



Medical Oversight Committee Meeting

Meeting Minutes

March 18, 2008

The regular meeting of the Medical Oversight Committee (MOC) was called to order at 10:05 by Dr. Pakiela.

Committee Members Present: Tom Collins
Carol Cunningham
Antonio Lazcano
Mark Marchetta
John Pakiela
Wendy Pomerantz

Committee Members Absent: Ross Campensa
David Fiffick
Gary Richardson

Others in attendance: Ellen Owens
Mark Resanovich
Mark Burgess
Heather Reed Frient

Approval of Minutes

Motion by Dr. Lazcano, second by Dr. Pomerantz, for approval of the September 18th and November 13th, 2007 meeting minutes. Motion carried.

Scope of Practice & Research Rules

Mrs. Frient reported that O.A.C. 4765-6-04 (research rule), and the scope of practice rules 4765-12-04 (First Responder), 4765-15-04 (EMT-Basic), 4765-16-04 (EMT-Intermediate), and 4765-17-03 (EMT-Paramedic) have been filed. The public hearing will be held at the April 16th Board meeting.

Staffing of MICU

Dr. Pakiela began discussion of Draft 1.1 of the paper Regarding EMS Provider Interfacility Transport of Patients and the Scope of Practice. Dr. Pakiela reported that Mr. Fiffick was unable to attend the meeting but had expressed concern over the limiting of medications to only those listed on the EMS agencies drug license.

Other items discussed include:

- Change ‘EMS provider’ to ‘EMT’ and delete reference to O.A.C. 4765-12 (First Responder).
- It was suggested that parenteral nutrition be changed, dropping “continue” but leaving “initiate” due to concern over patient becoming hypoglycemic during long transport. It was decided to leave as written – patient could be given D10 to prevent hypoglycemia.
- Chemotherapeutic agents to be added to the list.
- It was suggested that we work with the Board of Pharmacy to see if drug licenses could be expanded to groups of drugs rather than specific drugs so that an agency would not have to get amend its license when a hospital chose to change formula of medications used at the facility. It was noted that it can take 3-4 months and costs \$15 to change a drug license.
- The submission of a protocol to obtain the drug license could prevent “bedside” training of EMTs in medications, protecting both the patient and the EMT.
- Medical directors will need to be educated to request group of medications rather than specific medications.
- It was suggested that a form could be included that would be signed by the medical director attesting to the training of the EMTs in the medications.
- In conclusion – clarify that this is not advocating going beyond the scope of practice of the EMT. Clarify that the EMT-I level has a specific drug list which cannot be exceeded.

The position paper will be amended by Dr. Pakiela and given to the EMS Board at its March meeting for review with the intent to discuss at the April meeting.

The amended position paper will be forwarded to the Board of Pharmacy, Board of Nursing, Medical Board and Ohio Medical Transportation Board for comment. Responses will be requested by April 11th. It is hoped that all groups will be willing to sign off on the position paper. The position paper may need to be “tweaked” to accomplish this.

Intranasal Medication Administration by the EMT-Intermediate

Administration of medication by the EMT-I through the intranasal route was discussed. It is recommended that it be included as an acceptable route of drug administration.

Plasmapheresis

Dr. Pakiela reported that Director Rucker received a letter from the Plasma Protein Therapeutics Association (PTTA) questioning whether or not the supervision of plasmapheresis is within the scope of practice for an EMT-Paramedic.

Mrs. Frient reported that this issue had been discussed at the January retreat of the EMS Board, Mrs. Frient had reported back to the group that they could make EMT-Paramedic a requirement for employment, but they could not call the individual an EMT-Paramedic

as this was not within their scope of practice. The group apparently was seeking a formal response.

There was concern expressed of what “in attendance” means when a donor is undergoing plasmapheresis. It was agreed that this is not within the scope of practice for the EMT whose role is prehospital emergency care. Mrs. Frient will advise Director Rucker of the position of the committee and assist in drafting a formal response to the PPTA.

O.A.C. Chapter 3

This chapter is currently under review by the Regional Physician Advisory Boards. Dr. Cunningham reported on the some of the discussion points from the RPAB chairperson meeting on March 12th. Under 4765-3-04 – Responsibilities of RPAB, are suggesting adding “assist in” to most of (B). There is concern over (C) which pertains to the RPAB serving as medical director for an EMS agency. Legal counsel feels this goes beyond the intent of the law and the feeling is that the RPAB would not have liability coverage through the State.

It was the feeling of the committee that the EMS agencies need to have a contingency plan in place to provide coverage in the event of the sudden loss of a medical director due to a move, death, license suspension, etc.

It was noted that the RPAB was originally established as a conduit between the Board and the local agencies. If the RPAB is given more “teeth” in the dealing with local EMS, then there will also be additional responsibilities and time commitments.

It was suggested a multi-disciplinary group might better serve the community. Dr. Cunningham reported this had been discussed by the RPAB chairs and it was felt it should stay a physician group. This is the only group that is specific to physicians. All RPAB meetings are open to the public and each RPAB can establish its own counsels to provide input to the Board. It was pointed out that the function of the group needs to be decided first before addressing its membership.

It was suggested, in 4765-3-05, that language be added to formalize the requirement of the medical director in obtaining a drug license. It was also pointed out that the “grandfathering” portion of the rule will need to be removed. At this time there is no way of knowing who completes the ACEP course unless they request CME.

It was suggested that references to chairman be changed to chairperson.

Committee Attendance

Dr. Pakiela reminded the members of the Governor’s emphasis on committee attendance. If the members are aware of others who should be added to the group to

provide valuable input and/or provide better statewide representation, please contact Dr. Pakiela.

Nasogastric / Orogastric tube insertion by Paramedics

The Division of EMS has received an inquiry seeking clarification of the insertion of nasogastric and orogastric tubes by the Paramedic. This is not specifically addressed in the scope of practice rules or matrix. This is in the curriculum for the Paramedic. It was recommended that this be placed under (A) of the Paramedic scope of practice rule.

Fetal Heart Tones

The Division of EMS has received a clarification on whether or not an EMT can assess fetal heart tones. This is considered a local medical director decision.

Paramedics on Neonatal Transport Teams

Dr. Pakiela reported that he had received a request for clarification of the scope of practice for an EMT-Paramedic functioning on a neonatal/pediatric transport team. The scope of practice of the Paramedic is no different in this situation than when working in the prehospital setting. Dr. Pakiela will respond to the inquiry.

Open Forum

Mr. Marchetta reported that the administration of nebulized medications by the EMT-Basic will be an issue coming forward for discussion. Also, the issue of intubation success rates. This issue will be carried forward to the Research Committee by Dr. Collins.

Dr. Collins asked about first Responders carrying Epinephrine auto-injectors. It was noted this is listed as a patient assist. The First Responder may assist the patient with their own prescription or may assist the patient with an EMS provided Epinephrine auto-injector with verbal medical direction.

Adjournment

Meeting adjourned at 12:07.

Next meeting will May 20, 2008 @ 10 am – ODOT Lower Level – Conference Room A