

CRITICAL CARE SUB-COMMITTEE

MINUTES FINAL	DATE February 18, 2014	TIME 1:00 p.m.	LOCATION ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218	
ATTENDEES	<p><u>Committee Members:</u> Brian Byrd, Amy Haughn, Linda Hines, Michael Jackson, William Longworth, Marisa Maxey, Julie Rose, Stephanie Steiner, Steven Steinberg, Natasha Meinert, Daniel Ellenberger</p> <p><u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Rachel Moore, Connie White</p> <p><u>ODPS Staff:</u> None</p> <p><u>Visitors:</u> Deanna Harris, Kent Appelhans, Doug Wolters, Tom Allenstein</p>			
ABSENT	Committee Members: Robert Barcus, Adam Howard, Lori Mizla, Scott Swickard, Louise Weller, Keith Wohlever.			
AGENDA TOPICS				
TOPIC	Welcome			
DISCUSSION	The meeting was called to order at 1:05 pm.			
ACTION ITEMS		PERSON RESPONSIBLE	DEADLINE	
None				
TOPIC	Meeting Discussion			
DISCUSSION	<p>A motion was made to approve the December meeting minutes. Amy Haughn first. Bill Longworth second, none opposed, motion approved.</p> <p>The sub-committee decided to start working on the MICU rules in 2015, then they will go to the Medical Transportation Committee, and then it will have to go through the legal process, and then continue on through rest of the rule process.</p> <p>This sub-committee deals with critical care on the ground and in the air, and is a sub-committee to the Medical Transportation Committee.</p> <p>The sub-committee discussed a description of what their purpose is. The Critical Care Sub-Committee's purpose is to identify and address issues pertinent to the transport of critically injured patients in the state of Ohio, with care delivered by all modes of medical transportation. The Sub-Committee provides an advisory capacity to the Medical Transportation Committee.</p> <p>A motion was made to approve this description of the sub-committee. Steven Steinberg first. Linda Hines second, none opposed, motion approved.</p> <p>When helicopters should be used, and how can the dispatching of multiple response units be avoided. A lengthy discussion ensued. The Sub-Committee created a workgroup that can do some data gathering on whether helicopter transport is necessary or over utilized in certain situations. Frequently air transport is over utilized. With these findings the Sub-Committee can work on developing guidelines for what would be appropriate or inappropriate usage of air transport. The Co-chair recommended having Mallory Williams the trauma medical director at University of Toledo, to sit on the work group. Dr. Steinberg, Mr. Allenstein, Mr. Pickering, and Mr. Appelhans were also selected, or volunteered to sit on the work group. Ms. Haughn offered to sit on the workgroup if Mallory Williams was unable to. They will work on assessing the appropriateness of the usage of helicopters for medical transport in the State of Ohio. The workgroup was given a minimum of 2-3 months to get together to research this subject, and then come back to the sub-committee with their findings regarding the usage of air medical transport. The findings would then be forwarded on to the Medical Transportation Committee.</p> <p>State Scope of Practice and the relationship to Medicare SCT billing code. This subject was brought forth by a provider in Ohio and a concern that the Scope of Practice may not support the use of SCT billing in the State of Ohio. The question was brought before the</p>			

sub-committee, “Do members of this group feel there are issues with the Medicare regulations being in conflict with our state scope of practice for the use of specialty care transport billing?” After a bit of discussion the sub-committee felt that this topic fell out of the purview of their duties, so they decided to remove it from their agenda.

There was also discussion of when to have the sub-committee meetings, should they be held the day before the Emergency Medical, Fire and Transportation Services Board meeting, or should they be held the opposite month of the Board meetings. The problem being that all the committees and sub-committees try to fit in their meetings right before the EMFTS Board meeting, and it is difficult to find areas to have the meetings, and for the meetings to fit in everyone’s schedule. After some discussion, it was proposed to have the next sub-committee meeting on March 28th, at 1:00 pm. The sub-committee will be notified of the exact time and date by Ms. White, the EMS liaison.

	PERSON RESPONSIBLE	DEADLINE
None		

ACTION ITEMS	PERSON RESPONSIBLE

ADJOURNMENT

The meeting was adjourned at 2:29 pm.

