



Medical Oversight Committee Meeting

Meeting Minutes

July 15, 2008

The regular meeting of the Medical Oversight Committee (MOC) was called to order at 10:08 by the chair, Dr. Pakiela.

Committee Members Present: Tom Collins
Michael Cudnik
Carol Cunningham
David Fiffick
John Pakiela
Wendy Pomerantz

Committee Members Absent: Ross Campensa
Vickie Graymire
Antonio Lazcano
Mark Marchetta
Gary Richardson

Others in attendance: Ellen Owens
Mark Burgess
Katie Fiffick

Acceptance of Minutes

Motion by Dr. Pomerantz, second by Mr. Fiffick to accept the minutes of the May 20th, 2008 meeting. Minutes were accepted without change.

Introduction of New Members

Dr. Pakiela introduced new committee member, Dr. Michael Cudnik. Dr. Cudnik is with the O.S.U. Department of emergency Medicine. Dr. Pakiela reported that Vickie Graymire has also joined the committee but was unable to clear her schedule to attend this meeting. Mrs. Graymire serves as Trauma Program Manager with Grant Medical Center as well as being a member of the EMS Board.

Interfacility Transport Paper

Dr. Pakiela reported that the Interfacility Transport paper had been presented to and approved by the EMS Board. The feedback received so far has been good however the issue of antibiotics may need to be addressed.

Dr. Collins arrived at 10:27 a.m.

Rapid Sequence Induction (RSI)

The draft paper on RSI was reviewed by committee members in attendance. The following are some of the items discussed:

- Add “for Endotracheal Intubation” to title and in “Discussion” since most EMTs are more familiar with the term Rapid Sequence Intubation than Rapid Sequence Induction.
- Replace “First” do no harm with “above all else”...
- Under Discussion, 1st paragraph, change “actual procedure of RSI” to “actual skill of performing RSI”
- In conclusion, change updated “yearly”, to “annually”
- Add language indicating EMS agencies that perform RSI must conduct a quality assurance program
- Change “Non-dynamic” (intubation heads are not acceptable) to “adynamic”
- Clarify age equal to or greater than 16 in indication section and put in bold
- Change “recurrent” hands on training to “continual”
- Replace services has “inline” end tidal CO2 monitoring capabilities with “continuous” and add “or waveform capnography”
- In section regarding long-acting paralytic agents and confirmation of tube placement, expand to clarify confirmation is by use of clinical and capnographic or mechanical methods as required by AHA
- Drop the word “chemical” from “long-acting chemical paralytic agents”
- General discussion followed regarding the need to determine who is currently allowing RSI

Dr. Pakiela will make the changes in the Draft and send out to the committee members for review.

O.A.C. 4765-6-03

Copies of O.A.C. 4765-6-03 Additional Services in a declared emergency, was distributed for review. This rule needs to be reviewed and filed in November. There was concern expressed that the rule may be misinterpreted by EMTs to mean the Governor has to declare an emergency for part “B” of the rule. It was suggested that “declared” be dropped from the rule title and either switch (A) and (B) or clarify in (B) that the declaration takes place at the local level. Ms. Owens will take the concerns from the committee to legal counsel, Ms. Frient to discuss the best course of action.

Loss of Medical Director

Ms. Owens suggested this issue may need to be revisited in the near future. With the proposed changes in the O.A.C. Chapter 3 rules pertaining to RPAB, RPAB members will no longer be required to serve as medical direction for an EMS agency that has lost its medical director. The recent Siren article written by Dr. Cunningham references the use of the RPAB as medical directors as a last resort. This has been discussed at some of the recent RPAB meetings. The recommendation that has been given to the RPAB members has been that EMS agencies should not wait until a medical director is lost to find a back-up, but to work with area physicians in advance so that one is ready to step in if the need should occur. This could be a member of an RPAB who is operating outside of their role as RPAB member.

O.A.C. 4765-3-05

O.A.C. 4765-3-05 Medical director requirements, was distributed for review with Dr. Cunningham providing an overview of the proposed changes. It was suggested that medical director certification be required, but there is no legislative authority to include this in rule.

Pericardiocentesis in pulseless trauma patients

Dr. Pakiela reported he had received a request from a local paramedic to consider adding pericardiocentesis in pulseless trauma patients to the scope of practice for paramedics. It was the consensus of the committee that is not included in the training for the paramedic and it should not be added to the scope of practice. Dr. Pakiela will respond.

Monitoring of carboxyhemoglobin and methemoglobin

Following discussion, it was decided that the monitoring by EMTs is a decision to be made by the local medical director. Dr. Pakiela will respond.

State Guidelines

Dr. Cunningham reported that she had completed updating the state guidelines to conform to the new scope of practice rules. These will be presented to the EMS Board for approval.

Adjournment

Meeting adjourned at 11:48.

Next meeting will September 16th, 2008 @ 10 am – ODPS – Room 109