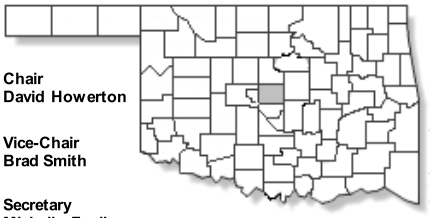


Chair
David Howerton

Vice-Chair
Brad Smith

Secretary
Michelle Faulkner

Creating a State of Health

Oklahoma City Area (8) Regional Trauma Advisory Board
REGULAR MEETING
Tuesday, July 8, 2025 – 1:00 p.m.

Location of meeting: Oklahoma State Department of Health • 123 Robert S. Kerr • Oklahoma City, Oklahoma • 73102-6406

The Oklahoma City Area (8) Regional Trauma Advisory Board regular meeting notice was posted on the OSDH website located at https://oklahoma.gov/health/services/licensing-inspections/emergency-systems/trauma-division/rtabs-regional-trauma-advisory-boards-/region-8-rtab.html as well as the Secretary of State's website located at https://www.sos.ok.gov/meetings/notices/001305/059863231205143 3.htm on December 5, 2023.

Agenda

1. Call to Order……David Howerton, Chair

2. Roll Call……Michelle Faulkner, Secretary

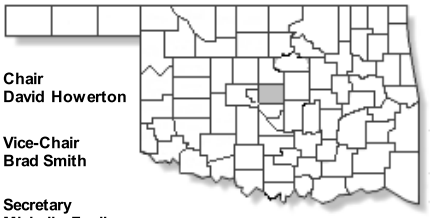
3. Introductions and Announcements……David Howerton, Chair

4. Approval of April 8, 2025 meeting minutes……David Howerton, Chair

5. Reports
   - Quality Improvement Committee: case reviews, trends……David Gooshaw
   - Trauma Rotation Committee: ……Dr. David Smith – Committee Chair
   - Regional Planning Committee: systems issues, trauma plan, resource assessment, board operations, education/training opportunities……Brad Smith, Committee Chair
   - Regional Medical Response System: healthcare coalition, grant deliverables, drills/exercises/training……Heather Yazdanipour, Director
   - Region 8 Prehospital Trauma Transports Data Report……Maxine Council-SSM Midwest, David Gooshaw – EMSA WEST, and Carl Cobb – OKC Fire Dept Ambulance

6. Stroke System of Care: OSSSAC/OSSCAR, stroke plans, national initiatives……Dayla Hall/Kathy Stillwell Regional Stroke Liaison

7. EMS for Children: grant, training……Sarah Connally, Grant Administrator



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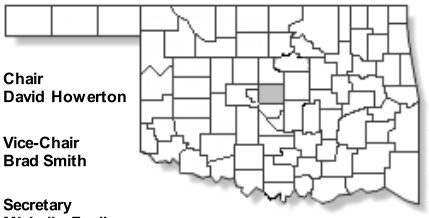
8. Discussion, consideration, possible, action, and vote to……David Howerton, Chair
    - Discussion of Trauma Registry
    - Discussion on updating Bylaws
    - Discussion of 2026 Board member rotation

OU MEDICAL CENTER	LEVEL I PRE HOSPITAL TRAUMA
INTEGRIS BAPTIST MEDICAL CENTER	LEVEL II PRE HOSPITAL TRAUMA
INTEGRIS HEALTH DEACONESS	LEVEL III PRE HOSPITAL TRAUMA
INTEGRIS HEALTH EDMOND	LEVEL III PRE HOSPITAL TRAUMA
INTEGRIS HEALTH SOUTHWEST MEDICAL CENTER	LEVEL III PRE HOSPITAL TRAUMA
MERCY HEALTH OKLAHOMA CITY	LEVEL III PRE HOSPITAL TRAUMA
SSM HEALTH ST ANTHONY MIDWEST	LEVEL III PRE HOSPITAL TRAUMA
SSM HEALTH ST. ANTHONY OKLAHOMA CITY	LEVEL III PRE HOSPITAL TRAUMA
COMMUNITY HOSPITAL	LEVEL IV PRE HOSPITAL TRAUMA
MEDICAL CONTROL BOARD	
AMR EDMOND	EMS
EMSA WEST	EMS
MILLER EMS – TINKER AFB	EMS
PAFFORD EMS BWA	EMS
PAFFORD EMS DEL CITY	EMS
SSM HEALTH ST ANTHONY MIDWEST	EMS
SSM HEALTH ST ANTHONY OKLAHOMA CITY	EMS
AMG SPECIALTY HOSPITAL	FOCUS FACILITY
OKLAHOMA HEART HOSPITAL SOUTH	FOCUS FACILITY
ONE CORE	FOCUS FACILITY
MERCY ER PHYSICIANS	FOCUS FACLITY

- Proposed 2026 meeting venues, dates and times
    - January 13, 2026 – 1:00 pm
    - April 14, 2026 – 1:00 pm
    - July 14, 2026 – 1:00 pm
    - October 13, 2026 – 1:00 pm



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Creating a State of Health

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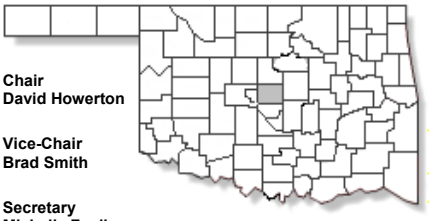
9. New Business (For matters not reasonably foreseen 48 hours prior to the meeting)

10. Public Comment

11. Next Meeting
    - Tuesday, October 14, 2025 – OSDH 28th floor room 6 – 1:00 p.m.

12. Adjourn



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Creating a State of Health

Oklahoma City Area (8) Regional Trauma Advisory Board
REGULAR MEETING
Tuesday, April 8, 2025 – 1:00 p.m.

Location of meeting: Oklahoma State Department of Health • 123 Robert S. Kerr • Oklahoma City, Oklahoma • 73102-6406

The Oklahoma City Area (8) Regional Trauma Advisory Board regular meeting notice was posted on the OSDH website located at https://oklahoma.gov/health/services/licensing-inspections/emergency-systems/trauma-division/rtabs-regional-trauma-advisory-boards-/region-8-rtab.html as well as the Secretary of State's website located at https://www.sos.ok.gov/meetings/notices/001305/0598632312051433.htm on December 5, 2023.

Minutes

1. David Howerton, Chair called the meeting to order at 1:00 p.m.

2. Roll Call was taken and recorded as follows:

Present at Roll Call	**Absent at Roll Call**
Board Members	**Board Members**
Community Hospital-Madni DeLaughter	INTERGRIS Southwest Medical Center – Callie Ward
EMSA West – David Gooshaw - Late	Lakeside Women's Hospital
INTEGRIS Baptist Medical Center-Rhiannon Cunningham	Valir Rehabilitation Hospital of OKC, LLC
INTEGRIS Baptist Physicians -Dr. Celii -	
INTEGRIS Community Hospital - Council Crossing Samantha Mitchell	
INTEGRIS Health Edmond – Julie Evans	
Medical Control Board-Dr. David Howerton	
Mercy Hospital Oklahoma City Inc -Holli Howard	
Northwest Surgical Hosp-Mandi DeLaughter	
OU Health-Lindsey Lindsay	
Pafford EMS of Oklahoma BWA-Jason Likens	
Pafford EMS of OK Del City-Jason Likens	
SSM Health St. Anthony Midwest EMS-Maxine Council	
SSM Health St. Anthony Hospital Midwest-Michelle Faulkner	
SSM Health St. Anthony Hospital OKC EMS-Michelle Faulkner	
SSM Health St. Anthony Hospital OKC-Justin Lopez	
General Members	**General Members**
City of Oklahoma City Fire/EMS	American Medical Response Edmond - A

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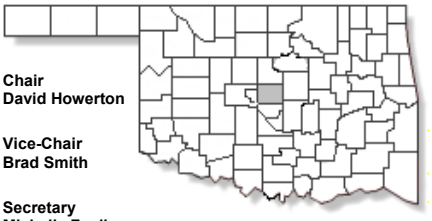

