



Oklahoma State Department of Health  
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Southwest Region (3) Regional Trauma Advisory Board  
Great Plains Technology Center  
4500 West Lee Blvd.  
Lawton, Oklahoma 73505

October 6, 2016 – 10:30 AM  
Minutes

- I. Call to Order: Meeting called to order at 10:32 AM by Chair Justin Miller.
- II. Roll Call: Quorum present.
- III. Introductions and Announcements: None
- IV. Approval of Minutes – August 4, 2016: Motion – Brian Zalewski, Chickasha Fire EMS, Seconded by Kayse Owens, Mercy Hospital - Healdton. Roll call vote, motion passed unanimously.
- V. Reports:
  - A. Emergency Systems Report: Brandon Bowen
    1. Results of wellness study you see on the agenda. Martin did a study and will present the results today. This is the first one we can find anywhere in the nation. We are kind of excited about that.
    2. EMS Rules took place September 11<sup>th</sup> and Robert Irby will be presenting on some of the changes later in the meeting. It is important both hospital and ems to know about this and this is the best forum to get this information out. We are really relying on you to get the changes out to your folks and different agencies the changes.
    3. We have recently hired a new Trauma Systems Coordinator. His name is Daniel Whipple and we are happy to have him onboard.
    4. We have recently hired a new Trauma Fund Coordinator and she will start work in a couple of weeks.
    5. We a Quality Survey Analyst her name is Kellie Clark some of you meet her last quarter.
    6. We are taking pictures for the pictorial directory if you would please let us take a photo of you. We use this to help you put a face with a name you may have seen at a meeting.
  - B. Regional Sub-Committee Report
    1. Continuous Quality Improvement Sub-Committee: Heather Booher CQI presented three cases and one follow up from last quarter from Region 3. Ms. Booher encourages audience participation. None of the cases followed the trauma plan for their respective region. The follow up the committee accepted the response. Ms. Booher asked for CQI referrals and reminded them that they are not punitive.
    2. Regional Planning Committee: Brad Lancaster advised the working group had meet and looked at some templates. The working group thinks they are with a meeting or two of having something to bring to the RTAB on the stroke plan. The REPC has a meeting scheduled for October 25, 2016.
    3. Regional Medical Planning Groups / SW Medical Response Center – Bob Stewart EM Resource survey hospitals at 81% EMS at 74%. This is the first time in over a year we were under our 75% goal. EMS average for the year is 81%. Regional Planning Working Groups at meeting this month. The Regional Medical Facility Evacuation Group will meet on October 26<sup>th</sup> at Mercy Ardmore from 1:30 to 3:30. We would like to encourage participation in the working group. The other Group meeting is the Regional Mass Casualty Response Plan and they are meeting on October 11<sup>th</sup> in Chickasha from 9:30 to 11:30. RMPG this afternoon we will have some structural engineers talking about the effects of seismic activity and the effects on Medical Facilities and Agencies. We will also review CMS rules. We recently had an MCI Drill if you will remember approximately 12 years ago we put EMResource in all Oklahoma hospital and trained ED personnel how to use EMResource. We use EMResource to update hospital divert status so EMS agencies know not to bring patients. We use it for MCI surveys to see how many beds hospital have in the case of a disaster and relay that information to the EMS agencies so they can try and evenly distribute patient to facilities and not overwhelm one facility. We use it for EMS alerts and notifications to determine their ability and capacity at the time. So we recently had an MCI drill on September 28<sup>th</sup>. EMS gets to the scene and notifies the MERC we have a disaster and the MERC sends out a query to ascertain the resource of the hospitals and notifies we have a disaster. The survey will ask the facility how many green patients, yellow patient and red patients they can take at this time. How we relate that to the Emergency Department is how many trauma beds and staff they have for red patients. How many exam rooms and staff for yellow patients and how many patient they can take in the waiting room for green patients. We always have

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the ability to insert files. This is one of the problems we have on MCI Drills. We send information out and ask you to update the status based on what that information is. To open this information you need to have PDF on your screens. Data on this drill asked them to place 8 under the MCI yellow and there were five at the end of the drill. One facility stated they could take 45 yellow patients. 17 of 21 hospitals responded to the drill that is 76% of the hospitals in prior to this we have done three other drill we had 52% of hospital participated. So the message has gotten out that you need to respond to these but only five actually answered it correctly.

