



**Oklahoma City Area  
Regional Planning Committee  
Oklahoma County**

**OU Medical Center  
Lawson Center  
700 NE 13<sup>th</sup>, Oklahoma City, OK  
September 16, 2014 @ 9:00 A.M.  
Minutes**

- I. CALL TO ORDER: Meeting called to order by Chair David Howerton at 0903.
- II. INTRODUCTIONS AND ANNOUNCEMENTS: Sean Oats, OSDH, introduced new EMS Administrator Eric Chase.
- III. ROLL CALL: Quorum established

David Howerton	Present
Brad Smith	Present
Cyndi Basch	Present
Jennifer McGuire	Present
Larry Terry	Present
Renae Kirkhart	Present

Brian Bottom	EMSA
Dr. Aaron Scifres	OUMC
Tiffany Pope	OUMC
Jennifer Perry	Oklahoma Heart Hospital
Cindy Moore	OUMC
Sean Oats	OSDH
James Wilkins	OSDH
Eric Chase	OSDH

- IV. APPROVAL OF MINUTES - March 18, 2014: Motion to approve the minutes as they stand by Renae Kirkhart. Second by Jennifer McGuire. Roll call vote, motion passed unanimously.
- V. BUSINESS
  - A. EMResource Accuracy: Discussion regarding the accuracy of EMResource reporting in Region 8. There have been several instances where a facility was on call for a specialty but EMResource showed that they had not had the capability and had not updated in several days. The concern is this can delay the placing of patients from outside the region by TReC. It was noted that the Region 8 Trauma Plan does require that each hospital is required to maintain current status on EMResource so that their capabilities or capacities can be readily



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- accessed by other hospitals, EMS agencies, and TReC. Brad Smith will bring this up at the next ED Managers meeting before the 4<sup>th</sup> Quarter Regional Trauma Advisory Board meeting and remind them of the requirement. TReC is currently calling each “on call” facility at the beginning of shift to confirm their capability and capacity. OSDH will contact TReC Manager Dan Oller and request a report on the frequency that the capability and capacity it mis-reported on EMResource prior to the 1<sup>st</sup> Quarter RTAB and provide that information to the Regional Planning Committee to see if it needs to be discussed further.
- B. Regional Trauma Plan: Dr. Sacra spoke with David Howerton and Sean Oats at the last Trauma Rotation Sub-committee meeting regarding a language change in the Region 8 Trauma Plan. Initially he had requested that language be added to page 3, under B. Region 8 Trauma Rotation On-Call Facility System, Section 2.b. that indicated that the schedule was for unassigned Priority 2 patients picked up by EMSA or patients transported from outside the region. Upon review it was determined that change had been voted on in April of 2013 by the RTAB and approved by OTERAC in June of 2014. It was possible Dr. Sacra had an older version of the plan. Since the wording had already been changed, no further action was taken.
  - C. 2016 Board Make-up and Rotation: Extensive discussion regarding the current Board Rotation. The rotation that has been used was originally put together when the RTAB was first formed. The RPC would like to see the Level I Trauma Center, all Level III Trauma Centers, possibly Community Hospital, and all licensed ambulance services in Region 8 made Permanent Board Members. The remaining hospitals will be grouped as closely as possible into 3 groups then rotated in on a 2 Board term. James Wilkins with OSDH will draw up a draft rotation and send it to the RPC for comment. The goal is to have the new rotation sent to the RTAB for approval by 1<sup>st</sup> Quarter 2015 to go into effect in 2016.
  - D. Consolidated Response Plan: Discussion regarding the RPC going forward with developing a comprehensive “Consolidated Response Plan” for Region 8 to address all time-sensitive medical conditions, beginning with Stroke, STEMI, and Mass Casualty Disaster Response to include Med-Surg. David Howerton recommended we look at the OPAL study for additional criteria. It was determined that they will address Stroke and STEMI using the ED Managers meeting as a working group. David Howerton and Larry Terry will bring what their EMS systems are currently doing for those two conditions to that working group. Once Stroke and STEMI are done they will move on to the next condition. The idea is to have one plan that gives the Region 8 description and capabilities, with an appendix for Stroke, STEMI, Trauma, and other time-sensitive conditions. Although this cannot be brought to the RTAB yet, they would like to have the plan done so when the go-ahead is given, they are prepared.
  - E. Physician Involvement: There have been discussions for many months of how to increase physician involvement in the Region when it comes to trauma matters. The RPC noted that the physicians who currently participate are greatly appreciated for their insight and



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expertise. Dr. Scifres stated that to increase physician involvement, you must do a few things. Make it easier for the physicians to attend, such as holding the meetings in the facility they work in. Plan the meetings well and provide source documents and discussion points ahead of time so the meetings are more efficient and not drawn out. Hold the discussions with the physicians at the beginning of the meetings so they can participate on the topics they need to only. The committees also need to identify what type of input they need from the physicians. David and Cyndi are going to reach out to the Trauma Rotation Sub-Committee and see what feedback they can provide to the RTAB as far as a report. David is also going to discuss with the Medical Control Board regarding what input they could provide.

- VI. PUBLIC COMMENT: David Howerton announced since he is taking over as RTAB Chair in 2015, he will be stepping down as RPC Chair. There will be nominations at the next RPC meeting to elect a new Chair.
- VII. NEXT RPC MEETING: The RPC would like to meet soon after the 4<sup>th</sup> Quarter RTAB. Proposed dates will be emailed to the committee.
- VIII. ADJOURNMENT: Motion to adjourn by David Howerton. Second by Larry Terry. Meeting adjourned at 1037.