Oklahoma State
Department of Health
Creating a State of Health

Tulsa Region (7) Regional Trauma Advisory Board (RTAB)
REGULAR MEETING
Tuesday, April 21, 2026 – 1:00 p.m.

Location of the meeting: Saint Francis Hospital –
Main 6161 S. Yale Ave. Tulsa, OK 74136

Draft Minutes

1. Krista Norrid, Chair called the meeting to order at 1:00 p.m.

2. Roll Call was taken. Quorum was met.

3. Krista asked if there were any introductions and announcements.

4. Theresa Compos moved to approve the January 20, 2026, minutes and seconded by Jeremy McLemore. The motion passes unanimously.

5. Reports

   - Jeremy McLremore shared with the committee that RPC did meet quorum this morning.
   - Judy Dyke shared with the committee that CQI has not met and there are no updates. Judy did ask David Graham, OSDH about CQI plans. David shared with the committee that they will be voting on new CQI chair today. That CQI should be up and running by Q3. Dr. McElyea will be voted on today as CQI chair and will ask Dr. Tyler to be Vice Chair of CQI for 2,4,7.
   - Region 7 Response Coordinator, John Leeds, spoke to the committee about an exercise coming up. If there is any questions feel free to reach out.
   - David Graham, OSDH, gave updates on Rural Health Transformation and ACS. There are microgrants from RHTP that have just closed. There are too more rounds coming up. RHTP has been meeting and building contracts. There is a contract with Pulsara that is being negotiated right now. They are discussing when that will be rolled out and what they are willing to purchase. That is all still under negotiations right now. The next quarter we will know more about what RHTP decides to do. I know they are looking into telemedicine, trauma and maternal care. They are also looking at cloud based image sharing for rural hospitals. They are also looking at ways to keep patients closer to home and not have to travel so far or out of state for trauma care. For ACS there are 3 meetings today from working groups, trauma registry, statutory authority, funding and multidisciplinary advisory groups. There are meetings in May and June. June will be the 90 day deliverables meeting. May will be about short term goals and deliverables that the groups can bring to the committee.

6. Cameron Richardson shared with the committee there was a meeting last quarter for the original stroke plans and is about 2/3 the way done with formatting for the language to match everything that it should. We should be finished with that for the 3rd quarter. The plan itself is relatively straightforward and able to integrate into areas that are agreed upon. The largest thing for most facilities right now is ischemic stroke clinical guidelines that came out January of this year for the extended window of thrombolytics. Which is from 4 and a half hours to 9.

7. EMS For Children, Michael Godwin, Program Manager shared they have a new manager, Michael introduced himself as the new manager for EMSC and he brought various flyers and cards for everyone. There is also information here for the Pediatric Pandemic Network. Julia Smith has been coming to a lot of meetings as well with information from the PPN. We do have a lot of resources on disaster planning for pediatrics and resources to get better quality care for children that require EMS across the board. We do have National Pediatric Readiness Assessment going on right now. There are a few hospitals in this region that have not done it yet. If you need any help with this or have not received an email from me, get with me at the end of the meeting and I will give you my card and information.

8. Discussion, Consideration and possible action to vote to

- Dr. McElyea for CQI Chair- Judy Dyke made a motion to approve Dr. McElyea for CQI, seconded by Theresa Compos. Motion passes unanimously.

9. Discussion, Consideration and possible action to vote to

- EMResource/BedSync- Jeremy McLemore, spoke to the committee about the grant program for BedSync which allows your facility to pay for the integration for mandatory reporting in EMResource. They will integrate your EHR to EMResource. This is a valuable tool if its updated. This grant pays for your IT to interface with EHR to update things like bed capacity. This can be very useful to things like TReC and RMRS when they are doing assessments and its completely automated. It doesn't mean your bed count is being shared with everyone in the state and it can be customized where emergency management can see that. If you're interested you can see me after and I can give you more information. Jeremy did give an update in regard to TReC. In many years TReC has not been doing data reporting. There is customized data for each region. Jeremy has a slide of data from first quarter. This is a quick over view of each region. He showed a graph of each region and injuries sustained in those regions and which hospital received those patients. He also touched base on time that TReC took for those calls.
- Transformation Meeting Updates- Dr. Tyler spoke to the committee about trauma registry in the ACS workgroup. There are three problems we have identified that are most urgent. The state trauma registry and selecting a state trauma registry site. The next is staffing issues within the department. The third problem is we should start to look up at what data would be in the data dictionary and what would be included when the new registry is selected. We are meeting in May and in June. Several years ago there were 3 epidemiologist and now they have one. I believe its really important for the state to have appropriate staffing in place to run the registry before there is a new registry. If there isn't people on the level of the state that can organize and run it the data coming out may be delayed and incomplete. So that is an important factor here. Dr. Tyler also mentioned barriers such as potential hiring freezes and funding for that extra staff. Steve spoke about the regional trauma plan, inconsistent formatting, and not regularly updated and not enforced. Some of the plans have not been updated in years. One thing that was identified was region routing preferences over better suited facilities. Pediatric rehab and public health along with military and tribal were largely absent from RTAB meetings. So right now we are functioning independently. Judy spoke on the trauma plan and how there is no standardized trauma plan for the state. Tyler Alan has created a statewide trauma plan. This is being reviewed now by leadership. With this plan comes 8 regional appendices for each of the regions. Judy brought up that with the ACS and RTAB's, ae we really doing the work that needs to be done in these meetings and what additional information do we need to function better in RTAB's. We want to improve trauma care in Oklahoma. So these meetings need to be more meaningful and they need to provide more information.

Krista stated she feels the same way as Judy with that because now is the time to really implement Change for the state and trauma care throughout. David Graham, OSDH addressed Dr. Tyler and Krista's comments. OTERAC is building a working group for trauma registry to help address some of those concerns. That should come out of the OTERAC meeting in May. As far as the trauma plan, there is a final version that is being reviewed. The regional appendices has the regions resources listed. Including rotor, fixed wing, ground EMS, hospitals and their level. There will be input from those regions to fine tune the appendices. We are diligently working to get CQI back up and running. Only region 6/8 is working on CQI activities at this time. Dr. Cody is willing to work with the regions CQI chairs and potentially adopt what region 6/8 is doing for CQI. They have 2 meetings EMS meets one month, hospitals meet the next and at the in-person meeting they review those cases. They pull a lot of data from all the agencies and hospitals. They look at some of those cases and determine if that was the appropriate facility and if the patient could've been

taken to a closer facility. They are focused on staying current with data and how to make a more in-time system for reviewing those cases. Each CQI committee can do as they wish. That is just what region 6/8 is doing currently. The committee then spoke more of CQI and their activities. David Graham, OSDH, spoke on negotiations with ImageTrend for online licensing. This vendor allows us to stay in compliance with EMS compact, which is required by state statue and legislature. We are looking at everyone for this and we are being fiscally responsible with the money we have whether that contract goes through or not. We do have to change a few things in licensing such as statue for background checks and fingerprinting. That is something we currently do not have. With the EMS compact it allows medics to come from other states that are part of the compact to practice here. It's a repository for EMS essentially.

10. New Business. None at this time

11. Next meeting: Tuesday July 21st at 1

12. Ben McFarland made a motion to adjourn, Krista Norrid seconded the motion. Motion passes unanimously. Adjournment at 2:01.

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