

**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, March 10th, 2021 10:00 am via videoconference.

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, Friday, March 5th, 2021 and in the Office of the City Clerk of the City of Oklahoma City on Friday, March 5th, 2021 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 at 10:00 am and the meeting was called to order by Dr. Chad Borin.

MEMBERS PRESENT:

Dr. Roxie Albrecht (joined approx. 10:10 am)
Dr. Russell Anderson
Dr. Chad Borin
Dr. Barrett Bradt
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. John Nalagan
Dr. Karyn Koller
Dr. David Smith
Dr. Keri Smith

MEMBERS ABSENT:

Dr. Michael Smith

2. **Review and Approval of November 2020 MCB Meeting Minutes**

A motion was made and seconded to approve the Minutes of the November 2020 MCB Meeting, the MCB voted to approve the minutes from the November 2020 MCB Meeting.

AYE:

Dr. Russell Anderson
Dr. Chad Borin
Dr. Barrett Bradt
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. John Nalagan
Dr. Karyn Koller
Dr. David Smith
Dr. Keri Smith

ABSENT:

Dr. Roxie Albrecht (at vote time)
Dr. Michael Smith

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NAY:

None

The motion is passed.

3. EMSA President Report

EMSA Deputy Chief of Operations John Graham reviewed AMR contractor compliance with response times for the months of October 2020 and November 2020 in the Eastern and Western Divisions. Deputy Chief Graham additionally reviewed EMSA compliance with response times for the months of December 2020 and January 2021 in the Eastern and Western Divisions.

4. Chief Medical Officer/Associate Chief Medical Officer Reports

Dr. Goodloe highlighted the work of OMD and EMSA District Chiefs to keep diversion hours at all hospitals to a minimum and the diversion reports for October 2020, November 2020, December 2020, and January 2021 were referenced. Dr. Goodloe highlighted the ongoing work of the EMS system through the SARS-CoV-2 pandemic, citing OMD publishing an additional 16 COVID-19 Updates since the last MCB meeting. The majority of front-line EMS professionals have now been vaccinated against the SARS-CoV-2 virus.

Duffy McAnallen updated the MCB on weather-related EMS system operations, assisted by the OMD Weather-Induced Temporary Alterations to Clinical Standards General Orders.

Matt Cox presented the Calendar Year 2019 Cardiac Arrest report. This report will be posted on the MCB/OMD website and will be highlighted to all system clinical and administrative personnel as well as communicated to local government officials. The 2019 Utstein (witness cardiac arrest, bystander CPR, defibrillation indicated dysrhythmia on first EMS arrival) survival to discharge result is a remarkable 41.4% with over 93% neurologically intact! This represents the second highest percentage survival in the history of this EMS system.

5. Review and Approval of Protocol

- **2B: Airway Establishment Obstruction Management Adult and Pediatric**
- **2E: Supraglottic Airways Adult and Pediatric**
- **2F: Oral Intubation Adult**
- **4I: Specific Causes of Cardiac Arrest Adult and Pediatric**
- **4N: EleGARD® Head Up CPR**
- **13D: Complications of Pregnancy Adult**
- **16CC: Magnesium Sulfate**
- **16GG: Naloxone (Narcan®)**
- **16MM: Sodium Bicarbonate**
- **17B: MCB Categorization of Hospitals**

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David Howerton reviewed the summary of changes in draft protocols as follows:

2B: Added nasogastric tube/orogastric tube insertion as a treatment priority with I gel airway placement or Intubation.

2E: Added instructions for “Grasp the I-gel™ along the integrated bite block and lubricate the back, sides, and front of the cuff with a thin layer of lubricant on Page 2E.2; changed reference to nasogastric tube to correct orogastric tube throughout document; and added instructions for “Preload OG tube in the OG suction port, once I-gel is in place advance OG to appropriate position, apply suction to decompress the stomach and secure the tube with strap provided.” for Figure 4 on Page 2E.3

2F: Added instructions for “Post-Endotracheal Intubation Additional Care: Place a nasogastric or orogastric tube to intermittent suction in order to alleviate gastric air/distension. This will improve oxygenation/ventilation and decrease risk of aspiration.” on Page 2F.4

4I: Removed “Pre-Existing Acidosis - Sodium Bicarbonate 1meq/kg IVP/IOP (Max 50 mEq)” due to non-clinically indicated widespread utilization of sodium bicarbonate by system paramedics in this setting as determined by cardiac arrest resuscitation analytics per OMD Division Chief Cox.

4N: New Protocol EleGARD® Head Up CPR – this was detailed by Dr. Goodloe, referencing the presentation at the November 2020 MCB meeting with this protocol expected at the next MCB meeting for passage at that time (which is today)

13D: Added intramuscular dosing route for magnesium sulfate for eclampsia, when IV/IO access cannot be obtained.

16CC: Added indication for Complications of Pregnancy(13D) - Reconstitute 1 gram with 2 ml NS and administer 1 mL IM via two unique injection sites if unable to establish IV/IO access to be consistent with 13D.

16GG: Added “Naloxone should not be administered unless there is a known or suspected narcotic substance use or abuse.” due to non-clinically indicated widespread utilization of naloxone by system EMS personnel in the setting of altered mental status as determined by OMD clinical care reviews.

16MM: Removed indication from the first paragraph under (Actions/Pharmacodynamics) - a preexisting metabolic acidosis to be consistent with 4I.

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17B: Returned all prior categorizations to Integris-Portland Hospital before their requested categorization in May 2020 to a free-standing ED status related to pandemic operations.

A motion was made and seconded that the MCB approve the recommended changes to protocols 2B, 2E, 2F, 4I, 4N, 13D, 16CC, 16GG, 16MM, and 17B as detailed in the summary of changes presented.

AYE:

Dr. Roxie Albrecht
Dr. Russell Anderson
Dr. Chad Borin
Dr. Barrett Bradt
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. John Nalagan
Dr. Karyn Koller
Dr. David Smith
Dr. Keri Smith

ABSENT:

Dr. Michael Smith

NAY:

None

The motion is passed.

**6. Review and Approval of MCB/OMD Clinical Administrative Policy/Office
Administrative Policy**

- **CAP: EMS Provider Credentialing Policy**
- **CAP: OMD Weather-Induced Temporary Alterations to Clinical Standards
General Orders**
- **CAP: OMD Vehicle Equipment List**
- **OAP: MCB-OMD Travel Policy – New Policy**
- **OAP: Chief Medical Officer/Medical Director Continuity Plan – New Policy**

Dr. Knoles reviewed these draft policies that reflect periodic review/update indicated for all MCB/OMD administrative policies. In addition, a new credential of Administrative Paramedic (APM) with indicated criteria was added to the credentialing policy. General Order 6 to allow for non-ambulance transport in extreme physical conditions was added into the Weather-Induced Temporary Alterations to Clinical Standards. The OMD vehicle equipment list is revised to include all Oklahoma State Department of Health (OSDH) minimally required items for an EMRA organization. The travel policy helps to codify reimbursement policy for official OMD business travel expenses. The continuity plan fulfills a requirement for EMS licensees by OSDH.

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A motion was made and seconded that the MCB approve the referenced administrative policies as above.

AYE:

Dr. Roxie Albrecht
Dr. Russell Anderson
Dr. Chad Borin
Dr. Barrett Bradt
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. John Nalagan
Dr. Karyn Koller
Dr. David Smith
Dr. Keri Smith

ABSENT:

Dr. Michael Smith

NAY:

None

The motion is passed.

7. Review and Approval of September, October, November, December 2020 and January 2021 MCB Financial Statements

Dr. Goodloe presented the financial statements to the MCB, discussing revenue expectations from cities that utilize EMT-185/AEMT and/or Paramedics in their fire departments. He highlighted cessation of AMR source monies in revenue, given EMSA termination of AMR effective November 30, 2020. Dr. Goodloe discussed expenses accounting and clarified an inadvertent error by EMSA financial services in placing Handtevy System app annual costs under "Equipment/Supplies" rather than its correct budget line-item center as "Professional Services" and asked that a motion be made to accept the statements with that revision to be made in all statements.

A motion was made including the referenced revisions to be made and seconded that the MCB approve the September, October, November, December 2020 and January 2021 MCB Financial Statements.

AYE:

Dr. Roxie Albrecht
Dr. Russell Anderson
Dr. Chad Borin

ABSENT:

Dr. Michael Smith

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Dr. Barrett Bradt
Dr. Jeffrey Dixon
Dr. David Gearhart
Dr. John Nalagan
Dr. Karyn Koller
Dr. David Smith
Dr. Keri Smith

NAY:

None

The motion is passed.

8. Information Items

9. New Business

10. Next Meeting – May 12, 2021

11. Adjournment

Upon Motion by Dr. Chad Borin, the Medical Control Board voted to adjourn the meeting at 11:14 am.

Approved By:
David Smith, MD
MCB Secretary

Date Approved: