

OHIO EMERGENCY MEDICAL SERVICES

The Division of Emergency Medical Services (EMS), in conjunction with the State Board of EMS, is responsible for establishing training and certification standards for fire and emergency medical services personnel; accreditation of EMS and fire programs; oversight of Ohio's trauma system; grants for emergency medical services organizations; Emergency Medical Services for Children (EMSC); Regional Physician Advisory Boards; collection and analysis of data submitted to the EMS Incident Reporting System and the Ohio Trauma Registry; and investigations to ensure compliance with Revised and Administrative Codes.

EMS Education

Ohio EMS conducts the accreditation and approval processes for entities that wish to operate EMS training programs and/or continuing education programs. There are 88 accredited institutions offering EMS training for initial certification. Over 500 entities are approved to offer continuing education courses which help certified EMS providers maintain competency to perform the complex tasks of patient care.

Approximately 200 training institutions are inspected annually to ensure course offerings meet the educational and medical standards established by the State Board of EMS. In addition, approximately 1,200 certified EMS providers are audited each year to assure continuing education requirements are met by individuals renewing their certificates to practice.

The primary focus continues to be a comprehensive network of EMS training institutions with effective local, regional and state support. To assure a stable workforce of essential trained and certified EMS providers, Ohio has adopted the EMS Education Agenda for the Future. The initiative approved by the National Highway Traffic Safety Administration (NHTSA) aligns EMS education standards, scope of practice model, accreditation and standard testing. Ohio standards meet or exceed the National EMS Education Standards and National Scope of Practice Model.

EMS Certifications

In Ohio, approximately 4,000 initial EMS certifications and 11,000 certification renewals are processed annually.

Total Active EMS Providers

	2012	2013*
Emergency Medical Responders (EMR)	2,173	2,220
Emergency Medical Technicians (EMT)	21,080	20,631
Advanced EMT (AEMT)	2,270	2,201
Paramedic	16,742	17,290
TOTAL	42,265	42,342

**As of June 30, 2013*

Total Active EMS Instructors

	2012	2013*
TOTAL	4,062	4,373

**As of June 30, 2013*

Fire Service Education

Ohio EMS conducts the chartering process for entities that wish to operate firefighter and fire safety inspector training programs. There are 69 chartered institutions offering fire service training for initial certification. Approximately 15 training institutions are inspected annually to ensure course offerings and facilities meet the educational standards established through the Revised and Administrative Codes. Fire service personnel are required to complete on-going continuing education approved by the local fire chief or a chartered institution to maintain their certification. All continuing education is subject to audit by the Division of EMS as part of its quality assurance program.

Fire Services Certifications

Ohio, approximately 4,000 initial Fire certifications and 14,000 certification renewals are processed annually.

Total Active Firefighters and Fire Safety Inspectors

	2012	2013*
Volunteer FF	13,957	13,341
Level I	4,578	4,761
Level II	23,531	23,569
TOTAL	42,066	41,671
Fire Safety Inspector	10,155	10,124

**As of June 30, 2013*

Total Active Fire Instructors

	2012	*2013
TOTAL	4,091	4,235

**As of June 30, 2013*

Investigations

The Office of Investigative Services conducts all investigations pertaining to alleged violations of the Ohio Revised and Administrative Codes Chapter 4765, which involve emergency medical technicians, firefighters, instructors, EMS or fire training institutions, and applicants for such. Cases range from, but are not limited to: felony or misdemeanor involving moral turpitude

convictions, standard of care cases, continuing education cases and professional standards of conduct cases. Statistics for the fiscal year July 1, 2012- June 30, 2013 are as follows:

- 1,053 cases opens
- 458 of the cases were EMS investigations
- 595 of the cases were fire investigations
- 105 of the cases were dual fire and EMS cases

Grants

The primary goal of the EMS grant program is to enhance EMS service in Ohio by providing funding for training and equipment to under-supported EMS organizations in Ohio. The grants are primarily funded by safety belt fines. In addition to training and equipment, the grants fund research that improves EMS operations in Ohio. Ohio EMS funded the following grant priorities for 2013-2014:

- Priority 1 (EMS training and equipment grants): 715 grants for \$2,521,750.00
- Priority 2 (trauma procedures research grants): 2 grants for \$55,691.00
- Priority 3 (injury prevention research grants): 2 grants for \$131,000.00
- Priority 4 (trauma rehabilitation and retraining research grants): 2 grants for \$144,369.00
- Priority 5 (EMS Board research grants): 2 grants for \$176,089.00
- Priority 6 (assistance to paramedic programs grants): 13 grants for \$42,919.00

Research and Analysis

The State Board of EMS has two statewide databases. The EMS Incident Reporting System (EMSIRS) collects data on all emergency runs made by EMS units in Ohio. The Ohio Trauma Registry is a database of clinical information from all Ohio hospitals and inpatient rehabilitation facilities on all seriously injured people they admit.

The Division of EMS has collected data on more than 844,000 EMS runs from 1,168 EMS agencies, and medical record data from over 46,000 trauma patients admitted to 169 hospitals. In excess of 10 million records are now at the disposal of the State Board of EMS and other researchers. More than 75 requests for trauma data have been received from researchers.

Statewide Trauma System

Ohio has a legislated trauma system which ensures that seriously injured people get to the right hospital, in the right manner, in the right amount of time. These three factors are crucial for patient survival.

The State Board of EMS, with advice from its Trauma Committee, and working through the Division of EMS is tasked with monitoring, coordination and facilitating the trauma system.

This includes setting standards for trauma triage, the rules by which EMS personnel determine the guidelines for transfer of a patient to a trauma facility. There are 47 trauma centers in Ohio.

The Trauma Committee continues to implement its strategic plan, *A Framework for Improving Ohio's Trauma System*, which has become part of the State Board of EMS Strategic Plan: *Ohio EMS 2015*.

Over a three-day period in May 2013, a team of experts from the American College of Surgeons reviewed the Ohio trauma system to create a report that provides policymakers, operational personnel and key stakeholders with valuable insights and specific recommendations to help overcome barriers, improve efficiency, and advance the Ohio trauma system's performance to a higher level.

Emergency Medical Services for Children (EMSC)

The EMS for Children program is a federally funded initiative designed to ensure that the children of Ohio receive the very best emergency care the EMS system can provide. EMS for Children is a broad network of services including injury prevention, accessing EMS, ambulance services, emergency room services, hospital services and rehabilitative services.

Dr. Carol Cunningham, Dr. Deanna Dahl-Grove, Dr. Bill Cotton, and Carol Jacobson of the Ohio EMSC Committee took part in a panel discussion on pediatric disaster preparedness with Dr. Nicole Lurie, Assistant Secretary for Preparedness and Response on January 24, 2013, at Case Western Reserve University in Cleveland.

Toni Tester and Dr. Wendy Pomerantz attended the Pediatric Academic Societies conference in Boston April 28 - May 1, 2013. They provided a poster presentation on the study, "Toward establishing an upper age limit for defining optimal pediatric trauma care." Dr. Pomerantz and Joe Stack also presented the poster at the EMSC Grantee Meeting in Bethesda on May 9, 2013.

Ohio EMS for Children and the Ohio Chapter of the American Academy of Pediatrics (AAP) have signed a cooperative agreement where Ohio AAP will promote bicycle safety and distribute bicycle helmets purchased with EMSC Partnership Grant funds. Ohio AAP promotes bike safety with their "Put a Lid on It" program.

Homeland Security

Ohio EMS maintains an active role in homeland security and disaster preparedness, representing the interests of EMS and fire personnel through participation on various committees, including the Homeland Security Advisory Council. Ohio EMS facilitates the exchange of critical information through our participation in the Strategic Analysis and Information Center (SAIC).

There were three projects in which the EMS Homeland Security sub-committee of the State Board of EMS was involved this year:

- Participated in various committees in the revisions of the Ohio Homeland Security Strategic Plan.

- In cooperation with the Medical Coordination Planning Committee composed an Emergency Medical Services Annex to the Crisis Standard of Care component of the Emergency Operations Plan.
- In conjunction with the Ohio Department of Health and the Joint Dispatch Center, is in the process of revising the CHEMPACK Standard Operating Procedure (SOP) for activation and deployment of CHEMPACK resources.

Regional Physician Advisory Boards

Ohio is divided into 10 pre-hospital emergency medical services regions for the purpose of overseeing the delivery of pre-hospital emergency medical services. For each region, the State Board of EMS appoints physicians with knowledge and experience in emergency medical services to a Regional Physician Advisory Board (RPAB). Care is taken to ensure representation of all geographic areas of the region. Each RPAB meets a minimum of four times each year and may provide assistance to EMS organizations in the region, in such areas as continuing education programs, equipment procurement, establishing mutual aid agreements, and development of written medical protocol. Members of regional advisory boards serve without compensation. The state medical director conducts quarterly meetings with the RPAB chairpersons. The RPAB ensures the currency of the state pre-hospital patient care guidelines and also provides supports and serves in an advisory role to the State Board of EMS and its committees.