MEDICAL CONTROL BOARD
EASTERN AND WESTERN DIVISIONS
EMERGENCY PHYSICIANS FOUNDATION

The regularly scheduled meeting of the Medical Control Board was held, pursuant to Oklahoma Statute, Title 25 & 307.1 on Wednesday, September 12th, 2018 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 regularly scheduled 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, Tuesday, September 11th, 2018 and in the Office of the City Clerk of the City of Oklahoma City on Tuesday, September 11th, 2018 more than 24 hours prior to the time set for the regularly scheduled meeting of the Medical Control Board.

1. **Roll Call** disclosed a quorum at10:00 am and the meeting was called to order by Dr. Mike Smith.

MEMBERS PRESENT:	MEMBERS ABSENT
Dr. Roxie Albrecht	Dr. Barrett Bradt
Dr. Russell Anderson	Dr. John Nalagan
Dr. Brandon Boke	Dr. Keri Smith
Dr. Chad Borin	
Dr. Jeffrey Dixon	
Dr. David Gearhart	
Dr. David Smith	
Dr. Mike Smith	

OTHERS PRESENT:

Dr. Jeffrey Goodloe, OMD	
Dr. Curtis Knoles, OMD	Bryan Jones, OUMC
Matt Cox, OMD	Frank Gresh, EMSA
Jennifer Jones, OMD	John Graham, EMSA
David Howerton, OMD	
Duffy McAnallen, OMD	
Jim Winham, EMSA	
Jeremy Coombs, AMR	
Sonny Geary, AMR	
Health Wright, AMR	
Bryon Schultz, AMR	

2. **Farewell to MCB Board Member Dr. Mark Blubaugh**
   Dr. Mike Smith introduced Dr. David Gearhart to the Medical Control Board replacing Dr. Mark Blubaugh as the OSU Hospital representative. Dr. Mike Smith congratulated Dr. Mark Blubaugh for his 8 years of service as a Medical Control Board member.

3. Review and Approval of July 2018 MCB Meeting Minutes

MOTION: Dr. Chad Borin

SECOND: Dr. David Smith

Aye:
Dr. Roxie Albrecht
Dr. Russell Anderson
Dr. Brandon Boke
Dr. Chad Borin
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. David Smith
Dr. Mike Smith

ABSENT
Dr. Barrett Bradt
Dr. John Nalagan
Dr. Keri Smith

4. EMSA President Report

Mr. Winham gave compliance, late call graph, exclusion summary, and destination hospital reports for June and July 2018.

Mr. Winham commented that Oklahoma City has seen a change in scene time and an improvement in operations by both divisions sharing best practices.

5. Medical Director Report

Dr. Goodloe shared that the divert reports are posted for MCB physician review and asked that each MCB physician closely review the data for their represented hospital.

Dr. Goodloe stated that the Director of Operations for EMSA/AMR East and West have been working very well together and have been collaboratively working together to reduce mission times. Dr. Goodloe stated the Field Operations Supervisors have been working together to improve best practices for both Eastern and Western Divisions.

Dr. Goodloe asked Matt Cox to share on the update on the OMD app. Matt Cox shared that the app had a roll out on August 1st and that the team has not received any negative feedback which is very nice, however, feedback is much appreciative.

Dr. Goodloe stated that the BLS Beta program is now operating in Tulsa. Tulsa is averaging 7 BLS transports per day. Dr. Mike Smith asked "What are the limitations of BLS transports?" Mr. Winham stated that BLS unit will transport outside of the regulated service area within the borders of Oklahoma. Mr. Winham stated we do not do downgrade if an ALS unit is there, they will do the transport. He also stated that a BLS unit can be utilized in major incidents as a force multiplier. All BLS transfers are reviewed daily. Mr. Winham stated that there have been discussions with hospitals about the BLS program. Dr. David Smith asked "Who determines if it is an ALS or BLS

transport?" Dr. Goodloe stated the call is routed through the communications center and the proQA and MPDS questioning determines a BLS or ALS unit.

Dr. Goodloe stated that EMSA is making sure that patient care reports are being sent to the correct facility. Dr. Mike Smith stated that St. John's hospital is receiving them, however, they are working to get the PCR directly into the patient records. Dr. Chad Borin stated that St. Anthony's Hospital is receiving the PCRs hours after the patient has arrived at their facility. Dr. Chad Borin asked "Where are we are on real time?" Frank Gresh commented that they are still working with Integris and St. Francis on real time. Dr. David Smith said "This is the first time I am hearing about the issue at Integris Baptist and that I need to know of such issues so that I can inform administration how important the PCR program is for the hospital."

Dr. Goodloe stated that the OMD team along with Wichita (Sedgwick County) and suburban Kansas City (Johnson County) medical oversight teams would be meeting beginning today through Friday to discuss best practices within EMS systems.

Mr. Winham commented that the health information exchange is working very well and that the Cloverleaf-EPIC interface is coming along. Cloverleaf is on track to work with hospitals in September.

Dr. Goodloe stated that Protocol 14J: Scene Coordination was needing to be reinforced by the Medical Control Board. There is widespread failure to follow the protocol, with Dr. Goodloe's concerns being patient and provider safety and efficiency related. At the suggestion of Dr. David Smith, OMD will produce a training video by end of 2018. The MCB did reinforce the importance of this protocol.

Assistant Medical Director Report

Dr. Knoles stated that the EMSA-AMR contractually specified education conference that is funded by AMR will be held October 8th-10th, 2018 at the Hilton Garden Inn Conference Center in Edmond, OK. The conference will consist of Airway Management & Pediatrics with guest speaker Dr. Peter Antevy, with an additional instructor course on the Handtevy System of pediatric dosing for emergency medications. The OMD budget will pay $16,000 for the Handtevy system for the EMS system for Metropolitan Oklahoma City and Tulsa for the coming year. Dr. Goodloe and Dr. Knoles welcomed the MCB members to attend as well as speak on airway topics.

6. Review and Approval of Style of Endotracheal Tubes

Dr. Albrecht is in full support of keeping the VAP tubes and not having to re-intubate patients that have been intubated by pre-hospital providers. Dr. Albrecht stated she likes EMS having these tubes. Discussion was on ventilator associated conditions and it is reportable for facilities to report. Discussion on what type of ET tube is used in ICU's.

Dr. Goodloe asked "Can the MCB physicians ask their hospital's respiratory therapists and intensivists what tubes they use and what population need them and do they need them long term?

Medical Control Board members requested more hospital-specific data on endotracheal tubes before approving a change from VAP tubes to a standard endotracheal tube.

7. Review and Approval of Ambulance Inspection Form

David Howerton shared that the minimum number of epinephrine was increased and a generic name change for the oral suction catheter.

MOTION: Dr. Chad Borin

SECOND: Dr. David Smith

Aye:
Dr. Roxie Albrecht
Dr. Russell Anderson
Dr. Brandon Boke
Dr. Chad Borin
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. David Smith
Dr. Mike Smith

ABSENT
Dr. Barrett Bradt
Dr. John Nalagan
Dr. Keri Smith

8. Review and Approval of MCB/OMD Clinical Administrative Policy Controlled Substances

Dr. Goodloe stated that controlled substance access was updated to paramedic only access and removed EMT, fleet mechanics or any non-clinical provider.

MOTION: Dr. David Smith

SECOND: Dr. Chad Borin

Aye:
Dr. Roxie Albrecht
Dr. Russell Anderson
Dr. Brandon Boke
Dr. Chad Borin
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. David Smith
Dr. Mike Smith

ABSENT
Dr. Barrett Bradt
Dr. John Nalagan
Dr. Keri Smith

9. Review and Approval of 2019 MCB Treatment Protocols

Protocol 2C – Airway Suctioning Removal of "tonsil tip" and replaced with "suction catheter" throughout entire protocol

Protocol 2F – Oral Intubation

- Under contraindications: added a total of three unsuccessful oral and/or nasal intubation attempts in the above settings. An intubation attempt has occurred when the tip of the endotracheal tube is advanced beyond the gum line or into a nostril. Attempts are counted per patient not per intubator.
- Change "Bougie" to "Flex-Guide" throughout entire protocol
- Added Flex-Guide suggested use on second attempt
- Added line item #9 Flex-Guide required on third intubation attempt
- Under Technique: added #1 Throughout the period pre-, during, post-intubation the patient must be continually monitored for hypoxia, bradycardia, or hypotension. Corrective measures, including BVM oxygenation should take priority over continuing the current intubation attempts.

Protocol 2H – Nasal Intubation removed "nare" and replaced with "nostril"

Protocol 3H – Waveform Capnography Under Troubleshooting Tips for EtCO2 monitoring table: added check patients pulse to EtCO2 values correction action box

Protocol 3M – Dyspnea – Croup – New protocol

Protocol 5A – Chest Pain – Uncertain Etiology Under the paramedic box removed the word "Opiate" and replaced with "Opioid"

Protocol 5F – Tachycardia – Stable Changed Valsalva Maneuver to Modified Valsalva Maneuver

Multiple Protocols Added standing order for pediatric pain management 1st dose: 1mcg/kg max 50mcg. Must call OLMC for ongoing doses. These changes are only reflected in:

- Extremity/Amputation Injury (10G)
- Burns (10L)

Protocol 10H – Tourniquet All steps were updated to reflect the application of the Generation 7 tourniquet.

Protocol 10I – Hemostatic Agents EMR/EMT box replaced apply topical hemostatic agent" with "pack wound with hemostatic agent"

Protocol 10L – Burns

- Treatment priority box - #4 added Do not delay transport for on scene IV fluids or medication
- Under EMT-I85/AEMT added the statement see weight-based fluid resuscitation table to avoid excessive fluid.
- Fluid resuscitation table was added for reference.

