

FINAL

**STATE BOARD OF EMERGENCY MEDICAL SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY
MEETING MINUTES
June 18, 2008**

Chaired by Mark Burgess

Board Meeting Date and Location: June 18, 2008, Ohio Bureau of Workers Compensation (BWC) Health & Human Services Building, 13430 Yarmouth, Pickerington, Ohio 43147

Board Members in Attendance: Mr. Mark Burgess, Ms. Pamela Bradshaw, Dr. Thomas Collins, Mr. James Davis, Mr. David Fiffick, Ms. Vickie Graymire, Dr. Jonathan Groner, Mr. Carl Jordan, Mr. John Kubincanek, Mr. Daryl McNutt, Mr. William Mallory, Mr. Mark Mankins, Dr. John Pakiela, Dr. Wendy Pomerantz, Mr. Mark Resanovich, Mr. Michael Senter

Board Members Absent: Mr. James Holcomb, Mr. Mark Marchetta, Mr. William Vedra

Staff Members Present: Alan Boster, Dr. Carol Cunningham, China Dodley, Aleta Dodson, Tim Erskine, Heather Frient, Thomas Gwinn, John Kennington, Lorrie Laing, Thomas Macklin, Chuck Milam, Linda Mirarchi, Doug Orahood, Ellen Owens, Richard Rucker, Bob Ruetenik, John Sands, Joe Stack, Yvonne Tertel, Melissa Vermillion, and Diane Walton

Guest and Public Attendance: Christopher Bell, Columbus State Community College; Daniel Bell, Cuyahoga Community College; Randall Benner, Youngstown State University; Edward Bohn, Four County Career Center; Jim Cress, University of Toledo; Juli Doubet, Bethesda PTP; Kevin Edmond, Lakeland Community College; Janice Evans, University of Cincinnati; Rob Farmer, Delaware County EMS; Dan Frederick, Four County Career Center; Michael Freeman, Jefferson Community College; Becky Hains, Bethesda PTP; Barbara Hancock, Four County Career Center; Bob Hasselfield, Butler Tech; George Hatch, Executive Director of the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP); Jeffrey Heist, Bethesda Paramedic; Holly Herron, Grant EMS Education; Paul Isaacs, MedCorp; Chris Kincaid, Columbus Division of Fire; Maryann Lape, Ohio University – Lancaster Branch; Judy Levy, Bethesda PTP; Connie Long, Central Ohio Technical College (COTC); Scott Melling, Bohelker College; Joe Mistovich, Youngstown State University; William Montrie, Owens Community College; Helen Newland, Hocking College; Jim O'Connor, Eastland Vocational; Greg Paxton, Columbus Division of Fire; Preethum Prithuirg, Life Care Ambulance; Jennie Reed, MedCorp; Brian Skipworth, Morrow County EMS; Chuck Sowerbrower, Sinclair Community College; Bonnie Stich, Stark State College; Joe Toth, Parma Hospital; Sandy Waggoner, Ohio Adult Workforce Development and EHOVE Career Center; Michael White, Newark City Fire/EMS; John Wilt, Columbus Division of Fire; Christen Wirth, Four County Career Center; Tom Wolf, Montgomery Fire Department

Mr. Burgess called the June 18, 2008 meeting to order at 9:00AM.

Roll Call

Mr. Mark Burgess	Here
Mr. James Davis	Here
Ms. Pamela Bradshaw	Here
Dr. Thomas Collins	Here
Mr. David Fiffick	Here
Ms. Vickie Graymire	Here
Dr. Jonathan Groner	
Mr. James Holcomb	
Mr. Carl Jordan	Here
Mr. John Kubincanek	Here
Mr. Daryl McNutt	Here
Mr. William Mallory	
Mr. Mark Mankins	Here
Mr. Mark Marchetta	
Dr. John Pakiela	Here
Dr. Wendy Pomerantz	Here
Mr. Mark Resanovich	Here
Mr. Michael Senter	Here
Mr. William Vedra	Here

OPEN FORUM

Mr. Burgess welcomed everyone in the audience and thanked them for participating in the open forum regarding the proposed national accreditation process for paramedic programs. He outlined the process for members of the audience who wished to address the Board.

***** Dr. Groner arrived at 9:05 AM*****

Dr. Cunningham thanked all the audience members for attending. She said that the EMS Agenda for the Future has five components. The National Association of State EMS Officials (NASEMSO) has been tasked to assist the National Highway Traffic Safety Administration (NHTSA) with the implementation of those components. The National EMS Scope of Practice has been completed and the National EMS Education Standards final draft is due to be released in early 2009. From the Ohio EMS Board's standpoint, no decision has been made on whether or not Ohio is going to adopt the National EMS Scope of Practice. At this point, NHTSA and NASEMSO have not formally addressed the accreditation or certification process. The National Registry of Emergency Medical Technicians (NREMT) will require paramedic candidates to graduate from a nationally accredited program in order to take their examination effective January 1, 2013. That decision was made on the National Registry's part, and not by NASEMSO or NHTSA. The Ohio EMS Board needs the input from our EMS education institutions in order to make the best decision for Ohio providers whether or not to adopt the National EMS Scope of Practice and the national accreditation and testing processes.

George Hatch, Executive Director of the Committee on Accreditation of Educational Programs for the EMS Professions (CoAEMSP) spoke and answered questions for approximately 45 minutes. The following is a summary of information from Mr. Hatch's presentation, comments and questions from audience and board members.

Mr. Hatch said his organization is here to help Ohio and other states who seek national accreditation for the paramedic programs. CoAEMSP has been around since 1978, was originally formed to assist the American Medical Association (AMA) identify allied health professions, and is a non-profit organization. Their accreditation process is based on peer review evaluation of paramedic programs and is non-governmental. CoAEMSP has approximately 260 programs that are currently accredited. Their parent organization, the Commission on Accreditation of Allied Health Education Programs (CAAHEP) issues the accreditation. CAAHEP is also a non-profit, non-governmental agency, who reviews and accredits over 2,000 educational programs in nineteen (19) health science occupations.

***** Mr. Mallory arrived at 9:20 AM*****

Mr. Hatch said the emergency medical services is the only allied health education specialty that does not mandate accreditation. He said requiring national accreditation for paramedics is an opportunity to equalize or level the playing field across the country. Not all states have the same standards for their paramedic level programs.

The CoAEMSP application, evaluation and accreditation process usually takes one year. If the application is received after the 2013 deadline, it could take two years before being accredited. Once accredited, an annual report must be submitted every year to track the programs progress. The goal of the CoAEMSP accreditation program is to make the programs better, and not in a punitive way. Re-accreditation is every five years.

Mr. Hatch said a program considering national accreditation through CoAEMSP must comply with their standards, guidelines, and policies and procedures. The school will complete a self-study process, submit it to CoAEMSP with application fees, and an executive summary based on the self-study will be prepared and sent to one of the CoAEMSP Board members for review of the school. Reviewers, typically a paramedic educator and a physician, will then visit the facility for a two-day evaluation of the program. A report (around fifty pages) will be compiled that covers any weaknesses that need addressed and the team will hold an exit interview with all the principal people involved.

CoAEMSP currently has 100 paramedic educators and 50 physicians as site reviewers. He said they do not have enough physicians and are looking to recruit more to accommodate the anticipated increase in applications. Their goal is to have one paramedic and one physician on each team. He said one team could do six programs in one week across the state of Ohio. Dr. Cunningham said the Regional Physician Advisory Board (RPAB) and Ohio chapter of the American College of Emergency Physicians (ACEP) were sent recruitment letters to physicians about becoming site reviewers.

Mr. Hatch said the National Registry is just one component of what CoAEMSP looks at when evaluating programs. They also look at outcomes derived from the education program to ensure the students are ready to go to work once they graduate, which is accomplished through employer and graduate surveys. Other components reviewed and required are:

- Active medical director involvement
- Lesson plans
- Graduation/pass rates
- Preceptor education training (field training)
- Tracking mechanism to determine students are meeting minimum competencies
- Program director must have a bachelor degree

Mr. Hatch said requiring the program director to have a bachelor degree is because there is a tie to academic preparation and successful outcomes for students. If the program director does not have a bachelor degree, CoAEMSP will work with them to get it. If the school applies for national accreditation by January 1, 2011, the program director will be allowed 15 credit hours per year over an eight-year period to obtain their bachelor degree. If a program director does not have a degree, they can partner with a local community college or hospital medical school who has a program director with a bachelor degree.

Mr. Burgess thanked Mr. Hatch for his presentation and indicated the Board is concerned about this issue and there are big decisions to make. He addressed the audience saying the only way to make the decision and serve them better is to have their feedback. Mr. Burgess opened the floor to comments. There were thirty-eight (38) individuals representing twenty-eight (28) institutions and agencies in attendance.

The following is a list of people who presented positions about the national accreditation process along with their organizational affiliation:

Chris Bell, Columbus State Community College; Sandy Waggoner, Erie Huron Ottawa Vocational Education (EHOVE) Public Safety Section-Adult Workforce Development; Jim O'Connor, Eastland Fairfield Career & Technical Schools (CTS); William Montrie, Owens Community College; Bonnie Stich, Stark State College; Janice Evans, University of Cincinnati; Jim Cress, University of Toledo; Randy Benner, Youngstown State University; Joe Mistovich, Youngstown State University and CoAEMSP Board of Director member.

A letter was presented and read by Bonnie Stich, EMS Coordinator from Stark State College, North Canton, Ohio. It read:

This letter is in reference to the requirement of national accreditation being imposed on Ohio Paramedic educational programs by the National Registry of EMT's. Please allow this to serve as written record of concerns expressed by me, my department chair and department dean.

We are anticipating that many questions will arise and hopefully some answers will be provided by the meeting, Wednesday, June 18. The concerns that we have, have already been expressed by others, including the EMS board. However, I wish to reinforce a few of those concerns.

Costs of this requirement have been discussed. Not only are we concerned that the cost of the initial application will strain budgets or be prohibitive, but the time and effort of preparing and maintaining accreditation requirements will most certainly mean additional costs of personnel and possibly materials. EMS programs are continually required to adapt and change to new equipment, methods, and science affecting our scope of practice. This requires updates for instructors, all tests and materials and possibly additional class time, all involving additional costs. And will this mean additional costs once again if EMT-B or EMT-I levels are added to this requirement at a later time?

Even if my program is capable of accomplishing the requirements for this accreditation process, I am concerned that it might cause other programs to suffer and close. While this may not directly impact my educational institution, it affects me as a citizen of Ohio, with expectations of quality EMS care wherever I travel in our state.

Many graduates of our programs have successfully completed the current certification requirements of passing the National Registry Exam. Thus, it seems that our educational programs must have some credibility and proper education or there would be no functional EMTs and paramedics in Ohio.

