

**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, May 11<sup>th</sup>, 2022, 10:00 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, Friday, May 6<sup>th</sup>, 2022, and in the Office of the City Clerk of the City of Oklahoma City on Friday, May 6<sup>th</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 quorum at 10:03 am and the meeting was called to order by Dr. Russell Anderson.

MEMBERS PRESENT:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. John Nalagan (arrived later)  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

MEMBERS ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson

2. **Review and Approval of January 2022 MCB Meeting Minutes**

A motion was made and seconded to approve the minutes of the January 2022 MCB Meeting. The MCB voted to approve the minutes from the January 2022 MCB Meeting.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson  
Dr. John Nalagan

NAY:

None

The motion is passed.

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**3. Review and Approval of March 2022 MCB Meeting Minutes**

A motion was made and seconded to approve the minutes of the March 2022 MCB Meeting. The MCB voted to approve the minutes from the March 2022 MCB Meeting.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson  
Dr. John Nalagan

NAY:

None

The motion is passed.

**4. EMSA President Report**

Ms. Easley updated the MCB on EMSA advances in response time compliance, evidenced in supplied reports within the March and May MCB agenda items, notably reduced reliance on mutual aid (down 80%+) from other EMS agencies outside the EMS system, and increasing availability of 911 BLS ambulances for 911 BLS calls, further enabling increasing availability of ALS ambulances for ALS calls. Utilization of non-911 BLS ambulances is helping to create more abilities of 911 BLS ambulances and ALS ambulances as designed. She did note that the early 1/3 of May has been showing an increasing number of 911 medical calls, increases in the hours of hospital/ED initiated bed delays, and an increase in employee call outs off shift for various reasons.

**5. 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 March MCB "information items only" meeting.

He advised the MCB physicians that he issued two executive orders: The first on March 24<sup>th</sup> allowed entry level EMDs to be EMRs instead of EMTs, though lead and supervisory EMDs will continue to require EMT or above in clinical credential. This was done to expand the pool of eligible hires for needed 911 medical dispatch positions in both cities, particularly Oklahoma City. Also, the executive order established the Non-911 BLS EMT credential, for ambulance duty primarily serving hospital to home/nursing home transports. EMSA has contracted with 20+

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EMTs for this role and their contract started just days after the March MCB meeting. This was at the request of EMSA and could not be approved by the MCB in March due to lack of quorum. The second on April 30<sup>th</sup> detailed an immediate change in pediatric categorization for St. John Medical Center in Tulsa as the hospital is ceasing nearly all inpatient pediatric care, thus changing in Peds General Medical from a Level II to Level IV and in Peds Trauma from a Level II to Level III. The hospital is an American College of Surgeons designated Level II Trauma Center and by that definition will continue to provide trauma services for patients 15 years of age and older. Both executive actions will be recommended in protocol changes to follow in this agenda.

Dr. Goodloe briefly highlighted the numerous meetings that the OMD team continues to have with all agencies within the EMS system, including orientation academies, biweekly 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; EMSA, OKCFD, and OMD meetings to discuss system infrastructure specific to Oklahoma City, and Bixby FD, EMSA, and OMD discussions about the transition planned for Bixby FD to provide ambulance services in early 2024.

Dr. Goodloe also updated the MCB physicians that the inquiry to interventional cardiologists he sent in January asking for their input into EMS administered ticagrelor for confirmed acute STEMI patients yielded few replies and conflicting answers. With little interest and no clear directive, Dr. Goodloe advised the MCB it would be best to close further investigation into the matter unless further literature re-opens interests.

## **6. Review and Approval of Protocol**

The OMD team prepared recommended protocol updates, with MCB physicians discussing and revising as included in these descriptions of updates per protocol:

### **Protocol 3K: Non-Invasive Positive Pressure Ventilation (NIPPV) – Adult & Inter-Facility Pediatric**

Added “Inter-Facility Pediatric” to the title. Updated pictures to show new ventilator model. Changed name of ventilator model from 731 to Zoll Z Vent. Added “Pediatric Dyspnea - Inter-Facility Continuation of Care” to list of indications. Added “Pediatric dyspnea-Non-Inter-Facility/Non-Continuation of Care” to the list of contraindications. Added under Technique and Circuits **\*\*\*Ventilator use in pediatrics restricted to inter-facility transport only.\*\*\*** Given that EMSA has already taken delivery of these new ventilator models, the effective date is 5/11/22.

### **Protocol 3L: Mechanical Ventilation – Adult & Inter-Facility Pediatric**

Added “Inter-Facility Pediatric” to the title. Updated pictures to show new ventilator model. Changed name of ventilator model from 731 to Zoll Z Vent. Added “Pediatric Dyspnea - Inter-Facility Continuation of Care” to list to indications. Added “Pediatric dyspnea-Non-Inter-

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Facility/Non-Continuation of Care” to the list of contraindications. Added under Technique and Circuits \*\*\***Ventilator use in pediatrics restricted to inter-facility transport only.**\*\*\* Updated the parameters of “custom” setting for cardiac arrest mechanical ventilation care. Given that EMSA has already taken delivery of these new ventilator models, the effective date is 5/11/22.

