



Oklahoma State Department of Health
Creating a State of Health

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

**Saint John Broken Arrow
1000 West Boise Circle
Broken Arrow, OK**

July 1, 2014 11 A.M.

- I. Call to Order – Meeting called to order at 11:24 A.M. by Chair Michael Paston
- II. Roll Call – Roll call by verbal response. Quorum not met 10:15 A.M.

Name	Date Assigned	Telephone	Email	Present
Steven Katsis, MD	>2010	(918) 491-5625		A
Edwin Yeary, MD	>2010	(918) 744-3938	eyeary@surgeryinc.com	A
Greg Gray, DO	>2010	(918) 307-6750	radar103@aol.com	X
Michael Paston - CHAIR	>2010	(918) 834-6550	mpaston@amit.us	X
Justin Fairless, DO	>2013	(214) 535-3385	jfairless@emp.com	X
Sue Watkins	>2013	(918) 494-1805	smwatkins@saintfrancis.com	X
Stacie Clemens	>2013	(918) 294-4796	stacie.clemens@hillcrest.com	X
Wendy VanMatre	>2013	(918) 994-8136	wendy.vanmatre@simc.com	X
Ryan Lawson	>2013	(918) 259-8360 ext 6217	Rlawson@BrokenArrowOK.Go v	A
PJ Timmons	>2013	(918) 284-7241	pjtimmons@mercy-regional.com	X

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- III. Introductions and Announcements – Grace Pelley Trauma Program Manager and Bill Johnson the new CQI Coordinator
- IV. Approval of Minutes October 1, 2013 – Roll Call vote, Minutes approved.
- V. Business – Stroke and STEMI Systems: We have received authorization from the Oklahoma Trauma and Emergency Response Advisory Council to discussed and worked on in the RPC's but cannot be brought to the RTABs at this time.
 - a. One of the Regions started two working groups. One group to work on bylaws and the other group is working on what resources they have that can meet the requirements for stroke and stemi.
 - b. In the future we see the regional plans being divided into sections. The first section would be a description of the region. Then what resources are in the region and hospital classifications. Then you would have your appendices for the regions trauma plan, stroke, stemi, med surg etc.
 - c. Region 7 and 8 should be a big part of the regional stroke and stemi plans. What do you expect or want patients being brought into your facility to have in place, or started when coming into your facility? It was asked if anyone knows someone we might be able to get a copy of Dallas Fort Worth's stroke and stemi plan or maybe even Kansas City's stroke and stemi plan to look at their language. Members stated they would contact those services and see if they could get plans from these agencies.
 - d. Work groups for bylaws and looking at regional plans looking at Dallas Fort Worth and Kansas City's Plans. Dr. Gray will head the bylaw working group. They set a time line of having a draft of bylaw changes for the next meeting on October 7. Complete the draft by mid-September so members could have time to read them.
 - e. Question was asked if our trauma patients getting the appropriate care they needed. If not why are we not talking about what we need to change instead of putting all our focus on time sensitive medical? We still have the main issues in trauma of delay to transport and airway. We have not made any progress in these area's why don't we start looking at these issues and start collecting the data on when the decision was made to transport the patient to definitive care.

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- f. Develop a working group looking at data collection on the efficiency of trauma resources used in patient who meet the Academy of College Surgeons level 1 criteria who are intubated, or have gunshot wound to head, neck, chest or abdomen, or presenting BP of less than 90, or presents with a GCS of less than 13.
The state was asked if this was doable. Answer was to a certain extent we would have to pull charts to get some of this information.
- g. Trauma fund was discussed and the issue of not enough funding as well as duplicate funding on a patient. Look at ways to lower the number of times that the states duplicate funds for same test on a patient in the system. Try and collect data on this and get a working group of Emergency Physician, Surgeons etc. together to develop guidelines on when it is appropriate to do testing and when it would not be.
- h. Discussion on using TReC to determine how long it takes to obtain data for time it takes for patient to be transferred by following time of EMS arrival till time TReC is called to help determine how long it took to make the decision to transport.
- i. Discussion of educating the smaller hospitals that they do not need to run all the test or x-ray prior to transferring Priority 1 patients to definitive care. Dr Yeary and others have presented information to other RTABS on the Trauma System and other topics. These other regions would be more than happy to have some of this information and education.
- j. Discussion on looking into literature or seeing if there is anything that can be used to connect or link x-ray and other information from the primary hospital to the tertiary hospital. Sue made the comment that she thought maybe the state of Oregon had a cloud based system and what other technology is out there we might be able to use. This was left with members would look into this before the next meeting.

VI. Public Comment – No public comment in this meeting.

VII. Next Meeting – October 7, 2014 Saint Francis Hospital 11:00 A.M.

VIII. Adjournment – Motion to adjourn made by Dr. Gray, seconded by Dr. Fairless.
Adjourned at 12:22 P.M.

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