



Oklahoma State  
 Department of Health  
 Creating a State of Health

Northeast (2) Regional Trauma Advisory Board (RTAB)  
 REGULAR MEETING  
 Tuesday, May 9<sup>th</sup>, 2023 - 1:00 pm

Location of Meeting: Jane Phillips Medical Center  
 3500 East Frank Phillips Blvd • Bartlesville, OK 74406

The Northeast Regional Trauma Advisory Board regular meeting notice was posed on the OSDH website located at <https://oklahoma.gov/health/services/licensing-inspections/emergency-systems/trauma-division/rtabs-regional-trauma-advisory-boards-region-2-rtab.html> as well as the Secretary of State's website located at <https://www.sos.ok.gov/meetings/legacy/search.aspx> on 11/14/22.

**Minutes**

1. Heidi Gilbert, Chair, called the meeting to order at 1:01 pm.
2. Roll Call was taken. Attendance was recorded as follows:

Present at Roll Call	Absent at Roll Call
Dan Dalton	Pafford EMS – Oklahoma
Heidi Gilbert	Air Evac Lifeteam – Claremore
Melva Bostik	Air Evac Lifeteam - Grove
Kelly Davis	Alliance Health Ponca City
Corey Reeves	Claremore Indian Hospital
Steven Barnes	Hominy EMS
Kerry Lary	Jay EMS
Wilford H. Watson III	Mayes Emergency Services Trust Authority
Kelly McCauley	Mediflight of Oklahoma
Kenneth Freeman	MERC
Jeremy Mclemore	Mercy Hospital – Joplin
Pat Hailey Proxy for Ed Martin	Midwest AeroCare
Dennis Walker	Newkirk Fire Department/EMS
Carson Combest	Pafford EMS – Oklahoma
Dana Scott	Quapaw Tribe EMS
Johnny Dobson	Shilder Fire Department/EMS
Travis Morin	
Stacey Robertson	
Cordell Hanebrink	
James Blevins	
Michelle Wolfe	
Melanie Minor	
Janene Ward	
Angella Conard	
Chris Mattes	
Kelsey Minjarez	
Brandi Pond	
Robert Fehring	
Tim Gilbert	

Dillon Ross	
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3. There were no introductions or announcements.
4. Jeremy Mclemore moved to approve the February 14<sup>th</sup>, 2023 minutes and Dennis Walker seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dan Dalton		
Heidi Gilbert		
Melva Bostik		
Kelly Davis		
Corey Reeves		
Steven Barnes		
Kerry Lary		
Wilford H. Watson III		
Kelly McCauley		
Kenneth Freeman		
Jeremy Mclemore		
Pat Hailey Proxy for Ed Martin		
Dennis Walker		
Carson Combest		
Dana Scott		
Johnny Dobson		

5. Reports
  - Lori Strider informed the committee that there is Trauma System Coordinator, an Epidemiologist position and a Research Statistician open at Oklahoma State Department of Health (OSDH). New unit inspections for EMS are being done at NE 27<sup>th</sup> and Stiles, in the MotorPool parking lot. 2024 OERSSIRF application link is on the OSDH website.
  - Lori Strider informed the committee that Trauma Fund is based of the data that is entered into Trauma Registry. Trauma Registry is mandatory by the hospitals to enter trauma case data into the registry. We have numerous hospitals that are not current with the database. By hospital not having their data in the registry it can affect physician in their disbursement for Trauma Fund. We have some compliance letters for some of the hospitals here today and we ask that you take them back to your hospital administrator. In the packet is a list of dates that inform the hospitals of the deadlines to get their information in for Trauma Fund for disbursement. If you have any questions regarding Trauma Registry or Trauma Fund, please email [esystems@health.ok.gov](mailto:esystems@health.ok.gov).
  - There was no report for Regional Planning Committee.
  - Jamie Lee informed the committee the process that the Continuous Quality Improvement uses when reviewing a case. The committee uses the following formula:
    - look to see if the patient was correctly prioritized
    - if the trauma plan was followed
    - did the patient require transfer
    - did the patient go to the closest most appropriate facility
    - did the patient depart the facility in a timely manner
    - if errors were found, the committee will then make recommendations based on identified system errors or lack of system errors. Letters will be sent out the agencies. Jamie showed the committee samples of the formula and the Medical Records request form.

- Kelly Deal informed the committee that Regional Medical Response System (RMRS) is currently in the process of working with the 63<sup>rd</sup> CST team for next year. Their next grant requirement is for chemical, and they will be extending the exercise to include radiation. They will start that process in their next meeting May 17<sup>th</sup> in Claremore at 11:00 am. They plan to work with the ports, nursing homes, and dialysis center. For the nursing homes and dialysis center it will be more of a shelter in place during an incident. RMRS have 1 year left on their 5-year grant. They will be sending out a lot of information over the next year to make sure they meet the requirements. Jeremy Mclemore asked Kelly if they have done any exercises for surgical extraction? Kelly informed the committee that they have not yet but would like to get together to discuss it after the meeting.
6. Sarah Connelly informed the committee that EMSC is focusing on safe sleep awareness, Autism/Non-verbal training, and water safety this year. They still have Pedi-mates available if EMS needs them or needs new ones.
  7. There was no report for Stroke System of Care/OSSSAC Report.
  8. Kenneth Freeman made a motion to excuse the absence of Miller EMS Fairfax for February 14, 2023 RTAB and Wilford H. Watson III seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dan Dalton		
Heidi Gilbert		
Melva Bostik		
Kelly Davis		
Corey Reeves		
Steven Barnes		
Kerry Lary		
Wilford H. Watson III		
Kelly McCauley		
Kenneth Freeman		
Jeremy Mclemore		
Pat Hailey Proxy for Ed Martin		
Dennis Walker		
Carson Combest		
Dana Scott		
Johnny Dobson		

- Kenneth Freeman made a motion to add Kenneth Freeman and Steve Barnes to RPC and Heidi Gilbert seconded. The motion carried as follows:

Ayes	Nays	Abstain
Dan Dalton		
Heidi Gilbert		
Melva Bostik		
Kelly Davis		
Corey Reeves		
Steven Barnes		
Kerry Lary		
Wilford H. Watson III		
Kelly McCauley		
Kenneth Freeman		
Jeremy Mclemore		

Pat Hailey Proxy for Ed Martin		
Dennis Walker		
Carson Combest		
Dana Scott		
Johnny Dobson		

9. Dr. Christopher Lentz presented the presentation for Burn Triage to the committee. He informed the committee that not every burn patient needs to be sent to the burn center. He would love to treat every burn patient, but unfortunately, they cannot treat every burn patient. Especially on days like Forth of July. The triage system was created to see what burn patients needed to be seen right away at the burn centers and which ones can wait to be seen. First the burn patient needs to be identified if it is trauma alone or trauma and burn patient. If the trauma is more life threatening then the burn, the patient needs to go to the trauma center first. There are three hospitals that can handle a burn patient. Integris Baptist in Oklahoma City, Hillcrest Hospital in Tulsa, and OU Health Center in Oklahoma City. Mechanism of burns are extremely important. The ones that need to be seen first are: larger burns (meaning greater than 10% surface area of the entire circumfixal one upper extremity), electrical burns with high voltages, 2<sup>nd</sup>, 3<sup>rd</sup> degree burns, or deep burns. They will ask when giving a report for a few things: mechanism of the injury, what part of the body is involved, would they proceed to think the burn is a deep burn, and can they control the pain. If you can send a picture of the burn would be useful. They have a secure email address for these pictures. If you are not going to send the patient to us that day or come into our clinic these are the required outpatient checklist: burn instructions, dressing, tetanus update (and documented), pain control, and their clinic time and date to be seen. When transferring the patient, he gets asked all the time about cooling blankets. They do not worry about hypovolemic shock like a trauma patient can get. The patient should be sent with all medical records and IV fluids. Dan Dalton asked the question about how does he fill about giving the patient Morphine? He thinks it is good for pain control. The problem with Morphine is that people do not give them a high enough dose for burn pain control. When it comes to pain for burn patient, is one the burn is covered up the pain goes down. Grace Pelley asked if he would go in more detail about shock in burn patients. He informed the committee that hemorrhagic shock is pathophysiology different in burn patients. Burn patient shock tends to come over 24-hour period compared to trauma patients shock comes sooner. Burn shock restitution is due to the leading of intravascular volume into the tissue and that shock is proportional to the size of the burn the patient has. The fluid total formula is by the patient's weight and size of the burn. Grace Pelley asked what the pre-hospital should do when the arrive to a burn scene. He stated the most important thing is to stop the burning process on the patient, take them away from the source and remove smoldering clothes and jewelry.
10. No new business at this time.
11. Future meeting dates for 2023:
  - August 8, 2023 – 1:00 pm.
  - November 14, 2023 – 1:00 pm.
12. Chris from Joplin stated he brought down a couple of back boards that were at the hospital of agencies that are not here in the meeting today, if one of the neighboring agencies can get the boards back to them.
13. Heidi Gilbert made a motion to adjourn and seconded by Jeremy Mclemore at 2:21 pm. The motion carried as follows:

Ayes	Nays	Abstain
Dan Dalton		
Heidi Gilbert		
Melva Bostik		
Kelly Davis		
Corey Reeves		
Steven Barnes		
Kerry Lary		
Wilford H. Watson III		
Kelly McCauley		
Kenneth Freeman		
Jeremy Mclemore		
Pat Hailey Proxy for Ed Martin		
Dennis Walker		
Carson Combest		
Dana Scott		
Johnny Dobson		