NEXT MEETING

The proposed date for the next meeting is March 28th, at 1:00 pm. Ms. White will let the Sub-Committee know the exact date and time in the near future.

MINUTES APPROVED

Julie Rose, Chair

Date

CRITICAL CARE SUBCOMMITTEE

MINUTES FINAL	DATE June 17, 2014	TIME 1:00 p.m.	LOCATION ODPS – Division of EMS – Conference 1970 W. Broad St., Columbus, Ohio 43218
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ATTENDEES	<i>Committee Members:</i>	Julie Anne Rose, Brian Byrd, Daniel Ellenberger, Adam Howard, Stephanie Steiner, Linda Hines, William Longworth, Lori Mizla, Louise Weller
	<i>(EMS) Staff:</i>	Melvin House, David Fiffick, Connie White and Vesna Bogdanovska
	<i>ODPS Staff:</i>	None
	<i>Visitors:</i>	Kent Appelhans, Tim Pickering, Tom Reed, Tom Allenstein
ABSENT	<i>Committee Members:</i>	Robert Barcus, Amy Haughn, Michael Jackson, Marisa Maxey, Steven Steinberg, Scott Swickard, Scott Swickard, Natasha Tolliver, Keith Wohlever.

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

TOPIC	<u>Welcome & Review / Approval of June 17, 2014 minutes</u>
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DISCUSSION	<p>The meeting was called to order at 1:25 pm The meeting minutes from February 18, 2014 were reviewed and approved without change.</p> <ul style="list-style-type: none"> • First: Brian Byrd • Second: Daniel Ellenberger <p>None Opposed, None Abstained, Minutes Approved.</p>
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TOPIC	<u>Meeting Discussion</u>
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DISCUSSION	<p>Mr. David Fiffick is introduced with being over 30 years with the State, Board member for 13 years; and the current Chief of Medical Transportation in Ohio Division of EMS.</p> <p>It is noted that this is a brand new committee, 3rd so far.</p> <p>The group was charged by the department to look at the appropriate use of medical services and the proposed movement of vehicle standards from the KKK to NFPA standards.</p> <p>The Medical Transportation Committee decided that the SCT issue needs to be back on the agenda. The concern was that the Scope of Practice may not support the use of SCT billing in the State of Ohio. The members of this group feel there are issues with the Medicare regulations being in conflict with our state scope of practice for the use of specialty care transport billing.</p> <p>From discussions with the National reimbursement experts for the industry and providers throughout the State of the Ohio, there is concern for anybody in the Sate using the specialty care code that the Medicare has established for specialty care transport defined as inner facility transport of critically ill injured patient by RN, Physician, Respiratory therapist, and Paramedic with additional training.</p> <p>Ohio Scope of Practice had a line item explained using examples. There was discussion for some potential problems. It has been said in public forum that because a transport of a ventilator patient or any others mentioned, because it shows within the State’s Scope of Practice for a paramedic that it would then indicate the SET may not be eligible to be used for Ohio providers. The sub-committee decided to discuss for the potential problem. A suggestion was made for creating an association group and to start discussing for finding potential solution.</p> <p>A letter for Regarding Inter-facility Transport of Patients by EMS providers and the Scope of Practice was presented.</p> <p>The way the law is written down is specifically written for pre-hospital. The law does not address the facility nursing transports, but to make a change, there is a need for a law change or amendment</p>
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additional of rule change.

There was discussion on the Ventilation, Cardiac Management, Central line monitoring, IV infusion pump per-fusing medications requiring dosing, Maintenance of blood administration, Thrombolytic therapy initiation and monitoring, Medical device not specifically referenced in the scoop of practice requiring continual clinical oversight and appropriate interventions in the event of mechanical failure.

There was also discussion for Scope of Practice and concerns that Medical Directors will not allow Scope of Practice of Paramedics.

Mr. Melvin House shared his opinion about opening sections of the Specialty Care law, to do the same changes on the language for additional certifications for Paramedic, Advance EMT and EMR. This could be a potential solution.

Mr. William Longworth read part of the law and it was advised to be considered.

The sub-committee talked about Paramedic with additional training. In order to perform interventions in this category, the Paramedic must receive additional training approved by the local medical director that ensures competence with each item. Also, the training for the infusion of specific medications shall not be done at the time of the interfaculty transfer of the patient. EMS provider should perform the interventions as requiring additional training only if such training as been performed documented and approved by the agency's Medical director.

There were more explanations given about Ventilator options from more committee members, and it was defined like Demand Ventilator, capable of: setting the mode; Title volume and rate; FIO2 and P.

Discussion continued for OAMTA and OACCT. Between now and next meeting, Mr. Kent Appelhans agree to receive any suggestion documents, to combine them and bring them to the next meeting where they can get final approval from this group to be sent to medical oversight.

For appropriate use of Air Medical Services, the sub-committee discussed about possibilities for making progress. Mr. Melvin House gave a suggestion to post ideas on the EMS site and everybody who can get access, can share the comments.

The sub-committee discussed about the NFPA issue and eliminating of the KKK name and the concerns about standards that were set. The group that is working on this discussion start at April / May 2014 and the deadline is in January 2015. Also Mr. Tim Pickering discussed about AIMS and NEMCO.

Mr. David Fiffick pointed out the 5 year old revue rule, advising that it needs to be ready to start working on the same one.

Discussions continued for Billing problems. \$10 million will make huge impact on OMTA side, as somebody who is advocating for Medical Transportation and EMS in the State of Ohio is a direct impact to the quality based of payment.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	<u>Adjournment</u>
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DISCUSSION	Meeting was finished at 2:40 pm.
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TOPIC	<u>Next Meeting</u>
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DISCUSSION	<p><u>Tuesday, August 19, 2014 at 1:00 pm;</u></p> <p>Meeting Room C4-9&10 ODPS, Division of EMS, 1970 W. Broad St.,</p>
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	Columbus, Ohio 43223
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TOPIC	<u>Minutes Approved</u>
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DISCUSSION	
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	Julie Rose, Chair	Date

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MINUTES	DATE August 19, 2014	TIME 10:30 a.m.	LOCATION ODPS – Division of EMS – Conference Room C4-9 1970 W. Broad St., Columbus, Ohio 43218
ATTENDEES	<i>Committee Members:</i>	Julie Anne Rose, Chair Robert Barcus, Daniel Ellenberger, Amy Haughn, Adam Howard, Michael Jackson, Marisa Maxey, Stephanie Steiner, Linda Hines, William Longworth, Natasha Meinert, Keith Wohlever	
	<i>(EMS) Staff:</i>	Melvin House, David Fiffick, Connie White and Vesna Bogdanovska	
	<i>ODPS Staff:</i>	None	
	<i>Visitors:</i>	Kent Appelhans, Tim Pickering, Tom Allenstein, Stephanie Rutter, Susan Ciarlariello and Dustin Whitaker	
ABSENT	<i>Committee Members:</i>	Brian Byrd, Lori Mizla, Steven Steinberg, Scott Swickard, Louise Weller Scott Swickard.	

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

TOPIC	<u>Welcome & Review / Approval of June 17, 2014 minutes</u>	
DISCUSSION	<p>The meeting was called to order at 10:38 am The meeting minutes from June 17, 2014 were reviewed and approved without change.</p> <ul style="list-style-type: none"> • First: Linda Hines • Second: Keith Wohlever <p>None Opposed, None Abstained, Minutes Approved.</p>	
TOPIC	<u>Good of the Order</u>	
DISCUSSION	<p>Mr. Fiffick opened the meeting with a discussion on the 5 year rule review .for MoICU, OAC 4766-4. Although the review is not due until April 2017 it is never too early to get started. Ms. Meinert and Ms. Hines volunteered to form a work group and start the process. Ms. Rose pointed out that anyone can participate in the work group.</p>	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	<u>SCT Language changes</u>
DISCUSSION	<p>Discussion continued from the last meeting regarding the current “Scope of Practice” and distinguishing the differences between ALS and Critical Care transports.</p> <p>Mr. Appelhans advised he contacted the OAMTA and the OACCT as directed from the last meeting. He advised each organization to survey their members for comments on the scope of practice and how it relates to ALS and Critical Care transports. Mr. Appelhans confirmed he only received 2 responses.</p> <p>Discussion continued on the requirement of additional training for paramedic to perform skills outside the normal scope of practice of a paramedic, ALS Transport, but permitted through protocol from the medical director, SCT transport. Ms. Rose pointed out that there needs to be a clearer distinction between what a paramedic is permitted to do in the scope of practice and what additional training is needed in order to provide SCT transports. The current scope of practice does not clearly distinguish the two types of transports. Ms. Rose provided copies of the current scope of practice to illustrate. The use of ventilators by paramedics was brought up as an example. The term ventilator is a broad term. There are many types of ventilators on the market. There are ventilators strictly for cardiac arrests, others that are highly specialized and everything in between. The type of ventilator a service is using will dictate the kind of and amount of training needed. The scope of practice should</p>

