

CRITICAL CARE SUB-COMMITTEE

MINUTES	DATE April 19, 2017	TIME 01:00 PM	LOCATION ODPS Conference Room 1107
ATTENDEES	<i>Committee Members:</i>	Julie Rose (Chair), Amy Haughn, Keith Wohlever, Linda Hines, Michael Jackson, Kent Appelhans, Beth Calcidise, Daniel Ellenberger, Jon Glass, Diane Simon.	
	<i>(EMS) Staff:</i>	Dave Fiffick, Connie White	
	<i>ODPS Staff:</i>		
	<i>Visitors:</i>	Tom Allenstein	
ABSENT	<i>Committee Members:</i>	Rob Martin, Natasha Meinert, Daniel Heuchert.	

A G E N D A T O P I C S

TOPIC	Welcome – Julie Rose
DISCUSSION	

TOPIC	Review and Approval of October 18, 2016 Minutes – Julie Rose
DISCUSSION	Motion by Kent Appelhans to approve the October 18, 2016. Motion was seconded by Keith Wohlever All were in Favor.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	Rule Update
DISCUSSION	<p>D. Fiffick updated the committee that the ambulance rules final filed and approved. They will go into effect 6/15/2017. The rules and an update have ben emailed to everybody. The notice will be emailed 3 or 4 times so that the services will be aware of the new rules. Any service expiring June 15, 2017 or after will have to comply with the new ambulance rules. Any new vehicles added after June 14, 2017 will have to comply with the new ambulance rules.</p> <p>Ambulette and Mobile Intensive Care rules are filed with JCARR. Public hearing will be held on April 19, 2017 at 9:30 am. Rules will go back to JCARR for 2 weeks. Once approved they will be effective sometime in August 2017.</p> <p>There was a couple items added to all three rules since last meeting. 1. License plate requirements: Exempt services that have government plates and services that have vehicles that require bus plates or commercial plates. 2. Certificate of Insurance: If the certificate indicates “any auto” or “all autos owned” the certificate does not need to include a list of vehicles. 3. Comment from JCARR: Requested that since we removed the supplies and equipment from rule that we still need to include the catagories of the equipment and supplies carried on the ambulance and MoICU. 4. MoICU staffing requirement: for “other healthcare professional” now includes a specific list of who meets this requirement.</p> <p>The inspection sheet will be presented to the board tomorrow (April 19, 2017) for approval. L. Hines asked that a copy of the inspection sheet be sent to the committee so they have the current copy. D. Fiffick informed the committee that because they didn’t have a meeting, he reviewed everyone’s comments and finalized the inspection form.</p>

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D. Fiffick also informed the committee about the date on the bottom of the inspection is listed in the Incorporated by Reference rule and needs to match. The form was reviewed with D. Fiffick pointing out the areas that were changed. M. Jackson asked about the items that are listed in bold. D. Fiffick stated that the items in bold are automatic re-inspection items. This was done to provide a more consistent inspection process. MoICU checklist was reviewed. D. Fiffick pointed out that the generator was left on (recommendation from OACCT), invasive ..., and "0" blade were discussed. If changes need made, it is much easier to change. Inspection sheets will be reviewed at least once a year. It is a minimum equipment requirements.

T. Allenstein asked about the Mobile Stroke Units are they licensed as a MoICU? D. Fiffick stated they are licensed at the MoICU. Mr. Fiffick feels there needs to be a discussion for this type of licensing. Right now they have to be dual certified because they respond to locations and therefore must carry the immobilization equipment.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	Review Committee Goals and Objectives – Julie Rose
DISCUSSION	<p>J. Rose shared with the board a document showing a summation of previous planning discussions. We will go through the Strategic Plan and NHTSA report and ask for input from the committee. Discussion was held on the definition of Critical Care.</p> <p>Four (4) Pillars of What we would Consider when discussing our work:</p> <ol style="list-style-type: none"> 1. Appropriateness of the use of Critical Care Resources 2. Safety Issues 3. Education and Training for Critical Care 4. Quality Assurance <p>There is nothing in the Strategic Plan for Critical Care Subcommittee. J. Rose reviewed each section of the Strategic Plan to see if there were any items that may apply to the Critical Care Subcommittee.</p> <p>T. Allenstein stated that Ohio is looked upon as a leader in medical transportation. If so, what are we focusing on? Why is our survivor rate less than other states for motor vehicle accidents? Need to look at things above and beyond an ALS ambulance (air and ground).</p> <p>Committee Recommendations for the Strategic Plan:</p> <ol style="list-style-type: none"> 1. Develop/endorse critical care certification (High) 2. Compare Ohio standards to other states (High) <ul style="list-style-type: none"> • Are we a Leader • Gap analysis • Action Plan 3. Participation of Private EMS/Critical Care in mass casualty (High) 4. Same licensing standards for all that do MoICU and critical care transports and Mobile Stroke units licensed as MoICU (High) 5. Medical Director Qualifications for MoICU agencies (Medium) 6. Best practice to activate Air services (Low) 7. Develop guidelines for the appropriate use of Critical Care resources (Low) <ul style="list-style-type: none"> • Educate referral sources • Appropriate us of Air vs Ground <p>Each section of the 2011 NHTSA Report was reviewed to see if there was any relevance to the Critical Care Subcommittee.</p>

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	<p>NHTSA Report-</p> <p>Regulation of Policy-Everyone be held to the same standard</p> <p>Resource Management-Nothing</p> <p>Human Resources & Education-Critical Care definition and medical director qualifications</p> <p>Transportation-</p> <ul style="list-style-type: none"> • Merger of OMTB/EMS (Done), • require all services be licensed (Medical Transportation Committee) • Need to define critical care. • Identify “best practices” for air medical <p>Facilities-Nothing</p> <p>Communications</p> <ul style="list-style-type: none"> • How are the critical care resources and private services integrated with disaster situations <p>Public Information and Education-Educating physicians on levels of care</p> <p>Medical Direction-recommend qualifications</p> <p>Trauma Systems-Nothing</p> <p>Evaluation-Nothing</p> <p>Preparedness-Nothing</p>
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	<u>Open Discussion</u>
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DISCUSSION	<p>Discussion pursued regarding public entities doing critical care transports. It was discussed that the entity should be able to fund these transports not expect the citizens to pay. The citizens pay the public ems to do BLS/ALS transports.</p> <p>Should there be a set of standards for all services to follow regarding critical care transport (public or private)?</p>
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TOPIC	<u>Next Meeting & Adjournment</u>
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DISCUSSION	<p>Next meeting will be June 20, 2017, from 1:00 – 2:30 Location: ODPS Conference Room 1107</p> <p>A motion for adjournment was entertained from Amy Haughn and Seconded by Keith Wohlever. All in attendance were in favor and the meeting was adjourned at 2:35 PM</p>
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TOPIC	
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	<p>_____</p> <p>Julie Rose, Chair</p>		<p>_____</p> <p>Date</p>
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