

MEDICAL OVERSIGHT COMMITTEE MEETING

MINUTES	DATE	TIME	LOCATION
	June 16, 2015	9:42 a.m. – 11:04 a.m.	ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218

ATTENDEES	<u>Committee Members:</u> Geoff Dutton – Interim Chair, Eric Cortez, Deanna Dahl-Grove, Mark Marchetta, Dr. Daniel Schwerin, Eric Wiedlebacher, Tami Wires.
	<u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Sue Morris, Dr. Carol Cunningham, Susan Edwards.
	<u>ODPS Staff:</u> None present.
	<u>Guests:</u> Julie Rose, Kent Appelhaus, Deanna Harris, Phil Koster, Pam Bradshaw.

ABSENT	Committee Members: Martin Fuller, William Longworth, Brent Parquette, Thomas Tallman, Allen Young.
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AGENDA TOPICS

TOPIC	Welcome
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MINUTES

DISCUSSION (Mr. Geoff Dutton)	Meeting was called to order at 9:42 a.m. Meeting minutes from the April meeting were presented for approval. Motion made by Mr. Marchetta, seconded by Ms. Wires. None opposed. Minutes approved.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

OLD BUSINESS

TOPIC	White paper regarding electronic transmission (including 12-lead EKGs)
DISCUSSION (Mr. Dutton)	The original question that was submitted to AskEMS was from Chief Miller of Ada, Ohio when he inquired about the possibility of transmitting electronic images of EKGs to meet the current rules for EKG transmission by EMTs. Dr. Cunningham took the lead drafting the white paper which addressed the broader topic of electronic transmission of images and the administrative and privacy issues surrounding the use of the associated equipment. The first step completed was to obtain an opinion from the Division of EMS' legal counsel of the definition of electronic transmission. Following their input, the current draft white paper presented to the Committee had already been reviewed by legal counsel in advance of the meeting. If and when the draft white paper is approved by the EMFTS Board, Dr. Cunningham will send out a separate memo reminding EMS providers and EMS medical directors of the Ohio EMS scope of practice, which has not changed, and that the only change is in the avenue to transmit information, including 12-lead EKGs. The main audience for the white paper is EMS supervisors and fire chiefs who are responsible for the policies and procedures in the utilization and security of the equipment and maintenance of patient privacy. The white paper should also be shared with the EMS medical directors although the privacy issue is separate from patient care. Motion to Approve and present to Board –Mr. Marchetta, seconded by Dr. Cortez. None opposed. Motion passed.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE

TOPIC	Medical Director List/Certification
<p>DISCUSSION (Group)</p>	<p>An overview and discussion was held regarding the current status of EMS medical director records, the lack of an accurate and updated registry of EMS medical directors, and the negative impact caused by a lack of a list of physicians qualified to serve as EMS medical directors. EMS agencies are required to notify the Division of EMS in writing of the name of their medical director, but the rule has no penalty for non-compliance. This often results in the Division of EMS with inaccurate or no information about the identity or qualifications of an agency’s medical director. While researching medical directors for the Ohio Department of Health’s Burden of Stroke project, Dr. Cunningham found that the information was often incorrect or outdated. The goal is to create is a database of physicians who are currently serving as EMS medical directors as well as those who are eligible by their qualifications to serve as a medical director. A list of local EMS medical directors and physicians who are eligible to serve as medical directors does not exists even at RPAB level. RPABs have made multiple attempts to create a local list and have failed.</p> <p>Some concerns about privacy of data were discussed. More doctors would be willing to do it if they knew it was confidential. Dr. Cunningham presented a proposal to issue a state EMS medical director cards similar to the process that Ohio physician EMS instructor cards are issued. The issuance of an Ohio EMS medical director card would be a no charge, be renewable every three years (potentially congruent with the Physician EMS Instructor card renewal), and acquisition of a card would be voluntary. Dr. Dahl-Grove discussed linking it to the physician’s Ohio medical license using same license number.</p> <p>Some information is being obtained now through grant applications, specifically the medical director’s name and license number. Of the 644 EMS agencies for which the Division of EMS has information, there are 254 EMS medical directors in Ohio. Unfortunately, this data does not include the second tier of assistant EMS medical directors. It also does not include the pool of physicians who meet the qualifications to serve as a medical director, but are not actively engaged with an EMS agency. These groups of physicians are an untapped resource as they can easily step in if an agency loses their medical director.</p> <p>To become certified in the proposed plan, the application process would be similar to that for the RPAB where a physician would submit a CV, their medical license, residency training, board certification/eligibility, the EMS agencies that they are currently overseeing, and their role as the medical director (primary vs. assistant/adjunct). For those qualified physicians who are not actively engaged with an EMS agency, an inquiry on the application could assess their willingness to serve, in what role, and in which region of the state. Interim Chair Dutton agreed to take the proposal to the EMFTS Board and, if approved, to Legal Services. A discussion was held regarding certification versus recognition for the type of card issued.</p> <p>Dr. Cunningham will gather up the results of an earlier survey of other states, and perhaps re-survey on the NASEMSO listserve. Ms. Morris will summarize the ongoing efforts of the Division of EMS to collect more complete information about medical directors, including as part of the grants applications and from NEMSIS.</p>

Dr. Cortez will contact ACEP to gauge receptiveness to certifying medical directors, and solicit feedback on issues MOC should consider.

Present the concept of a voluntary certificate of recognition for Ohio EMS medical directors to the Board for approval. **Motion made by Mr. Marchetta, seconded by Dr. Schwerin.**

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Gather results of earlier survey of other states, and perhaps re-survey on the NASEMSO listserve.	Dr. Cunningham	
Summary of ongoing efforts of the Division of EMS to collect more complete information on medical directors through Ohio EMS grant applications and through NEMSIS.	Ms. Sue Morris	
Contact ACEP to gauge receptiveness re: certifying medical directors and to solicit feedback.	Dr. Cortez	
Present the concept of a voluntary certificate of recognition for physicians qualified to serve as medical directors of EMS agencies to the EMFTS Board.	Mr. Dutton	

New Business

TOPIC	Inter-Facility Transports
<p>DISCUSSION (Group)</p>	<p>Guest speaker - Julie Rose CEO of Community Care Ambulance of Northeast Ohio. Ms. Rose presented issues with transport of higher acuity patients and the additional training needed for some types of intervention and transport. The training should occur in advance and not at the bedside or as just-in-time training. This was returned to the Critical Care Subcommittee for clarification. There was no request for a change in the scope of practice. The skills cited are already in scope of practice, but the Critical Care Subcommittee want clarification that additional training should be involved (e.g. FI O₂ ventilator management with settings, infusion of medications requiring dosing, maintenance of blood administration and thrombolytic therapy) with some items already in the scope of practice. The suggestion is to add language which clarifies that, in order to perform interventions in these areas, a paramedic must receive additional training approved by local medical director that ensures competence with each item following the EMFTS Board-approved guidelines for training program for medical directors. Executive Director House has offered that there would be some guidelines written to send out to medical directors stating what this training may include along with advisement to the medical directors that this training should take place.</p> <p>The Critical Care Subcommittee is trying to clarify inter-facility transport (not prehospital) and suggest to adding “and therefore may require additional training for the paramedic.” to the scope of practice language. The training should be completed prior to and far in advance of the transport, and it should be designed and mandated by the medical director.</p> <p>Ms. Rose stated that patient safety and billing regarding “paramedic with additional training” are concerns. The goal is patient safety. Billing may be a problem. Dr.</p>

Cunningham noted that additional training may support creation of critical care paramedic in Ohio along with other specialty care sectors in EMS. The guidelines for medical directors may want to clarify the need or requirement of additional training for those transports.

Further discussion at next meeting.

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Further discussion at next meeting.		

TOPIC	COTS Hotline	
DISCUSSION (Group)	Discussion tabled for the next meeting due to another meeting scheduled in the conference room.	

Next meetings: (Bi-monthly, TUESDAY before the third WEDNESDAY of the month at 9:30am)

- o Tuesday, August 18, 2015

MINUTES APPROVED

Geoff Dutton, Acting Chair

Date 10/20/15