



**SPECIAL MEETING OF  
THE OKLAHOMA TRAUMA AND EMERGENCY RESPONSE ADVISORY COUNCIL (OTERAC)  
Nicholson Conference Center  
1000 Northeast 13<sup>th</sup> Street, Oklahoma City, OK 73104  
Wednesday, December 8, 2021 at 1:00 PM**

Posted at [www.health.ok.gov](http://www.health.ok.gov)

**MINUTES**

**I. Call to Order-Roll Call**

Dr. David Teague, Acting Chair, called meeting to order at 1:10 pm

**II. Roll Call**

Roll Call was taken by Grace Pelley

Members present: Dr. Roxie Albrecht, Edith Smith, Dr. David Teague, and Matthew Young.  
Quorum was met with four members present.

**III. Announcement and introductions**

Grace Pelley introduced Matt Young, OTERAC Council Member; and announced changes in EPRS leadership staff and Medical Facilities. There is a PowerPoint Presentation of the updated organizational chart, to be shared after meeting.

**IV. Review and approval of August 4, 2021, Meeting Minutes**

Tabled to the next meeting as requested by Grace Pelley due to last minute identified inaccuracies.

**V. OSDH activity update**

**A. EMS Division**

Grace Pelley reported that the regulation changes discussed at the August 4, 2021 meeting are still in process but moving forward. A vendor has been selected for the Online Licensing and a list of Oklahoma individual licensees has been sent to that vendor. They will need to build a platform; therefore, the timeline has been delayed but is still moving forward.

**B. ES Data Management and Research**

Xana Howard, Data Coordinator thanked everyone for entering data into the Trauma Registry and OKEMSIS and discussed the importance of entering data. Activities to transition to the version 3.3.4 is ongoing. Deadline for complete this for all agencies is December 31, 2021. Ms. Howard also shared that all upcoming trainings will be virtual on Teams.

- OKEMSIS Training will be virtual on Teams January 25 & 27, 2022
- Trauma Registry Training February 22
- Advanced Trauma Registry Training February 24, 2022.
- Email [Esystems@health.ok.gov](mailto:Esystems@health.ok.gov) to register.

Any data requests should be sent to [Esystems@health.ok.gov](mailto:Esystems@health.ok.gov). Typical requests are for the number of EMS runs.

**C. Trauma Fund & EMResource**

Katrina Warden showed Trauma Care Assistance Revolving Fund Disbursements from August 2006 to September 2021. Disbursements are being made for October 2021. The numbers of applicants for Calendar Year (CY) 2021 for each provider type are as follows:

- Hospitals-187
- EMS-109
- Physicians-1,818

Ms. Warden also gave deadline dates for distribution period:

- April 2022 of November 30, 2021, for Hospitals
- December 15, 2021, for EMS and Physicians

Ms. Warden explained that payments are made monthly for Hospitals and EMS, and every six months for Physicians, beginning in April and October.

D. Trauma System Development

Chris Dew informed that his team is implementing three areas to improve patient care: 1. Trauma Triage Training for front-line staff, 2. increased Medical Director involvement, support for rural EMS and EMRA Agencies, and Fire Departments by encouraging updated licenses/certification. Discussion involved to get Medical Directors more involved, EMS Administrators will go to the agencies and explain the rule requirements of the Trauma System Development plans. Trauma Triage Training will begin in 2022, but the courses have been delayed due to lack of interest of hosts. Oklahoma requirements are the CE of National Registry.

E. Trauma Transfer Referral Center (TReC)

Jesse Leslie provided that TReC is working with Chris Dew and Grace Pelley weekly to continue to improve processes to get the right patient to the right place getting the right treatment in the right amount of time and presented data on TReC assisted transfers.

