

**OKLAHOMA TRAUMA AND EMERGENCY RESPONSE ADVISORY COUNCIL (OTERAC)
Regular Meeting of the Medical Direction and Coordination Committee**

Microsoft Teams

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Wednesday, August 5th, 2020 at 1:00pm

Minutes

All meeting participants will be attending via Microsoft Teams: Roxie Albrecht, James Campbell, David Caughell, Patrick, Cody, Lindsay DaVault, Tiffany Ferguson, David Gearhart, Curtis Knoles, Jason McElyea, Charles Olson, and R. William Worden. There is no physical meeting location.

- I. Call to order and welcome – The meeting was called to order at 1:02 pm by Dr. Jason McElyea. There were no introductions to be made, Dr. McElyea welcomed the group and thanked them for their time.
- II. Roll call – Roll was taken with the following members present Roxie Albrecht, MD; James Campbell, DO; David Gearhart, DO; Curtis Knoles, MD; Jason McElyea, DO; and R William Worden. The following members were absent: Patrick Cody, DO; Lindsay DaVault, MD; Tiffany Ferguson, DO. Charles Olson joined the meeting at 1:04pm and David Caughell, MD joined the meeting at 1:15pm
- III. Review and approval of minutes from December 18th, 2019 and April 22nd, 2020. Dr. Knoles asked for a revision changing his credentials from DO to MD, the minutes were updated. A motion to accept the newly updated meeting minutes from December 18th, 2019 as well as the minutes from the April 22nd, 2020 was made by Dr. Albrecht and seconded by Dr. Worden. There was no further discussion and the motion passed 7-0.
- IV. Discussion, consideration, possible action, and vote to approve the prioritizations of the topics and recommendations to be sent to OTERAC. Dr. McElyea asked Mr. Whipple to display the prioritization tool. A brief overview of the tool was given by Dr. McElyea in regards to what the scoring meant to each topic. He explained that scoring would reflect not only the importance of a topic, it would also reflect the ease in which it could be implemented. So a topic that was of high importance could still score low because it was difficult to implement. He stated that the group's goal for the meeting was to go through each topic confirming score, having discussions and potentially formulating recommendations that this group was likely to make to the OTERAC. Dr. McElyea opted for this meeting to cover topics as they appeared on the priority tool.
 - Review EMS Quality Assurance Regulation – This topic was given an overall score of 3.1 and discussion was had. Potential recommendations from this committee would include but not be limited to: Referral to Rules and Regulations to draft amended rules with an emphasis of ongoing Quality Improvement with active medical director participation with stated KPIs and novel concepts. OSDH should maintain an active, current directory of EMS agencies with medical director contact information. Implement quality improvement minimum standards. Dr. Worden mentioned that many of the items on the priority tool were so intertwined that you could not separate them. Dr. McElyea suggested the committee remain open to combining items for an overall recommendation.

- Medical Director involvement in agencies- This topic was given an overall score of 2 and discussion was had. Potential recommendations from this committee would include but not be limited to: Update minimum recommendations of a medical director as set forth by Medical Direction Committee. Establish a yearly system of review for continued medical director participation. Potentially establish appropriate education opportunities in Oklahoma utilizing education courses already in place. Continuing education for medical directors that is pertinent. Training standards to be allowed to become a Medical Director. Potential development of a Board for oversight in Oklahoma where applications are reviewed for qualification and continued participation with agency. This item was tabled for continued discussion at the next meeting.
- Review the Oklahoma Trauma, Triage, and Transport algorithm (T3)-This topic was given an overall score of 3.55 and discussion was had. Potential recommendations from this committee would include but not be limited to: Recommend to OTERAC that a multidisciplinary work group of the Medical Direction Committee review and modernize the current T-3 algorithm be created to include physician representation from appropriate specialties as well as subject matter experts in the Oklahoma Trauma System.
- Review the Trauma Referral Center Quick Reference Guide-This topic was given an overall score of 3.55 and discussion was had. Potential recommendations from this committee would include but not be limited to: Recommend to OTERAC that a multidisciplinary work group of the Medical Direction Committee review and modernize the current T-3 algorithm be created to include physician representation from appropriate specialties as well as subject matter experts in the Oklahoma Trauma System.
- Direction for Continuous Quality Improvement Committees- This topic was given a score of 3.35. A brief discussion was had about how the committee could support the Continuous Quality Improvement Committees. The committee decided to follow the progress of CQI and participation with Medical Directors and the topic was tabled.
- Global Tracking Bands- This topic was given a score of 2.5 and a discussion was had. The group decided to gather information and compare similar existing systems for best practices. Any recommendation the committee had would potentially include the funding sources from projects that were successfully implemented.
- Quality Improvement for EMS- This topic was given a score of 3.4 and it was decided to combine this topic with first two topics.
- Core Measures for EMS-This topic was given a score of 3.4 and a discussion was had with recommendations to combine this topic with the first two topics. Query ongoing work and review current measures and make recommendations for any additional.
- Regional Medical Direction- This topic was given a score of 2.3 and a discussion was had to make a recommendation for a Regional Medical Direction System. This would place a person that could be used to help problem solve and potentially fill in if a service lost their Medical Director unexpectedly until a new one could be established. This person would provide guidance and mentorship as well as a support system for new Medical Directors. The Regions would align with Trauma Regions. It was discussed that recommendations for candidates could come from the CQI committees.
- Tax Incentives- This topic was given a score of 3 and discussions were had to apply this in a way that could be tied to quality of participation. Which could be monitored by this committee. This tax incentive would be for uncompensated or undercompensated Medical Directors. Potential recommendation: Create a statute to promote quality medical direction in rural areas through the use of a single, yearly tax incentive. This tax incentive would be for services that were unable to compensate their Medical Directors to (standardized level) Quality Medical Direction would be reviewed annually by the Medical Direction and Coordination Committee.
- Medical Director Training- This topic was given a score of 2.3. This topic was combined with topic number 2.

- Interfacility Transfers- This topic was given a score of 3.7 and discussions were had. The committee would like to work with Oklahoma Hospital Association (Patti Davis) to develop guidance. Potential solutions may include the use of EMS agency Medical Director to review events on an as needed, real time basis. Invite the OHA to the next meeting of the Medical Direction and Coordination Committee. Find a way to partner with the hospital association to determine a plan for guidance for determining emergent vs non emergent transfer criteria. Use the Regional Medical Director to serve as an intermediary for discrepancies.
- Interfacility Transfers- This topic was given a score of 3.7 and discussions were had to create a regionalized transport system. The committee discussed problems with the transport of transfer patients from higher levels of care to lower levels of care as well as ambulance services being utilized to return people home. Fixed wing transports being utilized for time sensitive patients was another topic discussed. The committee discussed the possibility for a regionalized transport system with the use a Regional Medical Director to serve as an intermediary to determine how and who acute patients should transport. The TRcC Medical Director was also suggestion for this. Potential recommendation language from the committee: Evolving process of Regional Medical Director empowered to serve as an intermediary.
- Public Outreach and Education- This topic was given a score of 4.25 and discussions were had to tie public education and outreach to qualifying for the OERSSIRF Grant and receiving funding. Additionally the committee would recommend that a portion of these funds be used to recruit candidates into paramedic programs for areas that are traditionally more difficult to staff. A suggestion was made to change legislation and direct a portion of the funds to staff a recruiter at the State in an attempt to increase the public knowledge that EMS is a career choice and increase the number of EMS personnel across the state.
- State wide trauma triage tag- This topic was given a score of 3.25 and tabled until the next meeting.
- Physician Education- This topic was given a score of 3.3. This topic was combined with topic number 2.

V. Dr. McElyea opened the floor for public comment no comments were made.

VI. Discussion of proposed 2021 meeting dates and use of outlook invites once approved.

- February 3rd, 2021 at 1:00pm
- May 5th, 2021 at 1:00pm
- August 4th, 2021 at 1:00pm
- November 3rd, 2021 1:00pm

VII. Next Meeting

Medical Direction and Coordination Committee
 Oklahoma State Department of Health
 1000 NE 10th Street Oklahoma City, OK 73117
 November 4th, 2020 at 1:00pm

OTERAC
 As called

VIII. Adjournment- A motion was made to adjourn by Dr. Knoles and seconded by Dr. Albrecht. The meeting adjourned at 2:59 pm.

Approved by



Jason McElyea DO, Chair

Medical Direction and Coordination Subcommittee

March 11, 2020