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EMS for Children - A	AMG – OKC Specialty Hospital - A
Inspire Specialty Hospital - A	Bethany Children's Health Center - A
McBride Orthopedic Hospital	Cedar Ridge – A
Mercy ER Physicians	Cura Health - A
EMS for Children - A	Mercy Rehabilitation Hospital OKC - A
Inspire Specialty Hospital - A	Mercy Rehabilitation Hospital South - A
Miller EMS – Tinker AFB – Jeremy McLemore	Oakwood Springs - A
OK CTR for Ortho & Multi-Specialty Surgery	Okla Center Children's Pediatric Trauma Center - A
Oklahoma Heart Hospital	Oklahoma ER and Hospital - A
Oklahoma Heart Hospital South	ONECORE Health - A
Oklahoma Spine Hospital - A	Select Speciality -A
Okla State Stroke Systems Advisory Board –	Summit Medical Center - A
OUMC Emergency Physicians	Surgical Hosp of Oklahoma - A
Team Health Physicians	

3. David Howerton asked if there were any introductions or announcements.
4. David Graham introduced himself as the new administrator until we can replace Dean. Ms. Becky Novack is also with us today and she has regions 1, 2, 4 and 7.

5. Motion was made by Jason Likens and seconded by Rhianon Cunningham to approve the October 8, 2024, meeting minutes. The motion carried as follows:

Ayes	**Nays**	**Abstain**
Community Hospital LLC – Mandi DeLaughter		
EMSA West – David Gooshaw		
INTERGIS Baptist Medical Center – Rhiannon Cunningham		
INTEGRIS Baptist Physicians Group – Amanda Celii		
INTEGRIS Community Hospital – Council Crossings – Samantha Mitchell		
Medical Control Board - David Howerton		
Mercy Hospital Oklahoma City, Inc. – Holli Howard		
Northwest Surgical Hospital		
OU Health-Lindsey Lindsay		
Pafford EMS of Oklahoma BWA-Jason Likens		
Pafford EMS of OK Del City-Jason Likens		
SSM Health St. Anthony Midwest EMS-Maxine Council		
SSM Health St. Anthony Hospital Midwest-Michelle Faulkner		
SSM Health St. Anthony Hospital OKC- Michelle Faulkner		
SSM Health St. Anthony Hospital OKC EMS-Michelle Faulkner		

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6. Reports
   - Emergency Medical Service: licensure/certification, inspections
     David Graham reported we have nothing new to report for the group for trauma, training, trauma fund or registry. Registry is on the agenda later so we I will address that then.
   - System Development: Covered in above comments
   - Quality Improvement Committee:
     Dr. David Gooshaw stated they have not met I saw it on the agenda but no discussion.
   - Trauma Rotation Committee:
     Dr. Smith no meeting no report.
   - Regional Planning Committee:
     David Howerton asked Jason Likens if he would give the report. Jason advised the board did meet this morning and the major things that came out of the meeting was the committee approved the changes with the regional trauma plan that we have been working on for many months that basically adds Baptist as a recipient of trauma. There was a tremendous amount of conversation on both sides of the issue. The committee feels that there will be some growing pains but it will be a good thing.
   - Regional Medical Response System
     Heather Yazdanipour reported that from the last meeting we talked about Medical Response and exercise we held which basically let to assimilated evacuation of Mercy Hospital. Which allowed out other facilities to how they to absorb more of the specialty line and found some gaps with our neonatal and oncology specialties and we are working with the coalition to try and look at how we can shore up some things. Really a great exercise. The after-action report has just been sent to the Health Department for review and those reports will be sent out once we receive them back. April is a busy month for us as most of you know this year is the 30th anniversary of the Murray Building Bombing. That will be a very large memorial service. President Clinton will be in attendance and there is the possibility of someone from the current administration, but we will not know until about 10 to 7 days out. We also have the 25th anniversary of the memorial marathon they currently have 22,000 registered participants and they are capping int at 26, 000 this year. We also have the arts festival and the Thunder in the playoff going on so it will be very busy for a couple of weeks. There is also a scheduled protest in conjunction with the hands off that happened last weekend on the 19th. We are moving along with the Cyber security downtown assessment plan. Our resource management group for the first time. We are currently waiting on our grant being all grants are under review by DOGE. Our grant was asked to be reduced by 1 Millon dollars which is a huge chunk when the HPPC budget is 2 Millon dollars. This would be a huge impact on our HPPC.
   - Region 8 Prehospital Trauma Transports Data Report
     Chairperson David Howerton asked the group if they want to talk about their data and the plan is moving forward. SSM Midwest City gave a report for them and Oklahoma City Fire stating the trends are running the same as last quarter. The major change has been with Baptist taking more higher priority patients. EMSA said in January they took approximately 5

