Oklahoma State Department of Health
Creating a State of Health

Oklahoma Trauma and Emergency Response Advisory Council

Oklahoma State Department of Health (OSDH)
Central Office - Room 1102
1000 Northeast 10th Street
Oklahoma City, Oklahoma 73117
Wednesday, June 1, 2016
1:00 PM

MINUTES

I. Call to Order by Dr David Teague at approximately 1:10 PM

Roll Call by Brandon Bowen

Members Present
Dr. David Teague (Chair), Eddie Sims (Vice-Chair), Greg Reid (Secretary), Sue Watkins

Members Absent
Dr. Angela Selmon, Dr. Michael Thomas

OSDH Staff Present
Brandon Bowen, Dale Adkerson, Grace Pelley, Dr. Timothy Cathey

II. Approval of Minutes from December 2, 2015 and February 4, 2016
Motioned by Eddie Sims, seconded by Greg Reid – **Motion passes**.

III. Reports

A. Emergency Systems (ES) – Brandon Bowen

Feedback has been solicited from providers at the RTABS regarding the information in the quarterly ES report, and extends the request to the council members. Mr. Reid requests for CQI trends over time. Mr. Bowen explains that ES have started tracking timelines and area of waste and delay. He further described that Emergency Systems activities as divided into the EMS regulatory, and the trauma and system development, by which staff are cross trained. This allows both identification of areas of concern, and development opportunities using a multistep process; includes a development intake form, one-on-one site visit, assessment, plan with goal creation and follow-throughs.

Mr. Bowen explained that CQI referral can be from referrals either using the form found on ES website, EMResource, or verbal referral by telephone; and pre-determined indicators or indicators identified by the regions. This is an anonymous process.

Members request for multi-year trends for Trauma Fund distribution to contemplate future needs. A link will the Trauma Fund disbursement totals can be found on the Trauma Fund webpage – a link will be provided to members.

B. Trauma Referral Center (TReC) – Dan Oller

Comparing data for the 1st quarter 2015-2016 did not present items remarkable from one year to the other. TReC currently collects data from time of incident, time call received, time transfer accepted by the receiving facility, time the patient left the initial facility and time patient arrived at receiving facility. He provided that delays occur when hospitals do not have the resources listed on EMResource. Mr. Oller attends most RTABs and is available for

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questions and data related to transfer. Mr. Bowen added that biggest current issue in rural area are getting a transport service to leave their service area to transport a patient expeditiously. With regards to transfer data, he explained that ES is currently evaluating patients which go through the TReC.

Dr. John Sacra stated that a more complete picture would be available once ability to link the TReC, OKEMSIS and Trauma Registry data.

Mr. Sims stated a need for a validation rule for a TReC number to cases submitted to OKEMSIS for relational studies. While there are benefits for TReC, Ms. Watkins stressed the importance of real time data from OKEMSIS.

Dr. Teague puts forth identification of areas that TReC does well for the trauma systems and making sure those elements are promoted.

C. RTABs

- Region 5: Chelsea Bishop reports a significant culture change within the RTAB; a stroke draft plan with destination protocols which the group intends to work with other regions and the state to create a comprehensive document of continuity care utilizing evidence-based medicine. Dr Teague requests that the draft plan be sent to the Stroke workgroup for review.
- Region 6: Greg Reid reports that Region 6 has also started working on stroke plan using the much appreciated Region 5 template. Currently waiting for information from Region 8.
- Region 4: Laurel Havens reports work on stroke capacity to provide care, and are gathering information from stroke survey. Region 4 is also using the much appreciated Region 5 template for stroke plan. The rural providers are concerned with repatriation back to the home area. Rehabilitation providers have been providing data to support benefits for the patient. Region 4 is working on a regional tool to evaluate stroke patients. Dr Teague asks for input from our regions on this issue.

BB expanded that what is unique to Oklahoma is that each regional plans allows for customization to time-sensitive issues relevant to that region, for example, sepsis.

D. Working Groups

- Stroke – Eddie Sims
  - Both groups are actively meeting every other month.
  - A subset of physicians from Regions 6 and 8 who are also members of the Oklahoma State Stroke Systems Advisory Council (OSSAC) are also collaborating on stroke plans.

- STEMI – Eddie Sims
  - STEMI is lacking infrastructure and legislation for hospital classification
  - Dr Cathey provided that support from key stakeholders is needed

  Both areas seek continuous quality improvement legal support to move forward.

