

Southwest Region (3) Regional Trauma Advisory Board Great Plains Technology Center 4500 West Lee Blvd. Lawton, Oklahoma 73505

August 3rd, 2017 – 10:30 AM Minutes

- I. Call to Order: Meeting called to order @ 10:31 AM by Chair Justin Miller.
- II. Roll Call: Roll Call Quorum present

III. Introductions and Announcements: None

IV. Approval of Minutes – April 6th, 2017: Motion – Brian Zalewski, Chickasha Fire. Seconded by Richie Bohach, Comanche County Memorial EMS. Roll call vote, motion passed

V. Reports:

- A. Emergency Systems Report: Daniel Whipple
 - 1. Emergency Systems has hired two new employees. They are Mr. Dean Henke EMS Administrator, and Ms. Linda Dockery is the new administrative assistant for the Trauma Fund. You will be seeing Mr. Henke in upcoming RTABS and maybe in a regulatory capacity. If you deal with Trauma Fund you will probably be talking with her.
 - 2. The latest Trauma Fund information is in your packet.
 - 3. Questions with Trauma Registry contact Dr. Kenneth Stewart.
 - 4. We have purchased the Stroke Registry. There will be a Stroke Registry Data working group meeting at the Oklahoma State Department of Health on August15th at10:00 AM. If you are interested let David Graham or I know so we can add you to the list.
 - 5. Question about OKEMSIS contact Mr. Martin Lansdale. Since last time we have transitioned all the information from version two to version three. You can still obtain that information in report writer in version three.
 - 6. As mentioned last time we have partnered with injury prevention to provide free naloxone training for any agencies that would like the training. If your agency is interested or you know of an agency that is interested have the contact Ms. Avy Redus in injury prevention. The training and information is online also for those interested.
 - 7. Dan asked the group if they preferred a hard copy of the RTAB packet or would they be okay with an electronic version of the packet. A small group raised their hands supporting electronic packets. When asked who preferred hard copies no one raised their hands.
 - 8. The Oklahoma Trauma and Emergency Response Advisory Council's next meeting is September 6th, 2017. It will be at the Oklahoma State Department of Health starting at 1:00 PM.
 - a. The council is working on the Good Samaritan Rule. This rule will help protect any lay person or medical person while off that renders aid to a patient and has a potential exposure to a blood borne pathogen. If you have a potential exposure it will allow you to undergo testing to see if you've been exposed and receive treatment at no cost to you. We are still working on the process and hopefully will have something more definitive in the next couple of months.
 - b. The council is working on posters that could be placed in the emergency department to assist in recognizing priority one patients and remind them these patients need to be stabilized and transported to definitive care as quickly as possible.
 - c. The council is also working on universal radiology and hoping to come up with a solution within the state where if a hospital cannot deliver definitive care that radiology work done at that facility can be viewed at the receiving facility without sending a CD or films.

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- d. The council has formed a working group to look at best practices for trauma and looking at triage tags that could be used state wide so everyone is familiar with them when needed. If you are interested in being involved with this working group let David or myself know so we can add you to the distribution list. This would help reduce rescans and further radiation exposure.
- e. The council has approved language for CQI conditions on all time sensitive conditions. These would fall under a statutory umbrella. Hopefully by next session we can have an actual statute too protect all time sensitive CQI processes.
- They are looking at the National Trauma Care System Integrating Military and Civilian Trauma f. Systems to achieve zero preventable deaths after injury. So the short is as the military draws down from the military operations the military teams need to keep their skills up and can bring the procedures they have used in combat to trauma centers during down times allowing the civilian world to receive some of the benefits learned by the military. This would allow the military to work and interact with the civilian trauma facilities and agencies.
- q. Next meeting is September 6th, 2017 at the Oklahoma State Department of Health starting at 1:00 pm.
- B. Regional Sub Committee Reports:
 - Continuous Quality Improvement Sub Committee: Daniel Whipple: This will be an item of 1. business we will look at towards the end of the meeting. It is located towards the back of your packet. It says Oklahoma Regional CQI Indicators. With our changes in the CQI process we are going to be moving away from a strictly a CQI update by case review. What we really want to do is give you a snapshot of what has been going on in the region and give you some real data. We have pulled the CQI indicators from the past there are 16 indicators on their most are pulled from the Trauma Registry some from OKEMSIS. We have taken this list to the Region 3 CQI committee and they have made some changes to it. The approved indicators are in front of you. We will be discussing and hopefully voting on these indicators in the business portion of this meeting. The numbers you see on the sheet are the numbers from 2015. Please take a few minutes throughout this meeting and we will address this part later in business.
 - 2. Regional Education Planning Committee: Richie Bohach stated the committee met to review the Stroke and Trauma plans. If you will look at item 8 on the plan it states that each individual agency will be tasked with writing a plan that fall under the regional stroke plan. We made will be recommending some changes to the plans in the Business portion of the meeting
 - Regional Medical Planning Groups / SW Medical Response Center Bob Stewart this quarter 3. EMResource numbers are as follows:
 - EMS 74%, Hospitals 67%. We did an MCI drill it was 76% participation but only 52% were a. completed correctly. Recommending this to CQI which is what our plan says we are supposed to refer it to them when we are not doing it right.
 - b. On November 14th, 2017 Regional Medical Response Systems (RMRS) awareness classes will be at Great Plains Technology Center. It will contain Web EOC and EMResource. There will be one class in the morning and one class in the afternoon.
 - Web EOC drills will be September 28th, October 31st, March 29th and May 24th. Now you have C. the upcoming dates for the drills. November 7th and 8th we will be holding a pediatric class. At this time we have 31 signed up
 - d. and 34 slots available. This is the only class in the state for the next two years.
 - e. RMPG this afternoon the Emergency Medical Services for Children (EMSC) Director will be here this afternoon. They are looking at certifying hospitals for pediatric care for levels I through III possibly.
- VI. Presentation: Stroke Presentation - Damien Kinzler, D.O.
 - Dr. Kinzler started his presentation with how to expedite a stroke care. Dr. Kinzler stated the goal for Α. Comanche County Memorial Hospital is to start tPA or alteplase on a stroke patient within 45 minutes of arrival at the facility. Dr. Kinzler discussed signs of ischemic stroke vs non ischemic stroke. He stated that most ischemic strokes have lateralizing signs and symptoms; very rarely do they have bilateral signs and symptoms.

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Dr. Kinzler discussed altered mental status (AMS) vs non altered mental status. He states very rarely do ischemic stroke patient have altered mental status. If they have altered mental status they are probably hemorrhagic and not ischemic. Other signs and symptoms to recognize are the old lady with dizziness who have stroke risk factors may very well be a stroke. The important part with some of these things is to make sure you get the ER facilities have to know are last known well. EMS is on scene and knows who saw the patient last. If the family member cannot come to the ER get a phone number so the physician can call and talk with them. Bring medications from home or get the name of the patient's pharmacy. The main drugs they care about are blood thinners. Draw labs if your agency does this as well as obtain a blood glucose level on the patient. Obtain patient history especially recent surgeries, procedures or strokes. He is looking for big things like heart surgery, abdominal surgery etc. Cincinnati stroke scale is an easy scale to use and a good one. Fast is when they are telling families to call EMS. Dr. Kinzler then opened the floor to questions. Question was asked about endovascular clot removal. He states in his career he has seen two patients that qualify. The first treatment for stroke less than four hours is alteplase. Question was asked why do the patients stop in the ER and not go straight to the CT scanner. It was explained that the code stroke patient is taken straight to the CT scanner with evaluation enroute to the CT scanner. There was also a discussion about the system being nurse and medic driven to CT with physician entering when tPA being started.

VII. **Business:**

- A. 2018 Board Rotation Discussion: The RTAB was shown the proposed board for next year. They were advised this came from the rotation that was approved around 2009. No questions were asked.
- В. 2018 Committee Members - Discussion: The RTAB was show the list of current members to the Regional Education Planning Committee and Continuous Quality Improvement Committee. The CQI Committee list Ms. Jamie Hennessey was suggested to be removed being she no longer works in Region 3. The RTAB was asked if anyone was interested in being a member of either committee. Alicia Webster was interested in the REPC committee. One person stated that Ms. Robin Shelton be removed from the CQI committee being she was no longer with Duncan Regional. The RTAB was reminded that the committee members do not have to be affiliated with an agency or facility to be a committee member. They just have to work in the region and be interested and involved. I advised I would reach out to Ms. Shelton to see if she is still interested in being a member of the committee. Three members of the RTAB expressed interest in joining the CQI committee. They were advised to send me an email stating their interest to be added for a vote next quarter.
- 2018 Board Officer Nominations C.
 - 1. Chair Justin Miller Southern Oklahoma Ambulance Service
 - 2 Vice Chair - Lori Smith - Mercy Hospital Ardmore
 - 3. Treasurer - Kelly Martinez - Quartz Mountain Hospital
 - Secretary Kari Howard Pauls Valley General Hospital 4.
- 2018 Board Meeting Dates Discussion D.
 - 1. February 1st, 2018 Great Plains Technology Center - 10:30 am
 - Great Plains Technology Center 10:30 am
 - Great Plains Technology Center 10:30 am
 - April 5th, 2018
 August 2nd, 2018
 October 4th, 2018 Great Plains Technology Center - 10:30 am
- E. Discussion and Vote to add Medical City of Plano to the Regional Trauma Plan for Priority I and Priority Il trauma. The reasoning for adding Medical City of Plano to the plan was presented with minimal discussion. Motion to approve made by Brad Lancaster, Murray County EMS, Seconded by Richie Bohach, Comanche County Memorial EMS. Roll call vote, motion passed.
- F. Discussion and Vote to add Level I and Level II Stroke Centers in Oklahoma and Texas for the Regional Stroke plan. The reasoning for adding the centers to the stroke plan was presented with no discussion. Motion to approve made by, Brad Lancaster, Murray County EMS, Seconded by Jared Cheek Air Evac Lifeteam - Ardmore. Roll call vote, motion passed.

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G. Discussion and Vote to approve Regional CQI Indicators. It was explained that these indicators had been approved many years ago. The CQI committee reviewed the indicators for the region and made suggested some modifications to the indicators. These indicators are the areas for the CQI committee to follow. The items the CQI committee suggested are bolded in your packet. The committee would like to ask the RTAB to approve the recommended changes. Motion to approve the changes made by Brian Zalewski, Chickasha Fire and Seconded by James Lampkin Mercy Hospital – Ada EMS. Roll call vote, motion passed.

VIII. Public Comment

- A. Alicia Webster talked about the Region 3 Stroke Education on October 4th, 2017. She has a handout that has the date, location and registration information. If you know anyone that might be interested please take as many as you want and pass them out.
- B. PJ Richards from Genetech has information on stroke and alteplase for you to take and use in your facility or agency.
- C. Michael Bolin on October 12th 2017 at Comanche County Memorial Hospital will be a capnography class. Please get this information out to your people. Everybody is allowed to come it is free to learn about capnography.

IX. Next Meeting:

- A. Continuous Quality Improvement Comanche County Memorial Hospital 3401 West Gore Boulevard Lawton, OK 73505 September 7th, 2017 – 11:00 am
- B. Regional Education Planning Committee As Called
- C. Regional Trauma Advisory Board Great Plains Technology Center 4500 West Lee Boulevard Lawton, OK 73505 October 5th, 2017 – 10:30 am
- D. Oklahoma Trauma and Emergency Response Advisory Council Oklahoma State Department of Health 1000 NE 10th Street Oklahoma City, OK 73117 September 6th, 2017 1:00 pm
- X. Adjournment: Motion to adjourn made by Michael Bolin, Kirks EMS, Seconded by Brad Lancaster, Murray County EMS at 12:01 pm

Approved

X_____ Justin Miller Chairperson Region (3) Trauma Advisory Board October 5th, 2017

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