

**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, January 4<sup>th</sup>, 2023, 09:00 am at EMSA Administrative Offices located at 6205 S. Sooner Road, Oklahoma City, OK 73135 and 1417 N. Lansing Avenue, Tulsa, OK 74106, linked via videoconference.

**NOTICE AND AGENDA** for the regularly scheduled meeting of the Medical Control Board of the Emergency Physicians Foundation, was posted in the Office of the Deputy City Clerk of Tulsa, Wednesday, December 21<sup>st</sup>, 2022, and in the Office of the City Clerk of the City of Oklahoma City on Wednesday, December 21<sup>st</sup>, 2022, more than 24 hours prior to the time set for the regularly scheduled meeting of the Medical Control Board.

- 1. Roll Call** disclosed a non-quorum at 09:02 am and the meeting was called to order by Dr. Russell Anderson. A quorum was established at 09:32.

MEMBERS PRESENT:

Dr. Russell Anderson  
Dr. Amanda Celi (arrival 09:32)  
Dr. David Gearhart  
Dr. John Nalagan  
Dr. Michael Padgham (new rep from OUMC ED)  
Dr. David Smith

MEMBERS ABSENT:

Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson  
Dr. Keri Smith  
Dr. Michael Smith

- 2. Review and Approval of November 2022 MCB Meeting Minutes**

After a quorum was established at 09:32, motion was made and seconded to approve the minutes of the September 2022 MCB Meeting.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. John Nalagan  
Dr. David Smith

ABSENT:

Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson  
Dr. Keri Smith  
Dr. Michael Smith

NAY:

None

ABSTAIN:

Dr. Amanda Celi  
Dr. Michael Padgham

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The motion is passed.

**3. EMSA President Report**

Ms. Johna Easley updated the MCB on EMSA response time compliance performance, evidenced in supplied reports within the January MCB agenda items. Ms. Easley referenced the continued focus on Priority 1 patient response time compliance deficits, particularly in the Western Division (metropolitan OKC). There has been remarkable improvement as shown in the monthly compliance reports for October and particularly for November. Multiple strategies include: a) ongoing use of non-911 BLS ambulances to help decompress hospital census, specifically patients being discharged to home/nursing home and requiring ambulance transport for medical necessity; b) utilization of contract paramedics to staff ALS ambulances for multiple month contracts. EMSA is now utilizing over 30 newly credentialed paramedics in metropolitan OKC, the majority (32) of these from its sourced labor company. The contract EMTs utilized by EMSA over several months of 2022 have now left, with three of that group choosing to stay as full-time EMT employees at EMSA.

Of note, patient volumes have also been rising in comparison to year prior at a historically unprecedented rate, with the metropolitan Tulsa area up 7% and the metropolitan Oklahoma City area up 10% compared to 2021.

The rise in patient volumes is felt to be particularly significant when evaluating response time performance. Ms. Easley shared with the MCB that the December compliance for Priority 1 responses, while not formally release yet in reporting, would be 76% for metropolitan OKC and 89% for metropolitan Tulsa. If 2021 patient volumes had been similar in 2022, the estimated Priority 1 response time compliance for metropolitan OKC in December 2022 would have been 91%.

An additional factor in response time compliance is hospital-initiated ED bed delay once EMSA ambulances arrive with patient(s) at the destination ED. Without such post-ED arrival delays, the estimated Priority 1 response time compliance for metropolitan Tulsa in December 2022 would have been 90%.

In comparison to January 2022, by December 2022, EMSA has added 18 additional ambulances in duty – based upon unit hours staffed – in metropolitan Oklahoma City and has added 11 additional ambulances in duty – based upon unit hours staffed – in metropolitan Tulsa.

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**4. Chief Medical Officer/Associate Chief Medical Officer Reports**

Dr. Goodloe updated the MCB on activities completed by the OMD team in the interim since the November MCB meeting.

Dr. Goodloe briefly highlighted the numerous meetings that the OMD team continues to have with all agencies within the EMS system, including orientation academies, monthly meetings with the EMSA Executive Team and Fire Chiefs from Oklahoma City, Tulsa, and Edmond, as well as the long-established monthly CQI meetings led by OMD. Additional meetings include: a weekly meeting with the EMSA CEO and COO with Dr. Goodloe to discuss the most important issues at EMSA, factoring this particularly dynamic time at EMSA as it works on the measures covered by Ms. Easley in her report to the MCB.

Dr. Goodloe reviewed the 911 BLS Ambulance Program to date, utilizing presentation materials that will be shared also with the EMSA Board of Trustees. Data analysis (and re-analysis of the “unstable vital signs” parameter) through November 2022 continues to show accuracy of MCB approved MPDS codes for the program correlate well with patient illness or injury successfully managed within the EMT scope of practice (as defined within the MCB Treatment Protocols) and are able to predict patients with rare need for RLS return to hospital, need for ALS assist as identified through ongoing EMD query of the 9-1-1 caller, or presence of unstable vital signs (as defined within the MCB Treatment Protocols). This now represents a full year of authorization of the 911 BLS program and the accuracy of the call volume estimation and its safety is very reassuring.

Dr. Goodloe reviewed recent field implementation of low titer O+ whole blood in metropolitan OKC. There have been 4 administrations in the first 30 days of the program, with three of the four meeting clinical criteria. Of note, all three patients meeting clinical criteria showed hemodynamic improvement prior to arrival at OUMC Trauma Center. Two of the three have survived to date, despite notably devastating injuries otherwise. OMD will initiate discussions in metropolitan Tulsa with a goal to initiate whole blood administration in mirror to metropolitan OKC mid-2023. Dr. Celii commented favorably about this program from the trauma surgery/inpatient care viewpoint.

Dr. Goodloe additionally reviewed results of needle thoracostomies performed by paramedics within the EMS system for the months of November and December 2022, indicating appropriate patient selection and procedural performance, with patient outcome information obtained from the respective trauma centers in Oklahoma City (pending at OUMC) and Tulsa (confirmed at SFH).

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Dr. Goodloe advised the MCB that albuterol for nebulization therapy is in a nationwide shortage until at least the Second Quarter of 2023 based upon information received just yesterday. Agencies within the EMS system are reporting that they will be low in stock within the coming weeks. Dr. Goodloe will send out an emergency substitution authorization communication for levalbuterol 1.25 mg to replace albuterol 2.5 mg until such time albuterol nebulization is able to be readily supplied.

Dr. Goodloe also advised the MCB on the influence of xylazine as an adulterant to opioids. There is an increasing prevalence of xylazine across the United States. The clinical impact is that in xylazine-adulterated opioid toxidromes, naloxone will continue to restore proper respiratory activity and mechanics, but the patient will remain sedated, often for hours, due to the xylazine sedative effect. This will have impact in terms of more patient transports to EDs while xylazine is being metabolized and longer stays in the EDs for those same patients for the same required time of metabolization. Hence, more patient transports and more ED bed delays due to crowded EDs are anticipated. Dr. Goodloe will send out a memo advising EMS clinicians in the system to help educate them about xylazine effects. While there is a lab assay available to detect xylazine, the results are most typically 2-3 days after obtaining a blood sample, hence not useful for EMS and emergency medicine needs.

As part of the CMO/Associate CMO Report, Dr. Goodloe and Dr. Knoles invited OKCFD Chief Richard Kelley (or his designee) and TFD Chief Michael Baker (or his designee) to share updates with the MCB regarding EMS activities within their fire departments. OKCFD reported on its participation in the whole blood administration program started within the past 45 days and its ongoing work in continuing EMS education to help keep its personnel eligible for NREMT certifications and OSDH licenses annually. TFD reported work in developing new services for EMS system "high frequency utilizers," a 133% increase in naloxone administrations compared to 2021, and that with graduates of a new paramedic class in process they will be above minimum paramedic staffing for the first time in at least 5 years.

**5. Review and Approval of MCB Date Change from May 3 to May 10, 2023, at 0900.**

A motion was made and seconded to approve the following date change in the 2023 MCB meetings, with this meeting to start at 0900 hours, locations to remain the same:

Change from May 3 to May 10, 2023

AYE:

Dr. Russell Anderson  
Dr. Amanda Celii

ABSENT:

Dr. Chad Borin  
Dr. Barrett Bradt

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Dr. David Gearhart  
Dr. John Nalagan  
Dr. Michael Padgham  
Dr. David Smith

Dr. Jeffrey Johnson  
Dr. Keri Smith  
Dr. Michael Smith

NAY:  
None

The motion is passed.

**6. Review and Approval of October 2022 and November 2022 MCB Financial Statements**

Dr. Goodloe presented the financial statements to the MCB, discussing revenue and expenses of the fourth and fifth months of FY 2022-2023.

A motion was made and seconded that the MCB approve the October 2022 and November 2022 MCB Financial Statements.

AYE:  
Dr. Russell Anderson  
Dr. Amanda Celii  
Dr. David Gearhart  
Dr. John Nalagan  
Dr. Michael Padgham  
Dr. David Smith

ABSENT:  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson  
Dr. Keri Smith  
Dr. Michael Smith

NAY:  
None

The motion is passed.

**7. Information Items**

**8. New Business**

**9. Next Meeting – March 1<sup>st</sup>, 2023**

**10. Adjournment**

Upon Motion by Dr. Russell Anderson, the Medical Control Board voted to adjourn the meeting at 10:36 am.

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Approved By:  
Keri Smith, MD  
MCB Secretary

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Date Approved: