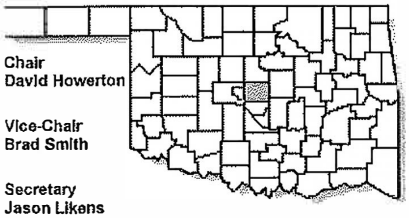


Chair
David Howerton

Vice-Chair
Brad Smith

Secretary
Jason Likens

Oklahoma City Area (8) Regional Planning Committee
REGULAR MEETING
Tuesday, January 11, 2022 – 10:30 a.m.

OUHSC – Nicholson Conference Center
1000 NE 13th Street
Oklahoma City, Oklahoma 73104

The meeting notice was filed with the Oklahoma Secretary of State on December 14, 2021 at 12:46 p.m. The meeting notice/agenda was posted on the Oklahoma State Department of Health website for the Region 8 RTAB on December 29, 2021 at 8:52 a.m.

MINUTES

I. Call to Order.....Brad Smith, PA, Chair
The meeting was called to order at 10:34 a.m. by Chair Brad Smith, PA.

II. Roll Call.....Brad Smith, PA, Chair
Roll call was taken with the following members present: Brad Smith, Daniel King, Jason Likens, Monica Sanders, and Heather Yazdanipour. David Howerton, Zachery Sinsheimer, and Larry Terry were absent.

III. Introductions and Announcements.....Brad Smith, PA, Chair
No introductions nor announcements were made.

IV. Approval of Minutes (December 16, 2021).....Brad Smith, PA, Chair
Members discussed and suggested the following amendments to the December 16, 2021 Minutes: Region 8 Burn Centers confirmed capability with Ms. Wilson confirming OU Health can accept 20% of TBSA adult burns and up to 50% ~~(1:01)~~ TBSA pediatric burns based on physician discretion ~~adult burns and Oklahoma Children's can take all pediatric burns~~ and Ms. Robbers confirming INTEGRIS Baptist Medical Center can accept all adult and pediatric burns. A motion to approve the December 16, 2021 minutes with the correction noted above was made by Monica Sanders and seconded by Jason Likens. There was no further discussion and the motion passed 5-0.

V. Business

A. Discussion, consideration, possible action and vote to approve amendments to the Region 8 Trauma Plan for recommendation to the RTAB pending review of recommended changes, proposed language regarding burns, and Region 8 Trauma Rotation Committee recommendations regarding proposed Code of Ethics.....Brad Smith, PA, Chair
Brad Smith suggested that the majority of the proposed amendments be tabled due to absent members and incomplete review and revision of the plan. Jennifer Woodrow reviewed proposed amendments to include removal of Appendix C Hospital Standards Oklahoma Administrative Code, addition of Appendix C – Code of Ethics for Region 8 Trauma Call System Providers, addition of the Interfacility Trauma Triage and Transfer Guidelines Quick Reference Guide to Appendix A, update of Section VI. Categorization of Hospitals to reflect appropriate hospital categorization, correction of grammatical errors and facility and document names throughout the plan, addition of language to Section VI(B)(2)(h) On Call Facility Requirements referencing Appendix C for guidelines regarding Priority 2 trauma patient follow-up requirements, and removal of Section VIII(C) regarding burns to be replaced with language determined and approved by the committee. Brad Smith announced suggestions for amendments submitted by Dr. David Smith with recommendations received and suggestions made by the committee to include the following:

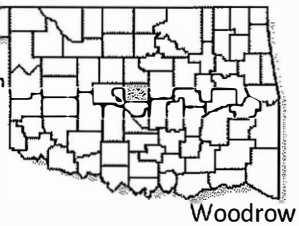
- Section V(A) Priority 1 Trauma Patients: Dr. Smith recommended clarification of language to reflect Priority 1 patients may be transported to a Level III facility if the Level I Trauma Center is on divert. Jennifer Woodrow noted the intent of the language may be to address patients needing immediate stabilization and Section IV. Diversion already addresses and designates

appropriate destinations for when the Level I Trauma Center is on divert. Members discussed the recommendation and agreed no change was needed.

- Section VI(B)(2)(f): Dr. Smith recommended the addition of language in this section referencing Section IV. Diversion. Members discussed and agreed no change was needed.
- Section III Trauma Team: Dr. Smith suggested the addition of language requiring Board edibility or certification for physicians and general surgeons. Members noted the language is restrictive and that credentialing is determined by hospital policy with members agreeing no change was needed. Jennifer Woodrow noted the plan states that suggested composition of the trauma team can be found in the current version of *Resources for Optimal Care of the Injured Patient by the Committee on Trauma, American College of Surgeons* and suggested the working group reference this document to determine appropriate composition.
- Members discussed and agreed upon the following changes to Section V. Inter-facility Transfers:
  B. The Priority 2 patient will be stabilized, ~~and then~~ admitted ~~to that facility~~ if appropriate, or transferred to the ~~Level II rotation , or other facility of choice~~ closest most appropriate facility.
  C. The Priority 2 patient for hand, oral-maxillofacial, and neurosurgical trauma will be stabilized, admitted if appropriate, or transferred to the on call facility.