F. Trauma Continuous Quality Improvement

Jamie Lee shared that CQI is continuing virtual meetings and is working well. CQI has sent out 314 letters to providers in 2021. Letters may include kudos for a job well done or recommendations for improvement. The 2021 Response Rate has surpassed 2019, pre-COVID rates, and overall Response Rate for 2021 is 58%. Regions 5 and 2/4/7 had a 100% response rate in the first quarter, and Region 6/8 had 100% for third quarter. CQI has 16 new members and there is one person on an Agenda in first quarter of 2022. Discussion involved of what a letter entails, and Ms. Lee gave examples of types of letters, and then stated that priority determines destination and prioritization continues to be an issue. Ms. Lee gave examples of some improvements. Further discussion of if there is a way to present the data to the council at the next meeting, and Brandee Keele answered that they are trying to figure that out without violating patient confidentiality laws. Ms. Lee explained that the escalation of the letters is being implemented in the Trauma Plans statewide. Dr. Teague requested that the council send a note of appreciation to the members of CQI.

G. Injury Prevention Service

Claire Nguyen, Injury Prevention Manager – No report as not present

H. Emergency Preparedness and Response Service (EPRS)

Michael DeRemer, Director EPRS reported for EPRS that A COVID 19 team has been put into place to perform the long-term response and recovery for the next couple of years. They are continuing to distribute PPE to Long-Term Care facilities, Hospitals, First Responders, and Schools, and will continue to do so for the next couple of months until a process can be put into place for them to receive PPE on their own. Sheila Lawson will be working with a team to update processes for Emergency Response plans. Scott White is building processes to help medical partners with the getting equipment. The OSDH Pharmacy is now within EPRS Division and has a new state Pharmacist– McKayla Mets. They are receiving expanded funding from Federal COVID appropriations bills. Mr. DeRemer stated that all equipment is used statewide and gave some examples. Mr. DeRemer stated that there is a State Emergency Operations Center at the State Capitol to identify an emergency. Mr. DeRemer gave the steps of contact in case of an emergency. Mr. DeRemer stated that EPRS works with Emergency Management Assistance Compact (EMAC), FEMA, and State Health Departments in other states to communicate processes, and to have partnerships with them to help in a crisis. Dr. Teague stated that the council would like to hear from EPRS regarding areas that the Emergency Preparedness Response System is ready for a catastrophic, mass

casualty crisis, and also, on the particular areas that need work over the next couple of years. He gave some scenarios of possible events he was asking about. Dr. Teague also stated that the council would like to have steps that would be taken in the event of a mass casualty crisis, possibly in a pamphlet form to be available for providers to refer to.

I. Stroke System of Care/OSSSAC

Alicia Webster began by updating the group of the new Co-Chair – Dr. Barghols-Integrus, and Chair for the last two years, Dr. Sidorov-OU Health. Ms. Webster shared that they are working together to get the systems of care moving forward across Oklahoma. The advisory council group recently sent a survey to Oklahoma Hospitals to find out what the group's focuses need to be regarding education and resources. Ms. Webster gave information discussed from the OSSSAC October meeting. Discussing involved how much of an impact Tele-stroke is having, and Ms. Webster noted that was part of the survey, and they are waiting on the results. Further discussion involved the importance of stroke resources for rural and metropolitan facilities in the state of Oklahoma, and Ms. Webster stated that Grace Pelley has placed the stroke algorithms available to all facilities on EMResource. Ms. Webster gave an example of processes other states utilize to identify a stroke patient. She noted that the challenge is that data is skewed, even though 92% of hospitals are participating in identifying stroke patients, because rural locations are not truly identifying the number of stroke patients they have in a year. Further discussion regarding the process of making a form that will go with the patient and stay with them for the entire process. Dr. Teague mentioned that the council would like Ms. Webster to share the information, regarding the discussion above, to OSSSAC and see if there are ways that the council can help with this:

- Creating a form
- Form being kept with the patient's chart or actual patient
- Best Practices to be put into place
- Getting the information across Oklahoma
- How would we be able to identify if all entities are utilizing that practice.

**VI. Committee/Board Reports**

A. Education and Training Committee: Justin Hunter, Chair-Not present

David Graham – Updated rules have been sent to the legislature as these were last updated in 2006. There were some changes in the language and requirements. Mr. Graham shared some areas of focus. He shared that the group would meet in February of 2022 to discuss those. Mr. Graham stated that National Registry started doing Advanced Life Support Scenario Based Skill Training in 2016, and the group is looking into implementing those into EMR/EMT/Paramedic Training. Discussion involved if the group has the bandwidth to provide that training. Mr. Graham answered that they have not gotten that far in the process yet. However, there are key players on the committee, that are Nationally Registered, and have the skill set needed to perform the training. There may be issues getting the training in Rural areas, but they are still very early in the process. The committee has a goal to have that going in 2022.

B. EMS Protocol Guidance Committee - Chris Prutzman, Chair-Not present

C. Medical Direction and Coordination Committee - Dr Patrick Cody, Chair-Not present

Sean Lauderdale for Dr. Cody shared with the group there are two major focuses of the committee:

- Establish minimum qualifications, guidelines, and requirements to become an EMS Medical Director, in addition to the current licensing requirements.
- Provide a framework to outline the expectations of the EMS Medical Directors and EMS Leadership to make that uniform.

Mr. Lauderdale confirmed that shortage of medical directors in the state.

D. Regional update from RTAB chair/representatives

Jennifer Woodrow, Regional Coordinator-OSDH - for Regions 1, 3, and 8 shared:

- Region 1 – Updating their trauma plans and bylaws with hopes of restarting again in 2022. Ms. Pelley shared steps being taken in Region 1, to help with the regarding identifying

Priority 1 patients. Action item letters, signed by RTAB and CQI chairs, are being sent to all EMS and Hospital providers, asking them to take a short training on how to identify a Priority 1 patients, with these trainings set to begin January 1, 2022. The providers will be asked to share their numbers of trained individuals at the 1<sup>st</sup> quarter Meeting.

Region 3 – Working to approve MCI Plan to add to Trauma Plan, updating Trauma Plan and Surgical Extraction Team Plan-RMRS assisting with that. The Bylaws have been totally revamped, and changes made are.

- Have made clear definitions and language as to not have misinterpretation
- Specified guidelines regarding defining board rotation
- Have made guidelines regarding attendance of meetings, and have defined clear expectations and consequences for not attending. Ms. Woodrow went through the steps of actions that will be taken regarding not attending.
  - Letter sent to individual
  - OTERAC Notified
  - Licensing Authority Notified
- Specified representatives
- Working on an Inter-facility and Resource Utilization Education program:
  - Establish best practices
  - Improve communication regarding transferring a patient to definitive care
  - This is not just for trauma but for all patients
  - Will help to identify if a patient is emergent or non-emergent

Region 8 - Trauma Rotation Subcommittee, along with Dr. Albrecht

- Have voted to approve Code of Ethics to add to the Trauma Plan regarding patients that are released and are due to have follow-up care.
- They are working on reviewing and updating as needed the following:
  - Guidelines regarding Burns and T-3 and adding resources
  - EMS Descriptions
  - Transport destinations

Ms. Woodrow shared that all three regions are working on implementing the Trauma System goals:

- Decrease the number of Priority 1 patients being delivered to a Level III or IV by 2%
- Increase the times of transfer for critical patients.

Mike Cates, Chair for Region 4 reported that the RTAB and RPC activities and areas they are working on increasing the attendance numbers, as attendance has severely dropped in the past few years. They will call past members and attendees to encourage attendance. They are working on getting the right representative involved. Also, they want to improve Trauma Plan, Bylaws, and STEMI Plan. Dr. Teague said that the council would like to partner with the regions to help them implement their goals of updating their plans in 2022

Dean Henke, Regional Coordinator shared:

Regions 5 and 7 in 4<sup>th</sup> quarter voted on:

- Board Members-2022
- Committee Members-2022
- Meeting dates-2022

RPCs are revising Trauma Plans and setting up workgroups for revisions. Setting goals regarding Priority I patients going to the wrong hospital and staying too long at the transferring hospital.

Judy Dyke, Program Director serves on Region 2 CQI and RPC shared:

- She will be reviewing and updating the Trauma Plan, Stroke, STEMI, and Burn Plans
- Developing a Surgical Extrication Plan-and would like to replicate Region 3's plan on this
- There was no 3<sup>rd</sup> quarter meeting in 2021, and the 4<sup>th</sup> quarter meeting was in

- person, and attendance was down
- Trying to recruit new members for RPC Meetings

Dr. Teague encouraged sharing of best practices and developments among regions. Grace Pelley commented that most of the regions are updating their Trauma Plans to include:

- OU is now a burn center, and that information needs to be added in Trauma Plans in all regions regarding that
- Previously Integris Baptist and Hillcrest were the only burn centers in the state
- OSDH Trauma System is partnering with EPRS-RMRS, as they also address burn patients on a larger scale

#### VII. **Presentation: Physician Specialists Availability and Oklahoma Trauma Transfers 2018-2020 Injury Severity Scoring**

OSDH shared with the council, three years of data from the Trauma Registry, grouped by Injury Severity Scores (ISS). Brandee Keele went over the ISS scoring and explained effects on ISS by the combined scores and unspecified ICD 10 Codes. Grace Pelley shared trends on Inter-state and Intra-state trauma patient transfers, where specialty surgeons (Orthopaedics and Neurosurgery) are in Oklahoma by county, and time taken for all ISS Levels of trauma patients transferred to higher facility from lower-level hospitals. Main challenges are providers staff turnover, education and training regarding ISS, and getting the definitions of Priority 1 patients (P1) and trauma in general. Ms. Pelley stated that the information she shared is from the Oklahoma Trauma Registry, so they do not get feedback regarding the patients that are being taken to other states. That information being included would cause the numbers to go up, and direct transports data were captured.

#### VIII. **New business:**

Discussion, consideration, possible action, and vote that Trauma System and EMS Division Program Managers suggest the council endorse creation of a workgroup to review the State EMS Plan, identify necessary updates, make recommendations for implementation, with a goal of a report from the Managers to OTERAC, by the end of 2022. Also, the group will have administrative support. Ms. Pelley informed that the EMS Plan was last updated in 2013. Volunteers would be needed to review the previous plans to compare the data regionally and by hospitals, then look at the roles of facilities, and get other partners involved if needed. EMS and Trauma Plans both need updated. Ms. Pelley stated that this was the System Improvement Workgroup that began in 2019, and when COVID hit, the workgroup did not finish their work. Ms. Pelley stated that the licensing of facilities and multiple campuses would be taken into consideration, which would involve EMResource and RMRS.

**Motion: To endorse the workgroups to review the State EMS Plan.**

**Motioned by Matt Young. Seconded by Edith Smith. Motion carries.**

IX. **Other comments from the Board:** *Dr. Teague thanked everyone for their engagement in elevating the care of patients that need us in our state. It is meaningful and good for your community and good for our state. The work that has been done in spite of challenges in the last couple of years continues to move us forward and we are grateful. Grateful to have the room full of folks that are striving in the same direction. To RTABs, the council would love to hear in addition to your reports, things that the council could help you with. If there are several of the regions that are having the same issues, the council can help resolve those issues. Appreciation to OSDH workers in all program areas.*

X. **Comments from the Public: None**



**XI. Next meetings**

2022 OTERAC Meeting Dates

- **February 2, 2022**  
Oklahoma State Department of Health, 123 Robert S. Kerr Avenue, Oklahoma City, OK 73102
- **June 1, 2022**  
TBD
- **October 5, 2022**  
TBD

All Meetings will be scheduled for 1:00 PM with the final location to be determined.  
Outlook appointments will be sent out for next meetings.

**XII. Adjournment at 2:50 pm**

**Approved by**

A handwritten signature in black ink, appearing to read "David Teague", is written over a horizontal line.

**David Teague, MD**  
**Interim Chair**  
**Oklahoma Trauma Emergency Response Advisory Council**  
**June 1, 2022**