

Oklahoma County (8) Regional Planning Subcommittee  
OU Medical Center – Samis Education Center  
1200 Children's Avenue  
Oklahoma City, OK 73104  
August 8<sup>th</sup>, 2017 – 1:00 pm

**MINUTES**

**I. Call to Order**

The meeting was called to order by Chairperson Brad Smith at 1:09 pm.

**II. Welcome and Introductions**

Grace Pelley introduced Dean Henke as a new EMS Administrator for Emergency Systems.

**III. Roll Call**

Roll call was taken with the following members present: Brad Smith, Larry Terry, Lindsey Henson, Renae Kirkhart, Chris Prutzman, and Richelle Rumford. Quorum was met. David Howerton arrived at 1:17 pm. Jennifer McGuire was absent.

**IV. Approval of Minutes – April 12<sup>th</sup> 2016**

A motion to approve the minutes as written was made by Renae Kirkhart and seconded by Larry Terry. There was no discussion, and the motion passed 6-0.

**V. Business**

**A. Regional Trauma Plan Burn Protocol Discussion**

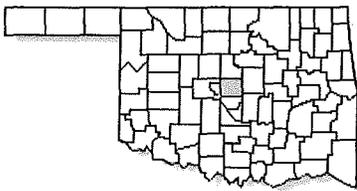
At the request of the Combined Region 6/8 Continuous Quality Improvement Subcommittee (CQI), Committee members discussed the need to clarify the adult and pediatric burn resources available in Oklahoma. Current regional plans regarding trauma triage guidelines for burns and Tulsa area resources were provided by handout and reviewed. Brad Smith will reach out to the leadership of the Tulsa and Oklahoma City area hospitals requesting information regarding burn resources and capability.

**B. Universal Radiology Discussion**

Ms. Rumford requested that radiology compatibility between hospitals be introduced statewide. She stated that approximately 40% of OU Medical Center trauma patients are transferred from another facility. It is difficult for OU Medical Center to be able to read diagnostic imaging performed at the sending facility, and physicians need to physically go to radiology to read outside scans. She then stated that about 50% of patients undergo repeat scans. A program with which she is familiar is called SeeMyRadiology. The program is cloud-based and has little cost to referring hospitals. Universal radiology capabilities can reduce repeat scanning of the trauma patient, which will also reduce patient cost and radiation exposure. One idea to incentivize participation would be to tie Trauma Care Assistance Revolving Fund monies to the sharing of radiology. It was mentioned that in order to tie Trauma Fund monies to radiology sharing would necessitate a change in Oklahoma Administrative Code. There was additional discussion that involved states that recommend specific radiology studies to provide a uniform image; this will also limit re-scanning patients upon arrival at definitive care. While there are no national guidelines for scanning, Dr. Albrecht recommended that OU Medical Center, St. John Medical Center, and St. Francis Hospital could collaborate upon which imagery they prefer for studies of the head, face, spine, chest, abdomen, and pelvis. Plans were made to gather information from the top three trauma centers in Oklahoma to develop education regarding appropriate trauma scans to be distributed to Oklahoma hospitals. Possible distribution methods identified included CQI correspondence, RTAB presentations, and Regional Trauma Plan attachments.

**C. Region 8 Regional Trauma Advisory Board Bylaw Revision Discussion**

The conversation began by stating that the previous approved Board Member rotation was not compliant with the bylaws in that the rotations occurred every three years rather than the two years specified in the bylaws. Ms. Woodrow was hoping that a process could be described within the bylaws to eliminate that confusion in the future. During the discussion, it was noted that the original permanent members were all Level III trauma centers and one Level IV trauma center providing routine emergency room service. Mr. Smith questioned whether it was



**Oklahoma County (8) Regional Planning Subcommittee**  
**OU Medical Center – Samis Education Center**  
**1200 Children’s Avenue**  
**Oklahoma City, OK 73104**  
**August 8<sup>th</sup>, 2017 – 1:00 pm**

**MINUTES**

still pertinent to have rotating board members and Ms. Kirkhart explained that the original intent was to have smaller facilities participate in the regional trauma activities. The committee requested that language be drafted to formalize the process of selecting the Board Member rotation and be sent to Mr. Smith for review. The attendance expectations were discussed but no changes were recommended. Misters Howerton and Prutzman recommended that e-mail be an allowed form of communicating a representative by proxy. Mr. Howerton further recommended that Board Officers serve three year terms and that if notification of upcoming nominations is given prior to a meeting that both nominations and elections can occur at the next meeting. Discussion occurred about whether a candidate for Board Officer nomination can be taken from both the General Member and Board Member pool or just a permanent Board Member. Ms. Kirkhart expressed that there may be some entities acting as a General Member that express a desire to serve as an officer, but they may be ineligible for such position due to the Board rotation. In this event, the bylaws limit the ability to do so; she recommended that the bylaws allow a General Member to be nominated for office. Due the the absence of the Medical Audit Committee, it was recommended that that language within the Quality Improvement committee be struck. Components of the Quality Improvement Committee that were discussed included the number of committee members allowed by the bylaws, the tenure, and whether meetings should be held more frequently than quarterly.

Mr. Smith discussed the hosting a meeting to identify burn resources in Oklahoma City in order to designate appropriate destination hospitals and how it could be beneficial to have burn and trauma representatives from Tulsa facilities attend. Venues were discussed for the proposed meeting and whether a videoconference would be feasible.

**D. Trauma Rotation On Call System Education Discussion**

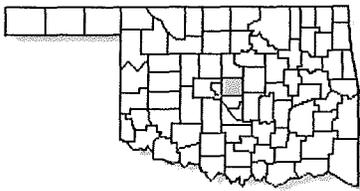
The committee agreed that education over the revised on-call schedule be provided in a video-based format with appropriate hard material that would accompany it. The committee discussed where the video could be produced as well as the content should be created by the Trauma Rotation Committee. Education components that were discussed included whether the revised call schedule would apply to both pre-hospital and inter-facility calls and trauma patients originating in Region 8 or outside. The target audience will be both EMS agencies and hospitals.

**VI. Public Comment**

Dr. Albrecht requested that a second Region 8 general surgeon be added to the Trauma Rotation Committee.

**VII. Next Meeting**

- A. Regional Trauma Advisory Board  
INTEGRIS Baptist Medical Center  
3300 Northwest Expressway  
Oklahoma City, OK 73112  
October 10<sup>th</sup>, 2017 – 12:30 pm
- B. Regional Planning Subcommittee – As Called
- C. Continuous Quality Improvement Subcommittee  
INTEGRIS Baptist Medical Center  
3300 Northwest Expressway  
Oklahoma City, OK 73112  
October 10<sup>th</sup>, 2017 – 11:00 pm
- D. Oklahoma Trauma and Emergency Response Advisory Council  
Oklahoma Department of Health  
1000 NE 10<sup>th</sup> Street



Oklahoma County (8) Regional Planning Subcommittee  
OU Medical Center – Samis Education Center  
1200 Children’s Avenue  
Oklahoma City, OK 73104  
August 8<sup>th</sup>, 2017 – 1:00 pm

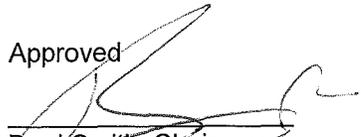
**MINUTES**

Oklahoma City, OK 73117  
September 6<sup>th</sup>, 2017 – 1:00 pm

**VIII. Adjournment**

A motion to adjourn was made by David Howerton and seconded by Renae Kirkhart. The meeting adjourned at 2:18 pm.

Approved

  
\_\_\_\_\_  
Brad Smith, Chairperson  
Oklahoma City Region (8) Regional Planning Committee

May 23<sup>rd</sup>, 2018

Date