

**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, November 11, 2015 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, November 9, 2015 and in the Office of the City Clerk of the City of Oklahoma City on November 9, 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 10:04 am and the meeting was called to order by Dr. Mike Smith.

MEMBERS PRESENT:

Dr. Roxie Albrecht
Dr. Mark Blubaugh
Dr. Barrett Bradt
Dr. Curtis Knoles
Dr. John Nalagan
Dr. David Smith
Dr. Mike Smith
Dr. Jeffrey Dixon

MEMBERS ABSENT:

Dr. Brandon Boke
Dr. Chad Borin
Dr. Michele Fowler

OTHERS PRESENT:

Dr. Jeffrey Goodloe, OMD
David Howerton, OMD
Duffy McAnallen, OMD
Howard Reed, OMD
Jennifer Jones, OMD
Jamil Rahman, OMD
Andrew Eaton, ISMC
Theron Risinger, ISMC
Munim Deen, ISMC
Sarah DeBord, ISMC
Elizabeth Magann, ISMC
Kristen Warrock, ISMC
Josh Medred, ISMC
Hunter Cook, ISMC
Ryan Lynch, ISMC

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2. Review and Approval of September 2015 MCB Meeting Minutes

MOTION: Dr David Smith

SECOND: Dr Curtis Knoles

ABSENT: Dr. Brandon Boke
Dr. Chad Borin
Dr. Michele Fowler

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

3. EMSA President Report

Dr. Smith reported Mr. Williamson was not in attendance. However, Dr. Goodloe stated that AMR is in compliance with the EMSA contractor agreement. Dr. Goodloe also reported on the divert reports to the MCB.

4. Medical Director Report

Dr. Goodloe commented on the meeting being held on Veterans Day. There was some concern by parties that we are having a meeting on Veterans day. Mr. Koepsel our attorney is here and it is legal to have the meeting. MCB did discuss the date and voted to keep it as scheduled. EMSA & Fire Dept personnel are not required to attend our meetings.

Dr Fowler will be resigning her position on the MCB Board at the end of December. We will have an EPF meeting in January to elect a new position to the MCB from either St Francis Hospital South or Hillcrest South.

Dr. Goodloe put out a memo in regards to Dr. Braithwaite resigning her position effective at the end of December. She has really helped with strategic planning and putting together the Spinal Motion Restriction Protocol in the several months she has been here as the Associate Medical Director.

EMS personnel new and biannual credentialing is going on now. ResQCPR is moving forward. Tulsa Fire Department is going through training at this time, however, all other agencies are using the ResQPump. Dr. Goodloe discussed how we have been using the

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ResQPod for some time and how adding the pump has improved skin color, SPO2 and EtCO2 indicators during resuscitation. It is too early to say if it has made a difference in our outcomes, however we haven't seen any indication of worsening outcomes. Our feedback has mainly been positive, the only concern being the loss of suction on the chest during the decompression phase of ResQPump use. We have looked into it and it seems to be related primarily to a few technique issues that can be easily correctable with further training. Zoll has told us this is what they have seen during the trial with the device in the mid 2000s.

We have made a conscious decision to hold off on new protocols for this meeting. New protocols and changes to protocols will be brought to the upcoming meetings. A couple of protocol changes to be discussed by the MCB in the near term will be relating to defibrillation strategies. 1) Changing the joules to 360J for all defibrillations of adults. 2) Double sequential defibrillation, utilizing 2 defibrillators in tandem discharge. This strategy has been used in different systems such as New Orleans, Wake County, Ft. Worth, etc. Howard Reed has found that with need for 7 defibrillations or more there is no survival in our system.

Dr. Goodloe mentioned there is not yet definitive action regarding the Associate Medical Director position after Dr. Braithwaite leaves, however there is money from the EMSA/AMR budget contract for the position.

Associate Medical Director Report

No Comments made as Dr. Braithwaite was not in attendance.

Dr. Mike Smith brought up OU divert hours. Dr. Albrecht discussed the issues with OU divert. Dr. David Smith spoke about defibrillation protocols, vectors of defibrillation energy, and the impedance threshold impact. Dr. David Sandler the cardiac electrophysiologist at Hillcrest agrees with the intended strategies and supports our EMS system doing both. We cannot measure the transthoracic impedance, however, monitors that could read the VF waveform and make the decision when to shock the patient are in development, though likely still a few years away. There is a physical change in patient size today. Patients are just larger than they use to be. Double sequential external defibrillation has proven helpful in the EP lab in the hospital setting, though there is no hard science yet on when to use it after 1 regular defibrillation, after 3 defibrillations, etc.

Dr. Smith asked how many cardiac arrest patients in ventricular fibrillation are converted at 200J versus a higher setting. He asked if we could get that information from Howard Reed doing an analysis. Howard discussed that we would pursue such analysis for the MCB.

Dr. Knoles asked what hospitals are doing when EMSA arrives doing CPR with the ResQPump. Does the facility continue with the device or go back to manual CPR? Dr. Goodloe replied that some keep using it and some go back to standard CPR.

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Dr. Knoles asked can we track if facilities are using it when we arrive with a patient. Dr. Goodloe explained that during transport to a hospital 90% of CPR is manual CPR. Safety is our first concern and if the crew is able to use the ResQPump safely they will use it, however, if movement in the back of the unit is enough to cause fall concerns, they will use standard manual CPR. There is a mixture of cases while in transport.

5. Review and Approval of August and September 2015 MCB Financial Statements

MOTION: Dr. Blubaugh

SECOND: Dr. Nalagan

ABSENT: Dr. Brandon Boke
Dr. Chad Borin
Dr. Michele Fowler

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

6. Review and Approval of MCB Meeting Calendar 2016

MOTION: Dr. Knoles

SECOND: Dr. Nalagan

ABSENT: Dr. Brandon Boke
Dr. Chad Borin
Dr. Michele Fowler

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

7. Information Items

None at this time

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8. New Business

None at this time

9. Next Meeting – January 6th, 2016

10. Adjournment

Upon Motion by Dr. Mike Smith and seconded by Dr. David Smith the Medical Control Board voted to adjourn the meeting at 11:08 a.m.

Approved By:
Curtis Knoles, MD
MCB Secretary

Date Approved: