

**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 Oklahoma Statute, Title 25 & 307.1 on Wednesday, September 9<sup>th</sup> at 10:00 am at the following locations:

EMSA Eastern Division Headquarters in the Conference Room  
1417 N. Lansing Avenue, Tulsa, OK  
EMSA Western Division Headquarters in the Conference Room  
1111 Classen Drive, 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, September 4<sup>th</sup>, 2015 and in the Office of the City Clerk of the City of Oklahoma City on September 4<sup>th</sup>, 2015 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 am and the meeting was called to order by Dr. Mike Smith.

MEMBERS PRESENT:

Dr. Roxie Albrecht  
Dr. Mark Blubaugh  
Dr. Brandon Boke  
Dr. Chad Borin  
Dr. Jeffrey Dixon  
Dr. Michele Fowler  
Dr. Curtis Knoles  
Dr. John Nalagan  
Dr. David Smith  
Dr. Mike Smith

MEMBERS ABSENT:

Dr. Barrett Bradt

OTHERS PRESENT:

Dr. Jeffrey Goodloe, OMD  
Dr. Sabina Braithwaite, OMD  
David Howerton, OMD  
Duffy McAnallen, OMD  
Howard Reed, OMD  
Jennifer Jones, OMD  
Jamil Rahman, OMD  
Jim Winham, EMSA  
Rick Ornelas, AMR  
Mike Murphy, EMSA

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**2. Review and Approval of May 2015 MCB Meeting Minutes**

MOTION: Dr. David Smith

SECOND: Dr. Chad Borin

ABSENT: Dr. Barrett Bradt

AYE: Dr. Roxie Albrecht  
Dr. Mark Blubaugh  
Dr. Brandon Boke  
Dr. Chad Borin  
Dr. Jeffrey Dixon  
Dr. Michele Fowler  
Dr. Curtis Knoles  
Dr. John Nalagan  
Dr. David Smith  
Dr. Mike Smith

**3. EMSA President Report**

Mr. Winham gave compliance reports for April, May, June and July 2015. He commented there are hiring challenges throughout the nation in qualified applicants for EMS systems. Locally, there are AMR new hire academies monthly.. An increase in call volume in Edmond was also noted.

**4. Medical Director Report**

Dr. Goodloe reported the OMD has been very busy since July. He is pleased with the strategic planning meeting within the office last month. Our staff discussed new protocol development, budget, work on maximizing the CQI meeting usefulness to EMS system partners, along with key performance CQI indicators. In October Jen and David will be working with him in developing the 2016 protocol set. He asked the MCB if they had any ideas for new protocols and to submit those to him directly in the coming few weeks. The new set of protocols will be ready for the November meeting. Dr. Jamil Rahman was added to the OMD staff as the Director of Health Information Services. Jamil is working on our new website and social media. Dr. Goodloe reviewed the divert reports with the board. Some bed waits are occurring in OKC with most occurring at OU Medical Center. He did express that bed waits were still far greater number and duration in Tulsa.

Dr. Borin brought to the attention that the divert report showed no hours for OU Medical Center. Dr Goodloe will request Frank Gresh to provide an updated report for the MCB.

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**Associate Medical Director Report**

No comments made by Dr. Braithwaite.

**5. Review and Approval of:**

- **4L, Intra-Arrest Wakefulness**
- **10Oa, Spinal Motion Restriction**
- **10D, Chest/Abdomen/Pelvis Injury**
- **14I, Interhospital Transfers**
- **17B, Table: Categorization of Hospitals**

Dr. Goodloe discussed the 4L Intra-Arrest Wakefulness protocol. He explained due to good CPR from the medics, we are having some patients “wake up” during arrest. When CPR is stopped, the patient becomes immediate unconscious due to ongoing arrest. Dr. Goodloe asked for this protocol to be expedited so it can go into effect October 1<sup>st</sup> along with the previously approved ResQCPR System standard of care for resuscitation. Dr. Mike Smith asked if IM should be added if no IV is established. Dr. Goodloe commented that 100% of arrests are able to have vascular access via IV or IO, with confirmation of this data by Howard Reed.

Dr. Goodloe discussed the 10Oa Spinal Motion Restriction protocol. He explained that Dr. Braithwaite has completed a lot of work at a national level in advancing better understanding of the evidence-based medicine regarding spinal motion restriction. Trauma physicians in OKC and Tulsa were consulted by Dr. Braithwaite in the development of the protocol draft presented today. He explained we are not doing away with backboards. However we will still move patients with backboards then remove the backboard once the patient is on the stretcher. Dr. Goodloe gave a couple of examples of patients that would stay on backboards: ongoing cardiac arrest and violent patients.. Dr. Braithwaite will draft a letter to be signed by Dr. Goodloe, Dr. Mike Smith as Chairman of MCB and Dr. Albrecht and her counterparts in Tulsa that will be sent to all hospital facilities explaining the changes being made to this protocol, to be effective December 1, 2015

Dr. Albrecht explained the 10D Chest/Abdomen/Pelvis Injury protocol. She explained that closing the pelvis by taping around the distal thigh and placing the feet pigeon toed will decrease blood loss in the pelvis.

Dr. Goodloe discussed the 14I Interhospital Transfer protocol. He explained the changes were in clarifying the priority and timing standards for interfacility transfer requests. Priority 1 clinical condition still receives a 10:59 or less response with the use of red lights and sirens. Once an ambulance is assigned, it cannot be re-assigned unless a closer unit becomes available and only one re-assignment total is permitted. Priority 2 clinical condition receives a 24:59 or less response without use of red lights and sirens. Once an ambulance is assigned, it cannot be re-assigned unless priority 1 call occurs and only one

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re-assignment total is allowed. Priority 3 clinical condition receives a 59:59 or less response without use of red lights and sirens. Once an ambulance is assigned, it cannot be re-assigned unless a priority 1 or 2 call occurs and only two re-assignments total are allowed. Priority 4 clinical/logistic condition receives 15 minutes within the scheduled and agreed pick up appointment time. Once an ambulance is assigned, it cannot be re-assigned unless a Priority 1, 2, or 3 call occurs and only four re-assignments total are allowed. Dr. Goodloe asked Mr. Winham for EMSA's perspective of the changes and he stated that both he and Steve Williamson agree with these standards.

Dr. Goodloe discussed the 17B Table: Categorization of Hospitals protocol. He explained the changes were Integris Canadian Valley from a Level III General Medical to a Level II General Medical. He also explained the addition of a new facility OU-Medical's free standing ED, "ER Oklahoma" has been added to the categorization table, and they have been categorized as the other free standing EDs.

MOTION: Dr. Borin

SECOND: Dr. Knoles

ABSENT: Dr. Bradt

AYE: Dr. Roxie Albrecht  
Dr. Mark Blubaugh  
Dr. Brandon Boke  
Dr. Chad Borin  
Dr. Jeffrey Dixon  
Dr. Michele Fowler  
Dr. Curtis Knoles  
Dr. John Nalagan  
Dr. David Smith  
Dr. Mike Smith

**6. Review and Approval of: Documentation Guidelines**

Dr. Goodloe explained to the MCB that the old policy was 26 pages in length. We worked to reduce the policy down to 5 ½ pages, not losing any important substance. Mr. Howerton explained the billing department is happy with the guidelines as they cover what is needed for accurately billable PCR's.

Dr. David Smith asked if this would still capture the hospital transported and hospital diverted on the PCR. Mr. Howerton explained there will be no changes to the Zoll PCR data points.

Dr. Goodloe explained that the PCR is completed by the end of the shift and is left at the receiving facility when dropping the patient off. Only emergency calls holding would allow them to leave without completing and leaving a PCR upon patient transport.

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MOTION: Dr. David Smith

SECOND: Dr. Dixon

ABSENT: Dr. Bradt

AYE: Dr. Roxie Albrecht  
Dr. Mark Blubaugh  
Dr. Brandon Boke  
Dr. Chad Borin  
Dr. Jeffrey Dixon  
Dr. Michele Fowler  
Dr. Curtis Knoles  
Dr. John Nalagan  
Dr. David Smith  
Dr. Mike Smith

**7. Review and Approval of April 2015 to July 2015 MCB Financial Statements**

Dr. Goodloe covered the indicated financial statements. He explained to the MCB we are having some issues getting medical oversight CQI funds from the Tulsa Fire Department as budgeted in both the 2014-15 and 2015-16 fiscal year budgets.

MOTION: Dr. Borin

SECOND: Dr. Knoles

ABSENT: Dr. Bradt

AYE: Dr. Roxie Albrecht  
Dr. Mark Blubaugh  
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Dr. Jeffrey Dixon  
Dr. Michele Fowler  
Dr. Curtis Knoles  
Dr. John Nalagan  
Dr. David Smith  
Dr. Mike Smith

**8. Information Items**

ResQCPR goes live October 1<sup>st</sup> with the exception of TFD. They will be unable to go live until the end of the year. All other agencies will go live by October 1<sup>st</sup>.

**9. Next Meeting – November 11, 2015**

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**10. Adjournment**

Upon Motion by Dr. Nalagan and seconded by Dr. Dixon the Medical Control Board voted to adjourn the meeting at 11:06 am.

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Approved By:  
Curtis Knoles, MD  
MCB Secretary

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Date Approved: