Oklahoma State Department of Health
Creating a State of Health

Medical Direction Subcommittee
Oklahoma Emergency Response Systems Development Advisory Council
Oklahoma State Department of Health
1000 N.E. 10th Street, Room 1102
Oklahoma City, OK 73117
April 3, 2013
10:00 AM

Minutes

Medical Directors Present		
Dr. Tim Cathey	Dr. Jeff Goodloe	Dr. Mike Ogle
OSDH Staff Present		
Dale Adkerson	Daryl Bottoms	Robert Irby
Guests Present		
Robert Colvin	Ron Morris	
MD Subcommittee Members Absent		
Dr. Sacra	Dr. Angela Selmon	

I. Call to order-Roll Call (Dr. Cathey)

II. Introductions and Announcements (Dr. Cathey)

There are currently only five (5) members of the Medical Direction subcommittee and so three individuals in attendance constitutes a quorum. Three members are present, so quorum is established.

III. Review and approval of August 15, 2012 meeting minutes (Dr. Cathey)

A motion to approve the August 15, 2012 Medical Direction Subcommittee meeting minutes was approved by unanimous consent.

IV. Discussion and possible approval: (Dr. Cathey)

A. EMSA TXA Protocol Review

Discussion ensued regarding EMSA's Tranexamic Acid protocol.

Parameters for use regarding TXA are different in Tulsa and Oklahoma City due to trauma center surgeon requests in the respective areas. There will be

10% or less of Priority 1 trauma patients in which TXA is used. 100% review of use of TXA by medical director (Dr. Goodloe) in both Tulsa and Oklahoma City.

This protocol may not be the best fit for every EMS agency in the State due to the need to continue the medication at the hospital.

EMSA will track usage numbers. There will be a checklist required to be checked off before TXA is given, and a medical alert notice will be attached to the patient indicating that TXA is being administered.

TXA is very cost feasible at this time. There will be 100% QA review of TXA use.

There must be collaboration of Trauma Centers and EMS agencies to utilize this protocol.

A motion to approve the Tranexamic Acid protocol for EMSA carried with unanimous consent.

B. Paralytic Discussions and Requests

R. Morris provided a letter to support the use of paralytics for Rapid Sequence Intubation.

There is physician involvement and oversight apparent in the letter, and references were included.

100% MD involvement with each RSI case, and capnography required to use RSI.

Dr. Goodloe believes that paramedics should perform RSI at least once a quarter to stay competent on its use.

R. Morris indicated he did not have exact figures on the number of and percentage of patients that are cardiac arrests.

Should the Medical Director be required to meet certain requirements before the State is willing to sign off on protocols? Should lower level agencies be denied the use of higher level protocols.

Dr. Goodloe would like for the State to have a conversation with the Medical Director of an agency in regards to submitted protocols to determine the Medical Director's involvement and concerns.

D. Adkerson asked if RSI must be associated only with intubation, or if it could be used with supraglottic airways. Dr. Goodloe indicated that using a supraglottic airway with RSI should not be ruled out for instances when the medic still cannot intubate the patient. The supraglottic airway should not be the first option with RSI.

Dr. Cathey would like to see 100% review of each RSI case. Dr. Goodloe would like to see if the MD is on the lookout for problematic desaturation, bradycardia, and other requirements and problems.

Regarding approving protocols, CQI should be required. A checklist of items for the Medical Director to look at would be helpful. Dr. Goodloe suggests there by some standardization across the agencies that are using RSI. There might be a requirement that we track the RSI uses.

Sedation is required. Protocol should include longer acting and short acting sedation. It could be helpful to utilize a paralytic during long distance/time runs.

RSI can be within the scope of practice of a paramedic. This would require 100% appropriate review by MD, quarterly reports to the State for review, waveform capnography, Medical Director would determine and track competency of paramedic, collective case review submitted to OSDH on at least an annual basis.

Re: Muskogee RSI Protocol: CQI report needs to be signed by both the agency director and the Medical Director.

R. Morris indicated that one thing Muskogee does with the review is to perform the review within 2 weeks of RSI use. Medics who use RSI know they are to report to QA regarding the RSI use.

Dr. Goodloe pointed out that most Medical Directors have full time practices away from EMS and may not be able to meet a 2 week standard of reviewing cases for CQI. He suggests that the review be performed at least on a monthly basis. This isn't necessarily the "Optimal" time frame, but that it would be a safe time frame.
Protocol Approval would require the following:

- Waveform Capnography required
- 100% appropriate MD CQI review within a month of RSI use
- Quarterly Reports sent to the State for Review
- At least an annual collective case review sent to the OSDH-Emergency Systems division.
- Medical Director is responsible for insuring medic competency

Dr. Cathey entertained a motion that the Medical Director Subcommittee make a recommendation to the State Health Department that protocols submitted for RSI contain the preceding five elements. Dr. Ogle made a motion for the same. Dr. Goodloe seconded the motion. The motion passed with unanimous consent.

C. 2013/2014 Revisions

Revisions need to be discussed so that by the August meeting, the revisions would be ready to be handled.

Dr. Goodloe indicated that the OU School of Emergency Medicine needs to have the contract signed before they can begin work on updating the protocols.

D. Football Helmet Removal

Possibly consider a State protocol to standardize football helmet removal or non-removal.

E. Discussion on D50, D25 and Glucagon Shortage

Discussion ensued regarding the use of D50 or D20.

Oral glucose has been pushed. D50 can be obtained at a compounding pharmacy. There are only about 200 accredited compounding pharmacies in the country, but there are none in Oklahoma.

D20 is carried by Cherokee Nation.

Dr. Goodloe wonders what the State's view is on the use of expired meds in extreme circumstances. Oklahoma does not currently advise the use of expired meds.

F. Legislative Update

HB1467 will most likely pass, eliminating the Medical Direction Subcommittee and other committees currently in place. It would be hoped that we could attach the Medical Direction Subcommittee to the new committee formed by HB1467.

We found out about this four weeks ago. Our concerns have been voiced. We hope to have some impact on it, but we don't know what the results will be.

If it passes, this bill will most likely become effective November 1, 2013.

V. Public Comment

VI. Adjournment:

Next Meeting: May 8, 2013, Room 1102, OSDH at 2:00 P.M.

There was discussion about possibly rescheduling the May 8th meeting.