Regional burn center capabilities were clarified with OU Health capable of treating up to 20% TBSA burns and INTEGRIS Baptist Medical Center capable of treating all adult and pediatric burns with Oklahoma Children's Hospital to report back on capability. OU Health burn representative Stacy Robbers noted weekly meetings were planned with Grace Pelley of OSDH to clarify specific details for the regional plan and Oklahoma State Burn Plan but they were unable to meet due to the COVID surge. Ms. Robbers stated the most recent trauma activation criteria is available to include pediatric capability noting capability to be different for each hospital. Members reviewed and discussed proposed burn language that combined language from the Medical Control Board, the Oklahoma Trauma Triage and Transport Guidelines, and the Interfacility Trauma Triage and Transfer Guidelines Quick Reference Guide. Clarification of burn center capability and review of the proposed language to determine appropriate language needed for the regional plan is still needed before the plan can be finalized. Members clarified that burn center transport criteria utilization is intended for both prehospital and interfacility transports and noted issues with inaccurate prehospital total body surface area burn estimates. The decision was made to recommend RTAB approval of Appendix C – Code of Ethics for Region 8 Trauma Call System Providers and the addition of the Interfacility Trauma Triage and Transfer Guidelines Quick Reference Guide to Appendix A with all other amendments proposed tabled until the burn plan is finalized and review/revision of the trauma plan is complete. Jennifer Woodrow will share the proposed language with burn center representatives for review and comment with regional prehospital agencies to submit burn protocols for consideration in drafting language. The working group will meet once burn center capability is established with burn representatives to be invited for input on the regional burn plan. A motion to approve Appendix C – Code of Ethics for Region 8 Trauma Call System Providers and the addition of the Interfacility Trauma Triage and Transfer Guidelines Quick Reference Guide to Appendix A for recommendation to the RTAB was made by Monica Sanders and seconded by Jason Likens. There was no discussion and the motion passed 5-0. Members discussed the need to provide information to hospital administration and physicians regarding the Code of Ethics once approved with Brad Smith agreeing to meet with Trauma Rotation Committee Chair David Smith to discuss and determine the best process for notification.

B. Discussion, consideration, possible action and vote to approve next steps regarding regional trauma system goals for recommendation to the RTAB.....Brad Smith, PA, Chair
Current data regarding the regional trauma systems goals was not available for review. Jennifer Woodrow noted data is currently difficult to obtain due to OSDH staffing issues and issues identified within the prehospital trauma transport report OKEMSIS shared report. The hope is to be able to fix the issues found within the shared report in order to pull performance measure data and Ms.



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Woodrow is currently working to obtain the requested OSDH data. Brad Smith reviewed the following trauma systems goals noting accurate and current data is needed to begin strategic planning:

- Decrease the number of Priority 1 Trauma patients originating in Region 8 delivered to an in-region Level III or Level IV facility by 3%
- Decrease the average length of stay in minutes at the initial facility for transferred patients with an Injury Severity Score of ≥ 16 by 3%

Members agreed to table the agenda item until accurate and current data can be obtained.

VI. New Business (For matters not reasonably foreseen 48 hours prior to the meeting)
No new business was conducted.

VII. Public Comment
Members clarified the regional trauma plan states unassigned Priority II patients originating in the Midwest City service area may be delivered to the SSM Health St. Anthony Hospital – Midwest, community wide on call facility, closest most appropriate facility, or facility of patient preference with EMS agencies within this service area not required to deliver these patients to the on call facility.

VIII. Next Meeting

A. Oklahoma Trauma and Emergency Response Advisory Council
February 2, 2022 – 1:00 p.m.
B. Combined Region 6 & 8 Continuous Quality Improvement Committee
April 4, 2022 – 9:00 a.m.
C. Region 8 Regional Planning Committee
April 12, 2022 – 10:30 a.m.
D. Region 8 Regional Trauma Advisory Board
April 12, 2022 – 1:00 p.m.

Brad Smith reviewed next meeting dates as outlined above noting changes may be made to the April 4, 2022 RPC meeting date based upon availability of data and progress made regarding the discussed trauma plan amendments.

IX. Closing, Adjournment, and Dismissal
A motion to adjourn was made by Jason Likens and seconded by Daniel King. The meeting adjourned at 11:29 a.m.

Approved,

Brad Smith, Chair
Oklahoma City Area (8) Regional Trauma Advisory Board
October 11, 2022