

**MEDICAL CONTROL BOARD EASTERN  
AND WESTERN DIVISIONS  
EMERGENCY PHYSICIANS  
FOUNDATION**

The regular scheduled meeting of the Medical Control Board was held by videoconference, pursuant to Okla. Stat. tit. 25 & 307.1, On Friday, March 8, 2012 10:00 A.M. at the following locations:

EMSA Eastern Division Headquarters in the Conference Room  
1417 N Lansing Ave., Tulsa, OK

EMSA Western Division Headquarters in the Conference Room  
111 Classen Dr., Oklahoma City, OK

**NOTICE AND AGENDA** for the regular meeting of the Medical Control Board of the Emergency Physicians Foundation, Eastern and Western Divisions, was posted in the Office of the Deputy City Clerk of Tulsa at 3:31 PM, March 5, 2013, and in the Office of the City Clerk of the City of Oklahoma City at 4:24 PM March 5, 2013, more than 24 hours prior to the time set for the regular meeting of the Medical Control Board.

1. **Roll Call** disclosed a quorum at 10:00 A.M. and the meeting was called to order by Dr. Jeff Reames.

**MEMBERS PRESENT:**

Dr. Jennifer Amen  
Dr. Jerry Brindley  
Dr. Mark Blubaugh  
Dr. Justin Fairless  
Dr. Kurt Feighner  
Dr. Jeff Reames  
Dr. Mike Smith

**MEMBERS ABSENT:**

Dr. Brent Barnes  
Dr. Jeff Dixon  
Dr. Charles Engles

**OTHERS PRESENT:**

Tammy Appleby, OMD  
Michael Baker, TFD  
James Blocker, OCFD  
Brian Davis, EFD  
Dr. Jeffrey Goodloe, OMD  
David Howerton, OMD  
Chris Prutzman, P-Plus  
Dinorah Rivera Lake,  
OMD  
Russell Martin, P-Plus  
Duffy McAnallen, OMD  
Jim Travis, OCFD  
Stephen Williamson,  
CEO, EMSA  
Jim Winham, GM P-Plus

## **2. Review and Approval of 16 January 2013 Minutes.**

Dr. Jeff Reames presented the minutes from the 16 January 2013 Medical Control Board meeting for approval.

Upon motion by Dr. Mike Smith and seconded by Dr. Mark Blubaugh, the Medical Control Board voted to approve the 16 January 2013 minutes.

AYE: Dr. Jennifer Amen, Dr. Jerry Brindley, Mark Blubaugh, Dr. Justin Fairless, Dr. Kurt Feighner, Dr. Jeff Reames, and Dr. Mike Smith.

ABSTENTION: none

ABSENT: Dr. Brent Barnes, Dr. Dixon, and Dr. Charles Engles.

## **3. EMSA President Report**

Mr. Williamson presented the response time compliance reports for the months of December 2012 and January 2013 for Eastern and Western Divisions with exclusion summaries. All reports showed no areas of discrimination. Mr. Williamson noted there may be changes concerning the Federal Budget and concerned what those changes may entail. There will be a 2% reduction noted on the Medicare patient payments as of 1 April 2013. Right now, there is not a quick fix to this problem as it is stated currently. There will be a revamp of the reimbursement practices with a new methodology for billing services for the EMS field of service; this gives concerns for the next six years.

## **4. Medical Director Report**

Divert reports for December 2012 and January 2013 were in general good, provided a difficult flu/respiratory season. The Trauma report for January 2013 was presented by Dr. Goodloe to the MCB for review. Disposition of trauma patients reflect well on the EMS professionals navigating patient care in what can be a difficult system.

Dr. Goodloe spoke of his recent dialogue with the OU Trauma Services here in OKC concerning the Tranexemic Acid Protocol, with revisions that will be discussed later in the meeting. Dr. Goodloe stated the dialogue was productive and he felt as if the MCB would have great support from OU with what we are trying to accomplish in the EMS system. Directly related to this subject, Dr. Goodloe was able to give a presentation nationally at the EMS State of the Science meeting in Dallas late last month. He felt there was good system representation at the conference, with hopes next year to see many of the MCB members there to experience many exceptional short, focused good presentations to learn not only what other systems are doing, but how we can be better. The system received a lot of interest with not only what we are doing with Tranexemic Acid, but also with the changes made with anaphylaxis to the approach of updated doses for epinephrine and indications for assessing anaphylaxes.

Dr. Goodloe and Mr. Howard Reed were given the privilege to attend the King County Health Department Resuscitation Academy in Seattle. This academy obtains faculty from King County, Washington and the Seattle Fire Department; both departments have a prolific history of

resuscitation success. This is an honor to be an attendee as it is difficult to attain a seat in this academy. Dr. Goodloe will be attending as well in support for Mr. Howard Reed to attend. Attendees for this year's academy include those representing Alaska, Europe, multiple states in the Midwest of the US and Oklahoma. Dr. Goodloe thanked the board for moving the MCB meeting to today for ability to attend this academy during the regularly scheduled MCB meeting date. This academy brings new projects for the office as well as giving Mr. Howard Reed additional training for his role in the OMD office. Mr. Reed is exactly the productive hire we knew he would be for this position. The OMD staff has stepped up these last few months in regards to Cardiac Arrest and pushing through for completion of backlog created from past years with direction from Mr. Reed. The OMD staff is close in producing 2011 and 2012 Cardiac Arrest reports.

Dr. Goodloe highlighted a Journal of Emergency Medical Services publication, specifically a piece about the State of Oklahoma EMS protocols, which came from the protocol set we previously used in our system. If the Board would like to review this article, one can go to [www.JEMS.com](http://www.JEMS.com) and search by Dr. Goodloe, David Howerton, or Tammy Appleby as they are all co-authors of this article. Many people are looking at these protocols not only through the OSDH website, but they are available on our own MCB website as well. Many have taken interest in these protocols from areas in the United States, and additionally, some from around the world as a resource for their own EMS system. Dr. Goodloe noted that there will be an article in the April 2013 issue of JEMS concerning our Tranexamic Acid protocol use.

One thing the Board, the OMD staff, and all field personnel can be proud of is that this system is not just known for one successful EMS care category, but solid across the board in the care one would receive within this EMS system in areas such as but not limited to Cardiac Arrest, STEMI, and Pulmonary. The patients receive good evidence base care within this system.

Dr. Goodloe stated that the academic department at OU is going well and continuously, the EMS Section is the busiest in the department. The EMS section was recently notified that all five out of five of the research abstracts submitted were accepted to the Canadian Association of Emergency Physicians meeting this summer. All represent work that was related to the EMS system here. For all five abstracts to be accepted is encouraging, and OU will be a significant presence at the Canadian meeting this summer.

## **5. Review and Approval Revisions to the following Protocols:**

### **A) Protocol 2A – Airway Assessment Adult & Pediatric**

Changes to this protocol include verbiage change noted on page 2A.2 under Medical Respiratory and Trauma Respiratory Arrest in regards to numbers 5 and 6. The change would be corrected as follows:

5. If above actions do not achieve needed oxygenation/ventilation, place supraglottic airway if EMT-I85 or higher licensed EMS professional is unable to successfully intubate or is unavailable on scene

Upon motion by Dr. Kurt Feighner and seconded by Dr. Mark Blubaugh, the Medical Control Board voted to approve noted verbiage change to current protocol 2A – Airway Assessment Adult & Pediatric.

AYE: Dr. Jennifer Amen, Dr. Jerry Brindley, Mark Blubaugh, Dr. Justin Fairless, Dr. Kurt Feighner, Dr. Jeff Reames, and Dr. Mike Smith.

ABSTENTION: none

ABSENT: Dr. Brent Barnes, Dr. Dixon, and Dr. Charles Engles.

### **B) Protocol 9I – Vascular Access – Intraosseous Adult & Pediatric**

Dr. Fairless brought this protocol back to the board for review in direction of the best placement of the IO in the EMS system. Dr. Fairless brought to the Board literature in reference to the possible change of the primary access location of the IO placement which now is the Tibia versus the Humerus. No change noted to Protocol 9I – Vascular Access – Intraosseous at this time. The Board felt that not enough research or evidence base literature pointed on one access area was necessarily better than the current primary location the system uses today. The Medical Control Board did agree to review new research as it becomes available concerning the best placement of the IO in the field setting.

**C) Protocol 10I – Hemostatic Agents Adult & Pediatric**

Dr. Goodloe and Mr. David Howerton met with OU Trauma Services concerning the release of Tranexamic Acid for field use. Drs. Albrecht and Havron had reservations of the use of such medication without revisions to the protocol reviewed and approved by the MCB. The meeting concluded with the following changes noted for the Hemostatic Agent protocol concerning the indications and use of Tranexamic Acid.

