

Medical Oversight Committee Meeting
Meeting Minutes
July 17, 2007

The regular meeting of the Medical Oversight Committee (MOC) was called to order by Chairman David Fiffick at 10:12 am.

Committee Members Present: David Fiffick, Chairman
 Carol Cunningham, State Medical Director
 Tom Collins
 Ross Campensa
 Antonio Lazcano
 John Pakiela
 Mark Resanovich

Committee Members Absent: Wendy Pomerantz
 Mark Marchetta
 Gary Richardson

Staff Present: Ellen Owens
 Heather Reed Frient

Motion by Dr. Collins to accept the minutes of the May 15, 2007 meeting. Seconded by Dr. Pakiela. Motion passed.

Rules for Research Project –

Mrs. Frient reviewed the draft of rules for conduct of a research project which had been previously distributed to the committee. Mrs. Frient indicated section (B) is the area where she needs the most input from subject matter experts. In general – what are some of the main components that the Board will need to see to be able to sign off on a project?

Comments from committee included:

- It needs to be broad enough to cover all projects.
- The committee should not serve as the IRB.
- The project should be approved by a hospital or university.
- There should be a format of what they need to include in their proposal.
- The function of the IRB would be to ensure the researcher meets all moral and ethical conditions. The MOC would look at whether it is good for EMS.
- IRB approval does not mean automatic approval by the MOC / Board.

Concerns were voiced in regards to finding an IRB. Small hospitals do not have an IRB and there is no incentive for other hospitals to serve as the IRB for agencies not transporting to their facility. This is an even bigger problem in the rural areas.

It was stated that a change in scope of practice is a major issue and an IRB should be required.

The committee agreed the issue of IRB's needs to be reviewed. Dr. Campensa will look into his local IRB, which is a consortium of hospitals, and look for others. Ms. Owens will check with O.S.U. to see if they have an IRB.

Discussion of the content of the research project's final report followed.

It was clarified that the requests will initially come to the MOC. The request will then go to the EMS Board. The research project applicant may be required to appear before the MOC and /or the Board for questioning prior to approval as well as at the end of the study.

The following comments regarding the rule were made:

- B) refers to the initial application.
- Change (B)(4) to (C) for the final report.
- Add submission of Research Proposal under (B)(1).
- New (B)(2) make medical director(s) / EMS organization(s) / training program(s)

Mrs. Frient will make revisions to the draft and bring to the next meeting. Any additional information / thoughts can be submitted to Mrs. Frient or Ms. Owens.

CPAP –

Mr. Marchetta was unable to attend the meeting, however he did submit a draft protocol for committee review.

The following changes were suggested:

Under Procedure:

#1 – change to Assess patient for signs and symptoms of possible pneumothorax.

#6 – change to Begin at the lowest level of positive pressure available.

#7 i. – change to Patient requires verbal reassurance to be used effectively

Under Special Notes:

#3 – change to Do not remove CPAP until transfer of care has taken place.

#4 – delete

Add new #4 – continuous reassessment of airway

Flow Chart:

Change brand names of medications to generic names

Committee agreed to send the protocol forward with changes to the EMS Board for action.

EMS Survey –

The survey regarding 12-Lead was distributed for final review. It was determined the survey should go to all agencies – not just Basic or Intermediate life support agencies.

It was also agreed to change Number of Runs/Year to Number of Emergency Transports/Year and Cardiac Runs/Year to Cardiac Transports/Year.

Also changed the question regarding transport time to Emergency Department with “Cath Lab” to read – What is your average transport time to a hospital that has a cardiac cath lab capable of performing emergency angioplasty or stent placement?

Survey will be set-up using SurveyMonkey with an e-mail to all EMS agencies including the link. The survey will be posted until September 1.

Scope of Practice

Ms. Owens reviewed the current scope of practice matrix as it compares to the scope of practice rules. The rules outline that any changes in scope of practice will be posted on the web page and that rules will be reviewed and updated annually.

The following changes were noted –

- Orotracheal Intubation – need to change rule to reflect ability of Intermediate to intubate an apneic patient (currently states pulseless and apneic).
- Same for Dual Lumen Airways.
- Same for LMA.
- Change ventilatory management to ventilator management in regards to 16 y/o or older.
- Add CPAP to Basic and Intermediate (pending Board approval)
- Add End Tidal CO2 Monitoring and Detection for Basic, Intermediate and Paramedic.
- Correct matrix to reflect aspirin administration rather than just baby aspirin
- Add clarification of ALS assistance to rules.

- Verify needle decompression of the chest is included in current curriculum for Intermediates.
- For IV lifeline and fluid administration – clarify does not include blood or blood products.
- Clarify Epinephrine 1:1000 for Intermediates in rule

These changes will need to go through the normal rule revision process – a draft will come to the committee for review, then to the Rules Committee, then on to the EMS Board and the JCARR process.

Staffing of MICU –

Mr. Fiffick asked the committee what the next step should be in regards to this issue?

Dr. Cunningham has written the article for inclusion in the Medical Board newsletter. The letter from Mr. Grout / Medical Transportation Board has been reviewed by Dr. Cunningham and Mr. Fiffick and comments were made. We have not heard back from the MTB as of yet.

It was asked if any one had looked at other states? Mr. Fiffick advised that Texas has regulations. The group felt the listing was too restrictive for MICU.

It was reiterated that the major concern was that Paramedics not be placed in the position of making a decision when they are the least trained person involved in transfer.

The question of possible liability was also raised. If the EMS Board puts out a position regarding minimum staffing / training and an agency takes a transport with personnel who do not meet the criteria – could this be considered willful and wanton?

Mr. Fiffick suggested we could start with a section on the Division of EMS web page regarding this issue. Then work with the MTB on scope of practice. We could start with blood products since that is a common question, then add to it as things come up.

It was suggested a position paper should be developed clarifying the difference between emergency and non-emergency transports.

Mr. Fiffick asked the members to jot down ideas for white paper for the next meeting.

Meeting adjourned at 12:05.

Next meeting will September 18, 2007 @ 10 am – ODPS Hearing Room 109.