

## Creating a State of Health

Southwest (3) Regional Education Planning Committee  
REGULAR MEETING

Thursday, August 7, 2025 – 9:00 a.m.

Location of Meeting: Comanche County Memoria Hospital  
3401 West Gore Boulevard • Lawton, OK 73505

The Southwest RTAB Regional Education Planning Committee regular meeting notice was posted on the OSDH website located at <https://oklahoma.gov/health/services/licensing-inspections/emergency-systems/trauma-division/rtabs-regional-trauma-advisory-boards/-region-3-rtab.html> on December 12, 2023 as well as the Secretary of State's website located at [https://openmeetings.ok.gov/ords/r/oma/omadev/public-html-meeting?p52\\_state\\_public\\_body\\_id=1844&p52\\_meeting\\_instance\\_id=14803](https://openmeetings.ok.gov/ords/r/oma/omadev/public-html-meeting?p52_state_public_body_id=1844&p52_meeting_instance_id=14803) on December 1, 2025 at 8:50 a.m.

### Minutes

1. Rachel Talley, Chair called the meeting to order at 9:02 a.m.
2. Roll Call was taken and recorded as follows:

Present at Roll Call	Absent at Roll Call
Rache Talley	Jenalu Simpson
Bran Lancaster	Christina Thomas
Beth Malone	Tyler Walters
Robert Stewart	
Tiffany Baxter	
Maisey Covington	
Heather Carothers	
Cade Webb	
Tre McPherson	

3. Introductions and Announcements.....Rachel Talley, Chair  
David Graham introduced Mr. Lewis Robinson at the Trauma Coordinator and Ms. Senait Tekle.
4. Motion was made by Maisey Covington and seconded by Robert Stewart to approve the October 3, 2024 meeting minutes. The motion passed as follows:

Ayes	Nays	Abstain
Brad LanCaster		
Beth Malone		

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Robert Stewart		Tyler Walters
Rachel Talley		Tre McPherson
Tiffany Baxter		Christina Thomas
Maisey Covington		Jenalu Simpson
Heather Carothers		
Cade Webb		

5. Discussion, consideration, possible action, and vote to recommend to RTAB.....Rachel Talley, Chair
- Review Region 3 Trauma Plan Brad LanCaster advised it has not been reviewed yet. Brad stated that we need to look back at the last time they updated the hospital classifications as well as EMS Services and where they are based out of. Bob Stewart discussed that EMResource has taken off Valley Community Hospital. Do we know that it has closed? Brad LanCaster said one of the things discussed in OTERAC yesterday was the vast differences in level III facilities in the state. The committee asked the regions to review their level III facilities and bring back to OTERAC if those facilities are actually meeting the requirements for a level III facility. The committee discussed talking with the facilities and asking them if they say they are a level III facility then these are the services required to meet that level do you have those services on a continuing basis not just day to day. Also ask them when is the last time you updated EMResource. Brad LanCaster stated we are trying to get trauma patients to the closest appropriate facility, but it is very hard to do from an EMS standpoint when do not know what services the facility has that day. The facilities do not update EMResource. The question was asked if there is somebody at the state that validates what the facilities are reporting. Another comment was made that they had these issues years ago at their facility and they were rushing around to make sure they had Ortho because that was part of their plan as a level III facility. The question was asked what the criteria is. Bob Stewart stated it states they have the required staffing on call 24 hours a day within an hour to hour and half of the facility. David Graham said it is his understanding at this time the level III's and level IV's self attest to their trauma level due to the state not having the staff to visit. He states for a level III site visit a physician has to be part of the survey team and at this time we have no physician to assist with the inspections. Brad LanCaster states there are some facilities that are fully aware of the requirements but are falling short of that mark and they don't really care. He also states that some of the hospitals don't know what the level of their facility is an what it takes to maintain that level. Mr. LanCaster suggested the committee draft some sort of letter to send to the facility administration that this is what you are attesting the facility is this level. This is what is required to attest to that level and are you going to continue to attest to that level. The committee asked if this would be possible for the state to draft that letter. David Graham stated he could not answer that question at this time. Mr. Lewis Robinson stated that the REPC is making the

