EMSA Board of Trustees Meeting – February 22, 2012
Medical Director's Report

I am filing this report from Dallas, Texas on February 21, 2012 while preparing to attend the faculty pre-conference and main conference of EMS State of the Science XIV – A Gathering of Eagles. This annual meeting allows critical information gathering and sharing for our EMS system's development. The meeting began in humble format 14 years ago in Pittsburgh as a gathering of approximately eight medical directors for large, urban EMS systems in the US. A few paramedics in the Pittsburgh area asked to sit in on the open forum session as these medical directors discussed pressing issues affecting the practice of EMS medicine and best answers to these challenges. The conference now features an international faculty, representing 3 continents and is attended by over 800 EMS professionals from around the world.

Our EMS system has been represented by me since 2008, with faculty standing since 2009. As a testament to the incredibly fine medical performance in our EMS system, I've been asked to present best practices on 1) EMT-Basic utilization of 12-lead ECGs, 2) Field Termination of Cardiac Arrest Resuscitation, and 3) Post-Cardiac Arrest Resuscitation Performance Analysis. The preconference will feature 2 additional presentations to which I'll have the honor of contributing: 1) Drug Enforcement Administration issues in EMS and 2) Scientific Findings from the Nationwide Cardiac Arrest Standards of Care Survey, coordinated and led from the Department of Emergency Medicine at The University of Oklahoma School of Community Medicine in Tulsa. The impact this conference affords our EMS system in staying on the leading edge of EMS medicine as well as promoting the clinical outcomes and performance of our nearly 3400 Emergency Medical Dispatchers, EMT-Basics, EMT-Intermediates, and Paramedics is simply hard to adequately reflect in this report.

While I regret being unable to join the Board of Trustees in Oklahoma City or Tulsa this month, suffice it to say your Medical Director continues to prioritize medical oversight activities with a driving objective of always improving patient outcomes and support for our EMS professionals. Costs of my attendance at this conference are being partially paid by The University of Texas Southwestern Medical Center at Dallas (related to my faculty status) and from my personal finances. I will not be asking any financing from the Office of the Medical Director/Medical Control Board budget for my attendance. The Office of the Medical Director staff will also be attending the main conference. Their expenses have been previously budgeted and are limited to conference registration, conference-negotiated lodging rates, government per diems, and limited mileage reimbursements. We continue to maximize educational consumption and outreach while minimizing fiscal impact. I look forward to giving the Board of Trustees a summary report of the proceedings over the next 4 days.

I continue to review all hospital emergency department-initiated diversion reports and monthly CQI reports filed by the multitude of agencies comprising our EMS system in metropolitan Oklahoma City and Tulsa. The most recent findings indicate continued high quality patient care and desirable improvements in successful intubation performance.

Significant educational activities have been initiated within the past 2 weeks to promote better consistency amongst the multitude of agencies in our EMS system relating to Mass Casualty Incidents. While our EMS system has literally weathered numerous mass casualty events, this marks the first juncture in which all agencies will be utilizing a common triage tag and additional training and updating of our Medical Control Board standards of care will support the operational plans developed by a

multitude of leaders in our EMS system. I am pleased to report the cooperative spirit in which these advancements have been realized.

We have a number of new EMS professionals in our system in both Oklahoma City and Tulsa. I've been more impressed than usual with the interest and commitment to EMS evident as I've spoken with each of the classes at EMSA in Tulsa, at the Oklahoma City Fire Department, and at the Tulsa Fire Department. Our future appears to be in some good collegial hands. I think you will join me in excitement we are able to recruit EMS professionals from across the United States, with individuals recently moving from Idaho, Wyoming, Michigan, and Kansas just to join our practice of EMS medicine!

The Tulsa Fire Department has recently started a study with the Office of the Medical Director and the Department of Emergency Medicine at The University of Oklahoma School of Community Medicine regarding abilities of EMT-Basics to attain and maintain proficiencies in 12-lead ECG acquisition and transmission. We will be working with approximately 60 Tulsa Fire Department EMT-Basics over the next 6 months with this project and expect it to result in a high profile publication. This latest project continues to speak to the benefit of our EMS system's close affiliation with OU's Department of Emergency Medicine. Frankly, the majority of our external scholastic abilities are closely tied to the Medical Director position being a full-time faculty position in a highly recognized medical school.

Speaking of scholastic-related advancement, over the next 4 months the Medical Control Board will be discussing in detailed manner the findings within the EMS System Design White Paper for EMSA prepared by the Department of Emergency Medicine at The University of Oklahoma School of Community Medicine. I'm sure Stephen Williamson will be able to provide a copy of this report to any Trustee interested in personally reading the evidence-based medical summations prepared by a world-renowned panel of academic physician authors.

As a follow-up to a prior briefing I gave the Board of Trustees in June 2011 regarding new mechanical ventilation capabilities in our EMS system, EMSA leadership has been incredibly supportive and the financial plans have been successful to allow implementation of these devices over the next few months. We were fortunate that a new model of ventilator is now being produced that allowed EMSA savings of over $250,000. While new and needed medical technology is often not inexpensive, we have a committed relationship between medical oversight and all EMS agencies in our system to work towards consistent improvement in clinical capabilities with a palpable adherence to fiscal conservativeness.

Finally, the Medical Control Board continues its work in evaluating and revising our EMS Treatment Protocols. We continue to have reliable belief that we are the largest EMS system in North America that revises its protocols with such frequency (every 2 months). Advances in medicine move fast, several have already occurred today. As stated before, to artificially limit protocol advances to a yearly basis, as most United States system do, is to artificially limit progress for the sake of convenience, not patient advocacy. Please be assured the commitments in this realm by the Medical Control Board, leaders at EMSA, and leaders at the affiliated fire departments serve our patients particularly well. The latest example of which is our newly choreographed team dynamics for cardiac arrest resuscitation. We are seeing, through post-resuscitation performance analysis, previously unachieved levels of CPR efforts. Multiple EMTs and paramedics have directly discussed this new resuscitation plan with me and in the

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words of one EMSA paramedic in Tulsa, "It's ridiculously awesome!". I'm not certain about the ridiculous aspect, but I'll certainly commend our field professionals for their quick incorporation of this protocol, effective Feburary 1, 2012, which has distinctly been awesome.

I thank you for your continued interest and support of our EMS system and my daily medical oversight of it. It is a great honor and privilege to be of service to you, our EMS colleagues, and the citizens and visitors that depend upon our collective dedication and effort. I will prioritize at nearly any time possible any discussions a Trustee wishes to have with me in regards to our EMS system's medical oversight and welcome your inquiries.

Respectfully submitted

Dr. G