



Oklahoma State Department of Health
Creating a State of Health

**Oklahoma State Department of Health- Emergency Systems
Medical Audit Committee
Wednesday March 21, 2012 1:00 pm
Room 314
Final General Minutes**

I. Call to Order by Dr. Sacra @ 1:04 pm.

a. Roll Call by Sandy Terry

MEMBERS PRESENT

Dr. Roxie Albrecht (Arrived at 1:15pm)
Dr. Terrance Boring
Dr. M. Edmund Braly

Dr. Dr. Charles Fullenwider
Dr. Jeffrey Goodloe (Left at 2:41pm)
Dr. John Sacra

MEMBERS ABSENT

Dr. Johnny Griggs
Dr. Bruce Storms

OSDH

Dale Adkerson
Dr. Timothy Cathey
Sandy Terry

b. Quorum – yes

c. Introductions and Announcements – none

II. Minutes of the Previous Meeting: Review and Approval-January 18, 2012. *Motion to accept the minutes made by Dr. Braly and seconded by Dr. Goodloe. Minutes approved without revisions by unanimous roll call vote.*

III. Reports

Emergency Systems – Sandy reported on vacant positions in Emergency Systems. There are two Administrative Assistant positions currently open. A new nurse has been hired, Jennifer Shaw, and she begins on March 26th. Her primary duties will include working with Trauma Registry Quality Indicators to find cases for review and to participate in the surveys for Trauma and Operative Services for level three hospitals. OTEP Program was presented at the RTAB's last quarter. All education materials are on website except DVD. The website is currently under construction. Dr. Kenneth Stewart is leaving Emergency Systems on March 23. Martin Lansdale will be handling both OKEMSIS and Trauma Registry until someone new fills the position. OTSIDAC met on February 1st to discuss goals and objectives. Next meeting is May 9th at MetroTech at 1:00pm – date change from the May 2nd per Dr. Sacra. OERSDAC met February 16th. Next meeting is May 17th at MetroTech at 1:00pm.



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- IV. Air discussion-** Dale Adkerson, OSDH EMS Director, was asked to explain rules and regulations for air services in Oklahoma.
- Closest ambulance rule never existed for air services due to unreasonable expectations of twenty four hour availability and efforts of air ambulance services. A rules rewrite work group has been formed and is working on all rules for ambulance services including air services. Dale encouraged input and comments from committee members. Dr. Sacra stated recent cases seem to involve patient who are not informed about options for transport. There seems to be a lack of “informed consent” about delays or the place of origin of the air ambulance.
 - Dr. Goodloe asked about a report from Dr. Steven Thomas, OU Department of Emergency Medicine, with recommendations for air services in Oklahoma. Dale is going to check on the status of the report including presentation according to contract.
 - Differences in quality of training and equipment could be addressed in rules rewrite. But there are limitations in regulating the aircraft due to court cases in other States. His understanding is if inside the patient compartment and involves patient care then standards can be made. Anything inside the cockpit or outside of the aircraft is off limits. A committee member mentioned that Oklahoma can regulate equipment required for patient care.
 - Dr. Sacra informed that current System Status Plan states where helicopter is based not where helicopter is coming from. He would like to recommend that this be changed through total disclosure by ambulance services, tracking of air ambulance aircraft and tracking information be included in EMResource.
 - Dr. Sacra requested members review air regulations and send questions or suggestions to Sandy. Regulations were published in 2004/2005 and revised in 2009. Source is Council for the Accreditation of Air Medical Transports (CAAMS.) State cannot enforce fully all of the standards, i.e. ethics, thus one of the purposes for the rewrite work group. The goal for the rules rewrite concerning air ambulance services is to balance patient protection standards with feasibility.
- V. Letter to Hand Surgeons-** Dr. Sacra explained letter concerning hand patients and inequitable distribution of patients between Oklahoma City and Tulsa. The original plan was “unassigned” patients were to be taken to specific cities. Due to existing referral patterns and closeness of resources, patients were asking for other options thus converting themselves to an assigned patient and making the workload seem inequitable. Dr. Stewart looked at two years of data and discovered the load was fair. Letter recommends a follow up conference call with hand doctors from OKC and Tulsa to discuss issues.
- VI. Replacement for Dr. Hedberg’s position-** Dr. Sacra recommendation for Dr. John Hayes, Chief of surgery at McAlester Hospital. His name and information are going through the appointment process and he may be joining the committee by the next meeting. Awaiting approval that committee be expanded by two – would like to get a doctor from the northwest part of the State. Sandy explained rotation of committee members. She confirmed Dr. Albrecht and Dr. Boring will be staying on committee.
- VII. Executive Session Case Review –*Motion made by Dr. Braly and seconded by Dr. Goodloe to go into executive session at 1:44pm. Approved by unanimous roll call vote***
Proposed Executive Session Pursuant to 63 O.S. Section 1-2530.6 for Confidential Communications to Discuss Patient Record Review.
- i. Follow-up cases (Sandy)**
2010 12 02
2011 01 06
2011 03 01
2011 04 06



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2011 04 08
2011 05 02
2011 05 06
2011 09 01
2011 09 02
2011 09 10

ii. **New Cases:**

2011 12 04 (Dr. Boring, Dr. Albrecht, Dr. Braly)
2012 02 01 (Dr. Boring & Dr. Albrecht)
2012 02 02 (Dr. Boring & Dr. Sacra)
2012 02 03 (Dr. Fullenwider & Dr. Boring)
2012 02 07 (Dr. Fullenwider & Dr. Sacra)
2012 02 08 (Dr. Goodloe & Dr. Fullenwider)

Motion to exit executive session at 3:15pm by Dr. Braly, and seconded by Dr. Boring, motion passed by unanimous vote.

VIII. Other business not previously anticipated

- Dr. Fullenwider brought up not being able to read CT or MRI from other facilities. Inquired if there is a possibility of a statewide system to reduce duplicate effort and delay in evaluation on receiving hospital side? Dr. Sacra said State was looking at a system but nothing was done due to complications in the purchasing process. Dr. Albrecht stated that New Hampshire had a CT standard in their trauma plan that created a consistent view. She is going to send New Hampshire link to Sandy. Dr. Sacra will add this issue to the strategic plan currently in development.
- Dr. Cathey recognized Sandy for her work in building regional CQI committees but requested help increasing physician participation in every region.
- Dr. Cathey requested EMS clinical care issues go to medical directors because they need to be involved with issues.
- Dr. Cathey is working on how physicians think to reach diagnosis, specifically evaluation of patients not in direct care of the physician. He asked the group to consider the elevation of an identified trend of inappropriate evaluation of patients. Dr. Sacra stated providers are being educated on trauma procedures. He pointed out that if a trend is identified then it should be brought to the attention of the appropriate authority but is not sure if this has reached an ethical issue level? MAC was established to have a level of education prior to punitive action.
Sandy explained Brad Smith (Chair for RTAB Region 8) has assisted her in gathering names for participation in RTAB's. She is going to make contact and invite participation. It could be helpful if a physician from each facility were to champion appropriate evaluation of trauma cases. In the future, it might be helpful to recognize physicians that act appropriately in a trauma case. This positive reinforcement could be a catalyst for more involvement in the system.

IX. Next Meeting Date:

- a. Medical Audit Committee: Wednesday, May 16, 2012, 1:00 pm, OSDH, Room 314
- b. OTSIDAC: Wednesday, May 9, 2012 1pm
Metro-Technology Center, Economic Development Center
Springlake Drive, OKC, Oklahoma

X. Adjournment – Dr. Sacra at 3:36pm.