



Oklahoma State Department of Health
Creating a State of Health

Regional Planning Committee
Central Regional Trauma Advisory Board
City of El Reno Public Safety Center
2707 Faith Avenue, El Reno
February 18, 2014 – 10:30 AM

MINUTES

I. Call To Order: Meeting called to order by Chair Eddie Sims at 1110

II. Roll Call: Quorum Present

Eddie Sims	Present
Celesa Green	Absent
Pat Mundy	Present
Pam Broyles	Present
Cindy Rogers	Absent
Greg Reid	Present
Valerie Austin	Absent

III. Introduction and Announcements: Sean Oats introduced Brian Wilson and Caitlin Holland, new EMS Administrators with OSDH. Pam Broyles introduced Cheri Stinson, ED Manager at Mercy – El Reno. Pat Mundy will be retiring in March; this will be her last meeting. Cindy Rogers has moved to Kansas and will no longer be part of the Region 6 RTAB or RPC.

IV. Approval of Minutes – November 19, 2013: Motion to approve minutes by Greg Reid, seconded by Pat Mundy. Roll call vote, motion passed unanimously

V. Business

A. Region 6 Data: Data displays for patient outcomes in Region 6 hospitals, trauma patients seen by a Region 6 hospital as grouped by Injury Severity Score (ISS) category, discharge status of patients reported to the Oklahoma Trauma Registry in Region 6, number of patients treated by Region 6 hospitals by ISS group, the number of transferred patients by discharge status (lived or died) and crude mortality for transferred patients by ISS group and year group. Discussed in detail were the differences in ISS group between those who lived and died in those patients that were transferred as well as the relationship between patient priority status and their ISS. It was recommended that the cases of patients who died after transfer in 2013 be examined in CQI.

Sean Oats recommended the formation of an “efficiency working group” in order to examine the processes of agencies and hospitals. This working group would look at the process from start to finish of patient care, from time of dispatch to time of patient delivery to a hospital in the case of EMS agencies and from time of patient arrival to time of discharge/ transfer to definitive care in the case of hospitals, with the intent of uncovering areas of improvement and reduction of





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times related to patient care. The working group will compile “best practices” from examined agencies and present the results to the RPC and RTAB.

Greg Reid would like to see wider dissemination of the Region 8 on call hospital rotation, and would also like to see a hospital within Region 8 step up to become a Level 2 trauma center in order to relieve stress on OUHSC. A culture of not caring for patients has been inadvertently been created within the culture of caring for patients by the on call rotation schedule in Region 8 in that hospitals that are not on call, but capable of caring for patients, are diverting EMS and other hospitals to the on call hospital; this also happens to hospitals within the same system, for example Mercy El Reno may be unable to transfer a patient to Mercy Oklahoma City, because Mercy Oklahoma City is not on call.

B. PELA Sites: Cannot use Google maps to get lat-long coordinates for PELA sites, the coordinates that it displays are frequently off by hundreds of miles. Of approximately 160 entries submitted to OSDH only 50 are accurate; in order to be complete data, OSDH needs a PELA site classification, latitude and longitude.

C. Information Dissemination from RTAB to facilities/agencies: Sean Oats wants to know how information presented or discussed at the RTAB is distributed to agency and facility staff. Pat Mundy explains that she presents applicable information during staff meetings. Chair Eddie Sims presents information to supervisors as applicable. The RPC needs more members, and will solicit volunteers from the RTAB.

D. Decrease in Transfer Times for Priority 1 Patients in Level III and Level IV facilities: This item was discussed in conjunction with Region 6 data.

E. Time Sensitive Medical Conditions: RPC would like to see lists and maps of hospitals capable of caring for STEMI and stroke patients at the next meeting. RPC is discouraged from presenting details of Time Sensitive Medical Conditions to the RTAB because the RTAB should focus exclusively on trauma; there are no appropriated funds for discussing other topics. Recognition of “job well done” by the RTAB or OSDH or both for those agencies and facilities that reach efficiency and timeline benchmarks in transporting or transferring to definitive care.

- VI. Public Comment: None
- VII. Next RPC Meeting – May 20, 2014, Gordon Cooper Technology Center
- VIII. Adjournment: Motion to adjourn by Pat Mundy, seconded by Pam Broyles. Meeting adjourned at 1228.