

**Oklahoma City Area (8) Regional Planning Committee
SPECIAL MEETING
Thursday, December 16, 2021 – 1:00 p.m.**

**Oklahoma State Department of Health
123 Robert S. Kerr Avenue
Oklahoma City, Oklahoma 73102**

The meeting notice was filed with the Oklahoma Secretary of State on October 7, 2021 at 12:22 p.m. and amended on November 30, 2021 at 10:32 a.m. The meeting notice/agenda was posted at the Oklahoma State Department of Health on December 10, 2021.

MINUTES

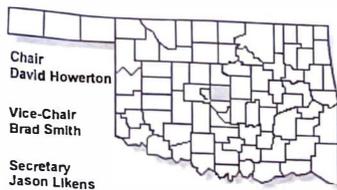
- I. Call to Order.....Brad Smith, PA, Chair
The meeting was called to order at 1:11 p.m. by Chair Brad Smith, PA.

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

- III. Introductions and Announcements.....Brad Smith, PA, Chair
Committee members and guest introduced themselves with guests present to include Trauma Burn Coordinator Dennell Wilson, RN of OU Health and Nurse Manager/Burn Director Stacy Robbers of INTEGRIS Baptist Medical Center.

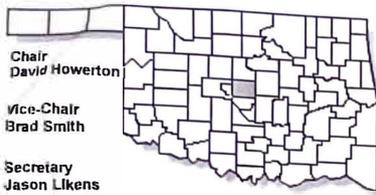
- IV. Approval of Minutes (August 19, 2019).....Brad Smith, PA, Chair
A motion to approve the August 19, 2019 minutes as written was made by Zachary Sinsheimer and seconded by David Howerton. There was no discussion and the motion passed 6-0.

- 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 committee member recommendations, proposed language regarding burns, and Region 8 Trauma Rotation Committee recommendations regarding proposed Code of Ethics.....Brad Smith, PA, Chair
Jennifer Woodrow provided a brief overview of the Code of Ethics for Region 8 Trauma Call System Providers as recommended by the Region 8 Trauma Rotation to be placed in the regional trauma plan as an appendix. The Code of Ethics was developed and approved by the Trauma Rotation Committee to address the expectation that follow-up care be provided or personally arranged for by the on-call facility for the Priority 2 trauma patients seen at a facility while on call but discharged to home for follow-up treatment. Members reviewed the document included in the member packet and discussed document details and how the outlined expectations should be communicated to facility leadership. Grace Pelley noted the document only applies to the facilities who participate in the rotation schedule and is meant to serve as a recommendation in order to set a standard rather than a requirement to be enforced by the Region 8 RTAB. Members then reviewed the Region 8 Trauma Plan for needed revisions to include the following:
 - Development of a standardized template for the Description of Emergency Medical Service and movement of Section XI. Description of Emergency Medical Services (EMS) to an appendix in order to allow continuous update of the section without needing RTAB approval for routine updates regarding agency and/or licensure changes;
 - Update of Section XIII. Procedure for Selection of Hospital Destination with destinations determined by patient priority rather than EMS service area;
 - Update of Priority II pediatric patient destinations in order to align with the current on call rotation guidelines;



- Update of Section VI. Categorization of Hospitals with all stand alone destination facilities rather than individual licenses to include Oklahoma Children’s Hospital and possible movement of this section to an appendix;
- Update of Section XIII to reflect that only hand, oral maxillofacial, and neurosurgical unassigned Priority 2 adult trauma patients should be delivered to the on-call facility in order to align with the current rotation guidelines; and
- Correction of formatting and grammatical errors.

The suggestion was made to create a committee working group for the purpose of reviewing the regional trauma plan for the identification and recommendation of needed revisions with Monica Sanders, Zachary Sinsheimer, and Brad Smith volunteering to serve on the committee. Brad Smith asked if there were plans for a systematic review of the current Oklahoma Trauma Triage and Transport (T3) Guidelines noting there was no Priority 2 or Priority 3 criteria regarding burns. Ms. Pelley noted that OSDH had considered reviewing the T3 guidelines at the 2021 RTAB Leadership Conference but the conference was canceled due to COVID with no reschedule date at this time. Ms. Pelley noted that the T3 was based on the American Burn Association (ABA) Guidelines and asked are updates needed if those guidelines haven’t changed. Ms. Pelley provided members with a draft Oklahoma Burn Plan and gave a detailed overview of the proposed plan noting the Minnesota Burn Plan and Assistant Secretary for Preparedness Response (ASPR) burn framework were referenced when creating the draft plan and identifying components needing to be addressed. OU Health Trauma Burn Coordinator Denneil Wilson and INTEGRIS Baptist Medical Center Burn Director Stacy Robbers were invited to today’s meeting to discuss and determine what each hospital can accept in regards to burn patients with Region 7 Burn Centers planned to be invited to future discussions. The Region 8 Trauma Plan only states to refer to the T3 Guidelines for Burn patients and prehospital selection of destination hospital. Ms. Pelley suggested adding the Oklahoma Interfacility Trauma Triage and Transfer (T3) Guidelines and expanding current trauma plan language to reference the Interfacility T3 Guidelines for additional burn guidance and eventually add the Oklahoma Burn Plan as an appendix when complete for detailed guidance. OSDH will continue to work on the details of the Oklahoma Burn Plan to take to the OTERAC Medical Direction and Coordination Committee to make sure they are comfortable with the components to ensure that patient care is being addressed in the plan. Ms. Pelley discussed the plan components to include the following: purpose, definitions, assumptions, patient management, burn care resource to include contact information and specific burn capability, telemedicine support, projected inpatient capability under normal circumstance, projected inpatient capability under surge circumstance, rehab and repatriation, communication, pediatric capabilities, identification of burn surge facilities, expectations for all acute facilities with emphasis on telemedicine and standardized processes in order to expedite transfer of patients, provider care at scene, reporting requirements, post event evaluation/after action report, training, and frequency of plan review. Members voiced approval of the Oklahoma Burn Plan as well as the need for Region 8 to have a plan to address destinations for burns in Region 8. Jennifer Woodrow and Ms. Pelley noted the Oklahoma Interfacility Transfer Triage and Transfer Reference Manual and TReC Quick Reference Guide have a burn prioritization tool to assist in appropriately prioritizing burn patients for interfacility transfers and can be added to the regional trauma plan if needed. Region 8 Burn Centers confirmed capability with Ms. Wilson confirming OU Health can accept 20% of TBSA and up to 50% (1:01) TBSA based on physician discretion adult burns and Oklahoma Children’s can take all pediatric burns and Ms. Robbers confirmed INTEGRIS Baptist Medical Center can accept all adult and pediatric burns. Ms. Pelley noted that burns are a very unique specialty that affects not just Oklahoma City but the entire State and EMS agencies should reflect burn destinations within their destination protocols and can be encouraged to do so by the RTAB. Each hospital must have a transfer agreement regarding transfer of burn patients therefore hospitals have a choice in destination. Members agreed that the plan should identify regional resources with specific capabilities with EMS agencies then determining the closest most appropriate facility with the appropriate capability based upon the regional plan to be outlined in that agency’s destination



protocols. Burn representatives noted that estimated total body surface area (TBSA) provided are typically grossly inaccurate and unifying estimations are important. Changes to the trauma plan will be made by the working group and sent to the committee for approval with members recognizing that any changes made will affect the entire state and other regional plans as well as be referenced by each RMRS for the development of their Burn Surge Plans.

A motion to approve the following for recommendation to the RTAB was made by Zachary Sinsheimer and seconded by Monica Sanders:

- Approval of the Code of Ethics for Region 8 Trauma Call System Providers to be added to the regional trauma plan as Appendix C and referenced in Section VI(B)(2);
- Creation of a committee working group for the purpose of review and revision of the regional trauma plan for recommendations to the committee with members appointed to include David Howerton, Monica Sanders, Zachary Sinsheimer, and Brad Smith;
- Approval of the Oklahoma Burn Plan as an appendix once complete; and
- Addition of the Interfacility Trauma Triage and Transfer Guidelines Quick Reference Guide as an appendix.

There was no discussion and the motion passed 6-0.

- B. Discussion, consideration, possible action and vote to approve amendments to the Region 8 Board Rotation Schedule (Attachment A) for recommendation to the RTAB.....Brad Smith, PA, Chair Jennifer Woodrow reviewed guidelines for the Region 8 Board Member Rotation set forth by the Region 8 Bylaws and discussed issues found after revisions were made in accordance to those guidelines regarding removal of members no longer licensed and addition of new members. Following guidelines for permanent membership, the number of permanent members increased from 16 to 17. The permanent member combined with the four rotating members from designated categories resulted in a total of 21 Board members with the bylaws allowing for no more than 20 Board members. Members discussed possible changes to the bylaws and/or rotation that would allow for no more than 20 Board Member to include combining two designated categories in order to have only three rotating members and removal of the physician group category with those members designated as permanent members. Ms. Woodrow noted that of the designated categories, only rehabilitation and psychiatric hospitals are recognized as a licensure classification. Members agreed the best option to be removal of the physician group category as members are also represented by their contracting facilities with revision of the regional bylaws reflecting this change addressed with updates to be made prior to the 2022 fourth quarter meeting. A motion to approve removal of the designated category for physician groups from the Region 8 Board Rotation with member organizations within that group to be recognized as permanent general members was made by Zachary Sinsheimer and seconded by Monica Sanders. There was no discussion and the motion passed 6-0.

- C. Discussion, consideration, possible action and vote to approve action for recommendation to the RTAB for regional trauma system goals.....Brad Smith, PA, Chair
1. Performance measure for each strategic goal and timeline
 2. Report frequency and content for each strategic goal
 3. Recommendation for next steps

Jennifer Woodrow reviewed the following regional trauma system goals approved by the RTAB to be sent to the RPC for planning and implementation by 2021:

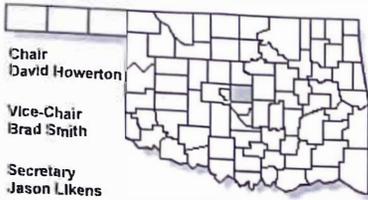
- Decrease the number of Priority 1 Trauma patients originating in Region 8 delivered to an in-region Level III or Level IV facility by 3% (1 patient)
- Decrease the average length of stay in minutes at the initial facility for transferred patients with an Injury Severity Score of ≥ 16 by 3% (6 minutes)

Initial data regarding the goals was obtained from OKEMSIS and the Trauma Registry for calendar year 2019 with no current data available. Members reviewed the initial data and questioned



possible issues affecting accuracy to include EMS diversions from OU Health, accuracy of data entry by the EMS agency, and patient request. Ms. Woodrow is working on obtaining current and accurate data but noted presentation will be different as issues with the initial data were found. Ms. Woodrow also noted that there are limitations the data available and encouraged members to focus on a plan on how to meet the goals rather than the initial data until current and accurate data can be obtained. She also noted that the Region 8 trauma plan currently states Priority 1 patients may be delivered to the on call facility which could account for the transport of some Priority 1 patients to an in-region Level III Trauma Center. David Howerton discussed the need for additional education for Region 8 EMS Systems and with members emphasizing the need for accurate data. Zachary Sinsheimer encouraged OSDH to review the Region 8 prehospital transport report shared on OKEMSIS to possibly assist with obtaining the performance measure data regarding the trauma system goals. Ms. Woodrow acknowledge Mr. Sinsheimer for his great work in creating the report and will review the report with leadership to determine how to move forward with presentation of the data. Ms. Woodrow reported activities taken by other regions in attempts to meet the same strategic goals to include sending letters to the leadership of hospitals and EMS agencies notifying them of the current goals and requesting help in meeting those goals with specific actions needed detailed and training materials provided. Region 1 is also working on simplifying training materials regarding appropriate prioritization of trauma patients. Members questioned if there was any way to determine what steps were not following in patient prioritization resulting in inappropriate triage. Ms. Woodrow noted that individual case review would be needed to determine individual issues and asked CQI Coordinator Jamie Lee if the Region 6/8 CQI Committee is currently tracking trends. Ms. Lee stated that they are beginning to track trends but unable to report at this time but noted sustained tachycardia is frequently missed in inappropriate prioritizations. Members discussed possible next steps and agreed upon the following next steps for recommendation to the RTAB to include extension of the deadline for meeting the goals until the end of calendar year 2022, obtaining more accurate data, and providing education regarding the trauma system and appropriate trauma training. Training such as the Oklahoma Trauma Education Program currently can not be mandated by OSDH due to the current licensing processes but can be required by the agency and agency medical director. Members then discussed possible system issues that contribute to extended length of stay at the initial facility to include non-diagnostic testing and delivery of trauma patients to free standing facilities with limited capability such as INTEGRIS Council Crossing and Oklahoma ER & Hospital. David Howerton noted that Oklahoma ER & Hospital requested the Medical Control Board to not be included as a destination for trauma patients. The agenda items was tabled with discussion to be continued at the next meeting.

- D. Discussion, consideration, possible action and vote to approve proposed 2022 regular meeting dates, times, and venues.....Brad Smith, PA, Chair
1. January 11, 2022 at 10:30 a.m. – OUHSC Nicholson Tower
 2. April 12, 2022 at 10:30 a.m. – Mercy Hospital Oklahoma City
 3. July 12, 2022 at 10:30 a.m. – INTEGRIS Baptist Medical Center
 4. October 11, 2022 at 10:30 a.m. – OU Health University of Oklahoma Medical Center
- Jennifer Woodrow announced that due to the requirements of the Oklahoma Open Meetings Act to post regularly scheduled meetings by December 15, the proposed meetings above have been posted with the Secretary of State but can be canceled or changed if needed. Members discussed the need to meet quarterly and agreed to meet on January 11, 2022 to review data and burn language for the regional trauma plan. David Howerton will provide Ms. Woodrow language regarding burns in order to make discussed changes for approval at the next January 11 meeting. Based upon discussion at this meeting, members will determine the need to meet for the remainder regularly scheduled meetings. A motion to approve the above proposed 2022 regular meeting dates, times, and venues was made by David Howerton and seconded by Heather Yazdanipour. There was no discussion and the motion passed 6-0.



VI. New Business (For matters not reasonably foreseen 48 hours prior to the meeting)
The Region 8 Bylaws state that the requirement for a Permanent Board members is to be a licensed Level IV Trauma Center that routinely receives prehospital trauma patients. Due to the discussion included in Business Item C, members identified the Oklahoma ER & Hospital does not routinely receive prehospital patients and should not be included as a Board Member. Removing this facility as a permanent member keeps the Board Member number to 20 resulting in no changes needed in rotation guidelines. A motion to approve repeal the removal of the designated category for physician groups from the Region 8 Board Rotation with member organizations within that group to be recognized as permanent general members approved in Business Item B was made by Brad Smith and seconded by David Howerton. There was no discussion and the motion passed 6-0.

VII. Public Comment
No public comments were made.

VIII. Next Meeting

- A. Combined Region 6 & 8 Quality Improvement Committee
January 3, 2022 – 9:00 a.m.
- B. Region 8 Regional Planning Committee
January 11, 2022 – 10:30 a.m.
- C. Region 8 Regional Trauma Advisory Board
January 11, 2022 – 1:00 p.m.
- D. Oklahoma Trauma and Emergency Response Advisory Council
February 2, 2022 – 1:00 p.m.

IX. Closing, Adjournment, and Dismissal
A motion to adjourn was made by Heather Yazdanipour and seconded by Zachary Sinsheimer. The meeting adjourned at 3:32 p.m.

Approved,

Brad Smith, Chair
Oklahoma City Area (8) Regional Trauma Advisory Board
January 11, 2021