

The Oklahoma Trauma and Emergency Response Advisory Council (OTERAC) REGULAR MEETING

Wednesday, May 3, 2023 – 1:00 p.m.

Location of Meeting: ODOT Training Center •
5307 NE 122nd Street • Oklahoma City, OK 73131

MINUTES

1. Call to Order

Meeting called to order at 1:03 p.m. New members Dr. Julie Curry, Board Certified Emergency Physician, and Brad LanCaster, administrative director of a licensed ambulance service, were introduced.

2. Roll Call

Ms. Dockery called roll and quorum was met as follows:

Members present at Roll Call	Members absent at Roll Call
Dr. Julie Curry	Dr. Roxie Albrecht
Melissa Gullotto	
Brad LanCaster	
Edith Smith	
Dr. David Teague	
Matthew Young	

3. Approval of Minutes for October 5, 2022

Matthew Young made a motion to approve the October 5, 2022, meeting minutes and Edith Smith seconded the motion.

The motion carried as follows:

Ayes	Nays	Abstain
Melissa Gullotto		Dr. Julie Curry
Edith Smith		Brad LanCaster
Dr. David Teague		
Matthew Young		

4. OSDH activity update

EMS Division

Dale Adkerson reported the following regarding certified or licensed agencies and individuals in Oklahoma.

Type	Renewed	Not Renewed
EMRA Agencies	168	50
Air and Ground Ambulances and Stretcher Aid Vans	213	61
Training Programs	45	18
EMS Individual licensees	11,650	3,815

The average number of licensed individuals will decline by the renewal deadline. Two Statistical Analysts positions are vacant in EMS Division. The Data Team is uploading compliance reports electronically by the 15th of each month and is preparing five-year data summary plans for Trauma Registry and OKEMSIS data bases. Past and current research data is being used for a research paper over “Enhancing Utility and Interfacility Triage Guidelines using Machine Learning, Development of a Geriatric Interfacility

Trauma Triage Score". The NHTSA EMS Strategic Planning Workgroup, which includes OTERAC Member Matthew Young, has received the final draft report from partners and is working to complete their project.

Trauma Division

Grace Pelley reported that the Trauma Division is pursuing telehealth and imaging exchange and may be seeking funding suggestions from the advisory council. There have been some challenges but would like to get partners involved for discussions. She shared some information regarding platforms that surrounding states are utilizing and mandating. Dr. Teague suggested an agenda item to be added to one of the next advisory council meetings to discuss the obstacles and what is required to move forward and to increase involvement. Trauma is seeking partners for programming interface for EMResource to get more accurate information quicker. Trauma Division is also partnering with The Oklahoma Psychiatric Hospital Association to use EMResource and an infrastructure to build a federally funded behavioral health system for Oklahoma. Other activities include facilitating discussions with the three burn centers in Oklahoma regarding transport and transfer of burn patients to one of the burn centers. PowerPoint on Guidelines for Burn Patient Referrals was provided at RTABs. Ms. Pelley referred to the Trauma Fund Timelines and Activities. The Trauma Continuous Quality Improvement (CQI) includes 70 multi-disciplinary volunteers in five committees, meet quarterly to review approximately 10 cases per meeting. There have been 53 cases reviewed and 155 letters issued thus far in 2023. In 2022 there were 286 letters issued. The letters are informational which include acknowledgements, recommendations, feedback, and "good-job". There is a new CQI committee member from Paris, Texas in Region 5. Dr. Teague shared appreciation and recognition for the volunteers of CQI and Ms. Pelley introduced some of the members that were present. Dr. Teague asked about the Trauma Care Assistance Revolving Fund graph that shows a continuous decline and if there is a plan to sustain the revolving fund. Ms. Pelley shared that the initial amount received was much lower than what was requested, and she would check on the Medical Marijuana as a source of funding for Trauma Fund.

Injury Prevention Service (IPS)

Christian Bonds reported information regarding drug overdose prevention and some resources available. He referred to a Fentanyl fact sheet handout that is in the process of being updated and mentioned some of the facts. There are senior adult fall prevention training programs and resources that are available. Mr. Bonds mentioned some policies and guidelines regarding the Childhood Concussion Prevention program and mentioned some partners involved in getting the policies created in schools. The Adverse Childhood Experiences Education and Prevention Program – part of the T.H.R.E.A.D. Charter – Trauma, Hope, Resilience, Education, A.C.E.s – Adverse Childhood Experiences, and Diversity, and there are training opportunities available for that. All of the programs are listed on OSDH Injury Prevention Service's webpage. A member asked if the T.H.R.E.A.D. Program is available for Foster Care continuing education, and Mr. Bonds answered that he could find out in a charter meeting.

Emergency Preparedness and Response Service (EPRS)

Elyce Holloway referred attention to the HPP - Healthcare Delivery System Recovery plan handout that is in the packet. Monitory efforts are underway for Marburg virus in Africa. COVID 19 case numbers have declined, and deaths have plateaued in Oklahoma. There are no Monkey Pox cases reported in Oklahoma, and few cases in the United States, but numbers are expected to increase in summer months. Issues including improper specimen collections occurred. Training opportunities are available upon request. For healthcare coalition members, the radiation surge plans have been completed and drafts have been submitted into the system for tracking and are in use, but there have been challenges with having enough radiation detection equipment. Her team's focus in the next year will be to review hazmat chemical plans. Ms. Holloway referred to handout Healthcare Delivery System Recovery Plan and identified trauma as an area of concern. Several partners were involved and are continuing work on the plan. She referred to page 12, OSDH and other entities responsibilities, and asked if your group is not accounted for or have any suggestions to let her know. Dr. Teague shared his appreciation of the plan and its purpose and stated that the council would be open to offer opinions and ideas. Ms. Holloway noted that she

would like to reference how to find other plans that are presently in use.

5. Stroke System of Care/OSSAC

Melody Bridges shared information regarding the Get With The Guidelines, a free program for rural facilities for coronary artery disease, heart failure, and stroke. Waurika and Duncan Hospitals are both participating. Funding is in place for three years with another three years being sought. Ms. Bridges reported on a Stroke Transfer Qualitative Study that is hosted by Association of Neurovascular Clinicians. This study regarding delays in transfers to primary or comprehensive facilities and participation is highly encouraged for Level III Stroke Centers in Oklahoma. Ms. Bridges stated that OSSAC and Stroke Coordinators are working with healthcare staff from all spectrums and RTABs to develop stroke plans and expand the Rural Stroke Standardization in Oklahoma. OSSAC is still awaiting the language change in Level III from Alteplase to Thrombolytic.

6. Committee/Board Reports

- Education and Training Committee: No representation
- Medical Direction and Coordination Committee – Dr. Patrick Cody reported that they are updating language regarding Medical Director, Quality Assurance, and Benchmarks and approved today in the Medical Direction and Coordination Committee meeting for recommendations were the revised Pre -Hospital and Interfacility Oklahoma Trauma Triage Algorithm including defined nomenclature, the revised Pre-Hospital Trauma Triage Reference Manual including defined nomenclature, and inclusion of intranasal Glucagon for all levels of EMS scope of practice.
- Regional update from RTAB chair/representatives

Region 1 – No representation

Region 2 – No representation

Region 3 – Brad LanCaster reported that Region 3 is working educating EMS agencies and emergency rooms on patient priority documentation accuracy of the narrative on the run sheets, and will work with educating hospitals on that in the near future. Mr. LanCaster shared that they are working on resource utilization and transfer triage.

Region 4 – Dr. James Campbell reported that Region 4 is working on Telehealth, Radiological Imaging Surveys, issues with air ambulances, and whole blood implementation was presented. There was no RPC meeting.

Regions 5 – Dean Henke reported for Region 5, and referred to Ms. Pelley’s announcement of the new CQI member from Paris, Texas in Region 5. Camp Bandage is May 6 in Broken Arrow. Next meeting is May 11, 2023, and shared information of plans prior to and during that meeting.

Region 6 – Jason Likens reported that Region 6 is continuing to work on membership attendance and the current trauma rotation.

Region 7 – Dean Henke reported for Region 7, and gave reference to a presentation from Dr. Lindsay DaVault regarding rural assets and deficiencies in Oklahoma and F.A.S.T. Field Amputation and Surgery Team’s limited abilities in rural hospitals. The next meeting is July 7, 2023 with discussion of Region 7 officers and board members for 2024.

Region 8 – David Howerton reported that Region 8 will be reporting to the committees regarding the total trauma numbers of Priority 1, 2, and 3 patients that were transported by EMS services. They are also now implementing a burn plan, and have had challenges for several years. OU

Health is taking the majority of Priority 2 patients which has reduced the number of complaints, and there is still a rotation for hand traumas in the Oklahoma City area. There have been 17 units of whole blood administered within region 8, and two may be recognized in the media. OSDH continues to partner with Oklahoma Blood Institute and OU Health and is hoping to utilize whole blood throughout the entire state. OU Health is presenting Stop the Bleed as May is Trauma Awareness Month.

7. Presentations: Accuracy of Prehospital Trauma Scoring by EMS in a Rural Community Hospital Setting: A Retrospective Analysis

Dr. David Behm presented information regarding a study of trauma scoring by EMS services in rural areas. The purpose of the study was to analyze data of prehospital trauma scoring for Major Trauma Priority 1, 2, and 3 patients in accordance with Oklahoma's Prehospital Triage and Transport Guidelines (OPTTG) and includes data collected between January 1, 2017 – December 31, 2019. The results will be compared to the American College of Surgeons Committee on Trauma standards (ACSCOT). In conclusion, the overall study results so far showed that 25.1% of the patients were under-triaged and 5.2% were over-triaged which does not meet the ACSCOT standards, which in turn may indicate that training and education are needed to improve trauma scoring. A member asked if the results affected outcome. Dr. Behm answered that it affected destination of trauma patients.

8. Discussion, consideration, possible action, and vote to approve:

- Proposed Revised Pre-Hospital and Interfacility Oklahoma Trauma Triage Algorithm including defined nomenclature.

Dr. Amanda Celii presented information regarding a workgroup's review of the Oklahoma Pre-Hospital and Interfacility trauma triage guidelines (T3) and compared the information to the American College of Surgeons (ACS) guidelines. The group recognized that changes to the T3 document were necessary, as well as changes to the Trauma Triage Reference Manual.

Matthew Young made a motion to accept the revised Pre-Hospital and Interfacility Oklahoma Trauma Triage Algorithm including defined nomenclature and Melissa Gullotto seconded the motion.

The motion carried as follows:

Ayes	Nays	Abstain
Dr. Julie Curry		
Melissa Gullotto		
Brad LanCaster		
Edith Smith		
Dr. David Teague		
Matthew Young		

- Revised Pre-Hospital Trauma Triage Reference Manual including defined nomenclature.

Dr. Teague requested clarification of the manual. Tessa Cleary-Smith noted that the manual is for Pre-Hospital only. Ms. Pelley confirmed it is a training manual to support the algorithm and was part of a package to replace OTEP. Matthew Young made a motion to accept the revised Pre-Hospital Trauma Triage Reference Manual including defined nomenclature and Brad LanCaster seconded the motion.

The motion carried as follows:

Ayes	Nays	Abstain
Dr. Julie Curry		
Melissa Gullotto		
Brad LanCaster		
Edith Smith		
Dr. David Teague		

Matthew Young		
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- Inclusion of intranasal Glucagon in the scope of practice for EMR, EMT, Intermediate, and AEMT based on OAC 310:641-5-20 that permits the Department to approve additional skills upon the written request of a local medical director.

Dale Adkerson introduced a request for the inclusion of intranasal Glucagon to be included in the scope of practice for EMS personnel on behalf of an Oklahoma citizen that contacted OSDH. This was reviewed, discussed, and recommended by MDCC. Brad LanCaster made a motion to accept the recommendation to include intranasal Glucagon in the scope of practice for EMR, EMT, Intermediate, and AEMT scope of practice based on OAC 310:641-5-20 that permits the Department to approve additional skills upon the written request of a local medical director and Edith Smith seconded the motion.

The motion carried as follows:

Ayes	Nays	Abstain
Dr. Julie Curry		
Melissa Gullotto		
Brad LanCaster		
Edith Smith		
Dr. David Teague		
Matthew Young		

9. Future meeting dates for 2023

- Wednesday, August 2, 2023 – 1:00 p.m. – Tulsa, OK
- Wednesday, November 1, 2023 – 1:00 p.m. – Oklahoma City, OK

10. No Public Comment

11. Adjourn

A motion to adjourn was made by Matthew Young and Dr. Julie Curry seconded at 2:50 pm.

The motion carried as follows:

Ayes	Nays	Abstain
Dr. Julie Curry		
Melissa Gullotto		
Brad LanCaster		
Edith Smith		
Dr. David Teague		
Matthew Young		