



**Medical Oversight Committee Meeting
Meeting Minutes – Final
September 18, 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
 Tom Collins
 Antonio Lazcano
 Mark Marchetta
 Wendy Pomerantz
 Mark Resanovich

Committee Members Absent: Ross Campensa
 John Pakiela
 Gary Richardson

Staff Present: Ellen Owens
 Heather Reed Frient

Meeting was called to order by Chairman David Fiffick at 10:13 a.m.

Motion by Mr. Resanovich to accept the minutes of the July 17, 2007 meeting. Seconded by Dr. Lazcano. Motion passed.

CPAP Update

Mr. Fiffick advised the committee that the recommendation for addition of CPAP for the EMT–Basic and EMT–Intermediate was presented to and approved by the EMS Board. Dr. Cunningham has written an article that will be in the upcoming addition of the Siren newsletter. Dr. Cunningham also advised the addition has been added to the EMS Guidelines.

12–Lead Survey –

Ms. Owens reported that an e–mail notice of the survey, with a link to the survey, was sent to all EMS agencies in the state. We received 178 responses. Of the 178 responses:

- 89.3% indicated the highest level of services provided was EMT–P;
- 87.6% felt their medical director would be willing to oversee the program;
- 79.2% would be willing to purchase and maintain equipment;

- 69.7% felt the local hospital would be willing to purchase receiving station;
- 96.6% would be willing to provide initial training on the 12-lead;
- 94.4% would be willing to maintain accurate records of the study and report back to the Division of EMS

It was noted that many that said yes to the purchase of equipment, also indicated they would need to receive state funding for the purchase. The number of Paramedic level services reported is misleading as many of the departments have only 1 or 2 paramedics and only provide Paramedic level care when those individuals are available. The numbers of cardiac patients in purely EMT-Basic and/or EMT-Intermediate level agencies appears limited.

Dr. Lazcano stated that there was a need to tie patient destination protocols to this if we decide to move forward.

Mr. Fiffick asked if the agencies would take on any additional liability if this was approved but the local departments decided not to add it to their protocols.

Mrs. Frient advised that the scope of practice was the "ceiling". The local medical director can limit the scope as they do not with other skills.

Mr. Marchetta asked if we could clarify in the scope of practice matrix that the purpose of the 12-lead EKG is to obtain and transmit – not to interpret or treat the patient. It is only to be used for improved patient care – to decrease the time it takes to get the patient to the cath lab. It is not intended for the EKG to be printed and taken to the hospital

Dr. Pomerantz stated it comes down to cost vs. benefits. Since we don't have enough data to know all the downsides, can we ask departments who want to add it to their protocol to come before the Board for approval and require them to keep data for 1 year?

Mrs. Frient advised that any requirements that are attached to the addition of 12-lead EKG to the scope of practice should be included in the rules. The scope of practice matrix is just a reference. In the event of a hearing, there has to be a reference to a rule violation.

It was requested that the following be incorporated into rule and also added to the matrix for the EMT-B and EMT-I:

- the purpose is to obtain a 12-Lead EKG for electronic transmission
- there should be minimized delay in patient transport
- there should be no interpretation of the EKG

- the 12-lead should be used in conjunction with destination protocols as approved by local medical direction

It was also agreed that a general paragraph should be added at the beginning or end of each scope of practice rule stating that for any items included in the scope that were not included in the individuals initial course of instruction, the First Responder or EMT must have received training approved by the local medical director.

Language will be drafted and e-mailed to committee for review. Once agreed upon, it will be forwarded to the Rules committee for further review.

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. It was recommended that a clarification be added indicating the rule does not apply to prehospital research conducted within the current scope of practice.

Scope of Practice Matrix –

The revisions for the scope of practice matrix were reviewed as discussed in the July meeting.

It was suggested that the cover page on the matrix include a reference to the rules sections and include a link to those rules.

Staffing of MICU for Hospital-to-Hospital Transports

The letter from the Ohio Medical Transportation Board (OMTB) to all medical transportation organizations re: Advanced Life Support – vs. – Mobile Intensive Care Unit Utilization was distributed and discussed.

Dr. Cunningham expressed concern that the letter did not say the departments could not call themselves Critical Care Units.

Mr. Fiffick suggested the Board could write its own letter to be posted on the web site which included this paragraph.

Dr. Cunningham advised the letter she had written for posting in the Siren included this clarification. She further advised there were really two issues:

- 1) Medical directors sending patients with medications that are not within the scope of practice of the transporting personnel;
- 2) EMS organizations deciding on their own to take patients without appropriately certified personnel.

It was suggested that we wait to see what the fallout will be from the letter from the OMTB, the posting of Dr. Cunningham's letters in the Siren and in the Medical board newsletter. It was also suggested that Dr. Cunningham send her letter to Carol Jacobson

with the Ohio Hospital Association (OHA) with a request for distribution to the hospitals. OMTB will also be contacted by Mr. Fiffick to ask that they send a copy of their letter to the OHA as well.

Meeting adjourned at 12:03 p.m.

Next meeting will November 13, 2007 @ 10 am - ODPS Hearing Room 109.