**ADULT:** IN SETTING OF HEMORRHAGIC SHOCK FROM TRAUMA LESS THAN 3 HOURS OLD, WITH SUSPECTED NEED FOR MASSIVE BLOOD TRANSFUSION (CLINICAL EVIDENCE OF MARKED BLOOD LOSS – INTERNAL OR EXTERNAL, SUSTAINED TACHYCARDIA OF 120 BEATS PER MINUTE OR GREATER **AND** HYPOTENSION OF SYSTOLIC 90 mmHg OR LESS AFTER 1<sup>ST</sup> LITER NS, WITH ANTICIPATED TIME OF !5+ MINS AWAY FROM TRAUMA CENTER)  
TRANEXAMIC ACID (TXA) 1 GRAM IVPB OVER 10 MINS. ADMINISTER IN 100mL or 250mL NS.  
  
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

Upon motion by Dr. Jeff Reames and seconded by Dr. Mike Smith, the Medical Control Board voted to approve Protocol 10I – Hemostatic Agents with the following revisions made by OSDH noted for each city specific:

**ADULT:** IN SETTING OF HEMORRHAGIC SHOCK FROM TRAUMA LESS THAN 3 HOURS OLD, WITH SUSPECTED NEED FOR MASSIVE BLOOD TRANSFUSION DUE TO MARKED INTERNAL OR EXTERNAL BLOOD LOSS  
  
CRITERIA FOR TRANEXAMIC ACID ADMINISTRATION:  
  
**METROPOLITAN TULSA**  
SUSTAINED TACHYCARDIA 110 BEATS PER MINUTE OR GREATER **AND**  
SUSTAINED HYPOTENSION SYSTOLIC BP 90 mmHg OR LESS  
  
**METROPOLITAN OKLAHOMA CITY**  
MUST FIRST ADMINISTER 1 LITER NS PER EMT-185/AEMT ABOVE **AND**  
SUSTAINED TACHYCARDIA 120 BEATS PER MINUTE OR GREATER **AND**  
SUSTAINED HYPOTENSION SYSTOLIC BP 90 mmHg OR LESS, **AND**  
ANTICIPATED TIME OF !5+ MINS AWAY FROM OU PRESBY TRAUMA CENTER  
  
TRANEXAMIC ACID (TXA) 1 GRAM IVPB OVER 10 MINS. ADMINISTER IN 100mL or 250mL NS.  
  
CONTINUOUS ASSESSMENT & TREATMENT PER APPLICABLE PROTOCOL(S)

AYE: Dr. Jennifer Amen, Dr. Jerry Brindley, Mark Blubaugh, Dr. Justin Fairless, Dr. Kurt Feighner, Dr. Jeff Reames, and Dr. Mike Smith.

ABSTENTION: none

ABSENT: Dr. Brent Barnes, Dr. Dixon, and Dr. Charles Engles.

#### **D) Protocol 17K – Tranexamic Acid**

The indications were changed to metro area-specific indications which are the following as stated:

**Indications:** Hemostatic Agents (10I)

Adults in traumatic hemorrhagic shock from trauma less than 3 hours old with suspected need for massive blood transfusion due to marked blood loss – internal or external. Wounds and/or force typically sustained from neck to mid-thigh.

In metropolitan Tulsa, the adult trauma patient must have sustained tachycardia 110 beats per minute or greater **AND** sustained hypotension systolic blood pressure 90 mmHg or less.

In metropolitan Oklahoma City, the adult trauma patient must have one liter of NS prior to TXA **AND** sustained tachycardia 120 beats per minute or greater **AND** sustained hypotension systolic blood pressure 90 mmHg or less **AND** anticipated remaining transport time of 15+ minutes away from OU Presby trauma center.

Upon motion by Dr. Jeff Reames and seconded by Dr. Kurt Feighner, the Medical Control Board voted to approve the revisions as written above.

AYE: Dr. Jennifer Amen, Dr. Jerry Brindley, Mark Blubaugh, Dr. Justin Fairless, Dr. Kurt Feighner, Dr. Jeff Reames, and Dr. Mike Smith.

ABSTENTION: none

ABSENT: Dr. Brent Barnes, Dr. Dixon, and Dr. Charles Engles.

## **6. Review and Approval of the November, December, and January 2012-2013 Medical Control Board Financial Statement.**

Submitted for the MCB's review and approval, Dr. Goodloe gave details regarding the November 2012, December 2012, and January 2013 Financial Statements. Dr. Goodloe stated that the OMD office has remained on budgetary track. The staff practiced fiscally restrictive measures throughout the budget year and continues to be in good accordance with reporting cycle. The OMD office is currently working on next year's budget and scheduling presentations at City Councils of Tulsa and Oklahoma City for review and approval.

Upon motion by Dr. Mike Smith and seconded by Dr. Kurt Feighner, the Medical Control Board voted to approve the December 2012 and the January 2013 Financial Statements.

AYE: Dr. Jennifer Amen, Dr. Jerry Brindley, Mark Blubaugh, Dr. Justin Fairless, Dr. Kurt Feighner, Dr. Jeff Reames, and Dr. Mike Smith.

ABSTENTION: none

ABSENT: Dr. Brent Barnes, Dr. Dixon, and Dr. Charles Engles.

## **7. Medical Control Board Designation for EMSA RFP Review Panel**

Every five years the Window of Opportunity presents itself within the EMS system. This window concerns the EMS infrastructure, specifically whether it's ambulance transportation will be Fire based, EMSA based. or other form of management based. If EMSA is the ambulance base structure, they too have a cycle which is reviewed concerning the contractor to EMSA, which has been Paramedics Plus for the last 15 years. There were a couple of cycles that did not go out to bid as Paramedics Plus and EMSA could agree on renewal terms. That contract is at the end and unable to renew from within, therefore EMSA has bid such contract. The MCB had good insight to the RFP that was written for this new contract. The RFP has gone out and should be a competitive process in the selection for the vendor for EMSA. Paramedics Plus will assuredly place a bid and would like to stay as the vendor. Each vendor must prove their capability to successfully maintain a EMS system such as this. There is an 11 person panel that makes up the RFP bid review and recommendation for the next vendor to be selected by the EMSA board. The MCB is allotted two seats on that panel. Dr. Reames and Dr. Goodloe have volunteered to take this responsibility on, but any two people from the board can be selected to represent the MCB. Dr. Reames stated that it would be good to include one emergency physician with a clinical practice in Tulsa and one emergency physician with a clinical practice in Oklahoma City. Dr. Goodloe would fill that vacant spot for Tulsa and Dr. Reames for OKC, with Dr. Goodloe simultaneously representing day to day physician oversight of the EMS system.

Upon motion by Dr. Jerry Brindley and seconded by Dr. Kurt Feighner, the Medical Control Board voted to select Dr. Jeffrey Goodloe to represent the board during this RFP process for the Eastern Division and Dr. Reames for the Western Division.

AYE: Dr. Jennifer Amen, Dr. Jerry Brindley, Mark Blubaugh, Dr. Justin Fairless, Dr. Kurt Feighner, Dr. Jeff Reames, and Dr. Mike Smith.

ABSTENTION: none

ABSENT: Dr. Brent Barnes, Dr. Dixon, and Dr. Charles Engles

## **8. Information Items –**

Dr. Goodloe presented to the board for information and discussion, the two protocols previously approved two years ago in regards to subcutaneous infusion for adult patients for the Tulsa Metropolitan area only. These Protocols are the following:

Protocol 18.A.: Hyaluronidase (Hylenex)

Protocol 18.A.1: Procedure for Subcutaneous Over - the - Needle Cannula Insertion, Medication Administration and Fluid Administration.

The protocols were not placed in the field after the board's approval back then due to manufacturing problems. This drug is safe and FDA approved. This system would conduct feasibility testing on no more than 15 patients to see if this would be something we could use in our EMS system. For tracking patients who receive such medications, we would train no more 10 Field Training Officers in the Tulsa area and give this medication to those patients who have selected already selected Hillcrest Medical Center for their source of treatment care, to allow close follow-up with OU Emergency Medicine. Dr. Goodloe wanted the Board to know that the medication is obtainable and would have no cost impact on the agencies we serve today. Training would take up to at least thirty days and then the medications should be ready for field care.

## **9. New Business – None**

Dr. Feighner presented to the Board that the OU Medical Center has decided to remove the current contract with the present physician group. Therefore, Dr. Feighner will not be working under the new contract proposed and gave notice to a possible open seat on the MCB. Dr. Barnes as well has given his resignation of his seat on the MCB due to a professional move. Dr. Nalagan gave his resignation after moving to Mercy from Baptist Medical Center. The MCB will ask for an EPF meeting for May to elect three new members to the MCB for the Western Division.

## **10. Next Meeting – May 8, 2013**

## **11. Adjournment**

Upon Motion by Dr. Jerry Brindley and seconded by Dr. Mike Smith, the Medical Control Board voted to adjourn the meeting at 11:40 AM.



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Approved By:  
Jeff Reames, M.D  
MCB Chairman

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Date Approved: