



**MEDICAL OVERSIGHT COMMITTEE  
Committee Meeting**

**April 14, 2015 – 9:30 a.m.**

**Ohio Department of Public Safety  
Room 134**

**AGENDA**

**Introductions and Announcements**

Welcome New Members

**Past MOC meeting minutes approval**

**Old business**

Committee Chair / Vice Chair/Membership

Capnography Board Position Paper

12-lead EKG and electronic transmission  
White paper  
Plan for implementation and education

**New business**

**EMSC Equipment List**

Change in Scope of Practice  
Mobile Intensive Care Transports

Epi-Kits

Intranasal tampons

Ventilator Management – white paper

Review of the Strategic Plan Dashboard

**Open Forum**

**Next Meeting: June 16, 2015**

**PUBLIC RECORD**

## MEDICAL OVERSIGHT COMMITTEE MEETING

MINUTES	DATE	TIME	LOCATION
	April 14, 2015	9:41 a.m. – 11:34 a.m.	ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218
<b>ATTENDEES</b>	<p><u>Committee Members:</u> Geoff Dutton – Interim Chair, Eric Cortez, Deanna Dahl-Grove, Martin Fuller, Mark Marchetta, Eric Wiedlebacher, Tami Wires, Allen Young.</p> <p><u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Sue Morris, Dr. Carol Cunningham, Susan Edwards.</p> <p><u>ODPS Staff:</u> None present.</p> <p><u>Guests:</u> None present.</p>		
<b>ABSENT</b>	Committee Members: William Longworth, Brent Parquette, Dr. Daniel Schwerin, Dr. Thomas Tallman.		
AGENDA TOPICS			
<b>TOPIC</b>	<b>Welcome</b>		
<b>DISCUSSION</b> (Mr. Geoff Dutton)	The meeting was called to order. Introductions were made. Dr. Eric Cortez and Mr. Eric Wiedlebacher are both new members of the committee.		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
None			
MINUTES			
<b>TOPIC</b>	<b>Approval of Minutes</b>		
<b>DISCUSSION</b> (Mr. Dutton)	Meeting minutes from the October meeting were presented for approval because they could not be approved in December due to lack of quorum. <b>Motion made by Dr. Dahl-Grove, seconded by Mr. Young.</b> None opposed. Minutes approved.		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
OLD BUSINESS			
<b>TOPIC</b>	<b>Committee Chair/Vice Chair/Membership</b>		
<b>DISCUSSION</b> (Group)	Discussion of election of Chair and Vice Chair. As required, the Chair must be a member of the EMFTS Board. Geoff Dutton agreed to stay on as Chair if no one else is interested. <b>Mr. Fuller motioned that Mr. Dutton stay as Chair, Ms. Wiles seconded.</b> None opposed. Mr. Young agreed to volunteer as Vice Chair. <b>Mr. Young motioned, Mr. Marchetta seconded.</b> None opposed. Mr. Dutton is re-appointed as Interim Chair and Mr. Young is appointed as Vice Chair.		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
<b>TOPIC</b>	<b>Capnography Board Position Paper</b>		
<b>DISCUSSION</b> (Group)	The previous draft position paper was presented to the Board, and they provided that clarification regarding intent that the MOC requested. A new motion was passed to specify waveform capnography as the mandatory airway assessment adjunct for all patients who require invasive airway management with an effective date of January 1, 2021. The grace period for implementation encompasses five (5) grant cycles to give programs time to apply for grants and EMS to look for ways to have the grant program support this initiative. A copy of the draft of the white paper was provided today for the committee members. Dr. Cunningham presented the white paper to the Board at the meeting in February for approval and it is currently posted on the Department website.		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>