- Rules – Greg Reid
  - Met twice with the last meeting in February
  - Main focus on funding for OERSSIRF and doing a quantitative measurement of potential EMS applicants; identifying measurable characteristics of these potential applicants for grant evaluation.

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- Don Maisch provided that the Omnibus Bill (in which the EMS Rules lies) has passed the House of Representatives with no action form the Senate. The Omnibus Bill will not default to the Governor.

E. Statement from the Chair

Dr Teague reports of that a position is currently vacant for the Registrar position (Speaker of House appointment). The Department will be sending notification to registrars via list serve regarding the vacancy.

IV. Presentation: *Medical System Preparedness and Medical Surge*

- *Scott Sproat, Director, Emergency Preparedness and Response Service (EPRS), OSDH*
- *Michael Murphy, Director, Regional Medical Response System for Regions 6 & 8*

EPRS responsibilities lies in ensuring that OSDH has the plans and capabilities in place to carry out responsibilities as prescribed in the Oklahoma State Emergency Operations Plan. EPRS coordinates activities with other public health-related agencies and medical systems during environmental health and medical need emergencies. This area are funded by 2 federal grants – Public Health Emergency

Different tiers of response starting with individual provider affected to regional, statewide, surrounding states to federal support. EPRS focuses on situational awareness on impacts to the health system to start advance planning to include using tools such as EMResource, WebEOC, and information communication directly to U.S. Department of Health and Human Services. These activities occur when the daily systems are overwhelmed.

Discussion arose regarding the ability to verify licensure across states. The Oklahoma Medical Reserve Corp (OKMRC) has the ability to do a credential background check rapidly, and both the physician medical boards in Oklahoma has expedited process in place when needed. A licensure reciprocity gap exists within the U.S. and its territories as there is no federal database or process in place. Further discussion surrounds licensure versus credentialed. While the role of the RMRS is communicate a resource need and availability, each hospital's has right of refusal for care provided within their facilities.

V. Business

A. Good Samaritan Rule

Don Maisch, General Counsel, OSDH, reports that a workgroup with representatives from Protective Health, and Prevention and Preparedness, has been created and working on draft rules. The rules are tentatively planned to be presented to the Board of Health in December 2016 with possible effective date of July 2017. Following this timeline would be a public meeting in November 2016.

B. Standard Triage Tag

Mr. Sims explained that the Central trauma region had one-time experimented with a standard triage tag. During the Stillwater Homecoming Event 2015, the responding providers utilized different triage system. As a result, it was suggested that a standard triage tag be recommended for use in the state, and the issue be brought to the attention of the Council. A new workgroup is to be formed with members to be identified.

C. Strategic Planning

- <u>Stroke Development</u>

  Dr. Cathey reports that the stroke system development has been focusing on identification of stroke patients where early intervention would improve outcome. The discussions surrounded patient categorization and prioritization; plans and

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implementation starting with Phase I (pre-hospital). He provided that there are three Level I stroke centers – OU Medical Center, Mercy Hospital Oklahoma City, St John Medical Center and a commitment from Saint Francis Hospital to be a Level I. Dr. Cathey further provided that the bulk of the hospitals are Level IV (in excess of 70).

- Trauma Priority 1 Patient Poster
  Dr. Sacra and Ms. Pelley presented a draft poster showing a summary/cliff notes for identification and recommended action for pre-hospital and Level III/IV trauma center placement. Feedback by members was provided, and the draft will be sent to the OSDH graphic designer for further refinement.

D. Resolution to Board of Health requesting legislation for legal protection of quality improvement activities for all time-sensitive medical conditions
Mr. Reid request for expansion to include data submitted to the State EMS Database (OKEMSIS). Ms. Watkins recommended more definition to the activity which the protection is intended to include. Mr. Bowen will send a draft version of the resolution to council members for feedback, and item will be included in the next meeting agenda.

VI. Public Comment

- PJ Richards, Genentech
  - Provided to terminology update - “Activase” instead of “tPA”
  - Three trainings in June for assessing stroke patients; handouts were available.
- Lawanna Halstead, Oklahoma Hospital Association
  - Request for representation by in infections specialist and infection preventionist be included in the workgroup for the Good Samaritan Act.
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VII. Next Meeting Date: Wednesday, September 7, 2016 at 1:00 PM
Metro Technology Center
Business Conference Center – Room I
1900 Springlake Drive
Oklahoma City, Oklahoma 73111

VIII. Adjournment – the meeting was adjourned at approximately 3:15 PM.

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