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to Baptist, February 26 and March 27. It was asked about OU, and they advised OU is still the number one destination and in January they transported 44 to OU, February 28 and March 46. The majority of call were injuries to the head. SSM said that is matching what OKC Fire and SSM Healths. Most of SSM Health MWC most go to SSM Midwest, and a fair number have gone to SSM downtown with most being neurological where the neurologist accepted. All priority one neuro were going to an appropriate level of care. Baptist states they have only had an occasion to take two burns and priority 2 patients. We have had two cases where EMSA and Oklahoma City Fire have meet SSM Midwest with whole blood, but they do not think it was administered on either one of the calls. One of them the supervisor followed them to the hospital in case something changed. So that is gong well and we would like to thank them for that. Pafford EMS said they currently do not have their numbers due to a computer glitch that will hopefully be fix tomorrow. Mr. Sinsheimer stated the data reporting work group got together and we have a road map. Their goal this year is by December of this year to roll out top level combined aggregate reporting, and idea is to have a dashboard where that exist, and everybody can go in and see the aggregate for the region. We are still working on how that gets submitted. That way we will not have several reports to go through. We hopefully in the future be able to follow transfers and everything. As part of the roll out of this we are working on putting on a data literacy meet and greet probably the first week in December. The goal is to be agency agnostic and reporting software agnostic. That will be open to everybody.

7. Stroke System of Care:
   Kathy Stilwell, we are currently still working on our statewide regional plan and region 8 plan. We did not get to have our statewide meeting last week. So hopefully by summer we will have the plan completed. May 1 Integris is putting on their statewide stroke conference and present prehospital care. The conference is free and will be held at the Vo tech on SW 134th and Penn.

8. EMS for Children:
   Sarah Connally, I don't have much for the group. Their grant was approved, and they received 45% of the requested funding due to cuts. This will hurt them in providing services especially in rural areas. We still are offering all AHA training and we offer training every month.

9. Presentation; Update on Whole Blood:
   David Howerton presented data and information on the use of whole blood at EMSA and Oklahoma City Fire Department since its inception on October two years ago we have given104 units in region 8. Total administrations of whole blood is 130 of 126 patients since Tulsa came on about a year ago. So, Tulsa has given 26 units. What he really wanted to do is show us a breakdown of the administration. What the biggest group given to is shootings, stabbings, traffic accidents, traumatic injuries. Our shock indexes have actually improved, and it is only increasing our scene times by4 minutes. A lot of the whole blood medic will meet them enroute. We have missed some instances because the time to the hospital would cause a delay. There are differences between Oklahoma ant

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Texas with Blood in Oklahoma we only have access to a 21-day bag where in Texas they have a 32-day bag. So SanAntonio Fire will carry blood for 14 days where here we can only carry blood for 7 days. It is a hard stop by Wednesday we take that back what we have not used. When we started this, we were invited by this whole blood group on SanAntonio and went to the Summit. Then COVID hit and after that time OU was not using whole blood in their ER so then we were waiting again unit they got their whole blood process down. Each case whole blood is used we review the case and if whole blood is given at the hospital, we look at why it was not given in he field. The whole blood medic will be dispatched to the call where it might be needed. They have gotten pretty good at listening to the radio and just starting that way. The whole blood protocol four times since we started the protocol. He reviewed the breakdown of the cases whole blood was given too since the start of giving whole blood. To date they have given 4 units of whole blood to medical patients and for that to happen they have to contact Medical Control, and they have to agree to give it. Any questions about whole blood. They have not started to entertain the medical side of using whole blood at this time. We need whole blood in rural Oklahoma badly to get this in rural Oklahoma. We need to put whole blood on aircraft in rural Oklahoma. We have talked with OBI when are they going to change who they accept blood from. They just have to check the titer on females. We have also asked why do we have to stuck to a 21-day bag. Because if and when we get blood into rural Oklahoma, we will need more than a 21-day bag. Part of the blood from OBI goes to Arkansas and West Texas. We need to push for more donors. We will meet units with whole blood if it helps get that patient to definitive treatment. This is an access to care issue. Dr. Albrecht added that if you look at the models rom the last 15 years there has been an increase of 33% in trauma centers and most of the trauma is in the rural areas without trauma centers. Dr. Nalagan has said they are looking at obtaining blood from SanAntonio because of the issues with OBI. We want to stay in Oklahoma but keep running into roadblocks. Can we maybe get OBI to one of the meetings to discuss some of these issues and maybe get them to give us a presentation. We can buy blood from SanAntonio so you can get whole blood if you want it. They can have it to us in a couple of hours. The cost to Oklahoma City and EMSA is $ 423 for the unit they administer. If we don't administer it. It goes back to OBI and they give it to OU and they eat the cost. That price went up about a year ago. David Howerton said he knows several officers that have O+ low titer and have not given blood, and I tell them to go give blood and they ask why. Since we started giving whole blood, they now see the purpose of giving blood. When EMSA meets a unit outside of the metro they have to contact one of the medical directors to get approval to meet them. David Howerton will talk with OBI if they will come to the next meeting.