VI. Presentation:

- A. EMS Wellness Study – Martin Lansdale presented the findings of the wellness study that was distributed from January 11, 2016 to June 9, 2016. Mr. Lansdale discussed the purpose of the study, survey content and guidelines, respondent demographic, workforce characteristics of respondents, general /physical health and on the job injuries along with PSTD (Post Traumatic Stress Disorder) risk factors. The state sent out 9,646 surveys to all licensed EMS professionals in Oklahoma we received 1,500 consenting participants who completed the survey and three refusing to participate to completion. Workforce Characteristics 80% we male with just over 55% between the ages of 31 and 50. Paramedics made up 41% of the respondents and Basics at 40%. A quarter of the respondents worked for two or more different organizations. Almost half of the respondents work for fire based agencies. Almost three quarter of the respondents worked in organizations base in urban or urban cluster areas. Just over half the respondents had no higher level of education and just over 40% have been working in the EMS profession for more than 16 years. General and Physical Health. 85% of respondents categorize themselves as in excellent/good heal. Almost 30% were diagnosed with high blood pressure. 91 % of respondents were in th Overweight/Obese category according to CDC BMI recommendation. On the job injures 48% have had an on the job injure during their time as an EMS professional. 61% have had an on the job injury in the last five years. 55% have had an on the job injury two or more times during their career. PTSD Risk Factors, Stress, Anxiety and Depression. Between 20 and 25 percent of the survey respondents showed mild/moderate to severe extremely severe factors for PTSD. 40% had at least mild to moderate scores for 1 risk factor and 32 percent with two risk factors. Paramedics had the highest percentage of respondents for all three risk factors.
- B. Rules Update – Robert Irby presented the updates to the EMS Rules. He discussed the General EMS programs, General ambulance service, Personnel licensed and certification, Specialty care ambulance service, Emergency medical response agency and Stretcher aid van services. Emergency Medical Response Agency or EMRA provide emergency care but do not transport patients. A stand-by EMRA are certified to stand-by at a location or site to provide medical care to the public. Specialty Care Transport is for Interfacility transfers of critically injured patients with provisions above the level of car of the Paramedic. Ground Ambulances have to provide a Quality Assurance program for licensure as an agency and shall maintain the Quality Assurance document for three years. All ambulance inspected have to show documentation the ambulance meets the manufacturing standard at the time of manufacture will be affixed to the vehicle. All inspection reports with be sent to the agency director, License owner and medical director. All agencies will have mutual aid plans between licensed ambulance services and surrounding licensed or certified ems providers. While on duty emergency medical personnel shall wear an agency identifiable uniform or agency specific picture identification. All ems personnel operating above the licensure level of the agency will have an Authorized Procedures List signed by the medical director, ems director and the medic in their training file. Stretcher Aid Van Service shall be staffed by a minimum of two persons with the minimum of an Emergency Medical Responder with the patient and maintain a current BLS certification. The scope of practice is basic first aid, BLS CPR and uses an AED. They also cannot carry medical oxygen. They also have to have a system in place to verify the patient does meet the requirements for Stretcher Aid Van.

VII. Business:

- A. 2017 Board Rotation – Motion to make a slate vote on items A through D as presented made by Richie Bohach, Comanche County EMS, Seconded by Scott Tanner Southwestern Medical Center. Roll Call Vote passed
- B. 2017 Committee Members – Review – Discussion
- C. 2017 Board Officer Nominations – Review – Discussion
  - 1. Chair – Justin Miller
  - 2. Vice Chair – Lori Smith
  - 3. Treasurer – Brad Lancaster
  - 4. Secretary – Michael Bolin

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- D. 2017 Board Meeting Dates – Review – Discussion
  - 1. February 2, 2017 – Great Plains Tech Center
  - 2. April 6, 2017 – Great Plains Tech Center
  - 3. August 3, 2017 – Great Plains Tech Center
  - 4. October 5, 2017 – Great Plains Tech Center

VIII. Public Comment:

PJ Richards from Genentech has an in service DVD and a flyer on TNK for STEMI and TPA for Stroke for those interested they will be at the back when you leave.

Ryan Sand base manager for Survival Flight 8 spoke to the RTAB advised that their crew was fine and they should have an aircraft back in Lawton in three to four weeks. He also stated that they would have a fixed wing aircraft in Lawton for part of the month of October and he would advise the agencies when those dates would be for patients that need long distance transfer. Dan Whipple reminded them that he would be at the back taking pictures for the pictorial directory if they had not already had one taken.

IX. Next Meeting:

- A. Continuous Quality Improvement – December 1, 2016 @ 11:00 AM – Comanche County Memorial
- B. Regional Trauma Advisory Board – February 2, 2017 @ 10:30 AM – Great Plains Technology Center
- C. Regional Education Planning Committee – As Called

- X. Adjournment: Motion by Brian Zalewski Chickasha Fire EMS, Seconded by Michael Bolin, Kirks EMS adjourned at 12:04 PM.

X

Justin Miller  
Chair

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