



Oklahoma State
Department of Health
Creating a State of Health

Meetings 2nd Qtr:

- RTAB 1 04/26/11
- RTAB 2 05/10/11
- RTAB 3 05/05/11
- RTAB 4 05/26/11
- RTAB 5 05/12/11
- RTAB 6 05/17/11
- RTAB 7 04/05/11
- RTAB 8 04/12/11
- CQI 1 04/26/11
- CQI 2/4/7 06/09
- CQI 3 06/02/11
- CQI 5 06/16/11
- CQI 6/8 04/12/11
- OERSDAC 05/19
- OTSIDAC 05/04

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OSDH / Emergency Systems

A Brand New World.....

Welcome to the first edition of our Newsletter. We will be sharing information with all of our stakeholders regarding what is happening within Emergency Systems as well as in the State.

During the past year, several major changes have occurred in Emergency Systems. Staff changes have altered the dynamics but not the underlying goals.

The mission of the Oklahoma State Department of Health (OSDH) is protecting and improving the public's health status through strategies that focus on preventing and treating disease as well as encouraging healthy behaviors. OSDH has four major service branches: Protective Health Services, Community and Family Health Services, Prevention and Preparedness Services and Administrative Services. Emergency Systems falls under Protective Health Services.

Within Protective Health Services is the Medical Facilities Service, which includes the Medical Facilities Division and Emergency Systems. Emergency Systems is divided into EMS and Trauma & Systems: two departments working hand-in-hand towards one goal.

**RETIREMENT ANNOUNCED
Patrice Greenawalt**



Patrice Greenawalt, RN, MS, Asst Chief of Medical Facilities, began her career in trauma and emergency nursing in 1981 at the former University Hospital, OKC. Patrice has worked in several Public Health roles for the

State during for the last 29 years including healthcare facility and nursing regulation, trauma & systems and epidemiology. In her current role, Patrice is responsible for oversight of EMS and Trauma, including development of a statewide trauma system of care, EMS regulation and education, the Trauma and EMS Revolving Funds, and the Trauma and EMS databases.

Patrice has advised that she will be retiring from the OSDH effective June 30th, 2011.

She has enjoyed all of her years with the agency yet is looking forward to a new phase in her life.

For those who have not had the opportunity to meet her, you have missed a gem. We will all miss her contagious enthusiasm and compassion.

FAREWELL AND GOOD LUCK!



Dale Adkerson Emergency Medical Services Director

Dale Adkerson, BS, BA, NREMT-I, became the Director of the EMS Division in September 2010. He has been employed by the Health Department since 2002. He has served as an Edu-

cation Coordinator, EMS Coordinator and RTAB Coordinator. Prior to work at OSDH he worked for the Greer County Ambulance Service as a field medic and served as the Director for the Alva Ambulance Service.

Lee Martin, MSM, was appointed as state Trauma and Systems Director in 2009. He began his career in EMS as a Military Medic in 1990. Prior to coming to the health department Lee was a shift supervisor in the emergency room and fire

department settings. He has served as an EMS Administrator and Trauma Systems Coordinator prior to becoming Director of Trauma & Systems.



Lee Martin
Trauma and Systems Director



**Robert Irby—Regulator
ES Administrator—NREMT-P**



**Chris Dew—Regulator
ES Administrator—NREMT-P**



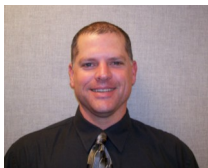
**Jackie Whitten—RTAB—EAST
ES Administrator—NREMT-P**



**Susan Harper—Developer
ES Administrator—EAST
NREMT-I**



**Theresa Hope —RTAB—WEST
ES Administrator**



**Russell Brand —Developer
ES Administrator—WEST
NREMT-I**

ES Administrator Roles:

- Regulators
- Developers
- Investigators
- Trainers
- Facilitators

Key Personnel

In all organizations you have those crucial people who keep the world organized and business moving. Our team ensures a continued quality product is delivered. Supervisors are denoted with an asterisk (*).

Trauma and Systems

*Brandon Bowen, MSM—NREMT-B , Trauma Systems Coordinator

- Jackie Whitten—ES Admin
- Susan Harper—ES Admin
- Theresa Hope—ES Admin
- Russell Brand—ES Admin

Continuous Quality Improvement (CQI) Coordinator

*Sandra Terry, RN-BC, BSN

Trauma Registry / OKEMSIS

*Kenneth Stewart, PhD

Martin Lansdale, MPH

*Grace Pelley, MBA—Trauma Programs Coordinator

Bill Henrion—EMResource

EMS Division

- Robert Irby—ES Admin
- Chris Dew—ES Admin
- Eddie Manley—Training and Licensure

Administrative Programs

- *Tina Creech—Administrative Assistant Programs Officer
- Bob Hitt—Administrative Assistant—Licensure
- Beverly Wood—Administrative Assistant
- Jana Friend Davis—Administrative Assistant



Front Row: Bill Henrion, Grace Pelley, Brandon Bowen—Back Row: Kenneth Stewart, Sandra Terry, Eddie Manley (not pictured—Martin Lansdale)



Seated: Tina Creech, Back Row: Friend Davis, Bob Hitt, Beverly Wood

Emergency Systems (ES)

Administrator Duties:

Some of the key tasks assigned to the Protective Health Division include assisting, coordinating, administering, developing, establishing and maintaining “all things EMS.” This is a very important part of the Administrator’s job. Each ES Administrator is cross-trained into each section covered by the Emergency Systems Department ensuring consistent practices and messages are provided to our stakeholders.

