pre-Hospital Trauma Destination Hospital
INTEGRIS Baptist Medical Center, Inc.	Level III Pre-Hospital Trauma Destination Hospital
INTEGRIS Health Edmond, Inc.	Level III Pre-Hospital Trauma Destination Hospital
INTEGRIS Southwest Medical Center	Level III Pre-Hospital Trauma Destination Hospital
Mercy Hospital Oklahoma City	Level III Pre-Hospital Trauma Destination Hospital
OU Medicine	Level I Pre-Hospital Trauma Destination Hospital
SSM Health St. Anthony Hospital – Oklahoma City	Level III Pre-Hospital Trauma Destination Hospital
EMSA – West Division	EMS
Midwest Regional EMS	EMS
Oklahoma Critical Care Transport	EMS
Samaritan EMS – Tinker AFB	EMS
Samaritan EMS (Bethany/Warr Acres)	EMS
St. Anthony Hospital	EMS
Medical Control Board	Interested Party

4 ROTATING BOARD MEMBERS

FOCUS FACILITIES 1 MEMBER ON 3 YEAR ROTATION		ORTHOPEDIC HOSPITALS 1 MEMBER ON 3 YEAR ROTATION	
CuraHealth Oklahoma City	2042-2044	McBride Orthopedic Hospital	2025-2027
Lakeside Women’s Hospital	2021-2023	Northwest Surgical Hospital	2022-2024
Oklahoma Heart Hospital, LLC.	2018-2020	OK Center for Orthopaedic & Multi-Specialty Surgery	2028-2030
Oklahoma Heart Hospital South, LLC	2024-2026	Oklahoma Spine Hospital	2019-2021
Select Specialty Hospital – Oklahoma City, Inc.	2027-2029	OneCore Health	2031-2033
Inspire Specialty Hospital	2030-2032		
Summit Medical Center	2033-2035		
Surgical Hospital of Oklahoma	2036-2038		
Cedar Ridge	2039-2041		
Oakwood Springs, LLC	2045-2047		
REHABILITATION HOSPITALS 1 MEMBER ON 3 YEAR ROTATION		PHYSICIAN GROUPS 1 MEMBER ON 3 YEAR ROTATION	
Edmond - AMG Specialty Hospital	2027-2029	Mercy ER Physicians	2025-2027
Mercy Rehabilitation Hospital Oklahoma City	2024-2026	Team Health Physicians Southwest	2028-2030
The Children’s Center	2018-2020	Emergency Physicians Group of Midwest City	2019-2021
Valir Rehabilitation Hospital of OKC, LLC	2021-2023	INTEGRIS Baptist Physicians Group	2022-2024

REGION 8 REGIONAL TRAUMA ADVISORY BOARD

2022 PROPOSED BOARD MEMBERS

Community Hospital

EMSA – West Division

INTEGRIS Baptist Medical Center, Inc.

INTEGRIS Baptist Physicians Group

INTEGRIS Health Edmond, Inc.

INTEGRIS Southwest Medical Center

Lakeside Women’s Hospital

Medical Control Board

Mercy Hospital Oklahoma City, Inc.

Northwest Surgical Group

OU Health University of Oklahoma Medical Center

Pafford EMS of Oklahoma – BWA

Samaritan EMS – Tinker AFB

SSM Health St. Anthony (Midwest EMS)

SSM Health St. Anthony Hospital – Midwest

SSM Health St. Anthony Hospital – Oklahoma City

SSM Health St. Anthony Hospital – Oklahoma City EMS

Valir Rehabilitation Hospital of OKC, LLC



**OKLAHOMA TRAUMA SYSTEM QUALITY IMPROVEMENT PROCESS
REFERRAL FORM**

Please complete this form and attach related records.

Reporting individual contact information		<input type="checkbox"/> I wish to remain anonymous
<i>Date</i>		
<i>Full name and title</i>		
<i>Organization</i>		
<i>Telephone number</i>		
<i>Email address</i>		
Patient information for review		
<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>		
Reason for requesting review: (Check all applicable boxes and include a brief narrative)		
<input type="checkbox"/> <i>Good Job!</i>		
<input type="checkbox"/> <i>Incorrect application of the Trauma Triage, 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 Department of Health
Emergency Systems- Attn:Trauma CQI
123 Robert S Kerr Ste.1702 Oklahoma City, OK 73102
Phone:(405) 426-8480 Fax: (405) 900-7561
Email: CQI@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: _____

ALTERNATE REPRESENTATIVE: (please print legibly)

Name: _____
Job Title: _____
Email: _____
Telephone: _____
Facsimile: _____

***** Please fax to the Emergency Systems at (405) 900-7560*** Update Annually*****