The parallel might be made to nursing. When the profession of nursing and the world of liability required that nursing documented care plans to show that basic nursing care was being done, it became very cumbersome and counterproductive. As an ICU nurse, I had to tediously document possible patient care issues and rationale for my care, justifying my nursing interventions. The time it took to document WHY skin can breakdown, nearly kept me from having time to turn a patient to prevent the very skin breakdown that I was writing volumes about, but it looked good on paper.

This also seemed to question whether a registered nurse had the training and knowledge to know that immobility could lead to other physical problems. By the insurance companies driving many of the processes that are required, it takes away from the health care professional's knowledge and ability to give good care. It would seem a similar situation if the National Registry continues to dictate what is "adequate" and what is not.

We strongly believe in the concept of accreditation by a governing body, to assure that certain standards are maintained and consistency prevails throughout our Ohio

programs. The accreditation process in Ohio requires programs to evaluate themselves and points out strengths and weaknesses, allowing the program a chance to improve and learn from others. When passage percentage of the National Registry exam is low, our own Ohio system tracks that and in fact penalizes programs for not measuring up to a certain standard. Allowing another agency to impose more restrictions on our programs seems a slap in the face to the EMS Board of Ohio.

We already have issues with incongruence of our curriculum in Ohio and the material tested by the National Registry Exam. It would seem that the national accreditation process would not solve, and possibly widen the gap between what is in our Ohio scope of practice and the National Accrediting body's expectations.

We can agree there are concerns about the National Registry testing, as evidenced by the pass rates, that even precipitated changes in our rules of accreditation. We have heard time and again, that it would take time and money to develop an alternative to the NR for our state exam. However, as long as Ohio chooses to continue to use the National Registry as the certifying exam, we will continually be subject to the distraction of this process in our EMS education.

Another letter was presented and read by Sandy Waggoner, Public Safety Section of Ohio Adult Workforce Development, a part of the Association for Career Technical Education. It read:

Thank you for the opportunity to submit comments from the Public Safety Section of Ohio Adult Workforce Development, a part of the Association for Career Technical Education. Our organization represents over 30 EMS education programs in Ohio that are part of the career technical system of adult education. Many of our members also represent high school programs that operate under the oversight of the adult education program at the same institution.

On behalf of these institutions and programs, I express serious concern over the National Registry of EMTs recent decision to require CoAEMSP accreditation by 2012 in order for program graduates to sit for the National Registry certification examination. This requirement will place undue process on programs. It will duplicate the process already required by the state of Ohio. This State has established comprehensive accreditation rules that govern the conduct of EMS education so that high quality standards and comprehensive objectives are covered. The move by NREMT to require CoAEMSP accreditation is redundant and unnecessary in the State of Ohio.

Additionally, this requirement will transfer increased costs to students by as much as 15 to 20%. This could easily be the pivot point where institutions decide to eliminate EMS programs. As the geriatric population in Ohio experiences explosive growth, any move to limit the training of paramedics and EMTs is not

only wrong, but also socially unacceptable. As we implement Governor Strickland's directives to increase the numbers of college graduates each year, the new rule by the NREMT has a counterproductive effect.

The third point takes us back to the adoption of National Registry of EMT testing in Ohio. We must remember that the National Registry is a private organization that provides test-writing services to deliver standardized certification examinations. Contracting for these services is wise only if the service they provide is the most economical way to obtain the service. I urge you to consider the \$5,000 annual cost of accreditation to every program, the salary costs to develop the annual self-studies and reviews, and the cost of additional educational requirements for staff as you determine whether the services provided by NREMT are still the best choice for Ohio. Our State already keeps its own registry of certified personnel and maintains its own recertification standards. Is the resultant cost of national accreditation to students commensurate with the quality of the certification tests; or could Ohio use that money to write its own certification examination to serve students just as well?

I urge you to involve the EMS programs in Ohio in your decision-making process as you proceed with this issue. Consideration of the impact upon the EMS professionals in our communities is really the bottom line. The career technical institutions, in general, have not been convinced this change by the National Registry of EMTs will successfully improve program quality or results. We are most certain it will not broaden the availability of training programs. We urge you to work with the National Registry to achieve a compromise resolution, or to develop an independent accreditation and certification testing program.

Dr. Collins asked how many programs have failed their national accreditation process. Mr. Hatch said there is not a single program that has applied for accreditation that has not worked through the process and gained accreditation. He is aware some do not get fully accredited the first time around and might have to include multiple progress reports to CAAHEP before accreditation is granted.

Mr. Montrie said he just went through the national accreditation process and if the standards are not met, the school will not be accredited. The state of Ohio is doing an excellent job. If he has a problem, he can go to Columbus to discuss it and would not have the funds or time to go to Texas (where CoAEMSP is located).

Dr. Collins said the Registry provided the Board with a study that showed students who graduate from accredited programs had a higher pass rate than non-accredited programs. He questioned whether CoAEMSP is tracking such data to make sure it continues to hold true. Mr. Hatch said they are not tracking that data, but would like to. He thinks the National Registry will be repeating that study in other areas. Mr. Hatch said there is a small body of research from the Institute of Medicine that suggests it is better. There are three studies that point to accreditation

makes a difference and he believes there will be a growing body of evidence over the years that will support this.

Dr. Cunningham raised the cost issue and said Ohio's process is free. Cost increases estimated by audience members ranged from 20% to \$1,000. Ms. Waggoner said most students pay for tuition out of their pockets and she believes this will prevent people from taking paramedic training altogether. She said career centers are advocates of anything that improves quality, but there is also a social and financial responsibility to make sure whatever is done is worth the additional cost incurred. Mr. Montrie said the Registry's study looking at outcome of accredited vs. non-accredited programs was a small study which indicated a slight increase. He did not believe it showed enough increase to justify the additional expense. Mr. Montrie pointed out the National Registry study did not compare nationally accredited programs to states that have their own accreditation process. Mr. Mistovich believes costs will work out as they did when Ohio adopted the National Registry test. Mr. Hatch said there are others at the national level looking at the cost factor of this. He said one of the ways his organization could keep the overhead cost down is to have Ohio institutions work together in order to lower the cost for everyone.

Ms. Evans would be interested in combining the state audit every three years and the CoAEMSP renewal every five years, which are two cost factors for institutions doing both.

Mr. Resanovich asked how Ohio's accreditation process compares to CoAEMSP. Mr. Hatch has not looked at Ohio's process and has not made any comparisons.

Dr. Cunningham wondered if a state accreditation process exactly mirrored CoAEMSP's process, would the CoAEMSP Board consider giving that accrediting body reciprocity or make it CoAEMSP equivalent. Mr. Hatch could not answer for the Board, but said the CAAHEP process is a non-governmental peer review process. He said it is similar, but not exactly the same. Dr. Cunningham asked theoretically if there was a different accreditation body that is doing exactly the same, would his Board consider granting CoAEMSP equivalency to them. She said Ohio's process is working, and this would not be an issue if the Registry had not made their decision. Mr. Hatch could not answer for his Board as it is a peer review process, not governmental. He would look at it, but his Board and CAAHEP would have to determine whether that could be done. Mr. Rucker asked if a state, such as Ohio, could receive CoAEMSP accreditation in order to accredit their own programs which would save students and schools money. Mr. Hatch was not aware of anyone ever asking that question and could not answer it, but thinks they would be willing to look at all options. Many speakers said their students are already passing the National Registry exam and in some cases, exceeding national averages, proving Ohio is successful in training paramedics.

Mr. Cress said most of the comments are focused on cost, time and manpower. The problem he sees is the national accreditation has been mandated by the testing organization, National Registry, not the EMS Board. He believes the alternatives are to do our own testing, making Ohio less dependent on the National Registry directives, which has been done before, or look at Ohio's accreditation process as an equivalent and push that issue.

Mr. Mistovich said there are programs that are CoAEMSP accredited that don't require the National Registry; schools can have their own exam and still be CoAEMSP accredited.

Ms. Waggoner said when Ohio accepted National Registry as the standard for testing, it was done because it was the most economical and efficient way to consistently test the paramedic students. This would bring back to the table the question of whether National Registry is still the best choice or does Ohio have the capacity to develop our own test to more economically meet the needs of students.

Mr. Davis asked if there were any programs present in the audience who are nationally accredited and can provide their experiences and thoughts. Responses included:

- Costs have not increased.
- There are a lot of ways to spread the extra costs out.
- All faculty are needed to do the accreditation process, not just one administrator.
- Clinicals had to be changed and improved, which made students competitive in the industry.
- The process allows one to look at your programs weaknesses and build upon them.

Mr. Davis asked Mr. Hatch whether there has been discussion about making the Basic program nationally accredited as well. Mr. Hatch said he didn't see it happening in the next fifteen years and probably will not happen for quite a while since there is already a lot of angst about the paramedic program. Mr. Hatch pointed out that the processes programs have in place at the paramedic level trickle down to the Basic level throughout the entire educational process.

Some felt another reason to get the state of Ohio nationally accredited is to have the ability to address any future issues regarding national accreditation for Basic and Intermediate EMT levels.

In closing, Mr. Hatch said national accreditation is worthwhile. It looks at ways to improve the delivery of how schools provide EMS education and how the students perform upon graduation. Mr. Hatch will be doing a workshop in Wisconsin to aid programs in preparing for the accreditation application and said he could do the same in Ohio.

Mr. Burgess thanked audience participants for their input. Comments from today will be used for the Board's deliberation on determining the course of action to be taken. Mr. Burgess does not expect this to be a quick decision and the focus will continue to be on patient care.

The national accreditation Toolkit containing information and resources will be posted on the EMS website (http://www.ems.ohio.gov/Public_Forum.htm).

***** Break 10:30 – 10:45 AM *****

REVIEW AND APPROVAL OF THE MAY 21, 2008 EMS BOARD MINUTES

ACTION: Motion to approve the May 21, 2008 EMS Board minutes. Pomerantz first. Pakiela second. None opposed. Motion approved.

REVIEW AND APPROVAL OF THE REVISED APRIL 16, 2008 EMS BOARD MINUTES

ACTION: Motion to approve the revised April 16, 2008 EMS Board minutes, correcting information regarding the Tactical EMS (TEMS) member, Dr. Kim. Resanovich first. Bradshaw second. None opposed. Motion approved.

STAFF REPORTS

Chair's Report, Mark Burgess

Mr. Burgess missed some of the committee meetings yesterday because he and Mr. Rucker met with the Fire Marshal and Fire Alliance.

State Medical Director, Dr. Cunningham

Dr. Cunningham will meet with the American Heart Association (AHA) regional representatives regarding potential CPR/AED initiatives for schools. They will meet again this summer to see if there is a role for EMS.

Dr. Cunningham gave an update on the state of EMS in Ohio at the Ohio American Medical Transportation Association (OAMTA) meeting. She and Mr. Fiffick were on a panel discussion involving the new interfacility scope of practice position paper that the Board approved. She believes there is now a better understanding of our mission and patient safety goals with the parameters outlined.

The Centers for Disease Control (CDC) approved the Ohio Department of Health (ODH) "Promising Practices" grant, which will fund telemedicine centers throughout the state of Ohio. The grant will be available June 30, 2008.

Dr. Cunningham will attend mid-annual meeting of the National Association of State EMS Officials (NASEMSO) in Baltimore. Topics to be discussed are scope of practice issues and educational standards.

Principal Assistant Attorney General, Yvonne Tertel

No report was given.

EMS Staff Legal Counsel, Heather Frient

Last week Ms. Frient filed three scope of practice rules that were originally filed as no change rules but had to be pulled due to a reference of an outdated website. She is rescinding one of the rules and amending the other two; a public hearing for the amended rules will take place at the July Board meeting.

EMS Legislative Liaison, John Lang/Tonia Fitros

Ms. Frient said Ms. Fitros was unable to attend, but that she did provide a legislative update chart (which was distributed to all members). Ms. Frient relayed Ms. Ftiros's comment that not many bills will be moving in the summer since the legislature will be on recess.

Mr. Fiffick asked about House Bill (HB 283) that proposed allowing the use of expired medicine for training in the schools. Ms. Frient said EMS language was not added because of lack of consensus from the Pharmacy Board. She noted that sometimes refusal to add language to another bill is merely a desire to not stall the bill.

Executive Director's Report, Richard Rucker

Mr. Rucker reported the Adena 12-Lead EKG study is making a difference in the EMS industry in Ohio and the nation. An article that appeared in the Chillicothe Gazette was distributed.

The response received from Drew Dawson, the Chief of EMS at the National Highway Traffic Safety Administration (NHTSA), in reference to the Board's questions about National Accreditation was distributed.

Mr. Rucker spoke with Bill Brown of the National Registry of Emergency Medical Technicians (NREMT) who indicated there is a possibility the 2013 date might be relaxed due to responses from various states. Mr. Rucker reported that the Board's letter sent to the NREMT was read and discussed at their June Board meeting.

Each Board member received a copy of their bio for review and should report any changes to Ms. Dodson. This information will be posted on the website before the July Board Meeting.

The next town hall meeting is scheduled for Tuesday, August 5th, at the Owens Community College Findlay campus, 3200 Bright Road, Room 117, Findlay, Ohio. It will be from 9:00 AM to 1:00 PM. Board members who live in the area are urged to attend so constituents have an opportunity to meet and talk with them.

Education, Lorrie Laing

Initial Certificates of Approval(s)

	Name	Personnel	Contingencies	County
1.	Ashtabula Twp. Fire Dept	Program Coordinator - Joe Defazio Medical Director - Michael St Marie MD	None	Ashtabula
	Total: 1			

ACTION: Motion to approve the above listed initial certificate(s) of approval(s) without contingencies. Pomerantz first. Jordan second. None opposed. Motion approved.

						consistent with the Ohio Administrative Code.
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ACTION: Motion to approve the above listed accreditation renewal(s) with contingencies. Pomerantz first. Jordan second. None opposed. Motion approved.

Ms. Laing said that the contingencies for Morrow county EMS Training and Adult Safety Services have been met.

Reinstatement

	Accred #	Exp Date	Name	County	Level(s)	Contingencies
1.	375	3/31/2008	Morrow County EMS Training & Adult Safety Services	Morrow	FR & EMT-B	None

ACTION: Motion to approve the above listed accreditation reinstatement(s) without contingencies. Pomerantz first. Collins second. None opposed. Motion approved.

Ms. Laing reported there were no off-site training requests.

Notice of Change – Course Hours

Accred #	Name	County	Level	Topic	Prior	
					Hours	Change
1.	Bethesda Hospital Paramedic Training Program	Montgomery	EMT-P	Preparatory	53	62
				Airway & Ventilation	32	36
				Patient Assessment	34	35
				Trauma	40	50
				Medical	115	130
				Special Considerations	32	42
				Assessment-Based	27	35
				Mgmt		
				Operations	21	30
				Final Course Exams	72	41
				Clinical	188	191
				Field Internship	<u>180</u>	<u>196</u>
Total	800	848				

ACTION: Motion to approve the above listed change of 800 to 840 hours. Pomerantz first. Jordan second. None opposed. Motion approved.

2008 Statistics:	Total Accredited Institutions - 99	Certificates of Accreditation Renewed To Date – 16
	Certificates Expiring in 2008: 33	Initial Certificates of Accreditation – 6
		Certificates of Accreditation Reinstated – 1
		Certificates of Accreditation Inactivated - 1

Certifications, John Kennington

ACTION: Motion to approve the request for extensions that were processed for the period May 1, 2008 through May 30, 2008. Collins first. Pakiela second. None opposed. Motion approved.

ACTION: Motion to approve two (2) requests for exemption regarding continuing education for individuals serving on active military duty during the certification period. Davis first. McNutt second. None opposed. Motion approved.

ACTION: Motion to ratify the 1,424 active EMT Certifications issued for the period of May 1, 2008 through May 30, 2008. Collins first. Mankins second. None opposed. Motion approved.

COMMITTEE REPORTS

Data, Tim Erskine

The EMSIRS II is proceeding well in its development. Since the first of the year, 32,406 records from 256 agencies around the state have been entered. They are working with the software developers on converting from version I to version II. Five and a half million records have been collected over the life of the system.

The Trauma Registry Advisory Subcommittee (TRAS) has finalized a plan for creating a unique patient identifier for trauma patients. This will allow for hard linking of EMS records to the trauma records, rather than using the probabilistic linkage. Because it will be based on EMS agencies ID and run number, it is a cost free option. They will work with EMS agencies and hospitals to get the word out that it is imperative to leave the run sheet behind. This will allow the committee to study on a scientific and evidence based level the effect of EMS care on patient outcomes for trauma patients. There is only one provider of trauma registry in the state. This tracking system will link all three registries that follow a person through their medical treatment (EMS, Acute Care and Rehabilitation).

Education Committee, James Holcomb

Mr. Mankins reported that the Education committee and the Instructor workgroup committee have met numerous times. Language has been edited on the online rules. There are three more meetings scheduled prior to the next Education committee meeting. An update will be presented to the Board at the July meeting.

Ms. Bradshaw said the Special Topic Instructor (STI) and Instructor rules are being looked at. If anyone has input, please email them to Ms. Bradshaw and she will put them in the process. The next meeting will be held Thursday, July 10th, from 9:30 AM in the Auditorium B at the Ohio Department of Transportation (ODOT) building, 1980 W. Broad Street. This information will be posted on the EMS website.

EMS-C Committee, Dr. Wendy Pomerantz

Dr. Pomerantz reported that the Emergency Department Categorization workgroup held a phone conference to discuss criteria for a three-tiered system in Ohio for pediatric facility categorization. Workgroup members are reviewing the American College of Emergency Physicians (ACEP) guidelines to offer comment and potential changes by July 1st.

Ohio Department of Public Safety
State Board of Emergency Medical Services
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The EMSC committee has requested data from the EMS Data Center to study similar trends to the recent Geriatric Trauma study; Sue Morris presented preliminary data to the Committee. Several additional requests for data were made as a result of the presentation.

The EMSC Committee will hold a strategic planning meeting on September 16th to address results from the survey of EMS agencies and hospitals. The meeting is tentatively scheduled to take the place of the September committee meeting and will be held at the Washington Township Fire Department in Dublin, Ohio. The meeting will include representatives of the EMSC National Resource Center.

Joe Stack will meet with Patricia Schmuhl of the National Emergency Medical Services for Children Data Analysis Center (NEDARC) to go over details of the reporting process to Health Resources and Services Administration (HRSA) based on responses to the recent surveys of hospitals and EMS agencies.

Dr. Pomerantz and Mr. Stack will attend the EMSC Grantee meeting in Washington D.C. next week.

Ohio Safe Kids (OSK) has been awarded \$4,600 for "Safe Kids Buckle Up" events for local chapters for 2008-09.

Firefighter and FSI Committee, Phil McLean (Doug Orahood)

Doug Orahood will be meeting with the Ohio Board of Regents and the Department of Education to develop a career track from high school education through college. They will work with the Ohio Board of Regents to develop curriculum and standards where credit transfers will be standardized across Ohio, allowing high school credits received for firefighter coursework to be applied to college level training.

They are currently working on updating the objectives to the standards that came out of the NFPA 2008 standards. Once that is complete, the tests will be updated to the new text books that have been published and hope to have this all completed by January 1, 2009. This was an initiative by the Governor.

Grants Committee, Carl Jordan

Carl Jordan distributed copies of Priority II, III and IV grants for the Board's consideration. Priority II totaled \$348,143; Priority III totaled \$200,000; and Priority IV totaled \$82,415 for a grand total of \$630,558.

ACTION: Motion to approve three (3) grants for Priority II totaling \$348,143. Jordan first. Fiffick second. None opposed. None abstained. Motion approved.

ACTION: Motion to approve four (4) grants for Priority III totaling \$200,000. Jordan first. Senter second. None opposed. None abstained. Motion approved.

ACTION: Motion to approve two (2) grants for Priority IV totaling \$82,415. Jordan first. Kubincanek second. None opposed. None abstained. Motion approved.

Mr. Fiffick asked about the grants that were not funded. Mr. Jordan said those grants were reviewed and did not score high enough points to be funded at this time.

The Grants committee will work with the Research committee to direct the grants to be more supportive of EMS areas of interest. The committee will work with the legal department to determine what the committee is able to do to ensure the grant money is funding issues that will reward EMS in the field. They are also looking at some changes in the weight system in scoring and fund allocations.

ACTION: Motion to approve the six-hundred eighty-seven (687) grants for Priority I totaling \$3,369,000. Resanovich first. Mankins second. None opposed. Abstentions: #25-009 – Davis; #25-117 – Mallory; #48-021 – McNutt; #73-E008 Bradshaw Motion approved.

Homeland Security Committee, Mark Resanovich

Mr. Resanovich and Dr. Collins are working on the final CHEMPACK roll out. Dr. Collins thanked Elizabeth Kitchen and Tom Macklin for their efforts and traveling all over Ohio to teach hospital providers. The web-based CHEMPACK training will be available on the Ohio Department of Health (ODH), Ohio Hospital Association (OHA) and Emergency Medical Services (EMS) websites. A few issues remain regarding joint dispatch and non-host hospitals. Dr. Collins said the project is 90% complete and the next phase involves getting it on the website.

Tom Macklin reported that the All-Hazards committee is a bit behind on some of their deliverables and will ask the ODH for extensions on several issues.

The Tactical EMS (TEMS) committee decided on a model and assigned a skill set on scope of practice issues. Ms. Frient, Ms. Crespo and Ms. Fitros will give a presentation at the next committee meeting regarding getting legislation for establishing certification levels for the two tier system that they will be proposing to the EMS Board. The goal is to have TEMS introduced in the fall legislative session. Other issues to be discussed are testing, curriculum, validation of testing, continuing education requirements and all other issues that go along with certification in the state of Ohio. The committee will be presenting their final product to the Board in the fall.