The ES Administrators are tasked to assist private and public organizations, EMS and health care providers, ambulance authorities, district boards and other interested persons or groups in improving emergency medical services at the local, municipal, district or state levels through professional advice and technical assistance.

ES Administrators regularly present EMS summaries and assessments to city councils, county commissioners, state legislators and local EMS boards as requested.

ES Administrators may also coordinate the efforts of local units of government to establish service districts, assist with establishment, development, planning, improvement, prevention and management of Emergency Medical Services.

ES Administrators also assist with disaster responses and organization of Regional Response Teams through the Regional EMS Systems (REMSS) effort.

However, the most important role they play is as “resource persons.” They are the subject-matter experts in their respective areas. The majority of all

questions can be handled at this first line. Call them.

We have several new faces who each bring a skill set that is important to EMS as a whole. The backgrounds they represent are: air ambulance, ground ambulance, Directors, Educators, Fire Service, all EMS Medic levels, just to name a few.

Many are already known to you, you may have seen them out and about. Now you will find them out in the territories doing development of EMS agencies and EMRAS.

Development

New Service? New Director? New Board Member? Just need some help to get things back on track? Contact Brandon Bowen to set up a development meeting in your area.

BrandonB@health.ok.gov

ES - Emergency Medical Services (EMS)

The EMS division is created by statute in OS 63 1-2501 et seq., titled the Emergency Response Systems Development Act (formerly the Emergency Medical Services Act).

The Act requires the health department to develop Rules for administering emergency response systems in the state. These are codified in the Oklahoma Administrative Code (OAC) in Chapter 310.

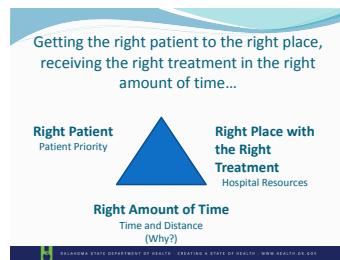
The Act also charges the Commissioner of Health, through EMS division, with oversight for many aspects of EMS including:

- A comprehensive plan for EMS development
- Certification of training programs and approval of training courses,
- EMT testing and licensure
- Collection of state-wide EMS data
- Maintaining a standard run report form
- Emergency Medical Service agency licensure
- Stretcher Aide Service licensure
- First Response Agency Certification
- Trauma Systems Development

EMS Staff facilitate the work of the Oklahoma Emergency Response Systems Development Advisory Council (OERSDAC).

The Council advises the Commissioner of Health and the Board of Health on EMS issues.

Trauma Triage Training



The new Trauma DVD is nearly complete. Distribution should begin soon and will be handed out during your local RTAB. A signature from the agency/hospital will be required before releasing a copy. We ask that the agency trainer/instructor attend this meeting to insure they receive first-hand accurate information. We are very excited about this new version and hope that you will all take the time to do a thorough training with your crews. Getting the Right Patient to the Right Place with the Right Treatment in the Right amount of time determines outcomes.

CQI— Deals with Systems Issues. What is the function of Continuous Quality Improvement within Emergency Systems at the Oklahoma State Department of Health and why is it important?

The purpose of CQI is to improve patient care and outcomes

Is Your Proposal Ready?

Oklahoma Emergency Response Systems Stabilization and Improvement Revolving Fund. What is this? Essentially it is an award program for stabilization of Emergency Response in Oklahoma.

If your proposal is not ready, you still have time. All eligible entities should go to the webpage to review the requirements and parameters of this program. It is up to you to decide to build the proposal and send it.

for trauma patients in the state of Oklahoma.

Goal: education and improvement of practice, this is not intended to be a punitive process. It is important because it provides us the feedback to improve our system.

The Continuous Quality Improvement process is a requirement of State legislation S.B. 1554 (the Oklahoma Trauma Systems Improvement and Development Act). This legislation created the Medical Audit Committee (MAC) and the Regional Continuous Quality Improvement Committees (Regional CQI).

There are 5 Regional CQI committees. The CQI committees are a sub-committee of the Regional Trauma Advisory Boards for each Region. These committees are tasked with review of cases submitted for Quality improvement. The committees are made up of physicians, nurses, EMS personnel, or air ambulance personnel. Committee members are appointed through the Regional Trauma Advisory Boards (RTABS). The committees make recommendations for improvement based on all records examined in the case. The Regional committees generally review issues related to process, delays in care, or deviation in care from the Regional Plans or Trauma

Algorithms.

MAC: Deals with Clinical Issues. The function of the Medical Audit Committee is the peer review of trauma patient care, or the review of any serious medical care issues related to trauma patients. They also oversee the activities of the Regional CQI committees. The Medical Audit Committee is made up of physicians that are appointed by the State Commissioner of Health.

In rare cases, some issues may be referred to EMS for licensure or practice issues, Medical Facilities, or other agencies for further investigation.

Confidentiality

The meeting content of the MAC and CQI committees is not subject to the Open Meeting/Records Act. This means that committee members must sign a confidentiality statement agreeing that meeting content cannot be discussed outside the meeting. The meeting content may only be used by MAC for quality review to improve trauma patient care.

Involvement in the CQI process is imperative for successful expansion and advancement of the Trauma System. If the issues are not brought forward, we can never expect to evolve into a more efficient and successful system.

*****NATIONAL EMS WEEK***
May 16 through 20, 2011**



National Emergency Medical Services Week

brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's "front line."

To locate the rules and outlines please go to: www.health.ok.gov Select Protective Health Services, Emergency Medical Services then "OERSSIRF."

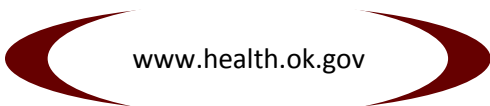


Emergency Systems

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Next Quarter News

The newsletter next month will be used to flesh out the program areas. This will allow a more accurate understanding of the programs themselves as well as your role and/or involvement.

Our role in the great scheme of things is always evolving. We hope that this newsletter will help you to stay abreast of any changes as they occur

If you have a specific topic that would be of benefit to you, please notify us as soon as possible so we may research and determine the best way to approach your request. Forward requests or suggestions to: Brandonb@health.ok.gov

The new and improved Emergency Systems Division is extremely proud of our growth and expansion. We look forward to supplying you with pertinent information to help us all grow into the future.

Trauma system development and implementation is a proven method to improve survival and reduce complications after traumatic injury. A trauma system provides an organized multidisciplinary approach to the potentially complex injuries of the trauma patient.

Oklahoma is undertaking system development using an inclusive system model, meaning the plan addresses the needs of all injured patients and is inclusive of small hospitals as well as large trauma centers. Simply by getting the right patient to the right place, receiving the right treatment in the right amount of time, we will get the system the citizens of Oklahoma deserve.

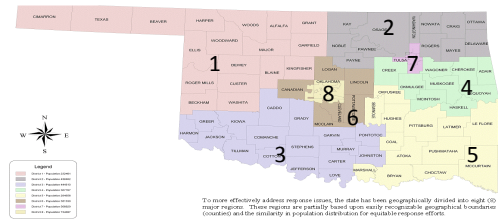
The components of the Trauma System can be grouped into the following categories:

- Injury Prevention
- Administration - Persons designated to develop the plan and provide input and oversight.

- Pre-hospital care - Development of standard guidelines used in the pre-hospital setting in the care of trauma patients.
- Hospital care - Determination of standard guidelines used in the hospital setting in the care of trauma patients.
- Rehabilitation - Ensuring access to quality rehabilitation for trauma patients.
- Data - Collection of data for utilization in trauma system development and system evaluation.
- Education and Advocacy - Providing information about the needs of our trauma system to providers, the public and policy makers.

Trauma regional boundaries parallel the Homeland Security regions with minor changes. Each of the eight trauma regions (*see map*) has a Regional Trauma Advisory Board charged with developing a Regional Trauma Plan and Continuous Quality Improvement activities.

Oklahoma Trauma Regions



- Training / Education
- CAN Request
- Licensure—Agency or Medic Certification—EMR or EMRA
- HB1888
- Trauma Fund
- OKEMSIS
- Trauma Registry
- EMResource
- Complaints
- CQI/MAC/Referrals
- Rules/Regulations
- Development
- OERSDAC
- OTSIDAC
- OERSSIRF
- Protocols
- RTAB / RPC
- Region 1,3,6,8 (Western)
- Region 2,4,5,7 (Eastern)
- Newsletter Editor

- Eddie Manley
- Eddie Manley
- Bob Hitt/Eddie Manley
- Eddie Manley/Bob Hitt
- Dale Adkerson
- Grace Pelley
- Martin Lansdale/Kenneth Stewart
- Kenneth Stewart
- Bill Henrion
- Dale Adkerson, Robert Irby, Chris Dew
- Sandra Terry
- Emergency Service Administrators
- Emergency Service Administrators
- Dale Adkerson
- Lee Martin
- Patrice Greenawalt/Dale Adkerson
- Eddie Manley/Dale Adkerson
- Theresa Hope / Russell Brand
- Jackie Whitten / Susan Harper
- Susan Harper