**Protocol 4G: Ventricular Fibrillation & Pulseless Ventricular Tachycardia – Adult & Pediatric**

Amiodarone for post-ROSC administration is clarified to be given “150mg IVPB (add to 100mL NS bag, infuse over 10 minutes)” as opposed to currently given in slow IVP form. The effective date is 8/1/22.

**Protocol 9D: Pain Management Medical (Acute Onset & Chronic Type) – Adult & Pediatric**

Added “Medical” in the title. Paramedics have asked for clarification of this being focused on medical illness types of pain, not traumatic injury types of pain, given that there is no OLMC requirement to administer fentanyl to pediatric trauma patients. The effective date is 8/1/22.

**Protocol 10H: Tourniquet – Adult & Pediatric**

Replaced prior version(s) pictures to depict the CAT-GEN-7 tourniquet being carried on system apparatus. The effective date is 8/1/22.

**Protocol 10Q: Field Amputation**

New protocol for field amputation, based upon after action review of prior field amputations. This version is more specific to metropolitan Oklahoma City and with further training exercises based upon its content, a future version will be brought to the MCB to include similar information applicable to metropolitan Tulsa. The effective date is 8/1/22.

**Protocol 14J: Scene Coordination**

Revised to address concerns by some paramedics about their ability to transfer care to 911 BLS EMTs if the patient’s EMS care needs are within the BLS scope of practice. The revised protocol now contains:

“Special Note: ALS First On-Scene at 911 BLS Assigned Response

In the rare instance that a system credentialed ALS provider is first on scene of a 911 BLS assigned response, they should assess all patients and determine if there is a need for the response to be upgraded to an ALS level call. If ALS care is needed, the ALS provider will assume charge of and direct patient care, until transitioning ALS care to an ALS transport unit based paramedic (if applicable). If the ALS provider determines that no ALS-only scope of practice patient care is required, the ALS provider can transition care to the 911 BLS EMTs. The transporting EMTs shall verbally acknowledge receiving transition of care, then assume BLS scope of practice patient care.” The effective date is 8/1/22.

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**Protocol 17A: Destination Determination**

The changes reflect for Pediatric General Medical (page 17A.5) that St. John Medical Center is removed from Priority 2 Assigned and Unassigned due to changes in inpatient pediatric services offered. As this change is already effective at St. John Medical Center, the effective date is 5/11/22.

Further changes reflect for Neonatal Medical (page 17A.7) that Mercy Hospital Oklahoma City is removed from Level I due to changes in inpatient neonatal services offered. As this change is already effective at Mercy Hospital Oklahoma City, the effective date is 5/11/22.

Additional changes reflect a nomenclature change requested by Integris Health that Integris Baptist Medical Center be termed Integris Baptist Medical Center – NWE (abbreviation stands for Northwest Expressway) and that Integris Baptist Medical Center Portland Campus or Deaconess be termed Integris Baptist Medical Center – PA (abbreviation stands for Portland Avenue). The effective date is 5/11/22.

**Protocol 17B: Table, Categorization of Hospitals**

Changes include: St. John Medical Center from a Pediatric Medical Level 2 to a 4, Pediatric Trauma from Level 2 to a 3; Mercy Hospital - Oklahoma City from a Level 1 to a Level 2 Neonatal; Nomenclature change requested by Integris Health that Integris Baptist Medical Center be termed Integris Baptist Medical Center – NWE (abbreviation stands for Northwest Expressway) and that Integris Baptist Medical Center Portland Campus or Deaconess be termed Integris Baptist Medical Center – PA (abbreviation stands for Portland Avenue).

There is an explanatory text section describing the limitations of inpatient pediatric care capabilities at Saint John Medical Center.

Updated revision also includes for OU Medical Center that “Labor and Delivery Services should only receive pregnant women with an obstetrical complaint and a gestational period greater than 16 weeks.” reflecting a change to 16 weeks from 20 weeks.

Updated revision also includes for OU Medical Center Dean McGee Eye Institute that “OUMC is affiliated with Dean McGee Eye Institute. Adult patients with isolated ocular trauma with loss of vision, change in the appearance of the eye, or severe ocular pain should be transported to OUMC for most expeditious access to ocular services.” This reflects adult patient instruction as pediatric patients would be expected to be transported to The Children’s Hospital. Removal of “Presbyterian Tower” is made as well as such nomenclature is now dated.

The effective date is 5/11/22.

**Protocol 17M: Blood Sample Collection for Law Enforcement – Adult & Pediatric**

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New protocol for blood sample collection for law enforcement. This protocol was requested by the Oklahoma Highway Patrol. This protocol may serve as a basis for other EMS systems to adopt similar protocol. Of particular note, the protocol allows EMT-I, Advance EMT, or Paramedic scope of practice personnel to obtain blood samples, but does not compel them to do so. Further revision was made in discussion with the MCB, with verification from OHP legal counsel, that patients may refuse such blood sampling on-scene. The protocol had additional language added in point #3 to now read:

“EMS personnel are allowed, but not required, to perform blood collection requested by a law enforcement officer **and consented to by the patient**. If on-scene disagreement occurs between EMS personnel and law enforcement officers specific to the immediacy of medical care and/or EMS transportation needs, provide care within MCB Treatment Protocols and contact OMD for on-line consultation. Such consultation may include discussion by OMD with the ranking law enforcement officer on scene and/or supervising an arrest (if applicable). Medical decisions are to be made by EMS personnel (which may include OMD consultation).”

The effective date is 8/1/22.

A motion was made and seconded that the MCB approve the recommended Treatment Protocol changes as detailed above.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson

NAY:

None

The motion is passed.

**7. Review and Approval of MCB/OMD Clinical Administrative Policy:**

**CAP: EMS Provider Credentialing**

The revisions brought to the MCB reflect the executive orders made by Dr. Goodloe covered in his earlier report to the MCB today. These revisions allowed entry level EMDs to be EMRs instead of EMTs, though lead and supervisory EMDs will continue to require EMT or above in clinical credential. This was done to expand the pool of eligible hires for needed 911 medical dispatch positions in both cities, particularly Oklahoma City. Also, the executive order

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established the Non-911 BLS EMT credential, for ambulance duty primarily serving hospital to home/nursing home transports. EMSA has already contracted with 20+ EMTs for this role and their contract started just days after the March MCB meeting.

The effective date is 5/11/22.

A motion was made and seconded that the MCB approve the recommended Clinical Administrative Policy changes, established by recent CMO Executive Order, as detailed above.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson

NAY:

None

The motion is passed.

**8. Review and Approval: 911 BLS Ambulance Program Extension**

Dr. Goodloe reviewed the 911 BLS Ambulance Program operations to date, specifically including the months of December 2021-March 2022, utilizing data supplied on time, per MCB specifications, from EMSA. The operations reflect the correct use of MCB defined Medical Priority Dispatch System determinants, with expected low rates of clinically needed return to hospital using red lights and siren (RLS), ALS assist activated by 911 BLS ambulance EMTs, and unstable patient vital signs.

On the basis of clinical appropriateness and EMSA compliance with MCB specifications, Dr. Goodloe recommended that the MCB extend approval of the 911 BLS Ambulance Program until May 31, 2023 with the ability for the CMO to immediately remove any MPDS determinant if needed for patient safety reasons and/or to immediately suspend the entire program if needed for patient safety reasons with timely reporting to the MCB. EMSA is also required to continue supplying OMD the operational clinical data every 2 months on the established schedule.

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A motion was made and seconded that the MCB approve the recommended extension of approval of the 911 BLS Ambulance Program, as detailed above.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson

NAY:

None

The motion is passed.

**9. Review and Approval of OMD FY 2022-2023 Budget**

Dr. Goodloe presented the draft MCB/OMD FY 2022-2023 budget, highlighting the inclusion of a masters in statistics FTE to join the OMD staff to further advance clinical analysis of care and research presentations. The expenses line items are essentially the same as in FY 2021-2022 otherwise. Dr. Goodloe will present the approved budget to the city councils of Oklahoma City and Tulsa in the following weeks for their review and action, required to make the budget active.

A motion was made and seconded that the MCB approve the recommended MCB/OMD FY 2022-2023 budget.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Keri Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson

NAY:

None



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The motion is passed.

**10. Review and Approval of December 2021, January 2022, February 2022, and March 2022 MCB Financial Statements**

Dr. Goodloe presented the financial statements to the MCB, discussing revenue and expenses FY 2021-2022 to date.

A motion was made and seconded that the MCB approve the December 2021, January 2022, February 2022, and March 2022 MCB Financial Statements.

AYE:

Dr. Russell Anderson  
Dr. David Gearhart  
Dr. Karyn Koller  
Dr. John Nalagan  
Dr. David Smith  
Dr. Michael Smith

ABSENT:

Dr. Roxie Albrecht  
Dr. Chad Borin  
Dr. Barrett Bradt  
Dr. Jeffrey Johnson  
Dr. Keri Smith

NAY:

None

The motion is passed.

**11. Information Items**

Dr. Goodloe shared that the OMD team is working to get appropriate approvals for MCB physicians to be paid a modest stipend of \$250 per meeting attended. This amount is a fraction of the market value of experienced emergency physician hourly time, also factoring time that is involved pre/post meeting for travel to the meeting locations. All MCB physicians in attendance commented that while the work and its gesture of respect is well appreciated, that work on the MCB is considered a part of their work as ED Medical Director or ED Medical Director designee to the MCB. The OMD received the feedback and will not pursue additional work in this regard unless/until directed otherwise. The MCB/OMD budget for FY2022-2023 approved today by the MCB does not contain any monies for MCB physician meeting attendance stipends.

**12. New Business**

**13. Next Meeting – July 13<sup>th</sup>,2022**

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**14. Adjournment**

Upon Motion by Dr. Russell Anderson, the Medical Control Board voted to adjourn the meeting at 12:05 pm.

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Approved By:  
David Smith, MD  
MCB Secretary

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Date Approved: