

## MEDICAL OVERSIGHT COMMITTEE MEETING

<b>MINUTES</b>	<b>DATE</b> October 20, 2015	<b>TIME</b> 9:42 a.m. – 11:03 a.m.	<b>LOCATION</b> ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218
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<b>ATTENDEES</b>	<p><u>Committee Members:</u> Geoff Dutton – Interim Chair, Deanna Dahl-Grove, Mark Marchetta, Dr. Daniel Schwerin, Eric Wiedlebacher, Tami Wires, Allen Young.</p> <p><u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Sue Morris, Dr. Carol Cunningham, Tim Erskine, Susan Edwards.</p> <p><u>ODPS Staff:</u> None</p> <p><u>Guests:</u> None</p>
<b>ABSENT</b>	Committee Members: Eric Cortez, William Longworth, Brent Parquette, Dr. Thomas Tallman.

### AGENDA TOPICS

<b>TOPIC</b>	<b>Introductions and Announcements</b>
<b>DISCUSSION</b> (Group)	<p>The meeting was called to order. Informal discussion ensued regarding the frequency of meetings. The options discussed were meeting monthly versus bimonthly. Dr. Cunningham suggested that this topic should be discussed at the EMFTS Board retreat to avoid potential conflicts with other committees meetings. To minimize the travel requirements of the Board members serving on other committees, meetings scheduled during months when the Board does not meet may need to be coordinated with another committee meeting on the same schedule. The other option suggested was to have a longer meeting that is scheduled for 2 hours instead of the current schedule of 90 minutes.</p> <p>Quorum was present, and the meeting was called to order at 9:40 a.m.</p> <p>There was continued discussion regarding additional meeting dates or longer meetings. The topic will be revisited after a discussion is held during the Board retreat regarding amending the meeting schedule. The committee members were amenable to having monthly meetings or having a 2-2.5 hour meeting every other month.</p> <p>Mr. Dutton discussed the need for a second Board member on the committee. Dr. Tallman has not been able to attend due to his schedule. Mr. Dutton may try to switch Board members to allow for another doctor to be present which may help resolve quorum issues.</p>

### MINUTES

<b>TOPIC</b>	<b>Approval of Minutes</b>
<b>DISCUSSION</b> (Mr. Dutton)	The meeting minutes from the June meeting were presented for approval. Motion made by Mr. Marchetta, seconded by Dr. Dahl-Grove. None opposed. Minutes approved.

### EW BUSINESS

<b>TOPIC</b>	<b>Electronic Technologies White paper</b>
<b>DISCUSSION</b> (Group)	<p>Ms. Jacobson from OHA had a question regarding using personal cell phones versus agency-owned cell phones for patient tracking data. The Electronic Technologies and EMS position paper approved by the EMFTS Board recommends agency phones be used for transmission, and it is her understanding that most phones used in the field are personal. She wonders if this will hinder participation. Dr. Cunningham stated that the paper is Board position which is a recommendation and not a requirement. In addition, she noted that just because people are using personal phones doesn't mean it is the right thing to do. The recommendation is the accepted national best practice. There are HIPAA concerns, and personal phones don't have anti-hacking software. If an agency chooses not to follow the Board's recommendations, it is their decision and responsibility. Mr. Dutton will respond to Ms. Jacobson that the paper is the Board position and reflects best practice; however, it is ultimately the agency's choice.</p>

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Respond to questions/concerns from Ms. Jacobson at OHA.	Greg Dutton	

<b>TOPIC</b>	<b>AHA CPR/ECC Guidelines</b>
<b>DISCUSSION</b> (Dr. Cunningham)	The 2015 AHA CPR/ECC guidelines were released October 15 <sup>th</sup> . Dr. Cunningham reviewed the changes. Normally, potential guideline changes would go to the RPAB first for vetting and then brought to the Medical Oversight Committee and EMS-C Committee for additional input. However, the RPAB does not meet until November 11 <sup>th</sup> or 12 <sup>th</sup> , and the goal is to present the updates to the Board in December. To prevent delays, Dr. Cunningham looked at the changes and drafted updates to the CPR and ECC parameters. There are a lot of things that need to be revised which were deferred until the RPAB realignment was completed, so it is just the CPR and resuscitation sections that will be presented to the Board for review. Most of the changes in the updated guideline document is directed toward inpatient care. Dr. Cunningham continued with an overview of the changes and requested that if anyone had any comments to please email them to her.

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
Present to RPAB and Board	Dr. Cunningham	12/16/15

<b>TOPIC</b>	<b>Waveform Capnography Training Module</b>
<b>PRESENTATION</b> (Dr. Cunningham)	A Power Point from Dr. Cunningham on waveform capnography training was presented. Dr. Cunningham stressed that this is a basic course and is not meant to be a stand-alone training tool. The instructor still needs to have the didactic and skills stations. This has already been reviewed by the RPAB, and the MOC is the last group that needs to review it before it goes to the Board. Instructor guidelines Dr. Cunningham will write at least three exams as part of the training module. The presentation will be available with and without narration. There was a discussion regarding the creation of skills sheets. It was decided to defer this to the instructor because the content may vary dependent upon the type of device used by the EMS system. This training module is a resource, and completion is not mandatory.

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
Present at Board meeting in December	Dr. Cunningham	12/16/15

<b>TOPIC</b>	<b>CARES (Cardiac Arrest Registry to Enhance Survival)</b>
<b>DISCUSSION</b> (Mr. Erskine)	CARES is the Cardiac Arrest Registry to Enhance Survival. It is a registry that tracks all out of hospital cardiac arrests from EMS to discharge from the hospital. There is discussion among some Board members that we could enroll Ohio as a CARES state. Currently, there are 13 state-wide registries, the largest state being Pennsylvania. The cost of an annual CARES state subscription is \$15,000 which, for a state level program, is very reasonable. The problem is there would need to be a state level coordinator and all hospitals would need to agree to participate. The process of entering the hospital data into CARES would need to be determined. Prehospital data can be drawn from EMSIRS. The need for inclusion of hospital data is something that the Medical Oversight Committee must consider prior to making a recommendation to the Board. There was a discussion of hospital support/involvement, current costs to hospitals for memberships, and to their need to enter data. Reports and queries may then be generated from the data. CARES was started by CDC and is currently based through Emory University.

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
Contact Carol at OHA to discuss.	Tim Erskine	12/16/15

<b>TOPIC</b>	<b>Mobile Intensive Care Transports</b>		
<b>DISCUSSION</b> (Group)	Julie Rose spoke to the Committee in June. She was going to try to have a representative at today's meeting regarding mobile intensive care transports; however, she was unable to provide one at this meeting. This discussion will be tabled until a representative can attend to discuss issues.		
	<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
	Tabled for discussion at a date when Julie Rose or representative may be present at meeting to discuss.		

<b>TOPIC</b>	<b>Removal of Taser Barbs</b>		
<b>DISCUSSION</b> (Group)	A question was submitted to <i>AskEMS</i> regarding the removal of TASER barbs and whether this was within the Ohio EMS scope of practice. This was previously discussed (around 2005) by the MOC. At that time, it was decided that this action was within the discretion of the medical director and included in the Ohio EMS scope of practice as part of soft tissue management. Executive Director House requested that the MOC revisit this topic to see if there is any change we would like to make since the original discussion in 2005 and to discuss their findings with the Board. A discussion regarding possible situations followed. The decision was made that the MOC remains comfortable with its original conclusion that this action is at the discretion of the medical director and is within the Ohio EMS scope of practice as part of soft tissue management.		
	<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
	Recommend to Board that this remain within discretion of medical director.	Mr. Dutton/Dr. Cunningham	12/16/15

<b>TOPIC</b>	<b>TRAIN-Triage by Resource Allocation for IN-Patient</b>		
<b>DISCUSSION</b> (Group)	Deanna Harris, Board chair, had a question regarding the TRAIN tool provided as part of the curriculum of pediatric disaster response and whether EMS Board has a position regarding evacuation of patient with IV lock by a BLS team. The EMFTS Board currently has a position statement that discusses transport of patients with preexisting medical devices. This was especially challenging for rural areas where people go home with devices (e.g. ventilators, central lines). If a BLS squad responded to a 911 call, transport should not be delayed due to already existing device. Dr. Cunningham suggested amending the Board position statement to include declared emergency by a state or local health official. In a declared emergency, EMS providers may need to evacuate a hospital or healthcare facility and not wait for a higher level of care due to the presence of a pre-existing medical device. Mr. Dutton will present this issue to the Board and propose amended language to the position statement that may include declared emergency by state official or public health in addition to 911 calls. The declared emergency situation or potential mass casualty situation prevents the misuse of this action by other healthcare providers who may "declare emergency" due to a busy emergency department. Dr. Cunningham has drafted language that she can present to the Board. Legal will need to review.		
	<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
	Present amended language to Board position paper regarding preexisting medical devices and transport to include an emergency situation/mass casualty/declared emergency at next meeting and then to the Board.	Dr. Cunningham	12/16/15
<b>NEXT MEETING</b>			

Next meetings: (Bi-monthly, usually TUESDAY before the Third WEDNESDAY of the month at 10:00am)  
Tuesday, December 16, 2014

- **11:03 Motion to Adjourn – Dr. Dahl Grove, seconded by Mr. Fuller. None opposed. Meeting adjourned.**

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Geoff Dutton, Acting Chair

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Date

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