

**RTAB Region 8 Trauma Rotation Subcommittee**  
**313 Northeast 50<sup>th</sup> Street**  
**Oklahoma City, OK 73105**  
**December 4<sup>th</sup>, 2018 – 5:30 p.m.**

**MINUTES**

**MEMBERS:**

Jay P. Cannon, MD, Chair  
P. David Hunter, MD, Vice Chair  
Roxie Albrecht, MD  
Chad Borin, DO  
Eric Friedman, MD  
Thomas P. Lehman, MD  
S. Ross Martin, DMD  
Juan Nalagan, MD  
David W. Smith, MD

**STAFF:**

David Howerton, RTAB Chair  
Brad Smith, PA  
Grace Pelley, OSDH  
Daniel Whipple, OSDH

**INVITED GUESTS:**

**INTEGRIS:**

John Adams  
Tela Brown, ER Director, Southwest Med Ctr  
Ryan Fish, MD, Medical Director, Baptist ER  
Tim Johnsen, President, INTEGRIS Baptist

**OU Medicine:**

Charles Spicer, President/CEO  
Rowdy Anthony, MBA, RN  
Michael D. Martin, MD  
Richelle Rumford, Trauma Pgm Mgr  
Kris Wallace, RN, President, OUMC

**Mercy Hospital:**

Karyl James, MSN, RN, CNO

**St. Anthony Hospital:**

Joe Hodges, President, SSM  
Tammy Powell, President, St. Anthony  
Kersey Winfree, MD

**Oklahoma County Medical Society**

Jana Timberlake, Executive Director  
Jeffrey Goodloe, MD - EMSA

**I. CALL TO ORDER - Jay P. Cannon, MD**

The meeting was called to order by Dr. Cannon at 5:43 pm. Roll call was taken with the following members present: Dr. Cannon, Dr. Lehman, Dr. Martin, Dr. Nalagan, and Dr. Smith. The following members were absent: Dr. Hunter, Dr. Albrecht, Dr. Borin, and Dr. Friedman.

**II. ACCEPTANCE OF MINUTES – August 7<sup>th</sup>, 2018**

A motion to accept the minutes was made by Dr. Smith and seconded by Dr. Lehman. The motion passed 5-0.

**II. EMSA STATISTICS - David Howerton**

Mr. Howerton reviewed trauma patient transport data from June 2018 through November 2018. He provided the number of trauma patient transports by month over the period by patient priority. He stated that the number of transports by month and priority seemed consistent from previous years' data with the exception of the number of Priority 2 patients transported in October. The number of P-2 patients increased from 85 in September to 103 in October and decreased to 83 in November. Mr. Howerton stated that he believes EMSA has never transported more than 100 P-2 patients in one month before, and he is not certain what caused the high numbers for October.

**IV. TReC REPORTS - Lisa Fitzgerald**

a. Progress on Development of Questions to Determine if a Patient is Assigned or Unassigned  
Daniel Whipple, Oklahoma State Department of Health, provided a review of data from the Trauma Referral Center (TReC) from September through November 2018. The data shows an overall decrease in the number of times TReC was contacted to facilitate transfers either into or within Region 8 over those three months. Approximately 75% of all calls were accepted at the first facility contacted with most of the

remaining calls resulting in either consults or follow-up appointments. In September, five calls were refused by the initial facility, three in October, and one in November. Calls for the Tulsa region had a similar pattern but with smaller overall numbers. He then next reviewed the calls by patient priority, specialty requested by caller, sending region, hospital destination, and length to accept calls. Most patients transferred into Region 8 came from either northwest or southwest Oklahoma and consisted of either Priority 1 or Priority 2 patients. A question was raised as to why there were fewer calls with each successive month of that period. Mr. Whipple explained that in first quarter 2018, TReC presented at each RTAB to discuss how TReC should be utilized and by whom. Beginning in second quarter 2018, OSDH has presented retrospective utilization data at each RTAB; at each presentation it was discussed how EMS agencies have a statutory requirement to utilize TReC but hospitals do not. Beginning in second quarter, EMS agencies contacted TReC have continued to increase while hospital contacts have decreased. The increase in EMS agency contacts may be due to better reporting, an increase in the number of trauma patients, or a combination of the two. Mr. John Adams asked if the number of hospitals contacting TReC is decreasing due to health systems requiring sister facilities to use an internal transfer system. While at least one health care system requests that its facilities use an internal system, it is not known at this time if that is the main reason for the decline in TReC utilization. To answer both questions appropriately, it will be necessary to review both the EMS and trauma registry databases.

**V. DRAFT TRAUMA ROTATION COMMITTEE BYLAWS - Daniel Whipple, OSDH**

Mr. Whipple reviewed the draft bylaws created for the Trauma Rotation Committee. Paragraph a states that the Committee will have autonomy when it is has business dealing with the establishment, maintenance, or amendment of the collegial agreement of providing adequate coverage of trauma-related specialties. Business not pertaining to that would require approval by the RTAB of the Committee's recommendations. Both membership makeup and number were discussed with it being mentioned that each participating hospital could have a physician and administrator as members, and how that member mix would yield positive benefits. With the retirement of the Vice-chair, Dr. Hunter, the committee was asked if it felt the need to add a Vice-chair position to replace him. The Committee felt that electing a Chair would be sufficient, and Dr. Cannon stated that he felt it is time that the Committee elects a Chair. He stated that he was appointed by the original controlling body upon the Committee's inception, and that he may consider taking a different role. A method to remove non-participating members is included in the draft as well as a procedure to replace or add members. The bylaws also discuss quorum, the requirement to follow the Open Meetings Act, and who may call a meeting. Ms. Grace Pelley from OSDH provided an overview of the committees and working groups of the Trauma and Emergency Response Advisory Council and questioned the group as to whether they would like to have another related role that would be more strategic by reviewing and implementing methods to promote a healthier trauma system in Oklahoma County. The group seemed supportive of the idea, and Ms. Pelley requested any ideas on strategic goals or bylaw language amendments be submitted to Mr. Whipple via e-mail.

**VI. HOSPITAL OPHTHALMOLOGY TRAUMA SERVICES - Daniel Whipple, OSDH**

Mr. Whipple stated that patients with eye injuries coming into Oklahoma County have historically been treated at OU Medicine with physicians from Dean McGee Eye Institute providing treatment. One at least two occasions this year, patients with high acuity eye injuries were transported to other Oklahoma City hospitals and received definitive care. Mr. Whipple asked if other hospitals have ophthalmological capabilities that might necessitate a change in destinations for eye injured patients. Several members of the committee stated that some hospitals have physicians provide

**VII. APPROVAL OF DRAFT METRO CALL SCHEDULES – February 2019 through July 2019**

A motion to approve the draft metro call schedules was made by Dr. Lehman and seconded by Dr. Smith. The motion passed 5-0 from a roll call vote.

**VII. MISCELLANEOUS**

There were no miscellaneous business items or comments made.

**IX. NEXT MEETING**

No date was set for the next meeting.

**X. ADJOURNMENT**

A motion to adjourn was made by Dr. Lehman and seconded by Dr. Nalagan. The meeting adjourned at 6:26 pm.

Approved

  
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Jay P. Cannon, MD  
Chair, Region 8 Trauma Rotation Committee  
April 23<sup>rd</sup>, 2019