
Creating a State of Health

Northeast (2) Regional Trauma Advisory Board (RTAB)
REGULAR MEETING
Wednesday, May 12, 2026 1:00 p.m.

Location of Meeting: Tri-County Technology Center
1601 Nowata Rd. Bartlesville, OK

Draft Minutes

1. Carson Combest, Chair called the meeting to order at 1:00 p.m.
2. Garret Knight Vice Chair, recorded attendance and quorum was met.
3. Carson asked if there were any introductions and announcements.
 - Bobbie Keith introduced Michael Godwin, Program manager for EMSC. Diane Powell was also introduced as the guest speaker from the Alzheimer's Association.
4. Bobbi Steler moved to approve February 12, 2026, minutes and Kari Beaver seconded the motion. The motion passes unanimously.
5. Reports
 - EMS Division, Licensure, Compliance, Protocols. David Graham, Trauma Coordinator OSDH. David reports that the state should be processing around 6,700 state licenses this year. The turnaround time has been significantly quicker. We are in the process of getting a vendor statewide for online licensing for individuals and agencies. We hope to have that up and running by January of next year. Compliance is good right now. Protocols, we do have an interim medical director that is approving protocols right now. If agencies have any questions the medical director will respond to them quickly. There has been a job description that has been written for a permanent medical director for the agency. ACS updates, virtual meetings are going on in April for all of the subgroups and what to work on as far as the 90 day deliverables. There are meetings scheduled in May as well. June 4th is the in-person meeting. There has been a statewide trauma plan developed by Tyler Alan and each region will have their own appendices that has region specific information. The plan is being reviewed by leadership at OSDH. OERSSIRF was just scored, of 34 applicants 27 were funded. \$2.7 million was awarded. OMES is working on getting those contracts out and funding should arrive by July 1st
 - Judy Dyke reported CQI is still not operational. Regions 2,4 and 7 will have Dr. McElyea as the CQI Chair. No meeting with him has been established yet. Hope to have this chair person active so we can start CQI again.
 - Regional planning committee, Judy Dyke reported REPC did meet this morning. Landon Sweeney became a new member today who is region 2 RMRS. He brought his advisory component to our meeting today. From David's report we are in the process of rewriting out trauma plan. Having a statewide plan across the board will ensure consistency and everyone follows the same plan. There were a few things listed in the ACS report such as limited stakeholder engagement, tribal engagement and limited military engagement. Trauma registry is another weakness. So right now the makeup of our board may change as we approve and adopt the statewide trauma plan. If anyone has suggestions or recommendations for RPC let me know. Also I am part of the multidisciplinary group so if anyone has anything that can make the meetings more valuable let me know so we can get that included.

- RMRS. Landon Sweeney reported there is a Healthcare Coalition meeting next month in Claremont on the 20th at 11. We haven't had too many activations and just been weather monitoring. We have been serving the states local committee to integrate disaster preparedness and response to the trauma system. Nothing else to report.
6. Stroke liaison, Lauren Clark, Nothing much to report at this time. We have been having trouble coordinating with the states stroke liaison. I am unsure if this is due to firewalls or something else. We just been having quite a bit of trouble getting in contact with them on the most recent draft. There was changes made to the regional stroke plans but I do not have access to that.
 7. EMS for Children, Michael Godwin, Program Manager, Michael introduced himself and informed the committee he brought information for them on pediatric emergency information. There is a pediatric readiness project survey going on right now. It's an assessment of every emergency department that is attached to a hospital. We are doing a data collection and that ends May 31st. The goal is to have an 80% or higher. Right now, there is a 42% completion rate. We are trying to get a good picture of where gaps are. I encourage all hospitals to participate in this survey.
 8. Discussion, Consideration and Possible Action to Vote
 - Adding RMRMS to RPC and RTAB as advisory role. Carson asked the committee if this warranted discussion. Judy brought up the topic of bylaws and those rules for general and board members. RMRS is a general member but there is nothing within the bylaws for region 2 that discuss advisory members. Judy asked if the board should suggest a rule rewrite or a review of the current bylaws for advisory members. This topic is tabled until the next meeting to review bylaws within the region and vote as a member.
 9. Presentation – Diane Powell, Alzheimer's Association. Diane started as introducing herself to the committee. The Alzheimer's Association is a national organization and working with OU geriatrics on dementia friendly first responder training. Diane discussed the changing of the elderly community. As we get older the risk for dementia increases. She stated in the next 7 years we will have more people over the age of 65 than 18. Those with dementia often deny that it is happening to them. The full length training is around three and a half to four hours for EMS. The class covers 10 warning signs, effective communication and some behaviors as a way to communicate. The class covers scenarios that are acted out by members of the community. They cover some things that work with getting a dementia patient out of the car that maybe in an accident or went the wrong way down a road. There is also training called virtual dementia tour where you walk in the shoes as someone with dementia and you can see the challenges associated with dementia first hand. This program gives you the tools and training to help and assist dementia patients as a first responder out in the field.
 10. Discussion and Updates – David Graham, Trauma Coordinator OSDH. David gave an update prior. Carson started the discussion and asking if anyone get into the first round of the rural health transformation program grant. A few people did. Carson then asked if the members that were awarded if they had any problems with the grant process or if they felt they had all the tools they needed. He also asked if it was a hard process and if anyone would like to share anything they learned within the process and if there were any feedback that could help someone else out in the next round of funding. A member spoke that they only give you a few weeks to get a business plan and a project they want funded. For small agencies this task may be difficult to accomplish. It is a lot of work upfront and takes a lot of resources.
 11. Public Comment - Member from Mercy Hospital-Joplin wanted to discuss the transport times from Oklahoma to Joplin are quite long. They have been finding with Pulsara that on the most critical patients have the least amount of information. If the committee members that are transporting cant input that information due to the critical patients needs then we can give you the charge nurse direct line for the report coming into Mercy Joplin. She understands that there may not be time so a quick call may be most beneficial at that time.
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CONT – A second public comment was discusses about state is requesting copies of the emergency operations plan for the county, they asked if this was becoming a thing. David Graham, OSDH answered this question. As questions being asked by county commissioners in regard to this plan. The commissioners were questioning exactly what they are responsible for or maintaining the EMS coverage in their county, which is why that question is being asked to those agencies.

12. August 11, 2026 – 1:00 pm – will be held at Mays County Event Center in Pryor Ok
13. Kelly Davis made a motion to adjourn and seconded by Erik Dickover at 1:58 p.m. The motion passes unanimously to adjourn