



**STATE BOARD OF EMERGENCY MEDICAL, FIRE, AND TRANSPORTATION SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY
RETREAT MINUTES
February 18, 2015
~ FINAL~**

Board Meeting Date and Location: Wednesday, February 18, 2015 (9:30 a.m.) at the Ohio Department of Public Safety, 1970 West Broad Street, Conference Room 134, Columbus, Ohio.

Board Members Present: Thomas Allenstein, Rebecca Baute, Karen Beavers, Pamela Bradshaw, Deanna Harris, Ernest Hatmaker, Steven Jones, Daryl McNutt, Mark Resanovich, Julie Rose, Dr. Hamilton Schwartz, Diane Simon, Dr. Steven Steinberg, Dr. Thomas Tallman, Thomas Wappner, and Dudley Wright II

Board Members Absent: Kent Appelhans, James Davis, and Geoff Dutton

DPS and EMS Staff Members Present: Jean Booze, Beverly Cooper, Dr. Carol Cunningham, Tim Erskine, Anna Firestone, Dave Fiffick, Ryan Frick, Sherry Harkness, Natalie Haslage, Melvin House, Rick Miller, Linda Mirarchi, Sue Morris, Ellen Owens, Robert Ruetenik, John Sands, and Schuyler Schmidt

Assistant Attorney General: Brandon Duck (not present)

Public Present: Robert Bates (Ohio Fire Chiefs' Association), Callen Corpi (ODH), David Gerstner (Dayton MMRS/Dayton FD), David Haley (US Dept. of Justice), Francis Menci (Summa Health System), and Barry Seth (Lagrange FD).

The retreat was delayed due to the inclement weather, therefore began at 10:04 a.m.

Roll Call

Ms. Deanna Harris (Chair)	Present	Mr. Daryl McNutt	Present
Mr. Thomas Allenstein	Absent	Mr. Mark Resanovich	Absent
Mr. Kent Appelhans	Absent	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Dr. Hamilton Schwartz	Present
Ms. Karen Beavers	Present	Ms. Diane Simon	Present
Ms. Pamela Bradshaw	Present	Dr. Steven Steinberg	Present
Mr. James Davis	Absent	Dr. Thomas Tallman	Present
Mr. Geoff Dutton	Absent	Mr. Thomas Wappner	Present
Mr. Ernest Hatmaker	Present	Mr. Dudley Wright II	Present
Mr. Steven Jones	Absent		

Welcome and Introduction

The agenda was rearranged due to the weather and the late arrival of presenters.

Board Chair Remarks

Ms. Harris delaying her remarks for later due to the late start.

Position Paper – Waveform Capnography, Dr. Cunningham

Dr. Cunningham presented the revised position paper “*Regarding the Use of Capnometry and Capnography for Patients in the Prehospital Setting*” (included in the Board packet). The revisions reflected the changes as discussed during the December Board meeting. The Board reviewed and discussed the position paper.

ACTION: Motion to approve the revised position paper “*Regarding the Use of Capnometry and Capnography for Patients in the Prehospital Setting*”. Ms. Beavers - First. Dr. Tallman – Second. None Abstained. None Opposed. Motion approved.

Homeland Security Briefing

Max Beaulieu an Intelligent Analyst from the FBI stationed in Columbus presented on the Islamic State in central Ohio. Mr. Beaulieu discussed some of the events that have occurred involving the Islamic State. One area of concern is the English language magazines produced by the Islamic State. These magazines are meant to promote lone-wolf attacks in western countries (United States, Canada, etc.). The magazines have been well received, are widely available, and easily obtainable. Copies of the magazines Debiq and Inspire were passed around to the Board for review. The magazines are calling for lone-wolf attacks on police, security members, and all first responders. This message is being very well received in the United States as is evident in the recent attacks. Mr. Beaulieu discussed some of those attacks. The Board is asked to notify the Joint Terrorism Task Force when something suspicious is noticed (i.e., Islamic State propaganda, black flag with white lettering as seen on television).

Another concern that the Board should be aware of is the use of ambulances and other patrol vehicles being sold at auction. These vehicles are being used in some of the attacks. Terrorist are using western resources that are available against the west itself; including vehicles, uniforms, and anything to make them look official.

The Board requested information that could be shared with their organizations. Mr. Beaulieu stated that he would forward documents and/or informational aware messages that can be shared their organizations.

If anyone has questions, concerns or notices anything suspicious, please call (614) 332-3236.

New Board Member

M. Steven Jones from Chagrin Falls has been appointed to Seat #4 - Hospital Administrator. His term begins December 23, 2014 and will end November 12, 2017. Mr. Jones is the President of the University Hospitals of Geauga, Conneaut, General Medical Centers.

OFCA Comments regarding ORC 4765-14-04 (Bob Bates):

Ohio Fire Chiefs' Association (OFCA) requested an amendment to OAC 4765-14-04 – "Education of state and regional trauma triage protocols". During the October and December meetings, the Board discussed the request as presented by Chief Robert Bates. The request was to revise the current language in Rule 4765-14-04. The Board was provided with a copy of Chief's Bates' testimony which included the suggested change to revise the current language in Rule 4765-14-04 by adding the following "*The board shall retain the power to and be the only entity authorized to approve state and regional trauma triage protocols.*" At the request of the Board, Chief Bates again presented for clarification OFCA's suggested amendment. Again, Chief Bates reiterated that many concerns arise in the field pertaining to who is the actual authority (i.e., medical director, Trauma Surgeon, EMFTS Board, etc.). Currently the wording "in consultation with" makes it sound as if another entity beside the Board has the authority to decide and approve education requirements. Particularly in regards to trauma training; although the training has been approved by a medical director, the training then must also be approved by a trauma surgeon. They believed that the added language will help alleviate this issue by strengthening and reinforcing that the EMFTS Board is the ultimate authority. The Board stated that that particular concern will be resolved with the passing of the Trauma Legislation. However, there are other instances where this issue becomes a concern. The Board agreed that this is two separate issues 1) the Education piece and 2) Trauma triage guidelines reviewed and revised as necessary for clarification.

The Board continued to discuss the process to change laws vs rules (ORC vs OAC). The Board agreed to begin looking at each rule as they come up for review to define/clarify "in consultation with" as applicable.

U.S. Territory Reciprocity (Ellen Owens & Anna Firestone)

The Division of EMS has received inquiries from U.S Territories requesting that Ohio recognize training completed in their areas. Currently Ohio recognizes training completed in other U.S states or in the military. There are total of sixteen territories of the United States, five of which are permanently inhabited: Puerto Rico, Guam, Northern Marianas, U. S. Virgin Islands and American Samoa. If the training in these territories is to be recognized the standards will remain the same as outlined in OAC Chapter 4765-08 *Certificate to Teach or Practice; Continuing Education*. This rule is up for review (due January 2016) with the Board's approval the rule will be revised to include U.S. Territories.

ACTION: Motion to revise OAC Chapter 4765-08 - Certificate to Teach or Practice; Continuing Education to include U.S. Territories. Mr. McNutt - First. Ms. Bradshaw – Second. None Abstained. None Opposed. Motion approved.

Continuing Education Certificate Requirements (John Sands)

The Board received, reviewed and discussed the EMS Continuing Education Documentation regarding the certificate of completion requirements. Currently there are CE programs that are not issuing actual CE certificates of completion as required in ORC Chapter 4765.24 *Continuing Education - Certificate of Completion*. Students are responsible for maintaining proof of their education, therefore the programs must issue said certificates. With the approval of the Board, the Division of EMS will send a notice to all EMS accredited institutions reiterating that it is required by law that they issue certificates of completion to each student who has successfully completed a CE training program. The Division of EMS will however continue to accept computer training records in response to a division audit.

ACTION: Motion for the Division of Emergency Medical Services to send a notice to all EMS accredited institutions that they must issue the appropriate certificate of completion to each student who has successfully completed a CE training program in accordance with ORC Chapter 4765.24 Continuing Education – Certificate of Completion. Ms. Bradshaw - First. Ms. Beavers – Second. None Abstained. None Opposed. Motion approved.

National Accreditation Update (Linda Mirarchi)

An overview of the National Accreditation program was provided to the Board. The overview included a brief summary of the program, an Ohio map indicating the current national accredited programs, and the February 2015 National Accreditation Status report. This information was also included in the Board packet. Currently of the 45 total programs: 17 are accredited; 23 have a letter of review or a limited self-study report; 1 request for application services; 1 that has intent, but has yet to submit; Belmont Technical College has intent to apply but has had no action. The Board members are asked to provide assistance if applicable.

In 2010, the EMS Board adopted the national accreditation of the state's paramedic training programs which requires that all Ohio accredited paramedic training programs be nationally accredited through the Committee on Accreditation for the EMS Professions (CoAEMSP) by 2018. The last date for Ohio Accredited Paramedic training programs to begin paramedic classes without a Letter of Review is December 15, 2016. Those that have not been nationally accredited by December 31, 2017 will lose their Ohio paramedic accreditation. Ohio may be among the top states to have National Accredited schools.

The Division of EMS has noted that the initial applications have been declining. The Division of EMS will continue to track to establish a reason as to why.

During the recent Ohio Ambulance and Medical Transport Association (OAMTA) meeting the topic of discussion was the lack of quality EMTs/paramedics. The Board discussed the need for more EMT/paramedics and possible solutions. Clinical hours may become an issue as hospitals begin to charge for those courses. The Ohio Department of Health will be presenting later in the retreat to discuss grant opportunities which could include EMS Leadership training. First step will be for the Board to create and submit a needs analysis.

Board Roster

The Board was provided with a copy of the EMFTS Board member list and was asked to review for accuracy and forward any changes to Sherry Harkness.

~ LUNCH BREAK (11:35 a.m.) ~

~ RETURN FROM LUNCH @ 12:35 ~

Roll Call

Ms. Deanna Harris (Chair)	Present	Mr. Daryl McNutt	Present
Mr. Thomas Allenstein	Present	Mr. Mark Resanovich	Present
Mr. Kent Appelhans	Absent	Ms. Julie Rose	Present
Ms. Rebecca Baute (Vice Chair)	Present	Dr. Hamilton Schwartz	Present
Ms. Karen Beavers	Present	Ms. Diane Simon	Present
Ms. Pamela Bradshaw	Present	Dr. Steven Steinberg	Present
Mr. James Davis	Absent	Dr. Thomas Tallman	Present
Mr. Geoff Dutton	Absent	Mr. Thomas Wappner	Present
Mr. Ernest Hatmaker	Present	Mr. Dudley Wright II	Present
Mr. Steven Jones	Present		

SUMMA CENTER FOR EMS (Dr. Francis Mencl, MD, MS, FACEP, FAAEM)

Dr. Francis Mencl presented and the Board reviewed and discussed the Summa Center for EMS Summa Akron City Hospital – “Characterization of Ohio EMS and Dispatch Systems” a Priority 5 Grant Final report. (PowerPoint presentation attached – Attachment 1). The Board received a copy of the final written report to review prior to the meeting in the Board packet.

Some points revealed by the survey:

- Survey revealed that most dispatchers are not required to have any certifications prior to employment. Training is received after employment. Although an area of concern, the fear is additional training requirements may result in less dispatchers and there is already a high turnover.
- Survey revealed a large amount of small agencies throughout Ohio.
- Most calls do not need an urgent transport.
- A follow-up survey should include questions regarding qualifications, dispatch certifications, 911, clearer questions, public-safety answering point (PSAP) relay time, and frequency in which calls need to be re-routed.
- Assessment is complete, but additional information is still needed to determine where Ohio’s system stands. However, at this time, there is no plan to complete additional studies. Research staff is not readily available and funding is lacking.

Anyone having questions can contact Dr. Mencl at (330) 375-9514 or menclf@summahealth.org.

Position Paper – Active Shooter (Mark Resanovich & Dave Gerstner)

During the EMFTS Board meeting in October, the Board requested that the Homeland Security Subcommittee develop an active shooter position paper and present to the Board when complete. Dave Gerstner, MMRS Coordinator of the Greater Dayton area, member of the Dayton Fire Department and a Homeland Security committee member, presented on active shooters, the Rescue Task Force concept, and said position paper. The Board reviewed and discussed the draft position paper “*The Evolution of EMS Response to Active Shooter Incidents*”. The Board received a copy of the position paper prior to the meeting as part of the Board Packet.

Points presented & discussed:

- Several active shooter incidents were reviewed.
- Average time for first victim of an active shooter incident to receive medical care is 1½ hours. Several cases were discussed regarding the time in which victims lie untreated.
- The on-line terrorist magazines are encouraging such incidents.
- Although Fire and EMS follow protocol (i.e., scene is safe/secure), they have been criticized for their response to several active shooter incidents.
- Law enforcement is very supportive to a Rescue Task Force (RTF) concept.
- EMS must be integrated with law enforcement.
- Tactical Emergency Causality Care Committee has endorsed this concept.
- Equipment needed for the RTF could possibly be purchased through Homeland Security and/or EMS grant funds.
- RTF concept focuses on the victims with a faster response time.
- The RTF concept as presented has been endorsed by the International Association of Firefighters, the International Association of Fire Chiefs, and the United States Fire Administration.
- Additional training for EMS and law enforcement will be needed.

The position paper is to encourage EMS agencies to prepare for such incidents and start looking at a better way to respond. The Board is asked to review the position paper for further discussion (if necessary) and action at the Board meeting on February 19, 2015.

EMS Awards (Deanna Harris)

As discussed during the December EMFTS Board meeting due to budget constraints, the Ohio ACEP will not be hosting the Ohio EMS Star of Life Awards program. The Board discussed the possibility of creating their own “EMS Star of Life”. Dr. Tallman met with ACEP and they indicated that they would also like to be involved in the award program and would assist as needed.

Dr. Tallman reviewed the ACEP Award process as used in the past: Applications accepted in March, nominations collected and reviewed, and awards given in May. With that, there is a lot involved and EMS Awards May 21, 2015 would be unlikely. The ACEP process will need to be revised to meet the budget constraints. The Board agreed to move forward with creating the EMS Awards by developing an EMS Awards Ad Hoc Committee. The Ad Hoc Committee will develop the criteria and present to the Board for approval. The Division of EMS will assist. However, the Award Ceremony will take place in September 2015 instead of May 2015.

The Board discussed combining the EMS Awards program with the Fire Awards. However, after consideration, the Board decided that although they would want to make the EMS Awards program similar to the Fire Award, it should be a standalone program.

An EMS Awards Ad Hoc Committee will consist of: Dr. Tallman (Chair), Deanna Harris, and Julie Rose.

~ BREAK ~

State Office of Rural Health Collaboration, Ohio Department of Health (Callen Corpi)

Callen Corpi presented an overview of the Medicare Rural Hospital Flexibility Program (Flex Program) (<http://www.hrsa.gov/healthit/toolbox/RuralHealthITtoolbox/Introduction/flex.html>). This program aims to improve access to preventive and emergency health care services for rural populations. The program provides federal grant funding to achieve this goal. The Flex Program also puts significant effort into designating Critical Access Hospitals. EMS plays a role in achieving their goal. The Board discussed ways in which EMS could utilize the federal grant funding to improve services to the Critical Access Hospital. The Board would like to use, if at all possible, the funds to also support their current priorities, i.e., waveform capnography, LEAD

program, Dispatch, etc. The Board should forward their ideas to the Executive Director Mel House no later than March 5, 2015. The first step will be to develop a needs assessment. The Division of EMS will meet and work with Ms. Corpi to develop the EMS portion of the grant. (Attachment 2 – A map Ohio's Critical Access Hospital & Rural Health Clinics and Attachment 3 - Ohio Critical Access Hospital List)

