

**Region 8 Trauma Rotation Committee  
REGULAR MEETING  
Tuesday, June 14, 2022 – 5:30 p.m.**

**Oklahoma County Medical Society  
313 N.E. 50th Street, Suite 2  
Oklahoma City, Oklahoma 73105**

The meeting notice was filed with the Oklahoma Secretary of State on September 21, 2021 at 3:52 p.m. The meeting notice/agenda was posted on the Oklahoma State Department of Health website on June 8, 2022 at 4:35 p.m.

**MINUTES**

- I. Call To Order.....David W. Smith, MD, Chair  
The meeting was called the order at 5:34 p.m. by Chair Dr. David Smith.
- II. Roll Call.....David W. Smith, MD, Chair  
Roll call was taken with the following member present: Dr. David W. Smith, Dr. Roxie Albrecht, Dr. Chad Borin, Dr. Eric Friedman, Dr. Ross Martin, Dr. John Nalagan, and Dr. Ryan Wicks. Dr. Zachary M. Hurwitz arrived later in the meeting. Dr. Thomas P. Lehman was absent.
- III. Approval of Minutes – March 29, 2022.....David W. Smith, MD, Chair  
A motion to approve the March 29, 2021 ~~22~~ minutes as written was made by Dr. Chad Borin and seconded by Dr. Ryan Wicks. There was no discussion and the motion passed 7-0.
- IV. Reports
  - A. Region 8 Prehospital Trauma Transport Statistics.....David Howerton  
David Howerton was not present for report. Data from the EMSA-West division regarding the number of Priority 1, 2, and 3 trauma patients by trauma patient destinations and initial acuity impressions from March 2022 through May 2022 was presented to members in the member packet. Members reviewed the data noting that, due to differences in EMS agency reporting, report data fields need to be updated in the shared report in order to pull accurate data from all Region 8 EMS agencies. Additional issues noted with the shared report included duplication of data and inclusion of data from calls in which trauma was the secondary rather than the primary complaint. A written request was emailed to all Region 8 EMS agencies prior to the meeting requesting data for committee and RTAB review with no data received. The Region 8 Prehospital Trauma Statistics report is available on OKEMSIS and shared with all Region 8 EMS agencies. OKEMSIS data submission is required by all EMS agencies. Dr. Smith and Dr. Nalagan have reached out to Pafford EMS and hope to continue discussions regarding the data with the number of trauma transported by Pafford EMS noted to be low. Dr. Smith noted that the committee needs to continue to work with pre-hospital agencies, OSDH, and TReC to formulate and obtain accurate data. Dr. Smith clarified that the committee should only look at data from transports with trauma as the primary complaint. Grace Pelley noted that data reviewed should include data from the Trauma Registry to reflect the entire continuum of trauma care.
  - B. TReC.....Jessie Leslie  
Jessie Leslie presented TREC data for Regions 7 and 8 from December 2021 through March 2022 regarding total interfacility transfers by patient priority, specialist requested, transferring region, and receiving hospital noting average time to acceptance. Mr. Leslie then presented data for Regions 7 and 8 from December 2021 through February 2022 regarding total hand and facial trauma interfacility transfers and consult calls. Mr. Leslie noted the data reflected a trend that does not align with the trauma rotation with 85% of Priority 1 hand and face going to the on call Level III Trauma Centers; the remaining 15% were

primarily facial calls involving the eyes requiring ophthalmology services. Mr. Leslie asked the committee to allow TRc to continue to send isolated Priority 1 hand and face calls to the on call Level III Trauma Center as the Trauma Rotation guidelines are currently only indicated for the unassigned Priority 2 patient.

- C. Emergency Systems.....Jennifer Woodrow  
Jennifer Woodrow announced staffing updates to include the addition of Quality Survey Analyst Heather Griffin and open positions to include EMS Administrator II and Epidemiologist II/III. Quality Survey Analyst Jamie Lee and Medical Facilities Director Nena West were introduced. The deadline for EMS agency and physician application is June 15, 2022 with trauma fund handouts or additional information available upon request. Next meeting dates were announced to include an OSSAC meeting on July 20, Medical Direction and Coordination Committee meeting on August 3, OTERAC meeting on October 5, and Education and Training Committee meeting on August 10.

V. Business

- A. Discussion, consideration, possible action and vote to approve any recommendations to committee workgroups and/or needed scheduling or coverage changes regarding hand, OMFS, and neurosurgery coverage.....David W. Smith, MD, Chair  
The committee continued discussion regarding the TRc request to send unassigned Priority 1 single system hand and patients to the on call facility. Committee members reviewed and discussed the Priority 1 hand and face prioritization requirements with concern noted for intubated Priority 1 face patients. Ms. Pelley noted that, if approved, the decision needs to be communicated to the emergency rooms and transfer centers so that patients don't get turned away when placed. Dr. Smith stated that Level III facilities currently participating in the on call rotation do not have the necessary required staff available to facilitate getting a patient to the operating room within 30 minutes and that the committee cannot expect the on call facility to act in a Level I timely fashion. Dr. Smith asked for input from respective specialists present regarding time sensitivity of single system Priority 1 hand and face trauma. Specialists from the committee confirmed that time sensitivity is determined in hours and not minutes for hand injuries as outlined in the single system Priority 1 hand guidelines and members noted the need to clarify the line of demarcation required to be considered for hand injury. Members of OSDH noted that, if approved, any change to the rotation or prioritization criteria would need to be reflected in the trauma plan and updated on the call schedule. Currently, the Region 8 Trauma plans designates that pediatric and adult single system hand injuries be transported to the on call facility, which is not reflected on the call rotation schedule. Members then discussed concerns to include Priority 1 face criteria regarding neural impingent on the optic nerve bundle and intubated patients clarifying that intubated patients meet Priority 1 trauma patients, therefore, are not considered single system and that the prioritization tool is intended to be utilized for only interfacility transfers. Dr. Albrecht noted that EMSA should be involved in the discussion as they have approved destination protocols. Ms. Woodrow noted that EMS agency destination protocols are required to follow the approved regional trauma plan. Dr. Smith requested that OSDH and/or Alison review previous minutes for the documented definition for hand and report back findings at the next meeting with EMSA invited to attend to participate in discussions. A representative of SSM Health St. Anthony Hospital informed the committee that SSM Health St. Anthony Hospital – Oklahoma City does not currently have face coverage, therefore, could not agree to the proposed plan and changes prior to discussion with his facility. In order to move forward, committee members determined the need for SSM Health St. Anthony to decline requests when no coverage available. Dr. Smith called upon hand specialist Dr. Hurwitz to see if proposed changes regarding hand are considered appropriate according to the specialty with Dr. Hurwitz and members agreeing changes to be appropriate. Upon committee discussion and review of the single system Priority 1 guidelines, the regional trauma plan, and the approved call schedule, members agreed upon the following plan:
  1. The Priority 1 definitions and criteria for single system hand and face will be disseminated by Alison to participating facility surgeons and EMSA for review with request for feedback and definition for hand.

2. Confirm the following proposed call rotation schedule changes:
  - a. Addition of an approved definition for hand.
  - b. Addition of exclusion criteria for hand and face to include airway, potential airway, and visual changes.
  - c. Update of line item B to reflect in part: This schedule is for unassigned, Priority 1 and 2 patients with single-system injury, or at risk for injury that at least include neurosurgery, facial trauma or hand trauma.
3. Upon assurance that no changes are needed and determining the definition for hand, the confirmed call schedule language changes and the determined definition of hand will be circulated to the participating facilities and surgeons prior to vote for approval at the next committee meeting.
4. EMSA will be invited to attend and participate in discussions at the next meeting in which the committee will vote to approve the proposed call schedule changes and definition of hand.
5. Upon committee advisement and understanding, TReC may extend the meaning of Priority 1 and 2 hand and face patients to the on call facility to have a collegial discussion regarding acceptance of these patients.

Mr. Leslie advised the TReC definition for hand is considered elbow and down and members discussed other possible definitions for hand. A motion to approve the plan as noted above was made by Dr. Ryan Wicks and seconded by Dr. Eric Friedman and the motion passed 7-0. Mr. Leslie asked the committee to confirm that Priority 1 single system neuro patients do not go to the on call facility stating this is sometimes a point of confusion at TReC. Members discussed possible situations in which transport would be appropriate to include normal altered mentation prior to injury and confirmed that Priority 1 single system neuro patients should not be transported to the on call facility. Mr. Leslie then asked the committee to advise an appropriate course of action for when imaging is requested by a receiving facility but disagreed upon by the sending facility for patients with Priority 1 neurological findings that have not had any imaging performed after 10 minutes from arrival. Dr. Smith noted that over triage is built into the trauma system and that pre-hospital guidelines state that patients with an isolated head injury may be transported to the on call facility only if they return to their baseline neuro status. Dr. Albrecht noted the CDC classification states this is indicated for patients without drugs and alcohol. Dr. Mark Gregory, TReC Medical Director, introduced himself and discussed concerning trends noted during his reviews. Dr. Gregory stated that, as calls come into TReC, they have to go through facility transfer coordinators, especially for OU Health. As this results in TReC being placed in a line with all other non-emergency transfers, Dr. Gregory requested another way to access the trauma emergency room. Dr. Albrecht responded that data is reviewed monthly which shows only five or six cases per month that are not answered within 10 minutes and that transfers must be placed through the transfer center with no other means of access available.

- B. Discussion, consideration, possible action and vote to approve call schedules for August 2022 through January 2023.....David W. Smith, MD, Chair  
Proposed call schedules for August 2022 through January 2022 were presented for committee review with any request for changes reflected in the proposed schedules. Dr. Smith noted that call schedules would need to be updated upon any approval of changes as proposed and asked how to proceed in regards to the lack of SSM Health St. Anthony face coverage. Dr. Smith then discussed conversations held with Dr. Kersey Winfree approximately one month prior to this meeting in which Dr. Winfree voiced concerns about unavailability of a physician and how to proceed. Dr. Winfree was advised to follow steps as outline in Note G of the call schedule in the event coverage was not available. Dr. Winfree was also advised that, if the facility was unable to meet their obligations as outlined in the approved and proposed schedules, the committee would need to call an emergency meeting prior to today’s meeting in order to allow time for hospital administrator notification and necessary schedule changes with no notification of issue received by Dr. Smith. The collegial expectation is that the facility work within the parameter of Note G of the call schedule to fix the issue and reach out to any or all facilities to determine available coverage. Members discussed the history of similar events noting the committee was understanding of

the issues. Dr. Chad Borin advised that SSM Health St. Anthony – Oklahoma City currently has no facial coverage and no credentialed providers able to provide facial trauma care noting coverage issues began June 1. Members discussed how to best proceed with the lack of coverage and approval of call schedules proposed. Possible sources for facial coverage within the region as well as allocation and utilization of those sources were discussed with sources noted to include private physician groups, facility providers, other community providers, and coverage from non-profiled OMFS surgeons. Dr. Smith asked that any potential community solutions be shared with Dr. Winfree. Upon discussion, members agreed upon the following plan:

- The committee will draft and deliver tomorrow a letter to SSM St. Anthony Hospital Oklahoma City addressed to the top three SSM Health St. Anthony executive leaders to include Regional President of SSM of Oklahoma Joe Hodges, President of SSM Health St. Anthony Oklahoma City Tammy Powell, and Chief Medical Officer of SSM Health Oklahoma City Dr. Kersey Winfree.
- As Chair, Dr. Smith will author the letter on behalf of the committee stating the following: Dr. Smith was informed by your representative tonight at the meeting that there is currently no coverage for the already voted upon and published schedules that had been agreed to by the facilities of the trauma rotation as it pertains to face. Unfortunately, the non-coverage issues prevented the committee from voting on the next block of schedules from August through January. As Trauma Rotation Chairman, I had been advised that face call may have been an issue but did not receive through requested notification of the need for an emergency meeting to address this deficiency. The committee asks that you notify us as to your plan for face call and that you adhere to Note g on the call schedule. Should you be unable to do so, we will ask you to attend an emergency meeting to help Region 8 trauma rotation rectify the call schedule.
- Approval of call the proposed call schedule through September 2022 only with committee understanding that SSM Health St. Anthony facial coverage may be unavailable with notification to participating facilities provided by Dr. Chad Borin.

A motion to approve the proposed schedules through September only was made by Dr. Eric Friedman and seconded by Dr. Zachary Hurwitz. There was no further discussion and the motion passed 8-0.

- C. Discussion and consideration of 2023 Committee membership and solicitation of volunteers and/or nominations for membership.....David W. Smith, MD, Chair  
 Dr. Smith confirmed the committee currently has nine members with the number of members needed to establish quorum being five and noted the number needed to establish quorum will increase with the addition of any new members. Regional bylaws suggests that committee membership be kept to ten or fewer members and that the committee Chair shall serve three year terms. Dr. Albrecht noted that previous long standing committee Chair, Dr. Jay P Cannon, recently passed on April 23. Dr. Albrecht and members recognized Dr. Cannon’s efforts and contributions into the development and continued success of this committee and the trauma system. Dr. Smith reviewed previous minutes regarding membership and discussed finding to include initial/previous membership represented by hospital administrators and hospital administrator request for provider participation/membership resulting in the current membership represented primarily by physicians. Members reviewed current committee members with Dr. Smith soliciting nominations and/or volunteers for new members. Dr. Nalagan noted that the addition of a hospital administrator who would attend and participate would be beneficial for the committee. Members agreed and noted that the committee would benefit from the attendance and participation of hospital administration from all participating on call facilities. Dr. Smith noted that membership is not required for participation as the committee conducts open meetings allowing anyone to attend. Dr. Smith noted that representatives from INTEGRIS were invited but unable to attend due to another obligation. Members note that this event occurs on the same date and time as committee meetings. Members discussed possible hospital administrators for nomination with Anthony Rowdy of OU Health nominated to be voted on for approval as a new member at the next meeting. Members will bring the discussion

back to their facility to determine interest for administrator participation with David Rogers and John Adams identified as possible nominations.

D. 2023 Committee Chair Nominations.....David W. Smith, MD, Chair  
Dr. Smith has served his three year term as Chair with this position now open for nomination. Dr. Smith noted that he would be happy to continue serving as Chair or accept nominations or volunteers to fill this position with nominations solicited for consideration to be voted on for approval at the next meeting. No nominations or volunteers were received with the committee voicing support for Dr. Smith to continue serving as Chair to be voted upon for approval at the fourth quarter meeting.

E. Discussion and consideration of proposed 2023 regular meeting dates, times, and venue  
.....David W. Smith, MD, Chair

1. March ~~14~~ 21, 2023 – 5:30 p.m. at the Oklahoma County Medical Society
2. June ~~13~~ 20, 2023 – 5:30 p.m. at the Oklahoma County Medical Society
3. September ~~12~~ 19, 2023 – 5:30 p.m. at the Oklahoma County Medical Society
4. December 19, 2023 – 5:30 p.m. at the Oklahoma County Medical Society

Members reviewed the proposed dates noting a different meeting was scheduled the second Tuesday of every month posing a scheduling conflict with all proposed 2023 meeting dates. Ms. Woodrow announced dates are currently proposed four weeks prior to the Region 8 RTAB to allow time for any committee information or action to be taken the RTAB noting the option to change time period to three weeks. Members then reviewed dates according to the updated time frame with agreed upon changes to be approved at the next meeting reflected above. Dr. Smith noted that the committee will work with OSMA to petition the state regarding open meetings in order to conduct meetings electronically.

VI. New Business (For matters not reasonably anticipated 48 hours prior to the meeting)

Dr. David Smith identified the need to schedule an emergency meeting due meeting discussions regarding face coverage issues. Due to time needed to complete call schedules for approval, the committee agreed the meeting should be conducted as a working group rather than an emergency meeting. To ensure committee quorum is not met, the working group membership will include community face surgeons and participating hospital administrators with authority to make decisions regarding the call schedule and face coverage with Dr. David Smith appointed as Chair. The working group discussions will be limited to face call coverage with the group to agree upon a schedule that ensures face coverage through September. Ms. Fink will then draft the remaining schedules for consideration and approval at the next committee meeting. Dr. Smith requested that Ms. Fink draft schedules for July through September reflecting SSM Health St. Anthony call coverage for neuro and hand only with other participating facilities scheduled for face. Dr. Smith requested participating facilities identify hospital administrators and surgeons designated to attend the meeting with notification provided to the designated participants and Dr. Smith to be included in a letter of request. Members discussed possible meeting dates agreeing upon a working group meeting to be scheduled for June 20, 2022 beginning at 5:30 p.m. at the Oklahoma County Medical Society. Members identified the need and requested that participating facilities ensure EMResource is updated and current as it will be utilized by TReC to place patients at the closest most appropriate facility in the event of no call coverage. Dr. Smith requested SSM Health St. Anthony update the OMF box on EMResource in the event no coverage is available to ensure it is communicated to TReC and timely placement of the patient. Dr. Ross Martin will send email notification to facility face surgeons advising of the face coverage issues and that calls may be received while the issue is being resolved. A motion to approve the creation of a working group, proposed meeting date, and work to be completed as detailed above was made by Dr. Chad Borin and seconded by Dr. Ross Martin. There was no discussion and the motion passed 8-0.

VII. Next Meeting

- A. Region 8 Regional Trauma Advisory Board  
July 12, 2022 – 1:00 p.m.



B. Region 8 Trauma Rotation Committee  
September 13, 2022 – 5:30 p.m.

C. Oklahoma Trauma and Emergency Response Advisory Council  
October 5, 2022 – 1:00 p.m.

Dr. David Smith presented the next meeting dates as outlined above.

VIII. Closing, Adjournment, and Dismissal

A motion to adjourn was made by Dr. Chad Borin and seconded by Dr. Ross Martin. The meeting adjourned at 7:37 p.m.

Approved,

---

Dr. David Smith, Chair  
Region 8 Trauma Rotation Committee  
December 6, 2022