



Ohio Department of Public Safety
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Division of Emergency Medical Services
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State Board of Emergency Medical, Fire,
and Transportation Services
Daryl McNutt, Chair
Rebecca Baute, Vice-Chair
Dr. Carol Cunningham, State Medical Director

STATE BOARD OF EMERGENCY MEDICAL, FIRE, AND TRANSPORTATION SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY
RETREAT MINUTES
February 19, 2014
~ FINAL ~

Board Meeting Date and Location: Wednesday, February 19, 2014 at the OSU Wexner Medical Center in the Biomedical Research Tower in conference room 105, located at 460 W. 12th Avenue, Columbus, Ohio 43210.

Board Members Present: Thomas Allenstein, Kent Appelhans, Rebecca Baute, Karen Beavers, Pamela Bradshaw, James Davis, Geoff Dutton, Deanna Harris, Ernest Hatmaker, Daryl McNutt, Wendy Pomerantz, Mark Resanovich, Julie Rose, Steven Steinberg, Thomas Tallman, and Thomas Wappner

Board Members Absent: Gary Cates and Dudley Wright II

DPS and EMS Staff Members Present: Dr. Carol Cunningham, Tim Erskine, Melvin House, Linda Mirarchi, Sue Morris, Doug Orahood, Ellen Owens, Robert Ruetenik, John Sands, and Connie White.

Assistant Attorney General: none

Public Present: Marisa Maxey (Air Evac EMS, Inc.), Tim Pickering (Air Evac EMS, Inc.), Jonathan Saxe (Trauma Committee), Angie Simmons (Air Evac, EMS, Inc.), Bradley Troy (Air Evac EMS, Inc), and E. Janie Ward (Air Evac EMS, Inc.)

OPEN

Chairman Daryl McNutt called the meeting to order at 10:14 a.m.

Roll Call

Mr. Daryl McNutt	Present	Ms. Deanna Harris	Present
Mr. Thomas Allenstein	Present	Mr. Ernest Hatmaker	Present
Mr. Kent Appelhans	Present	Dr. Wendy Pomerantz	Present
Ms. Rebecca Baute	Present	Mr. Mark Resanovich	Present
Ms. Karen Beavers	Present	Ms. Julie Rose	Present *
Ms. Pamela Bradshaw	Present	Dr. Steven Steinberg	Present
Mr. Gary Cates	Absent	Dr. Thomas Tallman	Present
Mr. James Davis	Absent	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright	Absent

(*Note: Ms. Rose was present, but stepped out during roll call.)

It was noted for the record that a quorum was present to conduct business.

Welcome and Introductions (Mel House)

All of the EMS staff members and guests present were introduced.

Executive Director House reviewed the day's agenda and explained the day's expectations.

The retreat will allow for the opportunity for the Board to discuss and resolve any unfinished business, review policy, and determine the 2014 Board desired accomplishments, which will provide direction for the EMS staff over and beyond normal everyday activity.

Retreat agenda:

- 1) Legislative Needs – review and discuss any legislative changes that the Board deems necessary. Initial reviews will be directed to the committee chairs to take back to their respective committees for further discussion.
- 2) Position papers – seeking approval of the updated position papers posted on the website.
- 3) Strategic plan – During last year's retreat the Board refined the plan to focus on key areas. The Board will now review, discuss, and amend, if necessary, the status of those items. With the merger, there will be additional items to address related to Medical Transportation. Finally, the Board will need to approve the key focus areas.
- 4) Update on several issues/items, i.e., trauma legislation, community paramedicine, and any other "hot" topics.

Tomorrow's meeting, if necessary, will begin by completing any items that were not addressed during the retreat and move into a regular Board meeting.

Executive Director House thanked Dr. Steinberg for arranging for the meeting space.

The agenda items may be moved around to accommodate EMS and ODPS staff to return to the office if needed to address other duties.

Board Chair Remarks (Daryl McNutt)

Mr. McNutt welcomed all in attendance. Also thanked Dr. Steinberg for arranging the meeting space. Accomplishments of the Board were many. The merger of the OMTB and EMS Boards went very smoothly and continue to work well as a group. The EMS Grant program is open until April 1, 2014. Priority 1 grants are under review for the next grant cycle. The time-critical diagnosis discussion is working through the committees. Community paramedicine is being addressed through the committee as well. The dispatch survey is moving forward. The safety of our first responders is being addressed. With the merger, there were two committees created (Medical Transportation Committee & Critical Care Subcommittee), where a lot of work has already begun.

EMFTS Board Legislative Needs (Ellen Owens)

Ms. Owens reviewed and the Board discussed the EMFTS Board's proposed legislative needs spreadsheet, which was distributed to all Board members prior to the meeting for review. The list is not all inclusive and items may be added or revised as necessary. (Attachment 1) If the Board agrees to move forward with the changes, the changes will be drafted by Legal Services and brought back to the Board for final approval before being submitted for Legislative change.

Legislative Needs (EMS)

- 1) *EMS provider level titles changed to match national terminology (Various sections 4765):*
Board Agreed, no objections.
- 2) *Medical Direction needed for all certification levels (4765.35 & 4765.37):*
Discussion: The change will allow for more consistency. This will not affect the Board's authority to make changes through the scope of practice to require medical direction or

- medical authorization by first responders. Medical direction (following their guidelines/protocols) is not the same as medical authorization (seeking authorization prior to administering care). **Board Agreed, no objections.**
- 3) Remove language requiring call-in for orders. (4765.35, .37, .38, .39): **Board Agreed, no objections.**
 - 4) Language added authorizing additions to scope of practice as part of board-approved research project, including liability coverage (4765.35, .37, .38, .39, .49): **Board Agreed, no objections.**
 - 5) Drop language requiring Board waiver if applicant for first responder is not a volunteer (4765.30): Discussion: This would remove the requirement that a first responder must be a volunteer. **Board Agreed, no objections.**
 - 6) Expand protection of familial information to include emergency medical responders, medical directors of EMS organizations, and RPAB members (149.43): **Board Agreed, no objections.**
 - 7) Add language providing immunity coverage to RPAB members (4765.49): Discussion: Currently RPAB members are hesitant to take on additional responsibilities due to the lack of liability protection/representation from the AG's office. **Board Agreed, no objections.**
 - 8) Reporting of medical directors - enforcement issues (4765.42) (included with #10 below): Discussion: The Board discussed the need to maintain a current list of medical directors. Although DEMS has made several attempts and tried many avenues to create/maintain a current list of medical directors, with no ramifications, agencies do not cooperate or act to maintain currency. The Board discussed the different ways that this may be achieved, i.e., grant applications require the information, develop a specific form required for agencies to complete. As it is already a requirement for agencies to report their medical directors, the Board would like to add additional penalties if the agencies do not submit said information. **Board Agreed, no objections.**
ACTION: The Board will defer to Legal Services for further review to determine the options available to DEMS in which to require EMS agencies to comply and the ramifications if they do not.
 - 9) Add language to provide immunity to students during field internship/need to add preceptor immunity (4765.49): Discussion: Need to also include medical directors acting as instructors. **Board Agreed, no objections.**
 - 10) Add language to allow for "certification" of physicians that meet the criteria to serve as medical director (included with #8 above): Create an avenue for medical directors and physicians who meet the qualifications to serve as the medical director of an EMS agency to voluntarily become certified at no cost, similar to EMS instructors. The structure of the proposed EMS medical director certification program would be very simple. It could consist of a three-year certification with audits in place to assure that the certified physician continues to meet the requirements. This will also assist in achieving the list of medical directors. **Board Agreed, no objections.**
 - 11) Increase penalty for impersonating EMS provider (4765.99): Discussion: This would include both those who have previously been certified and no longer carry a valid certification and those that have never been certified. This penalty would be comparable to what currently exists with other similar professions. **Board Agreed, no objections.**
 - 12) Drop language designating "type" of instruction? Add "deny" as an option? (4765.23): **Board Agreed, no objections.**
 - 13) Add language allowing for fines by Board (Not currently in code): **Board Agreed, no objections.**
 - 14) Review and potentially amend the language regarding who has to be notified (i.e. remove instructors?) when establishing trauma triage protocols. (4765.40): **Board Disagreed, leave as is.**
 - 15) Legislation authorizing creation of additional EMS certifications and/or endorsements to address specialty areas of EMS (Not currently in code.): **Board Agreed, no objections.**

- 16) *Requirement for emergency medical dispatch training, certification (Not currently in code): **Board Agreed, no objections.***
- 17) *Revise ambulance specification requirements (4766.07): Discussion: Remove KKK (National Fire Protection Agency (NFPA) Standard for Automotive Ambulances) specifications and specify required Ohio specifications. Discussion: Change will allow the Board to define the Ohio requirements through OAC. If a specific standard is used, every time there is a change to that particular standard, it will also require a law change. A change in the current law will give the Board the authority to define Ohio's standards and not require changes to OAC. The Board would like to develop Ohio standards. **Board Agreed, no objections.**
ACTION: Medical Transportation Committee to draft Ohio-specific ambulance specification requirements and present to the Board for review and approval.*
- 18) *Remove option to operate at different locations under different names (ambulance, ambulette, air medical, MoICU) (4766.04): **Board Agreed, no objections.***
- 19) *Add fee for satellite locations (4766.04): Discussion: Although satellite inspections are required, currently there is no fee charged to recover cost. The Board asks the Medical Transportation Committee to discuss the current fee structure and bring back to the Board with their recommendation. **Board Agreed, no objections.**
ACTION: Medical Transportation Committee to draft a fee structure and present to the Board for review and approval.*
- 20) *Change Board name from OMTB to EMFTS (4766.23): **Board Agreed, no objections.***

Legislative Need - Dual

- 1) *Language providing confidentiality in EMS and Fire cases (Protection of complainant/protection of uncharged suspect when case closed). Discussion: Board believed that since the complaint can be filed anonymously there was no need to make any changes. The Board agreed not to move forward. **Board Disagreed. Leave as is.***
- 2) *BCI checks for all applicants (not just those disclosing conviction) as with other boards: Discussion: The Board discussed the fact that schools already require BCI checks was there a need to require an additional check. If so, was it necessary to have all levels complete a BCI check? Once a BCI is submitted, DEMS may want to participate in the rap-back program to stay current. The Board agreed that it was their responsibility to ensure the safety of the public and all first responders, therefore a BCI is necessary. However, more information is needed before moving forward. The Board asks that the EMS Systems Development Committee to research and report back. **Board placed on hold for further review.**
ACTION: EMS Systems Development Committee with the assistance of Rudy Ruetenik, the DEMS Investigator Supervisor, researched the who, what, when, and how the BCIs can/should be conducted and report back to the Board with their recommendation.*
- 3) *Add impaired practitioner language similar to other health professions: Discussion: Currently there is no avenue for the Board to address such issues other than revoking the individual's certification. With the addition of this language, the Board would be able to address issue as needed, i.e., place the individual in an inactive status, suspend their certification, etc. **Board Agreed, no objections.***
- 4) *Need language allowing for Inactive status of certificates: Discussion: same as #3 above. **Board Agreed, no objections.***

Legislative Need – Fire ~ will be addressed by the Firefighter and Fire Safety Inspector Training Committee.

~ Break for LUNCH @ 12:00 p.m. ~

Returned from lunch at 12:50 p.m.

Roll Call

Mr. Daryl McNutt	Present	Ms. Deanna Harris	Present
Mr. Thomas Allenstein	Present	Mr. Ernest Hatmaker	Present
Mr. Kent Appelhans	Present	Dr. Wendy Pomerantz	Present
Ms. Rebecca Baute	Present	Mr. Mark Resanovich	Present
Ms. Karen Beavers	Present	Ms. Julie Rose	Present
Ms. Pamela Bradshaw	Present	Dr. Steven Steinberg	Present
Mr. Gary Cates	Absent	Dr. Thomas Tallman	Present
Mr. James Davis	Present	Mr. Thomas Wappner	Present
Mr. Geoff Dutton	Present	Mr. Dudley Wright	Absent

Trauma System Update (Dr. Steve Steinberg)

Dr. Steinberg presented, via PowerPoint, an update of the proposed draft of the trauma legislation. Since it was first presented to the Board in February 2013, there has been a lot of progress.