Division of EMS (DEMS) Annual Report (Mel House)

Executive Director Mel House presented the Ohio Department of Public Safety, Division of Emergency Medical Service's annual report (PowerPoint – Attachment 4).

Some items discussed were:

- DEMS work distribution
- DEMS Organizational Chart
- Initial EMS & Fire Applications
- The number of all Active Certifications yearly comparison charts
- The number of EMS/Fire/Medical Transportation Investigations
 - Discussed the case classifications (criminal convictions/falsification/audit issues, etc.)
- Board (EMS) & Executive Director (Fire) Actions (Notice of Opportunity for Hearings, Chapter 119 Hearings, closed cases, Consent Agreements, Goldman Hearings)
- The number of Medical Transportation (new, renewals, services, vehicles, inspections, etc.)
The Board requested the number of Medical Transportation agencies lose their license that are ambulance vs ambulette agencies. Will follow up and report during the EMFTS Board meeting on February 19, 2015.
- EMS Education (95 Accredited Institutions/610 CE Sites/201 on-site Inspections)
- Fire Education (61 Chartered Institutions/Courses offered/21 on-site inspections)
- Fire Education Updates (Database/Fire Charter Review/Fire Testing/Fire Training Rules/Live Fire Training)
- EMS for Children (ED Categorization Program Development/ED Site Visits/Next Steps)
- Grants (number of agencies funded/Total amount awarded (all priorities))
 - Agencies are not being funded due to their not reporting as required. Working to improve communications as to the value of the data obtained from these reports.
 - Continue to refine awards due declining funding. Priorities being developed.
- Research and Analysis –there is a lot of data being collected. DEMS is working on ways to use and share that data, i.e., annual report.
- Map of Ohio Designated Trauma Centers
 - 50 centers in Ohio
 - Board discussed the concern that there is only three burn centers in Ohio (2 in Columbus (1 pediatric/1 adult) and 1 in Cleveland).
ACTION ITEM: this concern will be forwarded to the Trauma Committee for further evaluation, assessment, and possible action.
- Naloxone Administration
 - In 2014 there were 15,210 reported Naloxone administrations by EMS – the scope of practice change by the Board has made an impact.
- EMS Regional vs HLS Regions (map)
- DEMS projects current working (Certificate process, Fire Reciprocity, EMSIRS migration, EMFTS Strategic plan, Priority 1 Grant Refinement, and etc...)

EMS Incident Reporting System (EMSIRS)(Tim Erskine)

Tim Erskine reviewed and the Board discussed the draft *State of Ohio 2014 EMS Incident Reporting System Annual Data Report* (Attachment 5). The Board was asked to review the report and forward what other information that they would like to see in the report. The Board would like the completed report distributed to all EMS agencies; survey those agencies as to what additional information they would like to see added to the report. This report has the

potential to allow agencies to utilize the data for quality improvement, to set goals/priorities; compare their numbers to the National numbers; set benchmarks; and possibly used the information as rural collaborations; Medical Directors could use the data to ensure that their EMS agencies are providing care as required. The uses for the data are substantial.

The Board needs to determine how the information can be used/shared and then develop priorities accordingly. Perhaps form a Quality Improvement Committee to address this issue. Every EMFTS Board committee should be utilizing the data and focus on their individual committee quality improvement issues.

The Board would like to see the following completed:

- An updated report published and placed on the website for comment.
- Report to include a descriptor (full description, an explanation of what is contained in the report, how the information was obtained, how it can be used, etc.
- Create a Quality Improvement Committee
- Contact EMS Medical Directors & RPAB

ACTION ITEM: The Board request that the report be re-ran and brought before the Board at the April meeting for approval prior to publication/distribution. The report is to be distributed to the Board prior to the April meeting to allow time for review.

EMS Systems Development (Jim Davis)

Jim Davis reported on the Strategic Plan, Key Focus Area – Priority Area #5: Data. The EMS Systems Development Committee reviewed several states as to what information was available regarding EMS crash data collection. A sample report from Michigan Public Health provided the best data. The Board was provided with a copy for review and discussion (Attachment #6). Although several states provided very good reports, Ohio is not one of them. It's very difficult to gather the same information in Ohio. Currently Ohio is not required to report EMS accidents. Even with the use of the vehicle crash database, the needed information is hard to retrieve or just not available.

Mr. Davis also reported Priority Area #2: Dispatch and Dispatch certification. Currently approximately 86.6% of all agencies require certifications. After review of the Summa Center for EMS Summa Akron City Hospital – “Characterization of Ohio EMS and Dispatch Systems” a Priority 5 Grant Final report, there may be other issues that need to be addressed more so than Dispatch certification. **ACTION ITEM:** The Board needs to decide if the EMS Systems Development Committee should continue with the dispatch certification issue. Chair Harris will follow up and report back.

Strategic Plan Review (Committee Chairs)

The EMS Strategic Plan, Key Focus Areas (Attachment 7) were developed in February 2013. It was narrowed down to nine priority areas. Each Committee Chair presented an update of each priority in which they were assigned. The Board reviewed, discussed, 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 has begun to bring together a much larger and diverse group to assist in determining how to move TCD forward. Headed in that direction, the Committee invited Dr. Michel Torbey, the medical director for Ohio State University's Neurovascular Stroke Center to attend the recent TCD meeting. In addition, Dr. Ernie Mazzaferri, who is the medical director of Ross Heart Hospital, has express interest in meeting with the TCD Committee to offer his feedback as well. The Committee has agreed that DEMS and/or the Board are not the best leads for this concept. The next step is to hold an all day summit and inviting cardiologists, clinicians. Reviewing other states' TCD programs (i.e., Missouri). As others get involved, the responsibility will need to move to another entity. For now, the Board will continue to move

forward and address Time-Critical Diagnosis issues. The Committee will also continue to reach out to others to get them more involved. It will need to be determined if this issue should be addressed as a best practice or needs a legislation change.

Priority Area #2: Dispatch. EMS System Development Committee, Jim Davis, Chair. The Board will need to determine if the Committee should move forward with pursuing Dispatch certification or expand to the gaps that have been identified by the EMS Summa Akron City Hospital – “Characterization of Ohio EMS and Dispatch Systems” report. **ACTION ITEM:** Committee to develop a follow-up survey to be sent to those agencies previously surveyed (obtain the contact information from Summa). The survey will be used to gather additional information regarding the identified gaps (i.e, pre-arrival instructions). The Committee will develop the questions and bring before the Board for approval.

Priority Area #3: Education. Education Committee, Pam Bradshaw, Chair. Most of the objectives have been completed and several others are near completion. Committee is currently working to develop the statewide clinical preceptor orientation; completing the education statewide video with Dr. Cunningham; and nearly complete with developing the statewide instructor techniques examination

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. Currently working with the Education Committee to develop a Waveform Capnography education video.

Priority Area #5: Data. EMS System Development Committee, Jim Davis, Chair. As discussed during the EMSIRS report (above), the report may be used as the EMFTS annual report. The EMSIRS database transition is moving slower than anticipated. However, may be completed by the summer 2015.

DEMS is having difficulty in obtaining definite answer from the vendor working on the project (Digital Innovations) as to when the data will be available. **ACTION ITEM:** a letter to be developed from the Board and sent to Digital Innovations requesting that a status report is provided with projected competition dates.

