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Update 44 - COVID-19 – From Office of the Medical Director 14SEP2020 1000

To: All EMS Personnel in the EMS System for Metropolitan Oklahoma City & Tulsa

#### **Key Content:**

- **Educational Resources – The Osterholm Update – Episodes 22 and 23**
- **Exposure Therapy – Say What? – The Washington Post**
- **More Than a Vaccine – The New Yorker**

We're back! You didn't think Updates – COVID-19 were going away, did you? You surely didn't wonder if viral pandemic news stopped. It didn't. My pandemic research has continued to catalogue the news important for us, so you won't miss a bit of it. Just keep on reading.

If you did wonder if I was spending some "off" time, I can assure you, faithful readers, I won't be off until this viral pandemic is off all our shoulders. For those of you working so diligently in treating patients that your time doesn't allow for seeing some of the "behind the frontline" aspects of our EMS system and for those readers that aren't in EMS uniform, I'll briefly summarize some of the other work that displaced the otherwise scheduled Updates 44 and 45 in these past 2 weeks:

It's important to remember that to date over 90% of patients treated by our EMS system professionals are fortunately NOT suspected or confirmed COVID-19 patients. People still have heart attacks, strokes, seizures, diabetic emergencies, gunshot wounds, and motor vehicle collisions (and a bunch of other emergency illnesses or injuries) that aren't related to this pandemic.

I'm particularly proud of the commitment our EMS system makes in keeping our clinical standards of care both evidence-based (science drives our practice of EMS Medicine) and up to date for ALL patients. We most often update at least one part of our practice of EMS Medicine every time our physician advisory board, the Medical Control Board (MCB for short), meets. In other words, we're updating the care that patients receive nearly every 2 months. We've done the research; no other large, urban EMS system in the US updates more than us or as often as us. That's a huge responsibility shared by everyone in our EMS system – from medical oversight to the newest EMT on the street. We owe it to our patients. I'm proud of the 4,000+ dispatchers, EMTs, Advanced EMTs, and Paramedics (aka YOU) for honoring that commitment in each patient encounter.

Even with the frequency of updating our system's clinical standards of care, we do a "master reset" of all treatment protocols annually. This involves intensely reviewing every single protocol and indexing it to relevant research published in a peer-reviewed medical journal within the past 12 months. I'm pleased to share that Dr. Curtis Knoles, our system's Associate Chief Medical Officer, and I reviewed over 500 such research manuscripts published between July 1, 2019 and August 15, 2020,

selecting over 25 of those for further validation of our system's clinical standards of care. These resources were all approved by the MCB just a few days ago. The 2021 MCB Treatment Protocols are ready for release, to be effective January 15, 2021. Expect that we'll continue to develop new treatment capabilities throughout the coming 12 months as science, logistics, and fiscal realities (public safety organization budgets) allow.

Another major project occupying substantial analysis in these past 2 weeks involved prioritization of calls to 9-1-1 for emergency medical care. As most can easily understand, concern about a whether an ankle could be broken from an injury 2 days ago isn't given the same weight as concern about someone suddenly collapsing and not breathing. Triage doesn't just happen in hospital emergency departments; it happens from the moment the 9-1-1 call is picked up.

Most folks might assume there would be 15-20, maybe even 25-30 types of EMS calls, each needing prioritization, so we can quickly and safely respond with fire apparatus and ambulance, doing the most good for the most people possible. There are definitely 30 ways to categorize EMS calls... plus over 1500 more! No kidding.

Our EMS system uses a proprietary system of computer-aided dispatch known as the Medical Priority Dispatch System. We've used this system (and its software updates) for years and due to the excellence of our emergency medical dispatchers, both of our 9-1-1 dispatch centers, one for metropolitan Oklahoma City and one for metropolitan Tulsa, are nationally accredited centers of excellence.

Our medical oversight team reviews all 1500+ call types at least annually to promote careful prioritization, always wanting to get patients the right care at the right time. We utilize a prioritization process (featured as the cover subject in the February 2017 *Journal of Emergency Medical Services*) developed within our medical oversight team, co-led by David Howerton and me for this particular project, to make sure the right resources are assigned. This most recent analysis utilized over 6 years of data (that's over 1.25 MILLION calls) to make those decisions. The MCB approved some minor changes to our system's prioritization determinants. One could say those are minor changes when comparing the calls impacted to the overall number of calls, but it's not minor to the patients included in those changes. EVERY patient matters in this EMS system.

Okay, so with that important explanation of "on" time with those essential projects... let's jump into viral pandemic resources and relevant news!

### **Educational Resource – The Osterholm Update – Episodes 22 and 23**

Here's a dynamic duo from Dr. Osterholm. Episode 22, Pregnancy in a Pandemic, might seem of interest only to those expecting a new child soon, but that's just one part – a later part – of the episode. With his calm, clear speaking, Dr. Osterholm delivers another valuable update on the SARS-CoV-2 virus, including information about vaccine safety that is continued into Episode 23. I particularly enjoyed Episode 23, COVID-19 and Mental Health. We are all dealing with real mental stress from this pandemic, a pandemic that doesn't show signs of fading anytime soon. Please listen to this episode. I think this is the best podcast from Dr. Osterholm in recent memory. He covers essential to know information about vaccines for SARS-CoV-2, particularly information we all want to know about their safety. Yes, we want a vaccine today, but we want a SAFE vaccine when it is available to us. I trust his opinions, based upon his expertise, about vaccines.

I also appreciate in Episode 23 that he breaks down our collective and individual mental stresses into four emotions: fear, hope, loneliness, and exhaustion. Any of those (or all of those) feel familiar right now? His comments are reassuring and encouraging, not just gloss over ones.

I'm struck by a couple of thoughts that came to mind as I listened. When I think of fear, I'm reminded of a Sir Winston Churchill quote: "Fear is a reaction. Courage is a decision." It's okay to be fearful about how this virus can affect you, your family, and your loved ones. I'm humbled and encouraged by the courage you show in continuing to care for patients when they need it most.

When I think of hope, I always think how powerful an emotion that hope is. Hope in my view is right up there with love as the most powerful of emotions. In a life, love comes and stays if we are fortunate. Sometimes, love can go, and it is distinctly painful when it does. In that painful time, and other painful times, hope is what keeps us going. When I see someone genuinely suicidal, I see hope has left that person. That's part of caring for that person, to try to get the hope "fire" lit again, even an ember for the moment. Hope is that powerful. Also, when I think of hope, I'm reminded of faith. Regardless of spiritual beliefs (and I'm not trying to force any upon you), I find most people can agree with "Now faith is the substance of things hoped for, the evidence of things not seen." This is from Hebrews 11:1 from the King James Version of The Bible. Although the evidence isn't always there, it's faith in a better tomorrow that helps me mentally work through today. This pandemic won't end today. I hate that, especially for those whose lives are being lost today due to COVID-19. I still have faith that we'll get through this. Faith tells me one day this pandemic will be the past, not the present. Thank you for being a part of today's goodness that gives me faith.

Here's the links to these episodes at: <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-22> and <https://www.cidrap.umn.edu/covid-19/podcasts-webinars/episode-23> or all episodes, the current and his prior may be found on [Apple Podcasts](#), [Spotify](#) and [Google Play](#).

### **Exposure Therapy – Say What? – The Washington Post**

This is a good one! I learned a new term for the tricks my mind is trying to play on me about SARS-CoV-2. These are the tricks your mind is likely trying to play on you, too, seven months into this journey. I don't want to spoil it for you by summarizing the article, as this one is short and quick, but an action-changing read best discovered by reading it. When done, you'll then know what exposure therapy is about and how to start tricking back that tricky mind of yours, just like I'm now doing to mine. Credit for this golden nugget of wisdom to Dr. Osterholm. He identified this article and included it as a resource in the Episode 22 podcase we just discussed. Here's this article:

[https://www.washingtonpost.com/health/covid-risks-stop-seeming-so-scary/2020/08/21/09c286c4-cc49-11ea-bc6a-6841b28d9093\\_story.html](https://www.washingtonpost.com/health/covid-risks-stop-seeming-so-scary/2020/08/21/09c286c4-cc49-11ea-bc6a-6841b28d9093_story.html)

### **More Than a Vaccine – The New Yorker**

Okay, truth is I'd like to share about six more pages of resources with you, but I know, I know... we can only absorb so much at a given time. I'll end this Update with this jewel of an article I came across that puts vaccines (and everything else anti-SARS-CoV-2) into sharp focus for me – and hopefully it will for you, too. Again, another article that summarizing it doesn't do it justice and robs you of the great info it contains. It is a longer read than the one just above, but equally well worth it. I was instantly reminded of the quote from one of my dearly respected mentors, Dr. Michael Keys Copass, or "Dr. C" as he's known to the legions of Seattle Medic One paramedics. Here's his comment about achieving success (in the context of neurologically intact survival from sudden cardiac arrest): "There is no 'silver bullet', there is just hard work." That quote is framed and on the desk of everyone working in the Office of the Medical Director. I have it on every desk I work at, in the office and in my home office and I look at it every single day. It serves as a strong reminder of my commitment, and the work it justifiably demands, to you and our patients.

Here's this article, one I suspect that would garner a historically informed to the rafters grin from Dr. Copass: <https://www.newyorker.com/science/medical-dispatch/the-state-of-the-fight-against-covid-19>

Thank you for inspiring me with courage, with hope, with faith. It's good to be back with these Updates.

*Vigilance. Safety. Evidence-Based Service to Others.*

*Let's be careful out there.*

Dr. Goodloe