



Oklahoma State Department of Health
Creating a State of Health

Central Region (6) Trauma Advisory Board
EI Reno Public Safety Center
2707 Faith Avenue
EI Reno, OK 73036
November 15th, 2016 1:30 p.m.

MINUTES

I. CALL TO ORDER

The meeting was called to order by Chairman Greg Reid at 1:30 p.m.

II. ROLL CALL

Attendance was taken with all Board Members present. The following General Members were absent: Cornerstone Hospital of Oklahoma – Shawnee, Guthrie Fire/EMS, J.D. McCarty Center, Wadley's EMS, Inc.

III. WELCOME AND INTRODUCTIONS

There were no introductions.

IV. APPROVAL OF MINUTES - August 16th, 2016

A motion was made by Eddie Simms (EMSSTAT) to approve the minutes as written. The motion was seconded by Richard Robinson (McClain-Grady County EMS). There was no discussion, and the motion passed with unanimous approval.

V. REPORTS

A. Emergency Systems Report

Dan Whipple introduced Region 6's new EMS Administrator – Lori Strider. OSDH has a few new employees; Sam Curatola – EMS Administrator, Marvia Williamson - Trauma Fund Coordinator. The Emergency Systems Report will be annually instead of quarterly for 2017. Any Trauma Registry questions should be directed towards Dr. Kenneth Stewart, OKEMIS questions should be directed towards Martin Lansdale. The new EMS Rules and Regulations have been in effect since September 11, 2016. The rules are on the OSDH's website. Naloxone training is still available for EMRA or BLS agencies contact Dan or Avy at OSDH. The next OTERAC is December 7, 2016.

B. Regional Planning Committee (RPC) – Eddie Sims

Committee met this morning. Eddie asked the committee what they would like the RPC committee to start working on; STEMI, Sepsis or snake bite. No comment was made.

C. Region 8 Update – Eddie Sims

The committee spent a lot of time on the hospital rotation. They are continuing to work through some issues. Their RPC has planned to move forward with a Stroke prehospital triage transport plan.

D. OTERAC Update – Eddie Sims

They spent some time on time sensitive matters. They are trying to move forward on the Stroke Plan. Eddie is going to start working on getting Radiology and IT together next year for the possibilities of having capabilities for exchangeable CT scans and MRI's between facilities.

E. Continuous Quality Improvement (CQI) Report – Heather Booher

Heather presented 3 new cases and 1 case that were completed. She did request that if anyone has any information about a case where the system did not perform as expected to please pass that information along to her for review. The trauma CQI form can be found in your RTAB packet today, on EMResource using the TQI button at the top of the page. Ms. Booher stated that the system has shown overall improvement through the CQI process.

VI. PRESENTATIONS:

A. OSDH Review of 2016 Rules – Robert Irby

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 care 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 will 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

Board of Health

Terry L Cline, PhD
*Commissioner of Health
Secretary of Health
and Human Services*

Martha A Burger, MBA
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Cris Hart-Wolfe
Vice President
Charles W Grim, DDS, MHSA
R Murali Krishna, MD

Robert S Stewart, MD
Secretary - Treasurer
Timothy E Starkey, MBA
Ronald Woodson, MD

1000 NE 10th Street
Oklahoma City, OK 73117-1207
www.health.ok.gov
An Equal Opportunity Employer





**Oklahoma State Department of Health
Creating a State of Health**

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.

- B. **EMS Wellness Study – Martin Lansdale**
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 PTSD (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% were 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 are 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.

VII. BUSINESS

- A. **Vote to amend Stroke 2 Patient definition in the draft Regional Stroke Plan**
Eddie went over the changes in the Stroke Plan; to include TIAs. The FDA has requested we change the terminology for tPa to alteplase. Norman Specialty Hospital was removed from the plan, due to closing. A meeting was held in August 2016 where the doctors met and compromised on the language about Level II Stroke hospitals doing endovascular clot removal till January 1, 2020. There was no more discussions on the Stroke Plan. A motion was made by Eddie Simms (EMSSTAT) to approve the Stroke Plan, the 2017 board meeting dates, venues and subcommittee member. The motion was seconded by Eric Chase (Mercy Hospital El Reno). The motion passed with unanimous approval.
- B. **2017 Board Meeting Dates and Venues**
 - i. February 21st, 2017 @ 1:30 p.m. – Mercy Hospital Logan County
 - ii. May 16th, 2017 @ 1:30 p.m. - Shawnee
 - iii. August 15th, 2017 @ 1:30 p.m. – Norman Regional Health System
 - iv. November 21st, 2017 @ 1:30 p.m. – El Reno
- C. **Subcommittee Member Review**

VIII. PUBLIC COMMENT

PJ Richards from Genentech, stated she has a couple sheets for education and updated video for nurse for activating a Stroke. Delores Welch was introduced for Oklahoma EMS for Children, they have grant funded Pedi-Mate based on need for EMS Agencies. Greg Reid asked for the group to be patient while the Stroke Plan is being developed and utilized. They are seeing great results when the draft plan is used.

IX. NEXT MEETINGS

- A. **OTERAC**
December 7th, 2016 – 1:00 p.m.
Metro Technology Center
Oklahoma City, Oklahoma
- B. **Regional Planning Committee**
February 21st, 2017 11:30 a.m.
Mercy Hospital Logan County
Guthrie, OK
- C. **Regional Trauma Advisory Board**
February 21st, 2017 1:30 p.m.
Mercy Hospital Logan County
Guthrie, OK

X. A DJOURNMENT

A motion was made by Eddie Simms (EMSSTAT) to adjourn. The motion was seconded by Celesa Green (Purcell Municipal Hospital). The motion passed with unanimous approval.

Board of Health

Terry L. Cline, PhD
*Commissioner of Health
Secretary of Health
and Human Services*

Martha A Burger, MBA
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Cris Hart-Wolfe
Vice President
Charles W Grim, DDS, MHSA
R Murali Krishna, MD

Robert S Stewart, MD
Secretary - Treasurer
Timothy E Starkey, MBA
Ronald Woodson, MD

1000 NE 10th Street
Oklahoma City, OK 73117-1207
www.health.ok.gov
An Equal Opportunity Employer





Oklahoma State Department of Health
Creating a State of Health

X

Greg Reid
Chair

Board of Health

Terry L. Cline, PhD
*Commissioner of Health
Secretary of Health
and Human Services*

Martha A Burger, MBA
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Cris Hart-Wolfe
Vice President
Charles W Grim, DDS, MHSA
R Murali Krishna, MD

Robert S Stewart, MD
Secretary - Treasurer
Timothy E Starkey, MBA
Ronald Woodson, MD

1000 NE 10th Street
Oklahoma City, OK 73117-1207
www.health.ok.gov
An Equal Opportunity Employer