Dr. Steinberg discussed why legislative change is needed, the issues with current legislation, the process, the modernization of Ohio's trauma system (from trauma centers to a trauma system), the proposed Trauma Board composition, their duties and responsibilities, the trauma center designation and other characteristics of the Trauma Board. (Ohio's Trauma System PowerPoint – Attachment 2.)

The EMS Board supported the concept last year and offered their support for trauma to be removed as part of the EMS Board and become its own Board.

Dr. Steinberg stated that the second version has been drafted and released. The third version is due soon, once released, will be forwarded to the Board.

The Board inquired if a seat for a representative of the air medical community was considered as part of the Trauma Board. Dr. Steinberg stated that it was originally included and had just been removed. It was determined that it was not needed. The focus of the Trauma Board will be on the actual centers. However, there will be several committees and several experts including those on Medical Transportation who will be brought in for advice as needed. There will be several expert entities needed on each committee.

It has yet to be determined where the Trauma Board will be housed, Ohio Department of Public Safety versus the Ohio Department of Health.

Community Paramedicine (AKA Mobile Integrated Healthcare (Deanna Harris))

Ms. Harris presented on community paramedicine in Ohio.

The University of Cincinnati continues to offer a community paramedicine residency program where students are able to earn CEs. It is an overview of what community paramedicine may look like in Ohio. The program includes many speakers. A few of the Community Paramedicine Committee members presented to the students an overview of community paramedicine; how it began, how it was presented to the Board, and what it looks like in Ohio. They reiterated that community paramedicine is not yet legal in Ohio and referred the students to the DEMS website for more information. Ms. Harris discussed the concept that was presented to the students. (Attachment 3)

The Board discussed the statement to stakeholders and EMS personnel regarding the status of community paramedicine in Ohio as created by Legal Services. The statement was provided to all Board and Committee members for review and comment. There has been little to no feedback provided. The statement is still being refined and will be brought before the Board prior to posting.

When the Committee last met they discussed the University of Cincinnati's program and the students' vast interest in the many research pilot programs and how they can proceed with research avenues. They also discussed creating an informational resource packet for organizations and legislators regarding community paramedicine.

The Committee discussed the Federal Initiative H.R.809 - Field EMS Quality, Innovation, and Cost Effectiveness Improvements Act of 2013 (<http://beta.congress.gov/bill/113th-congress/house-bill/809?q=HR+809>). There is a summit planned for March 25, 2014. The Committee contemplated sending a group to attend. The Board requested additional information before moving forward. Andy Spencer, Legislative Liaison will research and forward information to the Board.

The Committee began working to create a white paper, which Dr. Cunningham initially began. The Committee will continue to refine the paper.

The Committee would like to host a stakeholders meeting.

The next Committee meeting is scheduled for April 15, 2014 from 3:00 – 5:00 p.m.

The Board continued to discuss the concern that the University of Cincinnati is offering CEs to students for attending the community paramedicine program and that the CEs may not actually apply to their certifications. Linda Mirarchi discussed the definitions of what and how CEs are identified and earned, as defined in OAC 4765-19-01 *Continuing Education for EMS Providers*. The Board asked that DEMS reach out to the University of Cincinnati to clarify what CEs are actually earned for the program to ensure that the students are indeed earning and paying for the correct CEs as it applies to their certifications

National Accreditation Update (Linda Mirarchi)

The Board reviewed and discussed a handout regarding the status of national accreditation in Ohio (Attachment 4), which listed the status of the Ohio accredited institutions.

There are grants available to assist Paramedic programs in becoming nationally accredited through February 2017. Programs must begin the process no later than December 2016.

~ BREAK ~

Position Paper Discussion (Dr. Carol Cunningham)

Dr. Cunningham reviewed and the Board discussed the current Board position papers and updates. The current position papers as posted on the web are outdated. In October 2013, the Committees were asked to review and bring back any changes. The position papers will be updated annually. Dr. Cunningham updated the position papers accordingly. All position papers will be updated to include the current date and EMFTS letterhead.

- *Board Position of Run Reports*. **Board approved for posting.**
- *Board Position Statement on Senate Bill 129*. Board would like to remove "Senate Bill 129" and replace with "minimum staffing" throughout the paper. Once removed, reference via footnote the General Assembly 127, Senate Bill 129, and update using the

correct minimum staffing calculation as listed in 4765.43. **Board approved for posting with those revisions.**

- *eACLS Clarification Statement.* **Board approved to remove and archive.**
- *Capnography Position Paper.* Include non-intubated patients and remove endotracheally patients. Dr. Cunningham will make the requested changes bring back to the Board during the EMFTS Board meeting tomorrow (2/20/14). **Board approved to post with said changes.** However, additional amendments may be suggested in the future; and therefore, the position paper will return to the Medical Oversight Committee for further review and potential additional revision.
- *National EMS Scope of Practice Model Adoption Statement.* **Board approved to archive.**
- *State of Ohio Weapons of Mass Destruction Protocols.* **Board approved for posting.**
- *Rapid Sequence Induction RSI.* **Board approved for posting.**
- *State of Ohio EMS Adult Guidelines and Procedures Manual.* **Board approved for posting.**
- *Ohio EMS Guidelines for Emergency Medical Responders.* **Board approved for posting.**
- *Ohio EMS Pediatric Guidelines and Procedure Manual.* Reviewed and approved by the EMSC Committee. **Board approved for posting.**
- *Recommendations and Key Concepts for Cardiology.* Education Committee reviewed and suggested no changes. **Board approved for posting in December 2013.**
- *Guidelines for Healthcare Provider to Paramedic.* Education Committee working to finalize and will be presented to the Board for approval to post.
- *EMS Board Statement Regarding Clarification of the term "Appropriate Training" as Specified in Rule 4765-6-03 of the Ohio Administrative Code (OAC) January 2006.* Under Legal Authority, #2 - Remove "including a MARK 1 kit" making it generic. **Board approved for posting with said change.**
- *Policy on EMS Provider Pre-Hospital Transport of Patients with Pre-Existing Medical Devices or Drug Administrations.* **Board approved for posting.**
- *Regarding EMT Interfacility Transport of Patients and the Scope of Practice.* **Board approved for posting.**
- *EMS Response to Patients Carrying a Handgun or Other Concealed Weapon.* **Board approved for posting.**
- *Policy on Extension of Trauma Registry Data Submission Requirement.* **Board approved for posting.**
- *Position on In Case of Emergency (I.C.E.) Initiative and Next of KIN.* **Board approved for archiving.**
- *EMS Position on Ohio Employers Offering Red Cross or Equivalent First Aid Training to Employees.* **Board approved for archiving.**

EMS Strategic Plan, Key Focus Areas (Mel House)

EMS Strategic Plan, Key Focus Areas (Attachment 5) were developed during the February Board retreat in 2013. It was narrowed down to nine priority areas. However, the priorities have yet to be approved by the EMFTS Board. Although during the new Board orientation meeting in August 2013 the Key Focus Areas were presented they were not approved. With the merger of the EMS & Medical Transportation Boards revisions and/or additions are necessary. Board members were asked to review prior to the retreat. Each Committee Chair presented an update of each priority in which they were assigned. The Board reviewed, discussed, revised as needed, and approved to continue to address the following:

Priority Area #1: Time-Critical Diagnosis. Time Critical Diagnosis Ad Hoc Committee, Geoff Dutton, Chair. The Committee would like to bring together a much larger and diverse group to assist in determining how the Committee should move forward. DEMS and the Board are not

the best lead for this concept. As others get involved, the “responsibility” may move to another entity. For now, the Board will continue to address Time-Critical Diagnosis issues. The Committee will continue to reach out to others to arrange a stakeholders meeting to get other more involved.

ACTION: Motion to continue addressing Priority Area #1: Time-Critical Diagnosis. Dr. Tallman – First. Ms. Beavers – Second. None Abstained. None Opposed. Motion approved.

The Board also discussed and agreed for the time being to maintain the Time-Critical Diagnosis Committee as Ad Hoc Committee vs an actual Committee. However, the Board needs to clearly define the goals and tasks currently assigned to the Committee for which the Committee will be responsible then report back to the Board with the results.

Priority Area #2: Dispatch. EMS System Development Committee, Jim Davis, Chair. There has been a Priority 5 grant “Characterization of Ohio EMS and Dispatch System” issued to Summa Health Systems. The Board would like to reach out to the grantee to request that they present a mid-term report to assist the Board in deciding how to move forward. A legislation change is necessary and depending on the research grant results, this may be the avenue needed to support the legislative change.

ACTION: Motion to continue addressing Priority Area #2: Dispatch. Mr. Dutton – First. Ms. Beavers – Second. None Abstained. None Opposed. Motion approved.

Priority Area #3: Education. Education Committee, Pam Bradshaw, Chair. Several of the objectives have been completed and several others are near completion.

ACTION: Motion to continue addressing Priority Area #3: Education. Mr. Resanovich – First. Ms. Beavers – Second. None Abstained. None Opposed. Motion approved.

Priority Area #4: Medical Direction. Medical Oversight Committee, Vacant, Chair Temporarily being led by Geoff Dutton until a replacement Chair is selected. Several objectives have been completed and others near completion.

ACTION: Motion to continue addressing Priority Area #4: Medical Direction. Ms. Bradshaw – First. Mr. Resanovich - Second. None Abstained. None Opposed. Motion approved.

Priority Area #5: Data. EMS System Development Committee, Jim Davis, Chair. Committee would like to move forward with the current tasks, however ask that the objectives and action steps be revised to include: 1) If available, review and refine the “Date Usage” policy and create a data validation policy. 3) Create and publish an EMFTS Board annual report. The Committee will draft a table of contents and present to the Board for approval. This will assist to identify what the report would include and allow DEMS to begin to create the report.

ACTION: Motion to continue addressing Priority Area #5: Data with revised action steps to include data validation and creation of an annual report. Ms. Bradshaw – First. Ms. Beavers - Second. None Abstained. None Opposed. Motion approved.

Priority Area #6: Health and Safety. EMS System Development Committee, Jim Davis Chair. Committee to move forward by focusing mainly on Strategies and Goals numbers #2, #3, and with the addition background checks. Strategies and Goals #1 will be removed as it is the main topic of the priority area.

ACTION: Motion to continue addressing Priority Area #6: Health and Safety with addition of Background Checks to the Strategies and Goals. Ms. Harris – First. Ms. Bradshaw - Second. None Abstained. None Opposed. Motion approved.

Priority Area #7. Disaster Preparedness. Homeland Security Subcommittee, Mark Resanovich, Chair. Most objectives have been completed. The Board agreed to add an objective to address Active Shooters.

ACTION: Motion to continue addressing Priority Area #7: Disaster Preparedness with the removal of the completed items and the addition of Active Shooter and IEDs to the Strategies and Goals. Mr. Davis – First. Dr. Pomerantz - Second. None Abstained. None Opposed. Motion approved.

Priority Area #8. Specialty Care. Specialty Care Subcommittee, Vacant – Chair
The Board discussed if the Subcommittee should move forward or pause to allow time to address the other priorities. The Committee has achieved most of the action steps up to seeking legislative change. After discussion, the Board decided to continue moving forward with emphasis on achieving the necessary legislative changes.