Medical Oversight Committee, Dr. John Pakiela

Dr. Pakiela is still accepting suggestions for the RSI position paper and will be discussed at next month's meeting. He will send a draft to the committee members in the next few weeks.

Dr. Pakiela requested two members be added to the committee. Ms. Vickie Graymire, current EMS Board member, and Dr. Michael Cudnik, Assistant Professor of Emergency Medicine at The Ohio State University. Mr. Cudnik has also been a flight physician for Metro Life Flight

and did a two-year clinical research fellowship in resuscitation outcomes at the University of Oregon Health and Science University.

ACTION: Motion to accept Vickie Graymire and Dr. Michael Cudnik of The Ohio State University as members of the Medical Oversight committee. Pakiela first. Collins second. None opposed. Motion approved.

Dr. Pakiela said the committee still needs representatives from the northwestern and southeastern parts of the state.

The scope of practice matrix was included in the Board packet which included several revisions as discussed at previous meetings to mirror the current rule changes including reference to the interfacility transport position paper.

ACTION: Motion to accept the revised scope of practice matrix with the addition of above mentioned changes. Pakiela first. Jordan second. None opposed. Motion approved.

The scope of practice matrix will be posted to the EMS website.

Recruitment & Retention Committee, Mr. Daryl McNutt

No meeting was held this month. Mr. McNutt reported the committee still needs more Board members.

Research Committee, Dr. Tom Collins

Dr. Collins said the Research Committee will assist with data requests and research requests from Board committees, but the committee does not serve as an IRB and never wants to be construed as a review board. They will use some of the same processes to ensure that the requests coming to the committee are appropriate. Those processes will be finished and presented to the Board in the fall.

The committee discussed how the EMS Board receives the research that is being funded by grants. Dr. Collins requested some time at the retreat in January to have researchers to present the research the Board has funded. Mr. Erskine said if anything is published, they must send the article to the Division of EMS, which will then forward to the Board.

The committee will continue reviewing magazine articles and e-mailing pertinent articles to the Board.

Members of the Ohio Department of Health (ODH) attended the committee meeting yesterday. Dr. Collins will try to get more members from that department on the committee. They also need more physicians and if anyone has suggestions, please let him or co-chair Dr. Pomerantz know.

Dr. Pakiela made a motion to have the Research committee look at the pass rate of the five nationally accredited schools in the state versus the rest of the schools in the state under the Ohio program for the paramedic schools so the Board can look at some hard numbers.

ACTION: Motion to have the committee review pass rates of nationally accredited schools versus pass rates of schools accredited by the Ohio Division of EMS. Pakiela first. Senter second. None opposed. Motion approved.

Dr. Collins will check with the Education committee to ensure questions being asked about accreditation and the pass rates are appropriate and in synchronization with what the accreditation committee is doing.

Mr. Jordan asked whether the Research committee is currently in a position to review the proposals that come to the Grants committee. Last year there were fourteen (14). Dr. Collins said as of right now, no, but by the next grant application cycle he hopes the committee would be able to handle such a request. Dr. Cunningham suggested the grants be reviewed by several committees as she feels it is a fairer process if a larger pool of reviewers is available. Mr. Jordan felt that a little more in-depth presentation to the Grants Committee would be helpful.

Rules Committee, William Mallory

There was no meeting this month. The committee will meet in July.

Trauma Committee, Tim Erskine

Mr. Erskine reported that the trauma triage rules have been reviewed, but were not passed due to the recent influx of new members, but expects to present these rules at the July Board meeting.

The Model Trauma System is being reviewed by the Ohio Society of Trauma Nurse Leaders (OSTNL) and will prioritize the 113 indicators to assist in developing a five and ten year trauma system plan.

An Over/Under Triage subcommittee was formed to evaluate whether people are getting to the right hospital at the right time. They have a Chair and co-chair in place. They will first define and then examine trauma registry records and incident reporting system to determine whether the trauma system is working, or to what degree. Ms. Graymire said some of the past research that has been done can be used by the Over/Under Triage subcommittee. She said the Model Trauma document should be referred back to the Trauma Committee as it might pertain to other committees who should review as well.

OLD BUSINESS

The national accreditation issue was discussed during the open forum.

Mr. Rucker said in response to Dr. Groner's request that the Board take initiative to get the message out regarding pediatric and teens using seat belts, China Dodley has prepared news releases that will go out during the month of July. Some EMSC funds are being used for this.

The letter to Governor Strickland has been written, was reviewed by Director Guzmán and will be sent by Mr. Burgess.

NEW BUSINESS

The Red Cross position paper was reviewed by the Board. It will need to be placed on new letterhead reflecting the current administration. Mr. Burgess requested Ms. Dodson to research the history of this position paper.

ACTION: Move to table review of *Red Cross First Aid Training* position paper for further research. Pomerantz first. Graymire second. None opposed. Motion approved.

Mr. Fiffick inquired to whether police officers would need to be certified as First Responders if they respond to medical emergencies along with the fire department with the intent of treating patients. Dr. Cunningham said if they call themselves First Responders, they need to be certified. If they are just trained in first aid, it would be up to their employer's SOP as to how they want that done. Mr. Burgess said legal should look into this, and Dr. Cunningham said the police department legal counsel needs to decide if they want them to do that. Mr. Resanovich said this discussion was held years ago. The Board has no authority over law enforcement as to what they teach, what they do or how they run their training, nor would the Board want to.

Ms. Laing provided copies of several Division of EMS forms used in day to day operations that were revised for consistency and correct statements as reviewed by legal counsel. She asked for the Board's approval.

ACTION: Motion to approve revisions to the Division of EMS forms presented above. Jordan first. Fiffick second. None opposed. Motion approved.

Mr. Jordan said the Grants Committee discussed having previous year's Priorities II through IV grant recipients come in during the January Retreat to give a ten minute discussion of their research with a five minute question and answer session. The Board was in support of doing this. Mr. Burgess said this goes along with the Trauma committee's suggestion. Dr. Cunningham suggested that the report should be given in person and in a Power Point format. Dr. Pomerantz said the Trauma Committee's idea for having the principal investigator or co-investigator make the presentation so the committee knows where the money is going and perhaps could lead to future ideas and initiatives for funding through grants. Dr. Pakiela asked if the grant application form has a requirement that if they publish something they have to supply a copy to the Board. Mr. Boster said it is not on the form but can be added. Mr. Rucker said any articles received would be forwarded to the Board.

Mr. Rucker took a poll to see who would not be at the July Board meeting since it is vacation season. Ms. Bradshaw and Mr. Jordan will not be in attendance.

Mr. Kennington said Mr. Rucker will be making a presentation on cultural diversity within EMS and Mr. Rucker will present this at the July Board meeting.

*******Lunch 11:53 AM – 12:27 PM*******

ACTION: Motion to go into Executive Session for the purpose of discussing proposed disciplinary action against certificate holders which is pending or imminent court action under Revised Code 121.1.22(g)(3) and involves matters that are to be kept confidential under Revised Code 4765.102(b) at 12:31 PM. Pomerantz first. Pakiela second. None opposed. Motion approved.

Roll Call

Mr. Mark Burgess	Here
Mr. James Davis	Here
Ms. Pamela Bradshaw	Here
Dr. Thomas Collins	Here
Mr. David Fiffick	Here
Ms. Vickie Graymire	Here
Dr. Jonathan Groner	Here
Mr. James Holcomb	
Mr. Carl Jordan	Here
Mr. John Kubincanek	Here
Mr. Daryl McNutt	Here
Mr. William Mallory	Here
Mr. Mark Mankins	Here
Mr. Mark Marchetta	
Dr. John Pakiela	Here
Dr. Wendy Pomerantz	Here
Mr. Mark Resanovich	Here
Mr. Michael Senter	Here
Mr. William Vedra	

*******Board returned from Executive Session at 12:50 PM *******

2007-408-102	2008-259-305
2008-97-305	2008-249-304
2008-210-101	2008-214-304
2008-228-102	2008-250-304
2008-252-305	2008-244-304

ACTION: Motion to accept the Consent Agreements for the above listed cases. Pomerantz first. Mallory second. None opposed. Fiffick abstained. None opposed. Motion approved.

2005-337-304	2006-206-101
2005-486-304	2007-226-101

ACTION: Motion to close the above listed cases and reopen if subject(s) reapply. Pomerantz first. Mallory second. None opposed. Fiffick abstained. Motion approved.

2007-448-101	2008-102-304
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ACTION: Motion to close the above listed case(s) and rescind the previously issued Notice(s) of Opportunity. Pomerantz first. Mallory second. None opposed. Fiffick abstained. Motion approved.

2007-237-501	2008-167-401	2008-220-601
2008-117-101	2008-171-305	2008-221-405
2008-135-304	2008-187-102	2008-222-401
2008-136-308	2008-194-401	2008-287-502

ACTION: Motion to close the above listed cases. Pomerantz first. Mallory second. None opposed. Fiffick abstained. None opposed. Motion approved.

2008-222-401

ACTION: Motion to close the above listed case(s) and defer to department for discipline. Pomerantz first. Mallory second. Fiffick abstained. None opposed. Motion approved.

2008-221-405

ACTION: Motion to close the above listed case(s) and refer to local medical department(s). Pomerantz first. Mallory second. Fiffick, Collins abstained. None opposed. Motion approved.

2007-370-302	2007-372-302
2007-371-302	2008-260-502

ACTION: Motion to close the above listed case(s) and refer to local prosecutor or law enforcement department(s). Pomerantz first. Mallory second. Fiffick abstained. None opposed. Motion approved.

2004-163-102	2005-492-101
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ACTION: Motion to close the above listed case. The individuals have met the stipulations in their Consent Agreement. Pomerantz first. Jordan second. None opposed. Fiffick abstained. Motion approved.

2007-431-101	2008-60-304
2008-28-302	

ACTION: Motion to issue Notice(s) of Opportunity for Hearings for the above listed cases. Pomerantz first. Mallory second. None opposed. Fiffick abstained. Motion approved.

2005-398-304	2008-286-101	2008-322-101
2008-63-102	2008-295-101	2008-323-101
2008-152-305	2008-298-101	2008-324-304
2008-223-102	2008-300-305	2008-355-101
2008-243-101	2008-303-304	2008-356-101
2008-262-305	2008-304-305	
2008-268-304	2008-318-101	

ACTION: Motion to close the above listed cases for one of the following reasons: inadvertently marked yes to conviction question, misdemeanor convictions which the Board has previously deemed “not involving moral turpitude,” continuing education cases which now meet the requirements, local non-patient care issues, and grandfathering issues of certification/conviction. Pomerantz first. Mallory second. None opposed. Fiffick abstained. Motion approved.

ADJOURNMENT

ACTION: Motion to adjourn. Pomerantz first. Kubincanek second. None opposed. Motion approved.

The meeting adjourned at 1:00 PM