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, January 6th 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, January 4th, 2016 and in the Office of the City Clerk of the City of Oklahoma City on January 4th, 2016 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 10:01 am and the meeting was called to order by Dr. Mike Smith.

MEMBERS PRESENT:	MEMBERS ABSENT:
Dr. Roxie Albrecht	Dr. Russell Anderson
Dr. Mark Blubaugh	Dr. Barrett Bradt
Dr. Brandon Boke	Dr. John Nalagan
Dr. Chad Borin	Dr. David Smith
Dr. Jeffrey Dixon	
Dr. Curtis Knoles	
Dr. Mike Smith	

OTHERS PRESENT:

Dr. Jeffrey Goodloe, OMD
Jennifer Jones, OMD
Duffy McAnallen, OMD
Howard Reed, OMD
Matt Cox, OMD
Dinorah Rivera, OMD
Jim Travis, OKCFD
Zac Lawrence, OKCFD
Stephanie Pryor, EMSA

2. Review and Approval of November 2015 MCB Meeting Minutes

MOTION: Dr. Chad Borin SECOND: Dr. Curtis Knoles

ABSENT: Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith

AYE: Dr. Roxie Albrecht
Dr. Mark Blubaugh
Dr. Brandon Boke
Dr. Chad Borin
Dr. Jeffrey Dixon
Dr. Curtis Knoles
Dr. Mike Smith

3. EMSA President Report

Mr. Winham gave compliance reports for October and November 2015. Dr. Goodloe asked Mr. Winham for Frank Gresh to include the exclusion graph for the last 12 months, based upon prior MCB requests for that on an ongoing basis. These will be added to our information for the upcoming board meetings.

4. Medical Director Report

Jim Winham, Dr. Goodloe, and David Howerton will be traveling to Redmond, WA at the request of Physio-Control. They have made multiple requests for EMSA leadership and OMD staff to come and get a close hand view of the next generation of products as well as to provide user feedback. No consulting or speaking fees are being received and only direct travel expenses are being covered. As part of the visit, an hour long presentation detailing the EMS system, including medical oversight, will be given to a broad spectrum of Physio-Control employees.

Matt Cox is the newest member of the OMD staff as the Director of Critical Care Analytics. Dr. Goodloe asked Howard to remain available as an independent consultant to train Matt. That contract has been written by legal counsel and signed by Drs. Goodloe and Michael Smith. Howard did a great job for the MCB, Dr Goodloe and the entire EMS system. Very few people would have been able to step into the position and shovel out of the deep trench of data.

Dr. Goodloe shared the divert reports for October and November 2015. Dr. Bradt had requested a yearly summation for St. Francis and we can always provide those reports if an MCB member would like. His purpose in requesting those was in hopes to talk with his administration and show them some lost patient opportunities in regards to divert. Dr.

Goodloe wishes that all of the hospitals were equally capable of those that are doing the best in limiting the bed waits seen. Dr. Goodloe would like to start 2016 with giving the MCB a glowing divert report but cannot do it. It is a problem that the MCB/OMD has to recognize however, not the MCB/OMD problem to own or to solve. It gets into what does EMSA want to do to in terms of engaging city governments and city leadership. Everyone is feeling the pain and there is an increasing realization of no simple or immediately effective answers. Mr. Winham shared where EMSA is right now on the issue and EMSA leadership is meeting with the leadership at the hospitals in OKC and Tulsa.

5. Review and Approval of: 2016 Protocol Changes Summary

Dr. Goodloe brought the summary of changes to the MCB for approval. Changes to specific protocols are listed for 2016.

1. **Oxygenation during oral intubation via nasal cannula high flow at 15 lpm for all pulsatile adult patients.** The benefit of this procedure, well established in the medical literature now and commonplace in our metro EDs, is to minimize any intra-intubation desaturation. This is reflected in a direction in **Protocol 2F – Oral Intubation**.

2. **Changing defibrillator pad placement from apex/sternum to anterior/posterior for all defibrillations.** The benefit of this change is to deliver more effective energy during defibrillations. With an ever increasing obesity co-morbidity and refractory VF for other reasons, a physical change in pad placement will help the effectiveness of defibrillation therapy. This is reflected in directions in **Protocols 4A – Resuscitation; 4B – Resuscitation Team Roles; 4C – AED; 4D – Manual Defibrillation; 4E – Double Sequential External Defibrillation (new recommended protocol).**

3. **Changing defibrillator energy strategies with wt basis. If greater than or equal to estimated wt of 100kg, initial three defibrillations all at 360J biphasic. If less than estimated wt of 100kg, retain current escalating energy strategy of 200J/300J/360J biphasic, with fourth and subsequent defibrillations for all adults utilizing doubles sequential external defibrillation when 2 monitor/defibs are available as outlined in Protocol 4E (below).** The benefit of this change is to deliver more effective energy during defibrillations. With an ever increasing obesity co-morbidity and refractory VF for other reasons, a physical change in energy strategies will help the effectiveness of defibrillation therapy. This is reflected in directions in **Protocols 4E – Double Sequential External Defibrillation (new recommended protocol) and 4G – VF/Pulseless VT.**

4. **Adoption of the technique of double sequential external defibrillation**. This involves 2 manual monitor/defibrillators present, which is expected to be available on

scene with EMSA and Fire Paramedic Response (Sand Springs does have LP15s with Intermediate/Advanced EMTs as well). This will not be available with EMSA and Fire BLS Response. There is not any expectation of EMSA sending 2 ambulances for this possibility alone. In very limited situations, such EMSA response may be operationally possible and/or response of the Field Operations Supervisor. To the extent possible, OMD personnel may also be able to provide response for dual defibrillator capabilities. The benefit of this change is to deliver more effective energy during defibrillations. With an ever increasing obesity co-morbidity and refractory VF for other reasons, a physical change in energy strategies will help the effectiveness of defibrillation therapy. This is reflected in directions in **Protocols 4E – Double Sequential External Defibrillation (new recommended protocol) and 4G – VF/Pulseless VT.** This defibrillation strategy is in use and shown effective in ROSC in systems such as MedStar (Ft Worth), New Orleans EMS, and Wake County (NC) EMS.

5. **Reducing scene times and providing early radio communication in the setting of suspected sepsis.** Notes to this effect are added to the Paramedic scope of practice instructions in **Protocol 9B – Fever.**

6. **Further clarifying the continued use of the long spine backboard (spinal immobilization) in the setting of clearly evident spinal injury eg. paralysis, priapism, neurogenic shock.** A text box highlight to this effect is added to the flow algorithm in **Protocol 10Oa – Spinal Motion Restriction**.

7. **Updating Formulary for accuracy with treatment protocols. Changes are reflected in Protocol 16H adding D10; Protocol 16GG adding all EMS professional scopes of practice for naloxone administration; and Protocol 17K adding TXA for ages 10 and above.**

8. **Multiple "housekeeping" edits to ensure correct weblink addresses.** There are multiple protocols that direct resources available via external websites. A careful review has been made throughout the protocol set to confirm website accuracy as of Jan 1, 2016.

MOTION: Dr. Mike Smith SECOND: Dr. Curtis Knoles

ABSENT: Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith

AYE: Dr. Roxie Albrecht
Dr. Mark Blubaugh
Dr. Brandon Boke
Dr. Chad Borin

Dr. Jeffrey Dixon
Dr. Curtis Knoles
Dr. Mike Smith

6. Review and Approval of: October and November 2015 Financial Statements

MOTION: Dr. Mike Smith SECOND: Dr. Curtis Knoles

ABSENT: Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith

AYE: Dr. Roxie Albrecht
Dr. Mark Blubaugh
Dr. Brandon Boke
Dr. Chad Borin
Dr. Jeffrey Dixon
Dr. Curtis Knoles
Dr. Mike Smith

7. Review and Approval of: Assistant Medical Director Position Description

Dr. Goodloe shared that by the contract that EMSA put together a few years ago, there is an amount in the budget that funds this position. That being said by subsequent impact the position is for an Associate Medical Director, however, he is recommending a new position for Assistant Medical Director. This gives the potential candidate the opportunity to grow in the position and opens up the position to more candidates that could fit this role.

MOTION: Dr. Chad Borin SECOND: Dr. Curtis Knoles

ABSENT: Dr. Barrett Bradt
Dr. John Nalagan
Dr. David Smith

AYE: Dr. Roxie Albrecht
Dr. Mark Blubaugh
Dr. Brandon Boke
Dr. Chad Borin
Dr. Jeffrey Dixon
Dr. Curtis Knoles
Dr. Mike Smith

8. Information Items

Dr. Albrecht shared the STRAC Regional EMS Time Out Training Video. This details best practices in EMD-ED patient transfer of care, communication, and a document that is consist with the information that is provided. They have tried to do it in the trauma area at OU. OU has a poster up and what information and order they would like it discussed, with a 30-60 second time out with the EMS individuals who can have everyone's attention. The video shows an EMS transfer of care and would be great if we consistently did this across the system.

9. New Business

Dr. Mike Smith has a big concern with the public trust potentially being lost if EMSA and Fire Departments are used for advertising of hospitals. He brought up a specific television piece regarding stroke care with a Tulsa hospital utilizing both Tulsa FD and EMSA and with how that could be perceived. Mr. Winham and Dr. Goodloe will bring Dr. Smith's concerns to the next EMSA Board of Trustees meeting.

10. Next Meeting – March 9th, 2016

11. Adjournment

Upon Motion by Dr. Chad Borin and seconded by Dr. Brandon Boke the Medical Control Board voted to adjourn the meeting at 11:29am.

Approved By:
Curtis Knoles, MD
MCB Secretary

Date Approved: