

**Region 8 Trauma Rotation Committee
SPECIAL MEETING
Thursday, July 21, 2022 – 5:30 p.m.**

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

The meeting notice was filed with the Oklahoma Secretary of State on June 05, 2022 at 3:51 p.m. The meeting notice/agenda was posted on the Oklahoma State Department of Health website on July 20, 2022 at 1:51 p.m.

MINUTES

- I. Call To Order.....David W. Smith, MD, Chair
The meeting was called the order at 5:40 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. Eric Friedman, Dr. John Nalagan, and Dr. Ryan Wicks. Dr. Chad Borin, Dr. Zachary M. Hurwitz, and Dr. Thomas P. Lehman, and Dr. Ross Martin were absent. Introductions were made with the following guests present: OSDH Trauma Systems Coordinator Chris Dew, Jessie Leslie of TReC, Kim Williams.
- III. 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
Here to review what we can do to cover the face part of trauma rotation. On 06/20/22, the committee working group for face held a meeting and temporarily approved a 33% split of call previous covered by SSM Health St. Anthony Oklahoma City between OU Health, Mercy Hospital Oklahoma City, and INTEGRIS Baptist Medical Center. Alison Fink reviewed the draft schedule noting changes and an equal split between the facilities with Dr. Albrecht noting that coverage was only for face trauma and not OMFS as plastic surgery and ENT coverage is available. Dr. Smith requested Ms. Fink edit the call schedules to reflect Dr. Albrecht’s note. At the request of Dr. Smith, Grace Pelley presented OMF data obtained from the Trauma Registry and TReC with OKEMSIS data not included due to patients frequently arriving at emergency departments by personal vehicle. Trauma Registry OMF data showed a total of 18 OMF cases from 01/01/21 through 06/30/21 with consults identified by the Trauma Registry. TReC reported 120 OMF cases from December 2021 through March 2022, averaging 17 interfacility transfers and 14 consults per month. Dr. Smith noted that patients appearing in the data set resulted in an emergency room visit but may or may not have required a procedure or operations. Dr. Amanda Celii of OU Health discussed a study conducted that looked at trauma patients who were transferred to OU Health from other facilities and then discharged directly from the emergency department. Results of the study showed that the majority of the patients discharged directly form the emergency department were those with facial fractures followed by ophthalmology issues associated with the facial fractures and then by single system forearm fractures. Of the cases reviewed, 40% were noted to be associated with ophthalmology for face injury. From this study, OU Health is looking to see if these patients can be manage via telemedicine with face colleagues and equipment that permits full eye examination. As most of these patients need swelling to decrease before an operative intervention can be offered, OU Health is working to implement a process that allows patients to be initially managed and kept at their home institution with follow-up and treatment plan conducted and determined virtually. Dr. Smith thanked Dr. Celii for the information noting

its importance to the overall health of the trauma rotation as prehospital burden and lack of available ambulances has increased the difficulty to transfer patients to the appropriate destination.

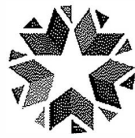
- B. Discussion, consideration, possible action and vote to approve distribution percentages of ~~hand~~ face on-call schedules.....David W. Smith, MD, Chair
Dr. Smith asked for input regarding the proposed 33% distribution of face, factors influencing decisions, actions or conditions required for approval of proposed schedules. A representative from INTEGRIS Baptist stated the facility has no issue with the extension and taking extra call days as proposed in the call schedules and requested clarity be provided regarding the long term plan. Members and facility representatives discussed the proposed distribution percent with all agreeing upon the proposed 33% face call distribution and the need to determine a long term solution. A representative of INTEGRIS Baptist noted that on call facility partners can assist in trying to explore different options and help partner with other surgeons to assist on the call schedules and expressed willingness to help bridge those conversations. A representative for SSM Health St. Anthony's noted the most expeditious solution for the facility would be the adding a physician from a local existing practice to their staff who would ideally develop a practice at the facility noting previous history shows this to be a good hospital practice and possible solution. Dr. Nalagan of Mercy Hospital stated Dr. Sullivan graciously stepped up and will do whatever it takes to meet the needs of the system through January. Dr. Nalagan then voiced concerns regarding how long the facility's good will can be maintained beyond that point and the burden currently being placed on the specialist resulting in physician burnout. Dr. Albrecht emphasized the need for a long term solution and voiced concerns regarding setting a precedent which bleeds over into other specialties resulting in the majority of the state being covered by one hospital with continued strain resulting in the system returning to the way it was in 2004. Members agreed to continue to work together to find solutions and help SSM Health St. Anthony Hospital partner with resources in the community so that additional coverage is not needed through January. A motion to approve approved a 33% split of call previous covered by SSM Health St. Anthony Oklahoma City between OU Health, Mercy Hospital Oklahoma City, and INTEGRIS Baptist Medical Center was made by Dr. Ryan Wicks and seconded by Dr. Roxie Albrecht. There was no discussion and the motion passed 5-0.
- C. Discussion, consideration, possible action and vote to approve call schedules for August 2022 through January 2023.....David W. Smith, MD, Chair
Proposed schedules were presented for August 2022 through January 2022 for approval with Alison Fink noting face trauma was added to the August and September schedules with no other changes made. A motion to approve the August 2022 through January 2022 schedules as proposed was made by Dr. John Nalagan and seconded by Dr. Ryan Wicks. There was no discussion and the motion passed 5-0.
- D. Discussion, consideration, possible action and vote for future agenda items.....David W. Smith, MD, Chair
Dr. Smith discussed possible future agenda in regards to previous discussions to include the following:
- Utilization of telemedicine for eye and face patients
 - Need for radiology sharing between all of facilities included in the regional trauma plan as well as in the community at large
 - Possible equipment needs for radiology sharing
 - Patient transfers into Region 8 from Region 7 due to lack of hand or face call coverage and possible future difficulties in dealing with other regions inadequacies to cover the same specialties covered by the trauma rotation
 - Any other discussions that would be fruitful for the trauma rotation itself
- Dr. Smith noted the identified points of discussion could be handled through a committee hospital administration workgroup with meetings conducted at the OSMA. Dr. Smith stated the committee needs to ensure good collegial and working relationship and that the regional needs are met in order to set a precedent for other regions and/or states in regards to caring for their own patients with possible

discussions between hospital administrators and providers needed in the future regarding TReC referrals from outside Region 8. Dr. Smith advised that Business Item D was added to the agenda due to previous discussions and to determine what the committee would like to discuss. With committee meetings only held four times a year, time is very limited to develop a plan and idea set with most of the time allotted for meetings utilized to review and approve items already discussed and decided upon. Dr. Smith requested input regarding what the committee can do looking forward to develop a plan to satisfy the facilities' requirement that the committee readdress face call in a timely fashion that is acceptable to all and to ensure the committee is robust in all the rotational areas. Dr. Smith asked the committee if sponsorship of a working group with members to include hospital administrators and/or providers would be helpful to address these issues. Members discussed the need for radiology sharing between all facilities through a cloud based type of product with points of discussion to include current sharing capability, barriers, and radiology reads. Dr. Albrecht discussed to the benefits of image sharing to include decreasing interfacility transfers involving patients who do not need transfer, repeated scans, and time spent waiting on imaging to be burned to a CD that ultimately cannot be opened. OU Health currently has a process for image sharing with approximately 20 hospitals with no process in place for INTEGRIS Baptist Medical Center, SSM Health St. Anthony Oklahoma city, or Mercy Hospital Oklahoma City. Dr. Albrecht noted that some SSM Health and smaller Mercy facilities have image sharing capabilities but OU Health has been unable to obtain contracts with the bigger local facilities with multiple attempts made. Contract attempts were made at the radiology level and may have been blocked before making it to the hospital administrator level. Dr. Albrecht identified barriers to include contractual issues for the bigger hospitals and technology issues for the smaller hospitals and noted many cities larger than Oklahoma City have implemented image sharing within their trauma network. Dr. Celii noted that by utilizing stroke telemedicine software, smaller hospitals could possibly share imaging and not be required to upgrade equipment and lines. It was also noted that telemedicine systems are most often universally usable with issues regarding communication between different systems solvable by downloading one extra little thing that allows systems to talk to each other. Upon request of Dr. Nalagan, Dr. Albrecht clarified that issues specific to Mercy Hospital Oklahoma city are contractual and include integrity of data. Additional issues/barriers regarding image sharing were identified to include no trauma fund reimbursement for outpatient or rehab services and no money available for the 40% of OMFS patients received and then require follow-up at clinic or technology initiatives discussed.. Dr. Albrecht noted that uncompensated patients who arrive at a trauma center and are then discharged but require rehab services are stuck at the facility for weeks until someone has funding to open a bed with most patients eventually going to rehab because a charity bed is opened. This matter has been looked at in the past but data is needed to determine the length of stay for patients who are uncompensated versus those that are compensated and actual reason for delay. Due to the difficulty of obtaining that data, OU Health has begun documenting in the chart that the patient was medically ready for discharge in order to know the start of available days. Members identified trauma fund allocation is determined through legislation and discussed possible ways and/or venues to change the way funds are allocated. Dr. Albrecht stated the system was developed 15 years ago and asked if the committee should have a third party look at the system and make recommendations for improvement or form a working group to look at other systems and possibly identify the need to redesign the current system. Members discussed the state of the current system, need for additional traumas centers, and possible need for a system change. Dr. Albrecht expressed appreciation for all the community hospitals and everything they have done and continue to do to help OU Health when they are overwhelmed or need to go on divert. She then noted that better systems exist which would involve revamping how trauma is paid and result in having people that really want to take care of injured patients. Maryland currently funds a specific amount of trauma centers within a certain region with funds put up for bid. Texas and Ohio have allocated funds with facilities required to go through a verification system to receive funds. Dr. Smith reviewed the identified issues and asked members to provide input regarding the best way to proceed noting issues can be addressed by establishing a work group for the purpose of addressing the OMFS issues and establishing a list of regional needs with partnerships solicited from other committees or associations to look at the identified far

reaching changes accomplish goals. Members discussed previous data presented, sources for data, and the need for current data regarding outcomes facilities performance in regards to time sensitive issues in order to identify needed revisions and challenge facilities to do better. Grace Pelley acknowledged that data is available from the state and typically presented every 5 years with OSDH currently getting ready to publish the next set of 5 years of data. In regards to assessments, a NITSA survey was conducted in 2010 and OSDH is currently conducting preliminary talks with the ACS to do a state assessment. Dr. Albrecht asked who makes the decision to have ACS to come in and do a system assessment and how that process is initiated. Ms. Pelley clarified that the current Oklahoma Chapter Chair initiated the interest and conversations with ACS. One meeting has been conducted and a follow-up meeting is planned to determine next steps. Dr. Nalagan discussed activities previously conducted by the Medical Audit Committee and noted reestablishing this committee would not help in solving the current issues. Members discussed and approved the committee and system would benefit from a third party or ACS system evaluation and recommendations for improvement. Grace Pelley suggested some topics of discussion be taken directly to the Medical Direction and Coordination Committee as they are considered state wide issues and will allow the committee to save time by skipping a few steps. Dr. Smith requested that OSDH advise the best forum to continue discussions regarding the identified issues to include technology, funding, and identification and review of appropriate data points to act and what can be done to proactively understand what is needed? Ms. Pelley suggested the committee identify all of issues and conversations needed and then split those between regional solutions, rotation questions, or state wide initiatives and offered to assist with categorizing issues stating that looking at the proposed solutions can help determine where an issue belongs. Dr. Smith then discussed issues with current data to include redundant or inappropriate data obtained and asked for input regarding the proper data set needed for potential discussions and how that data can be obtained. EMSA data is currently being provided to the committee and the Region 8 RTAB for review. Ms. Pelley advised that the proper data set is determined by the question to be answered. Dr. Smith and members identified the following questions to be answered:

- Are appropriate resources available for the amount of calls on a given day?
- Is there an adequate number of facilities and providers for the specialty on call caseload for a given day?
- Would time to final destination or treatment be impacted by the addition or subtraction of facilities?
Treatment
- In regards to pre-hospital destinations, how do we make our communication and transport systems more timely?
- How many multi-stop transfers are occurring?
- Regarding distribution of patients, how many patients were received when on call and when not on call?
- What is the amount actual amount of patients requiring service per day?

Dr. Smith reviewed data presented in the past to include the number of patient received when not on call, number of patients received when on call, number of prehospital patients, number of prehospital patients, number of patients transferred from within the system, and number of patients transferred from outside the region. Data should be focused on the rotation hospitals in order to determine if the model is working to provide timely care and to determine efficiency and over transfer within the region due to only having one person on call. Data obtained in response to the proposed questions will help ensure appropriate staff are available and one facility or physician is not overburdened. It will also help to determine a need for a different model of care or addition/ subtraction of resources. Dr. Celii noted that the study conducted showed 634 patients with injuries involving mainly face and ophthalmology as well as some hand and isolated orthopedic injuries could have avoided transfer with care provided later in follow-up. The study excluded neurosurgery patients with data from Arizona showing smaller facilities are capable of keeping small head bleeds by using telemedicine. Members discussed difficulty and delays regarding interfacility transfers and unavailability of EMS units. Ms. Pelley noted that OSDH is currently



looking at data regarding patients who are transferred and then discharged less than 24 hours later. OSDH is also working with the regional burn centers regarding these patients and hopes to offer training at the 2023 first quarter RTAB. Members discussed and agreed upon the need to form an OMFS working group to continue discussions and determine solutions regarding face coverage. Possible meeting dates were discussed with members agreeing upon October. Alison Fink will email a poll with possible meeting dates to determine attendance and ensure participation from face providers and all participating facilities. Attendees were designated to include the following: Chad Smith, and Dr. Sullivan of Mercy Hospital Oklahoma City, Anthony Rowdy of OU Health, David Rogers and Dr. Winfree of SSM Health St. Anthony. Dr. Smith requested that OSDH and TReC data regarding face and points of discussions identified be presented at the meeting. Dr. Smith noted that there might be some confusion about which INEGRIS campus is assigned trauma, Portland or NW expressway, and advised he is currently working to clarify the issue.

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

Members discussed and agreed upon the need to form an OMFS working group to continue discussions and determine solutions regarding face coverage. The next regularly scheduled meeting is scheduled for September 13, 2022. Members discussed and agreed that September was too soon for discussions and the September meeting should be canceled as business would be dependent upon the working group discussion. A motion to cancel the September 13, 2022 meeting was made by Dr. Eric Friedman and seconded by Dr. Ryan Wicks; the motion passed 5-0. Members discussed possible working group meeting dates and agreed upon October.

V. Next Meeting

- A. Region 8 Trauma Rotation Committee
September 13, 2022 – 5:30 p.m.
- B. Oklahoma Trauma and Emergency Response Advisory Council
October 5, 2022 – 1:00 p.m.

VI. Closing, Adjournment, and Dismissal

A motion to adjourn was made by Dr. Eric Friedman and seconded by Dr. Ryan Wicks. The meeting adjourned at 7:01 p.m.

Approved,

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