



Oklahoma State
Department of Health
Creating a State of Health

Northwest (1) Regional Planning Committee

REGULAR MEETING

Tuesday • April 28, 2026 • 9:00 a.m.

Location of Meeting: High Plains Technology Center
3921 34th Street • Woodward, OK 73801

Draft Minutes

1. Spencer Leiter called the meeting to order at 9:00 a.m.
2. Roll call was taken and quorum was made.
3. The Chair asked for any introductions. None at this time.
4. Garrett Logan made a motion to approve October 28, 2025 minutes with corrections for Tamara Fischer being there late with a liaison marking her on time and Ellen Kirk seconded. The motion passes unanimously.
5. Discussion, consideration and possible action to vote to
 - Mobile Integrated Health-
Spencer Leiter, chair, started with Matt Miller leading the team on this project. He asked Kate if they have met which they have to discuss community paramedicine and the education piece. They also discussed how community paramedics would play a role in their communities. They discussed what uses would make the biggest impact. Kate stated Matt does have all of the notes and outlines. Their biggest barrier in this discussion was determining who to talk to further about this. There is a pilot program being done in Muskogee at this time. As far as impact, there are several patients in the community in which have been transported to the hospital and then almost immediately discharged home. Having a referral from community paramedics to go out to their home and sit down with them and discuss any issues they have will be less of a burden on available resources. This will also translate to the proper utilization of resources in the community. They group also discussed the financial aspect of CP. Ensuring enough calls for referrals were made to sustain the CP program starts with how many hospitals are going to do this and what does that look like in the future. Hospitals having the staff to dedicate a case worker for CP is something that was brought up. Spencer discussed if this can be integrated into our region what does this look like long term and that someone can go out to these patients and help them without over utilization of resources would be beneficial. Information on the CP hasn't been really released. David Graham, OSDH stated there is a report going to be given at OTERAC for Rural Health Transformation Project.

Spencer Leiter, Chair, asked the committee if they were aware of the microgrants. The current NOFO were open a week prior but are now closed. There are more rounds of funding being awarded. There is \$20 million in funding for the whole state under the



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current NOFO. Spencer discussed the reduction of chronic diseases impact in your community. It's a program that helps people with chronic diseases and long term illnesses stay healthy and reduce the burden on EMS services.

Something that the group also discussed was the plans in which the NOFO's do come out, how can those EMS agencies come up with an idea in which those funds can be utilized. Having someone who understands grant writing and is able to devote time to this is almost impossible in the smaller rural EMS agencies. There are companies that can help you apply but require an upfront investment which not all agencies have that. So it's challenging for these smaller rural EMS agencies to really take advantage of these funding rounds due to limitations.

- Trauma Plan- Spencer leiter, Chair, started off with the ACS report, there is a statewide trauma plan being written right now as far as what things need to be changed and improved on. Spencer asked the committee thoughts on improvements or things that they would recommend be changed. One question asked was when do we bypass our local hospital and when do they not in EMS. Not just for trauma but for stroke as well. There is a disparity in ALS and BLS within the region and there maybe times were ALS is running the calls but majority its BLS providers. Is this something the committee needs to discuss about with the state about or is this a regional education problem. Helping EMT providers differentiate what they need to try and fly or take to the local facility for stabilization. David Graham then discussed the CQI and what other regions are doing. Region 6/8 are working together and are taking a different approach to CQI. Hospital staff meets one month and EMS meets another, then at the CQI meeting they discuss cases and determine what needs to be reviewed from there. It is going to be harder for those smaller EMS agencies and smaller hospitals to gather all of that data. At larger hospitals there are dedicated staff to support CQI activities that can pull this data and present it. David did discuss this with Dr. Cody in telling other regions about this CQI plan to potentially adopt this statewide. Spencer asked if there were any more concerns regarding this and the question about transfers, a 12 hour transfer is a burden to EMS agencies in region 1 so having a dedicated transfer truck that can do these things a couple times a week would be a tremendous resource for region 1 and there is a sister hospital from region 1 that does have a transfer truck. Having this information in EMResource as a truck available showing hospitals that they can do that transfer without air resources but its not designed by capabilities only availability.

6. New Business:

- Ashli Ferguson introduced herself as District 1 RAD (Regional Administrative Director) She is providing everyone with more information with Rural Health Transformation and what they need to have in place when apply for those grants under RHTP. There are 29 programs under the Health Department that are under 6 initiatives. If the committee



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has further questions, Ashli gave out the contact information for Veronica, the communications coordinator for RHTP. She will be giving more information at the RTAB.

7. Next meeting:
 - July 28th 2026 – 9:00 a.m.
8. Ellen Kirk made a motion to adjourn at 9:56 a.m. and seconded by Garrett Logan. The motion passes unanimously.