

Creating a State of Health

Oklahoma City Area (8) Regional Trauma Advisory Board REGULAR MEETING

Tuesday, April 14, 2026 – 1:00 p.m.

Location of meeting: Pafford EMS Headquarters • 4001 SW 119th • Oklahoma City, Oklahoma

Minutes

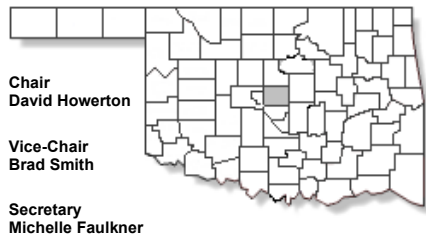
1. David Howerton, Chair called the meeting to order at 1:00 p.m.
2. Roll Call was taken and recorded with quorum met.
3. Introductions and Announcements: Mandy was introduced as trauma education outreach coordinator for INTEGRIS Health. Dr. Sloan was also introduced as the Medical Director for SSM Health EMS.
4. Rhiannon Cunningham made the motion to approve the January 13, 2026, minutes with Maxine Council seconding the motion. Motion passes unanimously.
5. Reports
Quality Improvement Committee: Case Review, Trends
David Gooshaw reported that they met this morning and went over some initiatives and BIG guidelines. They also discussed pre-planning and what that is going to look like. Dr. Cody concurred.

Trauma Rotation Committee: Dr. Smith reported the website is still functioning and there have been no problems or concerns from any of the facilities. Hand rotation has been going very well.

Regional Planning Committee:

Zakia spoke to the committee regarding RPC this morning, they discussed a couple of things this morning. They covered Rural Health Transformation Project as well as ACS updates. David Graham, OSDH, gave those updates and covered the working groups for ACS, tentative meeting date and times.

Regional Medical Response System: Healthcare Coalition, Grant Deliverables, Drills, Exercise, Training: Zakia spoke about the marathon and the weather briefing. Today is a supercell kind of day outside. There is enhanced storm activity. Between 1pm and 3am there is potential for severe storms and tornadic activity. Softball sized hail in the main concern right now. There is a 30-45% chance of that. Storms frequent east to northeast at 30-40mph and the timing should be in region 8 at the earliest of 3pm. We are looking more like 5-9pm. So just be weather aware today. There is a medical surge exercise called Medical Response and Surge Exercise that is a federal requirement that we did in March. The after-action is at OSDH waiting approval. So, when that is approved, we will share it with everyone. We had great feedback on that exercise. There is a full-scale exercise being conducted in September. There were 30,000 registrants for the marathon this year. In April, in terms of the grant, the program has been eliminated completely. The HPP goes away; the MERC program goes away. This is a 380 million dollar cut. Last year there was a cut, but that program was restored. We are hoping that people see that hospital preparedness program benefits everyone. I urge you to talk to your legislators and voice your concerns about this.



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Region 8 Prehospital Trauma Transports, Data Report:

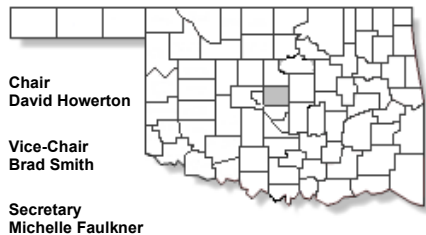
Maxine Council-SSM Midwest, David Gooshaw-EMSA WEST, Carl Cobb-OKC Fire Department
David Gooshaw spoke to the committee about the transport data that comes out of EMSA.

Through the months of January, February and March the numbers have remained consistent. Head is the number one injury followed by hip injuries. The slide show presented shows a graph of primary impressions and how they monitor and track those top 10 primary impressions. The next slide those are broken down further by anatomical location. When we are talking head injuries they are ¼ of our injuries for trauma from a CQI standpoint. The next slide represents where those patients were taken to. SSM and EMSA had reports to share at this time.

6. Stroke System of Care: In the last meeting we continued to move forward working on our stroke plan guide. We are going line by line and making progress on the document.
7. EMS for Children: Michael Godwin introduced himself as the Program Manager for EMSC. We are providing a lot of resources and bringing a lot more flyers and information to the RTAB meetings for everyone. We have conversion cards, pediatric imaging guidelines and a checklist for EMS agencies and hospitals for pediatric patients. Michael asked the group if anyone knew what a pediatric emergency care coordinators are? I called multiple hospitals around here to build a contact list, and I asked the ED and most of them had no clue. There will be more information about that coming up. We have Julia Smith from the Pediatric Pandemic Network who has a whole lot of resources for pediatrics. If there is something you need let me know and I can get that out to you and your facility. You can pick up my card here as well as Julia's card. We will be more than happy to help. You can look at ready.org and that will give you information as well. Thank you everyone.
8. Discussion, consideration, possible action, and vote to

Transformation Project and ACS Report. David Graham, OSDH provided an update on the Rural Health Transformation Program and the ongoing work related to the ACS report. He noted that several work groups are currently active, meeting through a combination of in-person and Zoom sessions, and encouraged members who haven't yet engaged with the work groups or reviewed the ACS report to do so, as it is available online.

On the transformation project, David explained that approximately \$223 million in CMS funding has been allocated to Oklahoma's Rural Health Transformation Program, which operates as its own division within the Health Department. This division has been coordinating with the Hospital Association, OU and OSU Schools of Medicine, and other entities to determine how funding will be distributed across designated focus areas. For EMS specifically, the program is prioritizing communications infrastructure, telemedicine capabilities that would allow EMS to refer patients



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directly to ERs or hospitals, and community paramedicine initiatives. David noted that the funding strategy is intentionally phased: rather than committing fully to large vendor programs immediately, the approach is to start with foundational programs that are known to work, evaluate their performance, and then expand in year two based on results. He explained that future year funding allocations will depend on how well the current year's money was spent and the demonstrated return on investment, so the program is being deliberate about ensuring funds are used effectively within each designated area, with the flexibility to redirect leftover funds within an area to other needs in that same area if necessary.

David also mentioned that a review panel is scheduled for May to evaluate the micro-grant applications that closed this week, with two additional rounds of micro-grants expected later this year. He noted that the Health Department intends to disperse these funds quickly to ensure all allocated money is spent within the required CMS timeframe.

Turning to the ACS report, David explained that the report was originally broken into 12 sections, which the team subsequently consolidated into six combined focus areas; he offered to share these with anyone interested. He walked through the process to date, noting that an initial in-person kickoff was held with the relevant working groups, followed by a 30-day follow-up session last week conducted via Zoom. During that follow-up, draft minutes from all six working tables were distributed and then summarized by each group according to their respective focus area. As part of that call, each working group also selected a leader or chairperson to chair their committee going forward.

David announced that a 90-day in-person follow-up meeting is scheduled for June 4. Between now and that meeting, the working groups are expected to continue meeting independently to develop their action plans and identify specific action items within their focus areas, with particular attention to distinguishing between items that can realistically be addressed within the first year and items that will require longer-term work, such as changes to rules or statutes. At the June 4 meeting, each group will present their progress, and the larger group will discuss findings and take minutes to inform next steps. While the formal review cycle follows a 180-day schedule, David emphasized that the working groups plan to continue meeting as needed, for as long as necessary, to fully address the findings and recommendations outlined in the ACS report, using a combination of in-person sessions, Zoom calls, and Teams meetings as appropriate.

9. New Business

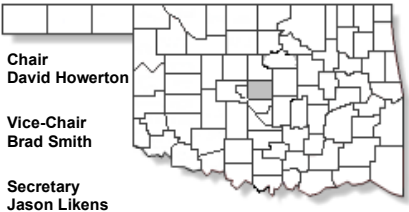
10. Public Comment

11. Next Meeting

- Tuesday, July 14, 2026, – 1:00 p.m. OSDH - 123 Robert S. Kerr Ave

12. Adjourn

- Motion made by Jason Likens and seconded by Rhiannon Cunningham. Motion passes unanimously.



Chair
David Howerton

Vice-Chair
Brad Smith

Secretary
Jason Likens