The Committee will continue working towards completing the annual report; obtaining the auto accident data; finalizing a data usage and validation policy; single patient identifiers to be added to allow for the information to be linked (viable & statewide roll-out).

Priority Area #6: Health and Safety. EMS System Development Committee, Jim Davis Chair. Previously discussed. Committee will continue to move forward.

Priority Area #7. Disaster Preparedness. Homeland Security Subcommittee, Mark Resanovich, Chair.

- 1) *CHEMPACK.* Committee has completed all that it can in regards to CHEMPACK, still waiting for the Ohio Department of Health’s response. **ACTION ITEM:** Executive Director House to follow up the ODH for status update and report back to the Board.
- 2) *Improve state disaster planning to address the needs of children.* Complete
- 3) *Develop guidance for Crisis Standards of Care.* Complete
- 4) *Develop comprehensive database of EMS Resources.* Complete – maintained by the Ohio Fire Chiefs’ Association, housed by the Columbus Fire Dispatch
- 5) *Active Shooter.* Position paper developed and will be presented to the Board for approval at the February 19, 2015 meeting.

Priority Area #8. Specialty Care. Specialty Care Subcommittee, Vacant – Chair

No report. Goals and objectives will need to be reevaluated and then possibly assigned to the Medical Transportation Committee and/or Critical Care Subcommittee. The Critical Care Subcommittee discussed the possibility of developing a specialty/critical care certification. However, a law change will be required. Update...the National Association of State EMS Officials produced and distributed their paper on Specialty Care Certifications (a national initiative).

Priority Area #9: Community Paramedicine. Community Paramedicine Ad Hoc Committee, Deanna Harris, Chair. The goals and objectives have been completed or are ongoing. The Committee is on-hold until legislative change. Chief Porter Welch, Michelle Fitzgibbon, and the Fire Chiefs' Association working to draft language and are plan to introduce to legislation.

Priority Area #10 for Medical Transportation. Medical Transportation Committee, Tom Allenstein, Chair. The Medical Transportation Committee is currently developing the strategies and goals, key objectives, and the action steps. Once completed, these will be brought back to the Board for review and approval.

All Committee Chairs are reminded to review the Strategic Plan – Key Focus Areas and forward any completed items to DEMS. This will allow for the continued accuracy of the progress of each area.

Open Meetings Act/Sunshine Law

The Board has discussed on several occasions their desire to pursue law change to allow for a waiver for the EMFTS Board and Committees meetings. However, if there are no Board members' nominating organizations (or other agencies) willing to proceed with introducing a law change, the Board will no longer discuss this issue.

Dr. Steinberg discussed the possibility of having the language added to the Trauma Bill to include the EMFTS Board as well. The Board is asked to forward any language that they would like added to Dr. Steinberg ASAP. Chair Harris will review the current Trauma Bill language with the possibility of added additional language to include EMFTS Board.

RECESS

ACTION: Motion to recess until February 19, 2015 EMFTS Board meeting. Ms. Bradshaw - First. Ms. Beaver – Second. None Abstained. None Opposed. Motion approved.

The meeting recessed at 4:57 p.m.

MEETING: (at the Ohio Department of Public Safety, 1970 West Broad Street, Conference Room 134, Columbus, Ohio.)

- Thursday, February 19, 2015 at 9:00 a.m.

Attachments are available upon requests:

- Attachment 1 – Characterization of Ohio EMS and Dispatch System report
- Attachment 2 – Ohio's Critical Access Hospitals & Rural Health Clinics - Map
- Attachment 3 – Ohio Critical Access Hospital list
- Attachment 4 – EMS 2014 Annual Report/Review (PowerPoint)
- Attachment 5 – EMS Incident Report System Annual Report 2014 (DRAFT)
- Attachment 6 – Environmental Conditions from Michigan Crash Database
- Attachment 7 – EMFTS Board Strategic Plan – Key Focus Areas