9. Discussion, consideration, possible action, and vote to approve edits to the Region 8 Trauma Plan.
    - David Howerton let the committee know that the RPC meet this morning and reviewed the updates made to the plan and approved. He asked if the committee wanted to review them. That is up for a vote of approval. One was updating the plan bringing up to speed. Several suggestions and edits were made by Dr. Smith. This is where we are today. Jason Likens said there were three prevailing things. One was identifying Baptist as a recipient of both level I and level 2 trauma. The material portion did not really change.

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There were some recommendations made in the last three of four meetings. Some language changes and rotation stuff that was in the plan. Some appendices at the end are links to training as it relates to SALT Triage and Envenomization. SALT was already approved by the committee a couple of meetings ago. The Envenomization plan region 8 has not historically had a plan so Heather and her group wrote a plan from plans from other states for region 6 which they approved last meeting. That is also a resource, but the neat is if you follow the QR code it takes you to a live map of what hospitals near you have the antivenom. Motion by Jason Likens and seconded by David Gooshaw to approve the region 8 trauma plan with updates. The motion carries as follows:

Ayes	**Nays**	**Abstain**
Community Hospital LLC – Mandi DeLaughter		
EMSA West – David Gooshaw		
INTERGIS Baptist Medical Center – Rhiannon Cunningham		
INTEGRIS Baptist Physicians Group – Amanda Celii		
INTEGRIS Community Hospital – Council Crossings – Samantha Mitchell		
INTEGRIS Health Edmond-Julie Evans		
Medical Control Board - David Howerton		
Mercy Hospital Oklahoma City, Inc. – Holli Howard		
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SSM Health St. Anthony Hospital OKC-Michelle Faulkner		
SSM Health St. Anthony Hospital OKC EMS-Michelle Faulkner		

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- Update on CQI David Howerton advised he has not received any emails or updates on CQI and asked David Graham if he had any updates. David Graham stated he has been advised to say an announcement would be coming soon from Dr. Frazier. David Howerton asked the committee if there are any questions from the committee? Dr. Nalagan wanted David to take back to the Department that vague response is unacceptable. He came here expecting the committee to discuss this issue with the leaders of the Health Department and for them to respond like this. This is not a new thing this is a 9-month thing that they have ample time to respond to. Dr. Nalagan said at least on his part he has lost faith in the Department. We hear one story after Could we at least some sort of reassurance that someone is looking into this, otherwise why do we have this at all. Dr. Smith said part of the issue is we want to meet and discuss these

issues, and we have enough people attend that make quorum open meetings does not allow that meeting. Until the state either provides a functional environment for us to have these meetings or releases themselves from it we are unable to meet. Dr. Cody stated it was brought up at the last OTERAC meeting that the department is considering cutting our RTABS to twice a year if that happens would there be another venue where a group such as this could meet. David Graham advised he does not know but can ask. Heather Yazdanipour advised that they could possibly meet with the Healthcare coalition team for and alternative meetings as a working group under the Healthcare coalition. Trauma Planning is part of the Healthcare systems. Dr. Smith brought up the healthcare protected information. Jason Likens said it is possible, but it is a heavy lift. We should not let 30 years progress go by the wayside. It would take a lot of collaboration and is possible. They would have to get the word out where to send the information too. Mr. Likens also made the recommendation to the state that they outsource CQI. There is the Medical Directors subcommittee with all the medical directors that sit on that committee to do that. Dr. Smith asked would that have to come from OTERAC, and we would have to ask the medical directors subcommittee if they could do that. There are also other issues besides CQI that committee needs to look at. When most smaller agencies in the state are operating off 2018 protocols that is a problem and a huge problem. Because those citizens are not getting the updated changes that are not being done. If they are still operation on the 2018 protocols they are not operating on the current standards. We also need to make sure CQI still in place. You don't know what you don't know. If the medicine that is being practiced is old then there are a lot of things that need to be caught up on when they arrive at the facility. David Howerton stated he does not know how we get this on the agenda for OTERAC. Or do we need to first get with the Medical Directors subcommittee agrees to do that. Dr. Smith made the recommendation we are still concerned with absence of CQI and would like to see resolution from the state about CQI. David Howerton stated that the committee can still look at other avenues for CQI. There is nothing that says we cannot make a recommendation to OTERAC to look at other avenues to CQI like outsourcing it to Medical Director subcommittee or other avenues. Jason Likens said he thinks it is reasonable to send that to OTERAC to add to the agenda. The committee agreed to discuss this more under the

- EMResource information update: David Howerton expressed concern that EMResource is not current or up to date all the time and does not help those that are out in the field. There are things on EMResource are outdated. Some of the places on the screen are no longer in service. There have been discussions about looking at other states to see how they are using EMResource. We can task RPC with EMResource now that we have updated the Trauma Plan. Heather said that the person that was over EMResource was moved to another position but EMResource has been added back to her also. There are things that are in EMResource currently that only EMSA East and West can see. She inquired as to why they are only in those views.

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10. New Business

David Howerton let Dr. Smith know we are to new business. We can discuss the issue with not getting an answer about CQI. Dr. Cody said in regards for Medical Directors Subcommittee we will do whatever is for the good of OTERAC. The one downside he sees of them doing CQI is they meet 4 times a year for an hour and a half, and we would have to cover the whole state not just the regions. So previously we have been doing it by regions as a way to have more bandwidth so this would be at a very low bandwidth. So, we would have to review the way we do CQI and select cases. We are about finished with protocols, and we would need something to take on. Could it be that TreC would be a source for being able to pull data and distribute to the CQI committees to review. Could the state maybe outsource this to TreC. The suggestion using the term alternatives to submit to OTERAC for CQI. Dr. Nalagan says he thinks the discussion of outsourcing is a good discussion, but what frustrates him is we have a system that works, and he thinks it is unfair to task the Medical Directors Committee with additional work when they already have a full slate. The CQI for this region alone is a two-hour meeting and It worked. It is pathetic we have to outsource this. If the state has an issue with secretaries, we can do it. WE can write the letters. We just care if the state doesn't shame on them. I know it has been a year, and I have a couple of cases he has that he has been chomping at the bite to review but we have not meet. He would like to keep the system we currently have. For us to have an reinvent the wheel on a system we have is a sad comment on the state. Some of the conversation we have had in the past is we need to really look at the areas of under triage and maybe drill down to see what the issue is and maybe do training. Mr. Howerton asked do we wait to see what the message is. If we are unhappy with that message, we get on the OTERAC agenda. The committee decided to make a motion that we have no confidence in the Department at this time and these are the line items we are concerned about. What is it an answer we do not want to hear. Dr. Cody said the Department hinted at the last OTERAC was limiting them meeting a couple of times a year make it less regionalizes and more broad-based. Instead of dialing down we are used to and looking at broader issues. So, we might want to make know what our expectations are. The committee asked if the OSDH is the only one that has access to them. Each agency can access their own records, but not other agencies records. The issue was brought up that most cases that were being reviewed were from at least three years ago. Dr. Smith asked is the RTAB in the prevue of OTERAC or the Health Department. It was answered they are in the prevue of OTERAC, and for anything to be on the OTERAC agenda it has to come from the RTAB chair. The committee drafted a letter of no confidence to the submit to OTERAC or if you just want it in the minutes, it will be there. Motion made by Jason Likens and seconded by Dr. Celli for a vote of no confidence in the Department of Health Management of CQI meetings. The motion carries as follows.

Ayes	**Nays**	**Abstain**
Community Hospital LLC – Mandi DeLaughter		
EMSA West – David Gooshaw		
INTERGIS Baptist Medical Center – Rhiannon Cunningham		
INTEGRIS Baptist Physicians Group – Amanda Celii		

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INTEGRIS Community Hospital – Council Crossings – Samantha Mitchell		
INTEGRIS Health Edmond-Julie Evans		
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SSM Health St. Anthony Hospital OKC EMS-Michelle Faulkner		

11. Public Comment
    Dr. Smith wanted to give his condolences to Chris Dews family and want them and the department know he was of great help to him and was always very professional and willing to help. David Gooshaw wanted to let everybody know EMSA is moving to Pulsara encoding software all facilities have been contacted. We are going live May 1st. As for trauma for OU and Baptist we will still be calling.

12. Next Meeting
- Tuesday, July 8, 2025, 123. Robert S. Kerr. – 1:00 p.m.

13. Adjourn
Motion made by Rhiannon Cunningham and seconded by David Gooshaw to adjourn at 3:01 p.m.

Ayes	**Nays**	**Abstain**
Community Hospital LLC – Mandi DeLaughter		
EMSA West – David Gooshaw		
INTERGIS Baptist Medical Center – Rhiannon Cunningham		
INTEGRIS Baptist Physicians Group – Amanda Celii		
INTEGRIS Community Hospital – Council Crossings – Samantha Mitchell		
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Pafford EMS of Oklahoma BWA-Jason Likens		

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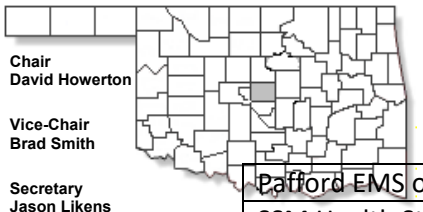

Chair
David Howerton

Vice-Chair
Brad Smith

Secretary
Jason Likens

Pafford EMS of OK Del City-Jason Likens		
SSM Health St. Anthony Midwest EMS-Maxine Council		
SSM Health St. Anthony Hospital Midwest-Michelle Faulkner		
SSM Health St. Anthony Hospital OKC-Justin Lopez		
SSM Health St. Anthony Hospital OKC EMS-Michelle Faulkner		

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OKLAHOMA CITY AREA REGIONAL
TRAUMA ADVISORY BOARD BYLAWS

Oklahoma County

Attachment A

Process for creating the Board Member rotation

Permanent Board Members

There will be a group of permanent members that consist of all licensed EMS agencies; all Level I, II, and III trauma centers, as well as Level IV trauma centers that routinely receive prehospital trauma patients; and interested parties approved by the Board. The Medical Control Board (MCB) list of pre-hospital destinations will be used as the source of hospitals that routinely receive pre-hospital trauma patients. The Medical Control Board website, www.okctulomd.com, will be used to determine the current approved list.

Rotating Board Members

The rotating Board Members will be chosen from four groups. When not serving as a Board Member, the entity will act as a General Member. The four groups shall consist of licensed hospitals, physician groups, and other approved groups. The four groups are:

a. Orthopedic Hospitals
   Orthopedic hospitals will be defined as those licensed facilities that provide operative management of orthopedic injuries but are not an MCB approved facility to receive prehospital trauma patients.
b. Rehabilitation Hospitals
   Rehabilitation hospitals are licensed facilities with the primary mission of providing rehabilitative services for patients but are not an MCB approved facility to receive prehospital trauma patients. These facilities are still part of the Oklahoma Trauma System in that they may receive either trauma or surge patients.
c. Focus Facilities
   Focus facilities are facilities holding an acute-care license that are not an MCB approved facility to receive prehospital trauma patients and do not meet the criteria of an orthopedic or rehabilitation hospital. These facilities are still part of the Oklahoma Trauma System in that they may receive either trauma or surge patients.
d. Physician Groups
   Physicians groups are the management entities for physicians that provide trauma to patients located at definitive care facilities within the Oklahoma City Region.

One member from each group of rotating Board Members will serve as Board Member for a three-year rotation. New entities will be placed at the end of the approved rotation of its respective group. Facilities and groups that undergo a name change will not move from their already approved rotation period.

Approved by RTAB – July 10th, 2018; July 14th, 2020
Approved by RPC – May 23rd, 2018