

Chief Medical Officer Report EMSA Board of Trustees

November 2022

Jeffrey M. Goodloe, MD, NRP, FACEP, FAEMS



OMD Activities

- Entire OMD Team
 - Monthly meetings with EMSA Execs/FD Chiefs
 - Monthly CQI meeting with all agencies
 - Whole Blood Paramedic Credentials
 - Initial Class Training – 10/24
 - Low Titer O+ Whole Blood Program – Go Live 11/16

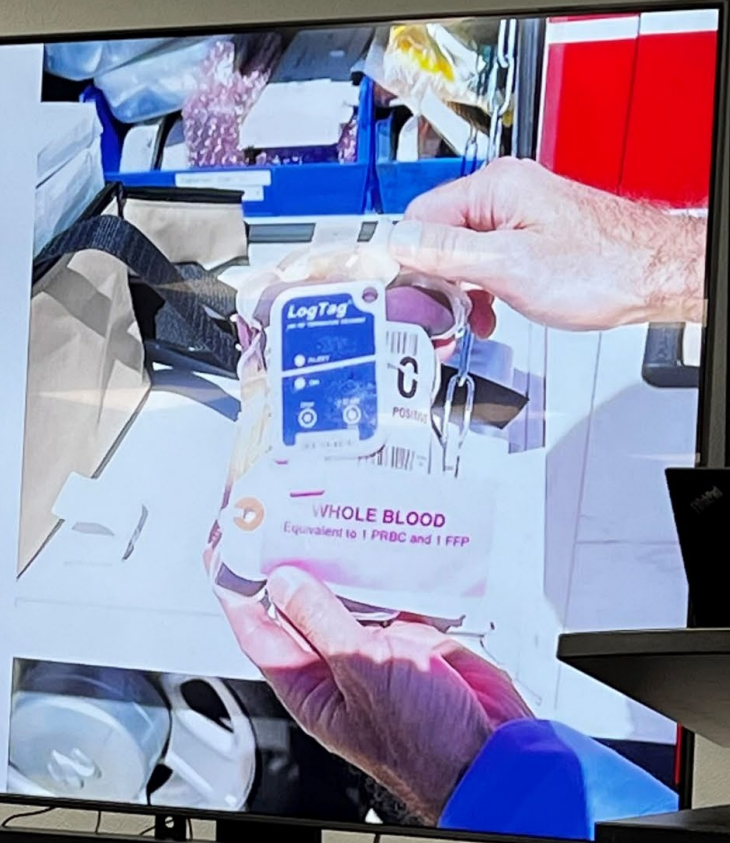




Trauma and Whole Blood

- Hemorrhage the leading cause of preventable death for trauma patients
- Blood products (RBCs, plasma) utilized in the prehospital setting
- Recent resurgence of Whole Blood (WB) use
- Low Titer group O Whole Blood (LTOWB) now more widely available

What role does LTOWB have in prehospital trauma resuscitation?



Dr. Michael Stevenson, Medical Director, OK Blood Institute



whole blood vs component therapy have many advantages, one of the most important is the reduction in 30-day mortality per published studies.

Actions/Pharmacodynamics:
Whole blood provides red cells, stable clotting factors, and volume in each unit, which is potentially beneficial in rapidly hemorrhaging patients.

Indications: Hemorrhagic Shock in Priority 1 Trauma Patients

- Males ≥ 15 years old/ Females ≥ 51 years old AND
- Systolic Blood Pressure < 70 mmHg OR
- Systolic Blood Pressure < 90 mmHg with Heart Rate ≥ 110 beats per min OR
- ETCO₂ < 25 OR
- Witnessed traumatic arrest < 5 minutes prior to provider arrival and continuous CPR throughout downtime OR
- Post traumatic arrest/ ROSC obtained

For Hemorrhagic Shock in Priority 1 Geriatric Trauma Patients

- If age ≥ 65 years old AND Systolic Blood Pressure ≤ 100 with HR ≥ 100 beats per min

Contraindications and Precautions:

- Ground level falls/found down
- Males less than 15 years old
- Females less than 51 years old
- Burns
- Religious objection to receiving whole blood

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Dr. Amanda Celi, OU Trauma Surgery



David Howerton, Division Chief, Medical Oversight-West, OMD



Dr. Curtis Knoles, Associate Chief Medical Officer, OMD

OMD Activities

- CMO
 - Weekly prn meetings with EMSA Execs
 - “Most Important Things” for EMSA
 - Meetings w/legal counsel on governance documents
 - OKC
 - Tulsa



OMD Activities

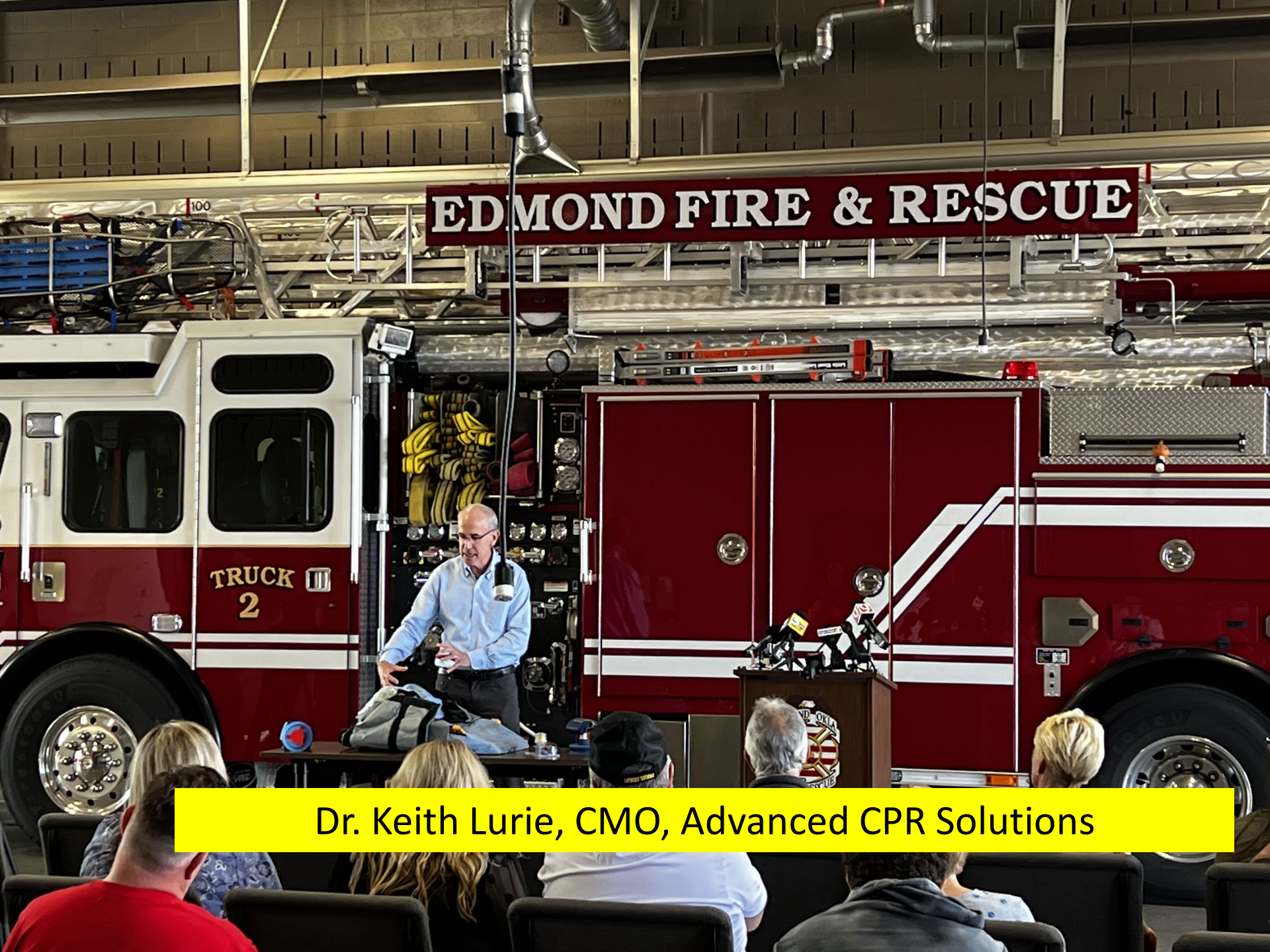
- EMSA Paramedic Credentialing
 - BPM Paramedics – Group 1
 - 15/15 passed MCB/OMD treatment protocol exam
 - Field Training Officer rides X 4
 - 4 Priority 1 patient management team leads
 - Transition from ambulance to SUV-based response prn
 - All Group 1 Credentialed as Paramedics by OMD
 - BPM Paramedics – Group 2
 - 18/18 passed MCB/OMD treatment protocol exam
 - Field Training Officer rides X 4 + SUV prn
 - 50%+ of Group 2 Credentialed as Paramedics by OMD



EDMOND FIRE & RESCUE

TRUCK
2

Dr. Keith Lurie, CMO, Advanced CPR Solutions



Celebrating Cardiac Arrest Survivors

- Edmond Fire Department
- Public Relations Event – 11/9 – all OKC TV there
- Three survivors from the past few months in attendance to show the value of EMS system
 - 40s year old male
 - 60s year old male
 - 80s year old male (cardiac arrest just 2 wks prior)
- All neurologically intact and back to full lives thanks to Edmond Fire Department + EMSA care!



Neuroprotective “Head Up” CPR

- Using the EleGARD device
 - Approved in MCB protocols in 2021
 - Not mandatory at approval
- In use at Edmond FD since August 2021
- Positive trends in neuro intact survival
- Will be encouraging adoption by other FDs in the EMS system in FY23-24 and beyond
- Likely a multi-year phase in
- Each device approx. \$8K w/multi year use

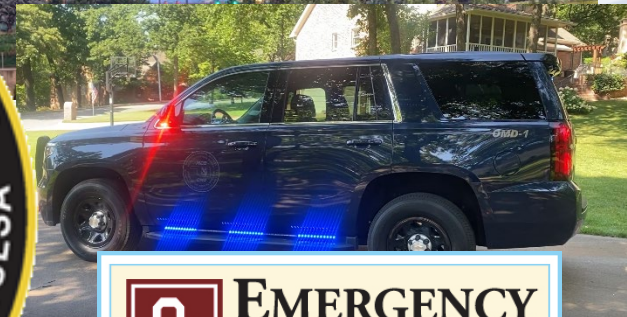


OMD Activities

- Strategic Planning
 - New EMS State Laws effective Nov 1
 - Allowance for EMS system initiated non-transport
 - Requires contemporaneous medical oversight
 - Allowance for non-ambulance transport
 - Mostly reflects weather-alterations for years locally
 - Other instances with medical oversight



TULSA



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OKLAHOMA CITY

