



Oklahoma State Department of Health
 Creating a State of Health

**Southwest Regional Trauma Advisory Board
 Region 3 Education Planning Committee**

Great Plains Technology Center
 4500 West Lee Blvd., Lawton, Oklahoma
 February 4, 2016

I. CALL TO ORDER: 09:30 A.M. By Bob Swietek, REPC Chair

II. ROLL CALL: Quorum Present:

Bob Swietek	Present	Jefferson County Memorial
Brad Lancaster	Present	Murray County EMS
Tammy Crosswhite	Absent	Fredrick Hospital
JenaLu Simpson	Present	Medic West
Richie Bohach	Present	Comanche County Memorial EMS
Scott Tanner	Present	Southwest Medical Center
Others attending the meeting:		
Brandon Bowen	State Health Department	
Heather Booher	State Health Department	
David Graham	State Health Department	

III. INTRODUCTIONS AND ANNOUNCEMENTS: None

APPROVAL OF MINUTES: Minutes presented October 23, 2015. Motion to approve minutes made by Brad LanCaster and seconded by Richie Bohach. Minutes were approved by the five members present.

IV. BUSINESS:

A. Educational Training – Bob Swietek brought the plan from Jefferson County Hospital with a copy of the letter he received from Holdenville for their stroke survey. It contains what is expected in the stroke survey during the process, the attestations of the region 3 hospitals stroke levels and a copy of the prehospital stroke guideline that Comanche County EMS is using. JenaLu stated that this information is great for EMT’s and Paramedics to use. Brad Lancaster stated that now they have the attestations they should develop the plan so they would know the information needed to properly educate the region.

The question was asked of the state what our thought was on EMS agencies in the state being able to recognize strokes in the field. I advised that all EMT’s and Paramedics are taught what to look for in stroke patients but with the advancements being made in detecting the subtleties looked for now a lot of the smaller agencies that do not see a lot of patient the providers would probably need training to assist them in seeing and interpreting the subtleties. With this answer the groups discussed that the education should at least include information regarding the last know wells of the patient. Blood Glucose levels, FAST Survey, recognizing those symptoms from their assessment.

Brandon brought up the state has always envisioned another education plan just like the one we have for trauma.

The question was asked how many facilities use Tele Stroke. I advised that the only facilities I know of that offer the service are OU, Mercy and Saint John in Tulsa. It has been related to me that they do not have a lot of facilities that use Tele Stroke because their area does not have the infrastructure to support the transmission of the images and the cost of the equipment on the smaller facilities part.

EMS agencies are within the patient’s window the agency should take the patient directly to a level I, II or III Stroke Center. Comanche County EMS discussed that a lot of factors that can easily cost you to miss that mark. One of the biggest ones they found is having the patient registered. That is why they have that information on their prehospital stroke assessment this has decreased their times to CT by at least 15 minutes.





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The comment was made that every small community should have a stroke coordinator because they can look at where those gaps are and identify where the delays are so they can improve their times. It was also brought up that EMS needs to be educated and refine their assessments and make their decision on where to go assisting in decrease delays in patient care.

The question was asked of the state if they could write a protocol to be taken to the facilities and endorsed by the state for facilities to use. Brandon addressed the question by saying it has been the goal of the state to have a State Stroke Education Program like the Oklahoma Trauma Education Plan. He thinks this would be an easier way to address the issue by getting everyone on the same page using the same terms. Educating everybody hospital and EMS it is a systems of care issue approach. The committee agreed it would hold more merit coming from the state health department. It would be collaborate with the regions to write the program than hire somebody to write one. Question was asked their opinion about the issue of services having to take a nurse on these transfers. They were surprised that this would happen because their agencies do not take a nurse or Dr. on the transfer. They agreed this could be placed in the education.

Brandon asked the committee how comfortable the committee is about discussing stroke in the RTAB. They all said they were very comfortable with the idea. Brandon told them that some members of other committees are concerned that this should only be talking about trauma. The committee discussed that the stroke system needs to be nurse activated to cut down on time to CT especially in the smaller facilities. This area also needs a strong CQI component to find the areas where there are delays and help correct them.

Long term vision from Emergency Systems at the Health Department is Stroke is the first appendix next to trauma in the consolidated regional plan eventually would be STEMI and copies of the Regional EMS System Activation Guidelines, copies of the regional mass casualties plan, copies of Medical Surge. This would be a good holding point for all this information in one place for everyday use but also for those big situations. Once we get all the regional plans then we can create a state wide plan to distribute around the nation.

Brad and Bob will bring a working draft of the regional plan for stroke to the next meeting. Also bring the information to the meeting on what the pre hospital and hospital personnel to be trained on. Goal is to have this completed before the last OTERAC meeting of the year.

- V. PUBLIC COMMENTS: None
- VI. NEXT MEETING OF REPC – March 3, 2016 at 9:30 A.M at Comanche County Memorial Hospital
- VII. ADJOURNMENT: Motion to adjourn by Brad Lancaster and seconded by JenaLu Simpson at 11:53 A.M.

