



Oklahoma City Area
Regional Trauma Advisory Board
Oklahoma County

**Integris Cancer Institute of Oklahoma 5911
West Memorial Road
Oklahoma City, OK July
14th, 2015**

**12:30 p.m. RTAB Meeting
11:00 a.m. ED Managers Meeting
CQI Committee Meeting – 1:30 p.m.**

Chair
David Howerton

Vice-Chair
Tela Brown

Treasurer
Vacant

Secretary
Michelle Faulkner

Two Year Terms:
2015-2016

- I. CALL TO ORDER – Meeting called to order by David Howerton at 12:36 p.m.
- II. WELCOME AND INTRODUCTIONS
- III. ROLL CALL – Quorum Present
- IV. APPROVAL OF MINUTES – April 14th, 2015 – Motion made to approve the minutes as written by Larry Terry and 2nd by Liz Webb. Motion passed by unanimous vote.
- V. TREASURER REPORT – Report provided by David Howerton. Account balance of 1,467.47.
- VI. REPORTS, UPDATES
 - A. OSDH – Emergency Systems – Sean Oats made a few introductions to include, Commissioner Terri White with the Department of Mental Health and Substance Abuse, Jan Slater with the OK POLST Taskforce, Lori Hogan EMS Administrator, Dan Whipple EMS Administrator, and Jennifer Woodrow EMS Administrator. At Region 7 RTAB, Dr. Braithwaite discussed some spinal immobilization exclusion criteria. OUMC wanted EMS to understand that once every week they will dispose of all boards which are left there.
 - B. Continuous Quality Improvement – Sean Oats presented 4 cases which involved a MVC at highway speeds, a patient with multiple stab wounds, a patient with a gunshot wound, and a patient with self-inflicted lacerations.
 - C. Sub-Committee Reports
 1. Trauma Rotation – David Howerton asked that hospitals expose their new doctors to the criteria for the trauma rotation. Sean Oats was able to display the current July schedule via EMResource.
 2. Regional Planning – Brad Smith spoke about the work coming to the RTAB dealing with creating stroke and STEMI systems.
- VII. PRESENTATION
 - D. Terri White, MSW – Screening Brief Intervention and Referral to Treatment (SBIRT)
Commissioner White acknowledged that OUMC has already started implementing SBIRT at their facility. Substance abuse is a disease, just like any other disease. The difference is where the chemicals in the body are not working correctly. Commissioner White continued by showing two brain scans, one of a normal brain and the other of a brain experiencing chemical addiction. She compared the reaction of coworkers when someone experiences a form a cancer vs the reaction to a coworker which attempted suicide. When examining what time in their life people are diagnosed and treated for mental health issues versus other diseases, mental health tends to be later in life. Many people will not seek services for substance abuse and/or mental health issues. Commissioner White pointed out that every time at the doctor's office they will take her blood pressure, but they have never asked her about substance abuse or mental health issues. If appropriately identified and addressed the burden of substance abuse and mental health issues may be dramatically reduced, reducing overall cost and increased satisfaction. It appears, through research, that using SBIRT will reduce overall health costs, in part by reducing drug/alcohol related events. Liz Webb mentioned that in the American College of Surgeons "Resources for Optimal Care of the Injured Patient" otherwise known as the "Orange Book". In the Orange Book, it is required of level I and level II trauma centers to screen all trauma patients for mental health issues, drug, and alcohol abuse. Commissioner White expects some sizable grants for SBIRT within the next 2 years. The Department of Mental Health and Substance Abuse will make someone available to provide training to any organization wishing to incorporate SBIRT into their emergency department.
 - E. Jan Slater, JD, MBA – Physician Order for Life Sustaining Treatment
Jan started by comparing current practices with advanced directives and DNR orders. She implied that if some of our patients could speak, they would not want the care that we are currently providing. A major contributor for this is medical professionals not knowing the patient's wishes before they lose the ability to communicate their treatment desires. POLST is intended to clearly define a patient's wishes. The POLST form is actually a physician's order and contains enough detail that the wishes of the patient may be honored. The intent is to have one, comprehensive form, which is recognized and utilized across Oklahoma. POLST is currently used in 29 other states. The form is pink in color to make it recognizable within a chart or hanging on a patient's fridge at their residence. Jan stated that they are working on a POLST registry, enabling any healthcare provider to access the form. Additional information may be found at www.okpolst.org.

- VIII. BUSINESS (discussion and appropriate action):
- F. Nominations for Treasurer – Liz Webb nominated Cindy Moore to serve as Treasurer.
Cindy accepted the nomination.
 - G. 2016 Board Meeting Dates, Times and Venues
 - 1. January 12, 2016 – Mercy Health Center
 - 2. April 12, 2016 – INTEGRIS Southwest Medical Center
 - 3. July 12, 2016 – McBride Orthopedic Hospital
 - 4. October 11, 2016 – OU Medical Center
- IX. PUBLIC COMMENT
- Eddie Sims informed the group that the OTERAC Stroke and STEMI working groups will be meeting October 3rd at the Oklahoma State Department of Health room 1102.
- X. NEXT MEETING – RTAB
OU Medical Center
October 13, 2015 at 12:30 P.M.
- RPC – As called
- CQI
OU Medical Center
October 13, 2015 at 1:30 P.M.
- XI. ADJOURNMENT – Motion to adjourn made by Brad Smith. 2nd by Tela Brown. Meeting adjourned at 2:15 p.m.