MEDICAL OVERSIGHT COMMITTEE MEETING

MINUTES	DATE	TIME	LOCATION
	December 15, 2015	10:04 a.m. – 11:04 a.m.	ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218

ATTENDEES	Committee Members: Geoff Dutton – Chair, Dr. Eric Cortez, James Davis, Martin Fuller, Dr. Daniel Schwerin, Eric Wiedlebacher, Tami Wires, Allen Young. ODPS-Division of Emergency Medical Services (EMS) Staff: Sue Morris, Dr. Carol Cunningham, Tim Erskine, Susan Edwards. ODPS Staff: None present. Guests: Kent Appelhaus, Dr. David Keseg, James Keys, William Krebs, Marisa Maxey, Tim Pickering, Julie Rose, Paul Zeeb.
ABSENT	Committee Members: James Davis, William Longworth, Mark Marchetta, Brent Parquette.

AGENDA TOPICS

TOPIC	**Welcome**
	Meeting moved from Room 1101 to C4-8 due to technical difficulties.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

CARES PRESENTATION

CARES (Cardiac Arrest Registry to Enhance Survival) PRESENTATION	Webinar presentation of the CARES system (Allison Crouch, Lynn Chheang) and information from Dr. Keseg in person. Brief History from Allison Crouch - Developed in in 2004, CARES (Cardiac Arrest Registry to Enhance Survival) tracks out of hospital cardiac events from first responders through hospital admission through final disposition of case. CARES began as one agency tracking cardiac events to evaluate placement of AEDs at various locations to measure impact. In 2008, articles highlighting out of hospital cardiac arrests as recordable event and recommended a national registry. CARES could be viewed as absolution for registry. This report and word of mouth fueled initial growth. The data collection mechanism automatically between links EMS, hospitals and cardiac arrest data (CAD) when available to create a single record for an out-of-hospital cardiac arrest (OHCA) event making the data collection process very efficient with minimal effort on user end. It allows communities to identify the "who, what, when, and where" of OHCAs and compare their statistics with national aggregate datasets to identify their strengths and weaknesses. More recently, the Institute of Medicine convened in 2006, looked at emergency care, and CARES was acknowledged in that report as an example of a registry that helped communities with QI tools to increase survival as well as need for data collection. Eight or nine years later, the IOM convened a report specifically on current status of and opportunities for cardiac arrest outcomes in the United States. CARES presented to the IOM and submitted a formal report looking at summarizing the national data. The first recommendation that came out was the need to establish a national registry. It has been great to see the emphasis of a national registry and for communities and states to participate. CARES software is available anywhere where there is internet access whether you are an EMS participant or hospital participant. One can log in and be able to enter the data set manually and or view the data set. The software was designed with

	simplicity in mind. CARES wanted the system to be applicable to any EMS system in the country. A software demonstration by Lynn Chheang was presented highlighting the following qualities: Internet-based, review access rules, defining specific CARES cases, doing a search and review reports. She also described the different permission levels: EMS, hospital, and state Levels. Each hospital and agency owns their own data. The data is confidential. As a state user, the main dashboard is aggregate information for all participating EMS agencies and responding hospitals within the state. If an EMS user is doing direct data entry, they would select "Add New" and it brings them to the form that she presented. The form itself is purposely brief to allow EMS users to enter data without an excessive burden or work or time. The required data is in gray, and the opportunity to add supplemental data to create more robust entries is in blue. CARES tries to make this streamlined by providing multiple choice questions. Some standard template options available. Hospital data is able to be entered as well. This is the linkage provided within the software creating that single record from the start of care to end of care. Based off of the selection at end of event that EMS users are using, the email to the hospital is generated. State participation – driven by key stakeholders in the state with CARES people available for training and resource. In order to be considered state level CARES there must be a designated state coordinator. Dr. Keseg gave an overview of participation in CARES at the EMS/hospital level. Questions and discussion of hospital participation.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Revisit at next meeting.		

CRITICAL CARE TRANSPORT	
TOPIC	
DISCUSSION (Julie Rose)	The desire of the Critical Care Committee is to document that additional training is required for certain types of transports. Ms. Rose presented a draft of the Ohio EMS scope of practice matrix with proposed amendments. She stated that this may not be the best way to get language through the Board, but she is looking for feedback. Suggested types of transports that should require additional training were noted with an asterisk. All of the psychomotor skills cited are within scope of practice; however, she feels that paramedics who perform them should receive additional training to perform them or to accept patients for transport who require these services. She also proposed providing an outline to agency or EMS medical directors as to what this additional training would entail. She stated that her concerns are based upon patient care and billing issues. Discussion regarding specialty care endorsements, inter-facility transport position paper, legislative changes versus endorsements, and looking at other states who have established a critical care paramedic level ensued following Ms. Rose's presentation.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Information on other states who have already established critical care paramedic level and existing education programs from national		Next meeting / board retreat.

	organization respected for training were also discussed.		
DISCONTINUATION OF WALLET CARDS			
TOPIC			
(Dr. Cunningham)	A letter was sent to the State of Ohio Medical Board regarding the discontinuation of wallet cards. They may have possible solution.		
ACTION ITEMS		**PERSON RESPONSIBLE**	**DEADLINE**
INTRANASAL NOLOXONE			
TOPIC			
DISCUSSION (Dr. Cunningham)	The intranasal route for naloxone administration was approved by FDA on November 18, 2015. An updated naloxone training module will be presented to the Board.		
ACTION ITEMS		**PERSON RESPONSIBLE**	**DEADLINE**
NONE			

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

- Tuesday, April 19, 2015 (no meeting in February due to Board retreat).

MINUTES APPROVED

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Geoff Dutton, Acting Chair Date