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define this or it should be taken out of the scope of practice for a paramedic.

There was also discussion on ALS units transporting patients, younger than 16 years of age, on ventilators. This is a violation of the scope of practice. The committee agreed this should not be allowed.

Another item discussed was the initiation and monitoring of Thrombolytic s. Services are being faced with patients that are at home, receiving Thrombolytic therapy and need to be transported in an emergency or non-emergency basis. Ms. Rose indicated that there is a current “white paper” written on the EMS web page. The paper is entitled “ Pre Hospital Transports of Patients with Pre-Existing Medical Devices or Drug Administration” from October 2013. In conclusion, the EMS provider confronted with a pre-hospital patient with a pre-existing physician-ordered medical device or drug administration not covered in the EMS provider’s respective scope of practice should provide usual care and transportation while maintaining the pre-existing MDDA, if applicable. Concerns or questions regarding real-time events associated with a pre-existing MDDA should be directed to the relevant Medical Control Physician. Concerns or questions regarding previous, recurrent, or future pre-hospital transportations with a pre-existing MDDA should be directed to the appropriate EMS Medical Director and legal counsel.”

The committee continued discussion on additional training noting that the training must be conducted and approved by the medical director well in advance of any transport. In other words, the training cannot be done at the time of a transport. The committee agreed

Ms. Rose and Ms. Maxey will contact the “Medical Oversight” committee to get their input on additional training for paramedics.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	<u>Appropriate use of Air Medical Services</u>
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TOPIC	<u>Appropriate use of Air Medical Services</u>
DISCUSSION	<p>Mr. Appelhans asked for discussion on the appropriate use of air medical services. He received an e-mail from Ms. Maxey requesting the collection of data in order to determine if air medical services are being used correctly. Data needs to be collected on such things as, inter-facility transports, on scene transports, if actually needed on scene and patient discharge from ED after transport. The data can be used to determine if air medical services are being used appropriately as well as well as establishing state wide standards.</p> <p>It was pointed out that the Trauma Committee may have some of the data collected already.</p>

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

TOPIC	<u>KKK / NFPA Standards</u>
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TOPIC	<u>KKK / NFPA Standards</u>
DISCUSSION	<p>Critical Care Subcommittee members are encouraged to stay for the Medical Transportation Committee Meeting and discuss for KKK / NFPA Standards, which was starting at 12:30 pm the same day.</p>

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None

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None	None	None
TOPIC	<u>Open Discussion</u>	
DISCUSSION	Considering that this is a new committee, discussion continuing with looking for topics what needs to be addressed to this meeting.	
ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None	None	None
TOPIC	<u>Adjournment</u>	
DISCUSSION	Meeting was finished at 12:15 pm.	
TOPIC	<u>Next Meeting</u>	
DISCUSSION	<p style="margin: 0;"><u>Tuesday, October 18, 2014 at 1:00 pm:</u> Meeting Room C4-9&10 ODPS, Division of EMS, 1970 W. Broad St., Columbus, Ohio 43223</p>	
TOPIC	<u>Minutes Approved</u>	
DISCUSSION	_____	_____
	Julie Rose, Chair	Date