



Oklahoma State Department of Health
Creating a State of Health

**Tulsa (Region 7) Regional Planning Committee
Minutes**

**Saint Francis Hospital
6161 South Yale Avenue
Tulsa, OK**

January 5, 2016 11 A.M.

- I. Call to Order – Meeting called to order at 11:15 A.M. by Chair Michael Paston
- II. Roll Call – Roll call by verbal response. Quorum met 11:15 A.M.

Name	Agency	Telephone	Email	Present
Edwin Yearly, MD	Saint John Medical Center	(918) 744-3431	eyearly@surgeryinc.com	A
Greg Gray, DO	Saint Francis South	(918) 307-6250	radar103@aol.com	X
Michael Paston	Saint Francis South	(918) 834-6550	mpaston@amit.us	X
Jamie Edwards	Air Methods TLF	(918) 704-0770	jedward@airmethods.com	A
Sue Watkins	Saint Francis	(918) 494-1805	smwatkins@saintfrancis.com	X
Stacie Clemens		(918) 294-4796		A
Wendy VanMatre	Saint John Broken Arrow	(918) 994-8130	wendy.vanmatre@sjmc.com	X
Brett Copple	Mercy Regional EMS	(918) 284-7241	bcopple@mercy-regional.com	X

- III. Introductions and Announcements – None
- IV. Approval of Minutes October 7, 2014 – Motion to approve minutes made by Dr. Gray, second by Wendy VanMatre. Roll Call vote, minutes approved

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

R Murali Krishna, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Board of Health
Ronald Woodson, MD
Vice-President
Charles W Grim, DDS, MHSA
Cris Hart-Wolfe

Martha A Burger, MBA
Secretary-Treasurer
Timothy E Starkey, MBA
Robert S Stewart, MD

1000 NE 10TH Street
Oklahoma City, OK 73117-1299
www.health.ok.gov
An Equal Opportunity Employer





Oklahoma State Department of Health
Creating a State of Health

- V. Business – Discussion from Stroke working group for Regions 2, 4 and 7.
- A. Mike discussed meeting with Dr. Friedel, at Hillcrest, Dr. Anna Wanahita at Saint John about flow chart and wanted some wording changes to the flow sheet. The flow sheet will essentially stay the same with changes to the greater than six hours being transported to a tertiary facility for evaluation and possible admission for possible retrieval. They were in agreement to allow pre-hospital to use B FAST assessment. Discussion about changing wording in the flow sheets the main changes in the greater than six hour time frames.
- B. Sean Oats discussed the future use of EMResource to follow stroke capability. EMResource would have separate tabs for trauma and stroke so you could look at each area separately to see who had what capabilities at the present time.
- C. The question was asked who has Tele Stroke in the state at this time. Tele Stroke is up at Saint John and Integris. Sue stated she is not sure how much Saint John is doing at this time. She also discussed there are two cost associated with this that seem to be hindering or slowing the use of Tele Stroke. One is that not all facilities have the appropriate network to transfer the information such as DSL networks in the rural areas. The second issue is having a competent physician available to consult with the rural facilities at any given time.
- D. How do we get by in from all the facilities to use Tele Stroke? Is there a committee that is already working on this already? Dr. Cathey is working with a state wide group working group for stroke and stemi.
- E. Mike will put another working group together in January to move this information forward to the RTAB. He will also take something to the OTERAC working group meeting in February.
- E. Sean discussed that the state has received all the facilities attestation for their level and we are currently going to the facilities to see if they are meeting what they attested too. He also stated that region 5 has on paper a draft regional plan. It has destination protocols based on hospital levels based on the self-attestation. They presented to their RTAB and now they are going back to the REPC and going through the comments. They had listed priority one, two and three. It was asked who is making the patients priority one, two, and three? We are asking them where is their evidence they are using to prioritize the patients.
- F. Discussion on placing this discussion on hold until after the national meeting in February. Mike will go ahead and send out an email to the entire working group meeting and invite the state to attend also. He will set up a meeting in January. Schedule another meeting after the February meeting and put together something to the next RTAB meeting.
- G. Working group make recommendations directly to Dr. Cathey for him to take to OTERAC to get this process moving. Take the nurse from a facility to transfer a patient to see if this is an issue state wide.

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

R Murali Krishna, MD
President
Jenny Alexopoulos, DO
Terry R Gerard, DO

Board of Health
Ronald Woodson, MD
Vice-President
Charles W Grim, DDS, MHSA
Cris Hart-Wolfe

Martha A Burger, MBA
Secretary-Treasurer
Timothy E Starkey, MBA
Robert S Stewart, MD

1000 NE 10TH Street
Oklahoma City, OK 73117-1299
www.health.ok.gov
An Equal Opportunity Employer





Oklahoma State Department of Health
Creating a State of Health

- H. Trauma topics brought to discussion by Sue Watkins
1. New rules have been reconstructed in sections to make it easier to navigate. One of the areas of contention is the air services do not like near real time availability through EMResource. The question was asked what the air agencies afraid of. Is there a need for somebody to speak to this issue positively? It was asked when the Board of Health would review the rules. Sean stated he thinks it would be in the February meeting.
 2. Discussion about the new C-Spine protocol where a facility received a patient that should have had C-Collar and Spine board but were not on one. The committee asked if the state could have CQI look at this issue to see if this is a real issue or not. CQI coordinator discussed that if C-Collar is a box she can pull from OKEMISIS. This protocol is being widely adopted across the state and with that comes the possibility of wide spread misuse. It was suggested we ask EMSA what they were using for CQI to follow this process and use it to follow this issue.
 3. Elderly Trauma Patients, Sue stated they received a child yesterday that was rushed in to the facility with no major trauma. It seems that the children are over triaged. With the same trauma to an elderly this same patient would not have been rushed to the facility but could be a major trauma. Sean asked if they could report when this happens to see how big this issue actually is. It was discussed that the facilities in the region put together some training on elderly trauma.
 4. Air assets were brought up again and the suggestion was made that if air services have not arrived after greater than 50% of their original ETA this issue is sent to the agency CQI and the state CQI. The question was asked do we wait till real-time tracking or implement it now. This issue is not limited to pre-hospital only it happens all the time to facilities.



Oklahoma State Department of Health
Creating a State of Health

- VI. Public Comment – None
- VII. Next Meeting – April 5, 2016 Hillcrest South Hospital 11:00 A.M.
- VIII. Adjournment – Motion to adjourn made by Brett Copple. Adjourned at 12:36 P.M.

Approved

TRUDY ROBISON RN
Chairperson Region (7) Planning Committee
January 15th, 2019