

**Oklahoma State
Department of Health
Creating a State of Health**

Region 8 Trauma Rotation Committee
REGULAR MEETING
Tuesday, April 25, 2023

Location of Meeting: Oklahoma County Medical Society
313 N.E. 50th Street • Oklahoma City, Oklahoma 73105

Minutes

- David W. Smith, MD, Chair, called the meeting to order at 5:36 p.m.
- Roll call was taken. Attendance was recorded as follows:

Present at Roll Call	Absent at Roll Call
David W. Smith	Chad Borin
Eric Friedman	Ross Martin
Zachary M. Hurwitz	
Thomas P. Lehman	
John Nalagan	
Ryan Wicks	

- Dr. Smith moved to approve December 6, 2022 meeting minutes and Dr. Friedman seconded. The motion carries as follows:

Ayes	Nays	Abstain
David W. Smith		
Eric Friedman		
Zachary M. Hurwitz		
Thomas P. Lehman		
John Nalagan		
Ryan Wicks		

4. Reports

Tessa Cleary-Smith reports that Zachary Sinsheimer contacted her earlier in the day to report they were having difficulties with merging data between companies and are wanting to work out the difficulties before presenting the data. Dr. Smith reports that Mr. Sinsheimer presented EMS data at the Region 8 RTAB that did not show large changes in the metro in regards to where patients are being transported. Discussion was had at the Region 8 RTAB with Dr. Cross and Dr. Celii that described having many more Priority III patients since they announced that they are taking more trauma but it was not reflected in the report from EMSA. OU reported the increase was in patients that were being discharged and not necessarily for the Priority I and Priority II patients. Dr. Smith reports that this is the first time that Mr. Sinsheimer is able to work on data from a separate facility and that this is an unfunded project that will help to identify deficiencies in the trauma system for Region 8. Grace Pelley reports that we need reports, not only from EMS but from hospitals to show a full picture of trauma patient data. Dr. Nalagan asked for clarification on TReC having the hospital cases and therefore hospital data should be available. Ms. Pelley reports that the TReC data is very limited.

Jessie Leslie reports very minimal data, especially to hand. Mr. Leslie reports that since the change in the call schedule, the call volume to TReC has decreased. Mr. Leslie reports that they have not see a change in the trend for hand patients and that TReC has not had difficulties getting the hand patients to the on-call facility. Mr. Leslie reports there is a small increase in the amount of Priority III patients that are being transported to OU and reports this is due to confusion after OU stated they would be open for all patients at the beginning of the year. Mr. Leslie requested for the physicians of the group to contact their facilities call centers and advise that TReC will still attempt to contact the closest most appropriate facility per the trauma plan for Priority III trauma patients. Ms. Pelley requested clarification on TReC using EMResource with Mr. Leslie states is an important step in their process to identify which facility is available to accept a Priority III patient. Mr. Leslie asked for clarification if single system trauma patients from a satellite facility, after attempting to send to the closest most appropriate facility, is only supposed to be transported to the network facility if it is not time sensitive. Mr. Leslie reports that facilities are refusing patients if they are from a satellite facility that is not from their network. Further discussion leads to wanting to continue to conversation once all facilities are represented and further information can be collected. Discussion is had about the difficulties of capacity and trying to find facilities willing to accept patients due to capacity. Dr. Smith reports that the scarce resource list was a compromise to alert the health care community in advance who would have a specialty available during the day but that does not guarantee the ability to accept a patient due to capacity. Dr. Smith reports that it is up to the facilities to update EMResource to show what capabilities and capacity the facilities have so prehospital providers, TReC, and other facilities have real time access to the information and prevent barriers to patient transport. Dr. Nalagan requested clarification, stating his understanding was, the scarce resource list would only be utilized if OU became saturated with Dr. Wicks, Dr. Friedman and Dr. Hurwitz also reporting this was their understanding. Dr. Smith reports that the discussion from the previous meeting led to the facilities wanting to continue providing care to trauma patients to their capability and the scarce resource list was published to show what facilities had certain capabilities each day. Dr. Smith reports that he is summarizing the previous meeting of this committee by saying that the Priority II patient goes to the closest most appropriate facility that has the capability based on the scarce resource list. Dr. Friedman requests clarification from OU due to the amount of confusion.

Dr. Smith reports that he is under the impression that OU is not telling other facilities not to take trauma patients and that he does not believe bypassing the closest appropriate facility is in the best interest of the patient. Dr. Nalagan reports that assigned patients should be sent to their assigned facilities but unassigned patients should be transported to OU. Dr. Smith advises that all prehospital protocols and guidelines are written to be the closest most appropriate facility for the patient. Dr. Smith advises the reviewing the bylaws can be added to the next meeting agenda to review and discuss if the committee wants to change the protocols that state the closest most appropriate facility. It is reports that this will change statewide bylaws, trauma plans, trauma triage and that insurance does not pay mileage after passing the first appropriate facility. Dr. Smith states that until the next meeting for this discussion, we operate under the closest most appropriate facility. Dr. Smith also advises, as a committee, they need to decided if they are going to only provide back up for OU and if facilities no longer want to accept Priority II patients.

5. Hand schedule is scheduled to come out in August and is for August 1, 2023 through the end of January 2024.
6. Dr. Friedman affirms that there is still a role for the committee and its role for trauma stabilization with the agreement from the rest of the committee.

Affirming or recommending changes to Trauma Rotation Committee section of RTAB bylaws has been tabled for the next meeting.

Dr. Friedman made a motion to have the hand schedule distributed via email for approval without needing a meeting to approve the schedule. One member would need to approve the schedule from each facility with Alison Fink. Dr. Lehman seconded the motion and the motion carries as follows:

Ayes	Nays	Abstain
David W. Smith		
Eric Friedman		
Zachary M. Hurwitz		
Thomas P. Lehman		
John Nalagan		
Ryan Wicks		

7. Future meeting dates for 2023:
 - Monday, June 12, 2023 – 5:30 p.m.
 - Tuesday, September 19, 2023 – 5:30 p.m.
 - Tuesday, December 19, 2023 – 5:30 p.m.
8. The meeting adjourned at 7:02 p.m.