The Board continued to discuss the need for specialty care and the necessity for legislative changes. There are many outside entities that support the legislative change. Also discussed was the possibility of combining specialty care, community paramedicine, and time-critical diagnosis in one legislative change. The Board is encouraged to take back the idea to their individual originations to seek assistance and support in developing these changes. The Board needs to determine what they want to accomplish with a legislative change, identify the most critical areas that need to be addressed, draft it and then present it. As this is a Board initiative, it is the Board's responsibility (not DEMS) to draft and submit a request for legislative change. DEMS with Legal Services are available to assist, but ultimately it's the Boards responsibility to develop the legislative proposal. Once changes are made in legislation, rules can then be developed to address many of the "smaller" issues.

There are also some items in Priority Area #8 that may be better addressed under the Medical Transportation Committee and/or Critical Care Subcommittee. Therefore, Medical Transportation Committee and Critical Care Subcommittee are asked to review the items and decide how and where these items would be best served.

ACTION: Motion to continue addressing Priority Area #8: Specialty Care with emphasis on legislative change while working with the Medical Transportation Committee to revise and update the Action Steps. Mr. Davis – First. Mr. Dutton - Second. None Abstained. None Opposed. Motion approved.

Priority Area #9: Community Paramedicine. Community Paramedicine Ad Hoc Committee, Deanna Harris, Chair. No discussion due to earlier review (see above).

ACTION: Motion to continue addressing Priority Area #9: Community Paramedicine. Ms. Bradshaw – First. Mr. Davis - Second. None Abstained. None Opposed. Motion approved.

The Board discussed the need to develop a Priority Area #10 for Medical Transportation to address additional items due to the merger of the EMS and OMTB. Priority #10 will be assigned to the Medical Transportation Committee to develop the strategies and goals, key objectives, and the action steps. Once completed, these will be brought back to the Board for review and approval. Some of the areas to be included but not limited to are: Fees; licenses-private vs public; assure equity in standards; and assure equity in quality assurance.

ACTION: Motion to add Priority Area #10: Medical Transportation to the Strategic Plan, Key Focus Areas to be assigned to the Medical Transportation Committee to determine the Strategies and Goals, Key Objectives, and the Action Steps. Mr. Davis – First. Dr. Pomerantz - Second. None Abstained. None Opposed. Motion approved.

The Strategic Plan – Key Focus Areas will be revised as stated above and then distributed to the Board for review and approval.

Medical Transportation – Licensing and Inspections

The Board discussed the concern that there seemed to be a recent delay in completing Medical Transportation inspections as well as issuing of licenses. Executive Director House explained that although the division was behind due to staff shortage, we are now current. The priority has been placed on new vehicles and new licensing. Some of the delay was/is caused by the Pharmacy Boards turn-around time in issuing the medical licenses. DEMS is looking into ways to improve and streamline the current processes. Anyone receiving complaints is asked to refer them to DEMS, Medical Transportation Section.

EMFTS Board Committees, Subcommittees, Workgroups, and Ad-Hoc Committees Meeting Schedule

Committee Chairs are asked to review their committee's current meeting schedule and evaluate the possibility of rearranging their meeting day and/or time. There are many committees meeting on the same day and overlapping. Several members serve on more than one committee but, due to the meeting schedule, may not be able to attend each meeting. If possible, committees are encouraged to meet the month prior to the Board meeting instead the day before or perhaps meeting the day after the Board meeting.

Open Discussion

Karen Beavers invited all to the OEMS conference in June. OEMS will be hosting a get together in June as well. If interested contact Ms. Beavers for more information.

All Board members were sent rules previously that will be discussed and approved for filing during tomorrow's Board meeting with the exception of 4765-19-01. 4765-19-01 was distributed today. The Board is asked to review prior to tomorrow's meeting.

There will be an additional Board meeting scheduled in March 20th. One agenda item will be to review and approve rules that must be forward to JCARR to keep in compliance with the rules submission date. Those not able to attend, please contact Sherry Harkness.

The meeting scheduled in May 2014 has been cancelled. There will be no Ohio ACEP EMS Star of Life awards in 2014.

Recess until Thursday, February 20, 2014 at 9:00 a.m.

ACTION: Motion to Recess. Ms. Beavers – First. Dr. Steinberg – Second. None Abstained. None Opposed. Motion approved.

The meeting recessed at 4:55 p.m.