Protocol 10M – Title Change from Conductive Energy Weapon Related Management to Conducted Electrical Weapon Related Management

Protocol 14D – Informed Patient Consent/Refusal Change was to remove the word "are" and replaced with "may be" in this statement: The following patients may be considered **NOT** to have capacity to make medical decisions

Protocol 14G – Patient Prioritization

- Adult Trauma – Yellow/Priority II
    - Positive seatbelt sign or handlebar mark;
    - Fractures/dislocation; lacerations/avulsions with extensive tissue damage;

  - High voltage electrical injury;
  - Select & isolated hand injuries ("isolated" defined by the level of suspected injury involvement being no further proximal than the elbow).
- Adult Trauma – Discretionary Red/Priority I or Yellow/Priority II
  - Anticoagulation, bleeding disorders and/or significant comorbidities;
- Adult Trauma – Green/Priority III
  - Single proximal or distal long bone fractures without dislocation;
  - Isolated abdominal pain
- Pediatric Trauma – Red/Priority I by either physiological criteria (systolic BP < (70 + 2 x age of patient in years) mmHg, sustained tachycardia >160 bpm, respiratory rate <12 or >40, pulse oximetry<95% without supplemental oxygen, or GCS ≤ 12)
  - Penetrating injury of head, neck, torso, extremities proximal to elbow or knee;
  - Amputation proximal to the wrist or ankle;
  - Paralysis or suspected spinal fracture with neurological deficit;
  - Flail chest;
  - Unstable pelvis or suspected pelvic fracture;
  - Crushed, degloved, or mangled extremity, proximal to the wrist or ankle;
  - Pulseless extremity;
  - Two or more open fractures.
- Pediatric Trauma – Discretionary Red/Priority I or Yellow/Priority II
  - GCS of 13-14;
  - Two or more suspected proximal long - bone fractures;
  - Open or suspected depressed skull fracture;
  - Tender and/or distended abdomen/positive seatbelt sign or handlebar mark;
  - Suspected or known Non-Accidental Trauma in pediatric patients;
  - Tenderness to spine with palpation;
  - Isolated open fracture (excluding hand);
  - Significant laceration or soft tissue injury;
  - High voltage electrical injury;
  - Anticoagulation and bleeding disorders and/or significant comorbidities.

Protocol 16Q – Fentanyl Updated the formulary to reflect Protocol 10G & 10L 1mcg/kg up to 50 mcg per dose. Repeat dose(s) requires OLMC order.

Reference Updates:

- **Protocol 1C – General Supportive Care**
- **Protocol 1D – Trauma and Hypovolemic Shock Supportive Care**
- **Protocol 2D – Bag Valve Mask (BVM) Management**
- **Protocol 2F – Oral Intubation**
- **Protocol 4A – Resuscitation (CPR)**
- **Protocol 4C – Automated External Defibrillation (AED)**
- **Protocol 4F – Asystole**
- **Protocol 4G - Ventricular Fibrillation/Pulseless Ventricular Tachycardia**
- **Protocol 4H – Pulseless Electrical Activity (PEA) – Adult & Pediatric**
- **Protocol 5C – Acute Coronary Syndrome – Adult**
- **Protocol 5F – Tachycardia – Stable – Adult & Pediatric**
- **Protocol 6A – Stroke – Adult & Pediatric**
- **Protocol 7A – Behavior Disorder – Adult & Pediatric**
- **Protocol 8D – Acute Allergic Reactions – Adult & Pediatric**

- **Protocol 8E – Snakebites Pit Vipers (Rattlesnakes, Copperheads, & Mocassins) (Crotalinae Envenomation)**
- **Protocol 8F – Bee/Wasp Stings & Fire Ant Bites (Hymenoptera Envenomation)**
- **Protocol 10Oa – Spinal Motion Restriction**
- **Protocol 11A – Heat Illness**
- **Protocol 14D – Informed Patient Consent/Refusal**

MOTION: Dr. Russell Anderson SECOND: Dr. David Gearhart

Aye:
Dr. Roxie Albrecht
Dr. Russell Anderson
Dr. Brandon Boke
Dr. Chad Borin
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. David Smith
Dr. Mike Smith

ABSENT
Dr. Barrett Bradt
Dr. John Nalagan
Dr. Keri Smith

10. Review and Approval of June and July 2018 MCB Financial Statements

Dr. Goodloe stated that we finished year end of the 2017-2018 fiscal year under budget.

MOTION: Dr. David Smith SECOND: Dr. Brandon Boke

Aye:
Dr. Russell Anderson
Dr. Brandon Boke
Dr. Barrett Bradt
Dr. Jeffrey Dixon
Dr. Keri Smith
Dr. David Smith
Dr. Mike Smith
Dr. John Nalagan

ABSENT
Dr. Roxie Albrecht
Dr. Mark Blubaugh
Dr. Chad Borin

11. EMSA/AMR administrative and clinical QI program communication with hospital-based personnel and MCB physician notification – pilot project

Dr. Goodloe shared with the MCB physicians that the pilot program has not seen much communication thus far and we will continue to move forward with the pilot program. Dr. Goodloe stated that within the next 60 days all MCB physicians will be included on communications with their respective facility.

12. Information Items

13. New Business

14. Next Meeting – November 7, 2018

15. Adjournment

Upon Motion by Dr. Russell Anderson and seconded by Dr. Mike Smith, the Medical Control Board voted to adjourn the meeting at 11:30 am.

Approved By:
David Smith, MD
MCB Secretary

Date Approved: