Region 8 Trauma Rotation Committee
Oklahoma State Medical Association
313 Northeast 50th Street
Oklahoma City, OK 73105
October 29th, 2019 – 5:30 pm

MINUTES

I. Call to Order and Acceptance of 8/20/2019 Minutes – David W. Smith, MD

The meeting was called to order by Chair Dr. Smith at 5:31 pm.
Roll call was taken with the following members present: Dr. David Smith; Dr. Chad Borin; Dr. Zachary Hurwitz; Dr. Thomas Lehman; Dr. Ross Martin; and Dr. Ryan Wicks. Dr. Eric Friedman arrived at 5:33 pm. Dr. Roxie Albrecht and Dr. John Nalagan were absent.

Dr. Borin moved to accept the minutes and was seconded by Dr. Wicks. There was no discussion, and the motion passed 6-0.

II. EMSA Statistics – David Howerton

Mr. Howerton stated that this report included data for August and September. There is an error on page two. A total of 127 Priority 1 patients were transported by EMSA rather than the 126 shown in the report. INTEGRIS Baptist Medical Center (IBMC) received one P-1 patient, and 48 Priority 2 patients which decreased the total number of P-2 patients to 182.

Mr. Howerton stated that the referral patterns have not changed substantially with OU Medicine and IBMC receiving the majority of P-2 trauma. The report contained a chart showing the reasons given for Priority 2 patient destinations by injury type, i.e. hand, neurosurgical, or maxillofacial. Two patients were shown to be diverted, but it is not known which hospital requested the diversion.

He stated that INTEGRIS Southwest Medical Center and Mercy Hospital Oklahoma City have increased the numbers of Priority 3 patients that they have received during this period.

Mr. Howerton stated that EMSA is switching its patient care reporting software to ESO, and this will allow hospitals, for a fee, to use a health information exchange to obtain EMSA patient information.

Overall, Mr. Howerton stated that 127 Priority 1 and 282 Priority 2 patients transported by EMSA during the last two months of summer are higher than normal and that he doesn't believe the trend of increased trauma will change.

III. Trauma Referral Center (TReC) Report – OSDH

Mr. Daniel Whipple spoke about the Region 8 TReC data for the period of March 2019 through September 2019. During that time, the average number of attempted calls was 145. June and July had higher volumes with 177 and 187 calls attempted, respectively. June and July also had the highest number of calls placed at 134 and 147, respectively, and had the highest number of calls that resulted in a consult with no transfer occurring. In August, the total number of calls attempted was 144. Of those calls attempted, 29 were consults and 15 were refused by the initial facility. The refusal rate of over 10% is the highest it has ever been.

Mr. Whipple also stated that the TReC services are currently out for bid. The bid is due to

close in the middle of November with a new contractor expected to assume operations on November 30th. There will be no change in day-to-day operations of the TReC regardless of who will assume operations.

IV. Discussion of Oklahoma Open Meetings Act requirements for quorum and videoconferencing – OSDH

Mr. Whipple discussed the statutes involving videoconferences from the Oklahoma Open Meetings Act (OMA). He briefly reviewed the definition of meeting and videoconference. The definition of videoconference states that any interactive communication devices must use both auditory and visual communication functions to be compliant with the law. Section 306 of the law deals with informal gatherings, but there is an important Attorney General opinion that was rendered from this section. The opinion, 1981 OK AG 142, states that it is illegal for a public body to use a telephone, such as speakerphone, to gather information from a participant during a meeting. Section 307 of the OMA requires that "no less than a quorum" of the body shall be present in person at the principle meeting site, and that the agenda must include all videoconference locations as well as the member that will attend each location. Section 307.1 further states that a member of the public must attend the videoconference in the district they represent; this restricts the potential videoconference locations to Region 8 for Committee members. Each videoconference location must be accessible to the public and allow the public into that location. Lastly, Mr. Whipple stated that willful violations of the OMA may result in fines, jail time, or both.

Dr. Smith stated that the current venue has been utilized since the inception of the Committee, but that it cannot currently meet the requirements set forth by the OMA. If the Committee would like to pursue the use of videoconferences, the Committee will either need to change venues or solicit funds to purchase the necessary equipment. Dr. Friedman believes the efforts of hosting videoconferences do not outweigh the difficulties, and Dr. Lehman agreed. Mr. Whipple stated that only one region currently uses videoconferences, and there have been delays due to connectivity issues at almost every meeting over the last three years; some delays have been as short as three minutes, but some have lasted over thirty minutes.

At this time, the Committee did not wish to further investigate the use of videoconference for its meetings.

V. Neurosurgery work group report – Dr. Smith, Attendees of work group

a. Discussion and possible vote to amend neurosurgery call schedule

Dr. Smith stated that INTEGRIS, SSM Health, Mercy Hospital, and OU Medicine had representatives present for the neurosurgery work group. The group discussed whether neurosurgical services should still be provided by hospitals when they are on-call. The group felt that, even with three hospitals having guaranteed neurosurgical coverage 24/7, that the on-call hospital should still provide neurosurgical services to help expedite the care for patients. The work group also discussed the need for hospitals to update EMResource in a timely manner to reflect when those facilities can provide neurosurgical services, especially when a provider is unavailable due to surgery.

The second point of discussion involved INTEGRIS Southwest Medical Center (ISMC) and its ability to provide neurosurgical coverage while participating in the rotation. When ISMC is on-call, neurosurgical patients are transported to IBMC. The participants felt that OU Medicine can take additional call days per month and remove ISMC from the on-call schedule as a destination facility; however, ISMC could still receive patients with hand injuries. Tentatively, the work group felt that OU Medicine would take about 12 days of call

per month, and the remaining days would be split as evenly as possible among INTEGRIS Baptist Medical Center, Mercy Hospital Oklahoma City, and SSM Health St. Anthony Hospital – Oklahoma City.

A motion to allow OU Medicine to take approximately twelve days of neurosurgical call per month with the remaining days shared evenly between INTEGRIS Baptist Medical Center, Mercy Hospital Oklahoma City, and SSM Health St. Anthony Hospital – Oklahoma City was made by Dr. Dr. Friedman and seconded by Dr. Martin. There was no additional discussion, and the motion carried 7-0.

VI. OMF/Hand schedules discussion – Drs. Smith, Martin, Lehman, and Hurwitz

a. Discussion and possible vote to keep face and hand injury call schedules the same

A motion to allow OU Medicine to take approximately twelve days of OMF call per month with the remaining days shared evenly between INTEGRIS Baptist Medical Center, Mercy Hospital Oklahoma City, and SSM Health St. Anthony Hospital – Oklahoma City was made by Dr. Friedman and seconded by Dr. Wicks. There was no discussion, and the motion carried 7-0.

Dr. Lehman asked what the effective date would be, and Dr. Smith stated that these revisions will apply to the February 2020 and later call schedules. There was some discussion as to how many days of call OU Medicine is currently taking, and how this change may affect the provider on-call schedules. There is variability in the number of facility on-call days with OU Medicine taking fourteen days of call in the month of December. Ms. Timberlake spoke of a draft schedule for February 2020, and OU Medicine will have ten days on-call if there are no changes made to the draft. Dr. Smith relayed that ISMC would still like to receive patients with hand injuries. Past precedence has had ISMC provide on-call services every eleven days, and Dr. Lehman stated that it makes sense for the ISMC hand days to come from IBMC on-call days.

Dr. Smith asked for a motion that hand call services will mirror neurosurgical and OMFS services for the draft schedule, and that it will be reviewed by the participating community hand surgeons and revised and presented to the Committee for a vote to approve. Dr. Lehman motioned and Dr. Hurwitz seconded. There was no further discussion, and the motion carried 7-0.

VII. Review CMS letter sent at inception of trauma rotation – Dr. Smith

a. Discuss facility interpretations with regards to facility/specialist divert

Dr. Smith began by stating that there are still questions regarding what the on-call hospital's obligations are despite the Centers for Medicaid and Medicare Services (CMS) response to a question posed at the inception of the on-call system. Dr. Smith provided a copy of the letter as well as a legal interpretation by the INTEGRIS legal team. Dr. Smith wants to ascertain if there are differences in opinion of the facility obligations and whether the Committee members feel a vote is needed in the future to clarify the questions or if another type of action is needed.

Dr. Smith believes that each facility has the right to determine its own capability and capacity, and another facility does not have the ability to second-guess that facility. EMSA data from the last meeting shows that a large portion of trauma patients chose his/her destination facility, and the burden of unassigned patients appears to be less than previously. If significant differences in opinion exist, a second letter to CMS clarifying those opinions is

warranted. For instances where a patient is not treated at the on-call hospital due to capability or capacity issues, there are mechanisms in place through quality improvement activities, to review those cases.

Mr. Rowdy Anthony stated that the on-call system was designed with capability and capacity of the Emergency Department and Operating Rooms only and not that of the intensive care unit setting. He further stated that the Emergency Treatment and Active Labor Act (EMTALA) only applies to the emergent setting, such as the ED and OR, and not to in-patient settings.

Mr. Whipple stated that the INTEGRIS memorandum has many valid points, but that the letter from CMS clarifying regional systems of care completely nullifies the points made in the memo by allowing the regional system to develop its own requirements. The Committee may need to further define the on-call system to denote what the expectations are of participating facilities.

There was discussion regarding what would define capability and capacity, especially when ICU patients are being held in the ED. Dr. Borin stated that the solution cannot be found tonight, especially as health systems need to buy-in to the idea that better throughput in system hospitals would ease congestion and alleviate much of the problem.

It was mentioned that outside of the Oklahoma City area, resources are vastly different from hospitals in the metro. One county in western Oklahoma has one physician for the entire county, and when that individual requests help, it is because there are no resources for a proper evaluation of a patient. The system was designed to send that patient to a facility where a proper evaluation can be performed. If, after an evaluation, the patient needs to be admitted to an in-patient setting, the on-call hospital can locate a room for the patient whether at the on-call hospital or at another facility. It was further discussed how the travel time from a rural facility to the on-call hospital can be used to free resources for that patient.

VIII. Next meetings dates – Dr. Smith

a. Vote on Proposed dates – Tuesday, 5:30 pm at Oklahoma State Medical Association
    i. December meeting date: December 3rd, December 10th, or December 17th
    ii. Decide on February or March meeting and date

Dr. Borin stated that it may be difficult to schedule a meeting in December due to the holidays. A question was asked if the meeting could be held in January, but Ms. Jana Timberlake stated that she sends the facility schedules to participants at least one month in advance so those hospitals can draft provider on-call schedules. Dr. Wicks moved that the next meeting be held on December 3rd, and the motion was seconded by Dr. Lehman. There was no further discussion, and the motion passed 7-0. The Committee wished to decide the 2020 meeting at the December meeting.

IX. New Business

There was no new business.

X. Adjournment

A motion to adjourn was made by Dr. Borin and seconded by Dr. Hurwitz. The meeting adjourned at 6:40 pm.

Approved

David W. Smith, MD
Chair, Region 8 Trauma Rotation Committee
December 3rd, 2019