recommendation to the RTAB to approve and send to OTERAC of these changes to statute and rule. OTERAC to send to the state for review and approve. The comment was then made it is probably a couple of years down the road. Brad stated that this is what Dr. Teague is very interested in. Mr. Bob Stewart then commented that the region should start tracking how many times the units are diverted from a level III or level IV so the region can collect the data to be able to bring back to OTERAC. Another comment was made that it would probably be better to track how many times the agencies transfer out of the facility that should be able to take care of the patient. Lewis Robinson said he asked Senait to look up the last 30 days for the region. There have been 251 calls of which 37 were priority one. 19 were taken to level IV's, 30 taken to level III's and we have 78 patient we are unable to tell where the patient was transported to. As of right now we do not have clean data and that is something we should talk with the vendor about. A committee member answered by saying part of the issue is people using different software with different terminology. They all mean the same thing but are using different terminology. The question was asked about the ones that we do not know where they are could they be the ones transported out of a level III or level IV by another agency to a level I or level II facility. The committee agreed the main goal is for the receiving level III or level IV is to get that patient out the door as quickly as they came in. A lot of the time that is the correct decision, but sometimes it is not. A lot of the time the patient could be treated at the first facility or closer than the destination they are being transferred to. All the facilities are shipping the patients back to the mother facility bypassing facilities that are closer for the patient and family that could take care of the patient. Several committee members agreed that they drive by so many facilities that could care for the patients closer to their home but are being transported to the main facility the transferring facility is partnered with or affiliated with. Cade Webb stated that he knows that Durant and Madill use their own call center in Tennessee to see where they transfer their patients to. Brad LanCaster stated this goes back to the transfer piece the committee working on where a facility will call for a transfer that send a unit out of the area for 3 or 4 hours then call for another emergent transfer. This goes back to the local hospitals not having a clue about allocation of resources due to them training in larger cities with multiple units available unlike rural Oklahoma where unit resources are limited. Brad LanCaster says he thinks the 6% being discussed the committee is trying to see how many of the patients transferred out could have stayed at the facility or within the region. The committee wanting the data to use as an education piece for the facilities and EMS agencies. The committee is working on a form for the facilities to complete with questions like why did you make the decision to transfer to this facility. Was there somewhere closer that could have properly cared for this patient, do you have the services available at your facility. If so why is the patient not staying here. This form will be used for data that proves what we are doing to patients and that when patients need EMS services units are not available due to being on a non emergent transfer. The committee asked is there a way to make sure the facilities fill out the form completely and accurately. A committee brought up a scenario where a patient falls and had a hip replacement in Oklahoma City. The orthopedic in the rural facility is going to send the patient back to the city to see the ortho that put in the hip replacement. The committee is looking at the level III's when writing their trauma plan and looking at the facilities that identify themselves as regional level III's. If you look at our plan very few of the regional level III's in the region are actually regional level III's so we are back to rewrite our plan. The question was asked how often do the hospitals have to attest their level. The answer was we are not sure. Bob

Stewart stated it was brought up in the trauma report. He states that the state has not been out to verify level III's since Dr. Cathey left over 10 years ago. The committee said let's start with a list of all the facilities in region 3 that attest to level III facilities. Then we take that to the RTAB and say this is what we would like to address the letter of FYI you're looking at what you say you have on EMResource and how often does your facility update the information on EMResource. The committee asked if about possibly working with the hospital association to see that EMResource is updated frequently and correctly. The question was asked if a report could be run on how often EMResource is updated and pull data from that to send to the Hospital Association. Bob Stewart said he can run a report but, out of the 21 hospitals in the region only 5 are very religious on keeping it updated. He also commented that the computer to update the information is in the ED and that is probably the area with the highest turnover rate. Lewis Robinson stated that we can give them an account so we can see all the users, but we do not have the ability to do is make sure they can use it. Bob Stewart stated a report can be run but it will be a large report with information we already know. Lewis Robinson then said we can use that report to send to OTERAC being they are the ones that will be communicating with the Hospital Association. Bob Stewart said that OTERAC has the responsibility, but they have no authority and that is one of the problems. Rachel Talley asked the committee how they would like to proceed. Brad LanCaster made a motion to recommend to RTAB that we send word to OTERAC about the problems the committee has identified of being inaccurate updating of EMResource and ask for OTERAC's help to get some kind of clarification through the state on these problems. Bob Stewart asked do we define that emergent in the plan? Rachel Talley said the issue she sees with the form they have created is having the statistical data to back up the classification part of the form. Brad said they have talked about is identifying a couple of level IV's and a couple of level III's of varying sizes and getting them together and apply the transfer matrix to you. Just fill it out with a review of it with EMS and Hospital and apply the two things and look at how it affects patient flow. We need to do this so we can collect some data and move forward. We need at least a couple of facilities and EMS agencies to agree to apply this matrix to collect the data. Brad LanCaster made motion to recommend to the RTAB to recommend to OTERAC to clarify level III's status. Seconded by Bob Stewart. Motion carried as follows.

Robert Stewart		Tyler Walters
Rachel Talley		Christina Thomas
Brad Lancaster		Jenalu Simpson
Beth Malone		
Tiffany Baxter		
Maisey Covington		
Heather Carothers		
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- Update of latest OTERAC report: Brad LanCaster gave brief OTERAC Update. He advised the committee is concentrating on what level III's can do and keeping patient in closer facilities that can care for the patient and help rural hospitals. Rachel stated that she thinks the items the groups have been working on have hit a wall for now. So, she will send the items they have been working on out to everyone at the meeting so they can start working on asking the hospitals and agencies if they would be willing to participate.
- Approve 2025 REPC meeting venues, dates, and times:
  1. February 5, 2026 – 9:00 a.m. - Great Plains Business Development Center
  2. April 2, 2026 – 9:00 a.m. - Great Plains Business Development Center
  3. August 6, 2026 – 9:00 a.m. - Great Plains Business Development Center
  4. October 1, 2026 – 9:00 a.m. - Great Plains Business Development Center

Discussion on 2026 dates and times: David Graham stated he basically looked at this year's dates and placed the dates for next year on the months and days as this year's meetings. Mr. Graham stated this is mainly for you to review and agree that these are correct. The question was asked if they needed to vote on them. They were advised they could, or they could wait for the October meeting. The committee decided to vote on the dates and times. Motion to approve the dates made by Brad LanCaster and seconded by Beth Malone. The motion carried as follows

Motion was made by Tyler Brad LanCaster and seconded by Beth Malone to approve 2026 REPC meeting dates, times, and venue. The motion passed as follows:

Ayes	Nays	Abstain
Brad LanCaster		Jenalu Simpson
Beth Malone		Tyler Walters
Robert Stewart		Chrsitina Thomas
Rachel Talley		
Tre McPherson		
Tiffany Baxter		
Maisey Covington		
Heather Carothers		
Cade Webb		

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6. Strategic Planning topics

- Regional prehospital destination protocol Brad LanCaster shared that everyone needs to work their individual pieces so it can be put in for beta testing. To go back to their respective agencies that if this policy was implemented, how would it affect the movement of patients. Would the patient had gone out immediately or be held and for how long.
- Hospital transfer algorithm.....Cade Webb/Bob Stewart/Brad LanCaster  
Tabled for future date waiting on ACS report
- Performance matrix for interfacility transfers.... Heather Carothers/Rachel Talley/Brad LanCaster  
Brad let the committee know that Heather and Rachel have been working on a performance matrix for the Hospitals and EMS agencies to complete on interfacility transfers. They will be asking in the RTAB for Hospitals and EMS agencies to volunteer to complete the matrix for each interfacility matrix and meet regularly with each other to review the matrix and see where the data leads them. After a period of time not yet set they will submit the data to the REPC and RTAB. The REPC and RTAB can then use the data collected clarify how Hospitals in their regions are performing and use that data to update their regional trauma plans. They can also take the data to OTERAC for review and approval to take to the State.
- 2024 regional goals.....Rachel Talley  
Update regional goals Rachel Talley asked the committee how they wanted to proceed with their regional goals. Do they want to leave them as they are or would the like to update them. Bob Stewart addressed that they need to figure out the level III's. Currently there are 5 level III's in the region. He asked are they really level III's. Brad states he thinks they set those goals a while back. He thinks if the committee can get a good interpretation of who is what and rewrite the trauma plan that would be a good start. Bob Stewart asked If the state could email out the Trauma Plan to the committee, so everyone has a chance to review it before the next meeting. Rachel Talley asked if we need to set a date to clarify the level III's. Brad LanCaster said he is not sure we can set a date until OTERAC gives us the clarification information.

7. New Business (For matters not reasonably anticipated 48 hours prior to the meeting)

None

8. Public Comment

None

9. Next Meeting

- Thursday, October 2, 2025 – 9:00 a.m.

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10. Adjourn: at 9:55 am

Motion to Adjourn made by Brad LanCaster and seconded by Caleb Webb. Motions carries as follows:

<b>Ayes</b>	<b>Nays</b>	<b>Abstain</b>
Brad LanCaster		Jenalu Simpson
Beth Malone		Tyler Walters
Robert Stewart		Chrsitina Thomas
Rachel Talley		
Tre McPherson		
Tiffany Baxter		
Maisey Covington		
Heather Carothers		
Cade Webb		