TOPIC	<b>12-Lead EKG and electronic transmission</b>		
<p><b>DISCUSSION</b> (Group)</p>	<p>Dr. Cunningham agreed to write a first draft of a white paper for review and discussion at the next MOC meeting. In general, MOC members agreed it should be:</p> <ul style="list-style-type: none"> <li>• Broader than just 12-lead EKG transmission because of telemedicine</li> <li>• Should be a list of considerations for local providers, not prescriptive.</li> </ul> <p>Considerations may include:</p> <ul style="list-style-type: none"> <li>• HIPPA</li> <li>• Encryption/secure transmission</li> <li>• Personal vs. agency-issued phones</li> <li>• Purging of photo/video after sending</li> <li>• Technology/apps used for transmitting</li> <li>• Technology on the receiving end (hospital)</li> <li>• Photo quality/pixel standards</li> <li>• Consulting with local legal counsel and medical director</li> <li>• EMTs should avoid interpreting results</li> </ul> <p>Mr. Dutton agreed to contact the person who originally asked about electronic transmission of 12-lead EKG (Thomas Miller, Chief ADA/Liberty EMS). Mr. Dutton will update him on our discussions and invite feedback.</p>		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
<p>Outline of White Paper Contact Thomas Miller and invite feedback.</p>		<p>Dr. Cunningham Mr. Dutton</p>	

TOPIC	<b>Medical Director List</b>		
<p><b>DISCUSSION</b> (Group)</p>	<p>Discussion of one item remaining from the review of the Strategic Plan Dashboard regarding finding information on and contacting qualified EMS medical directors. Several options were discussed including mandatory vs. voluntary reporting, outreach, and Ohio EMS medical director certification, other options. The Committee agreed to reiterate the need to address this with the Board. Although it would require a legislative change, the Committee wishes to encourage the Board to consider the development of a voluntary Ohio EMS medical director certification. Stakeholders and opponents will need to be identified. Support will be needed from Ohio ACEP, and it could potentially be paired with proposed legislation for EMS provider specialty certification. The Committee inquired if other states have established EMS medical director certification processes. Dr. Cunningham reported that there are states where this is already in place.</p> <p>Dr. Cunningham will gather up the results of an earlier survey of other states, and perhaps re-survey on the NASEMSO Medical Directors Council.</p> <p>Ms. Morris will summarize the ongoing efforts of the Division of EMS to collect more complete information about medical directors, including as part of the grants applications and from NEMSIS.</p> <p>Dr. Cortez will contact ACEP to gauge receptiveness to certifying medical directors, and solicit feedback on issues MOC should consider.</p>		
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
<p>Survey/re-survey on NASEMSO listserve. Summary of ongoing efforts of Div. of EMS to collect Med. Dir. Info. Contact ACEP and solicit feedback on issues to be considered.</p>		<p>Dr. Cunningham Ms. Morris Dr. Cortez</p>	

<b>New Business</b>		
<b>TOPIC</b>	<b>Critical-care transports, scope of practice and billing under the Specialty Care Transport code.</b>	
<b>DISCUSSION (Group)</b>	Contact EMFTS Board member Julie Rose, and ask for her or a representative from her committee to attend the next MOC meeting to answer questions and discuss this issue.	
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>
Contact EMFTS Board member Julie Rose, and ask for her or a representative from her committee to attend the next MOC meeting to answer questions and discuss this issue.		Mr. Dutton

<b>TOPIC</b>	<b>Epi-Kits</b>	
<b>DISCUSSION (Group)</b>	Mr. Dutton will take MOC's recommendation to the Board not to change scope of practice to allow EMTs to administer epinephrine via the intramuscular route with the exception of via an auto-injector. "Ask EMS" had received an inquiry about the possibility of expanding scope of practice, in response to the rising costs of auto-injectors. <b>But MOC recommends not changing the scope of practice, as this is an economic problem, not a medical problem.</b>	
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>
Present recommendation to the Board		Mr. Dutton

<b>TOPIC</b>	<b>EMSC Equipment List</b>	
<b>DISCUSSION (Group)</b>	EMSC Equipment List was brought up. This was discussed at December meeting but there was no quorum. <b>Dr. Dahl-Grove motioned to support the list as a recommendation as a list of equipment. Motion seconded by Mr. Marchetta.</b> None opposed. Motion approved.	
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>
Contact Mr. Stack and advise of motion.		Ms. Morris

<b>TOPIC</b>	<b>Intranasal Tampons</b>	
<b>DISCUSSION (Group)</b>	"Ask EMS" had received a question regarding use of intranasal tampons. Discussed and concluded that this is outside the scope of practice for EMTs. <b>Mr. Dutton will advise the Board of the MOC's assessment that the insertion of intranasal tampons is outside the scope of practice and should remain so.</b>	
<b>ACTION ITEMS</b>		<b>PERSON RESPONSIBLE</b>
Present recommendation to the Board		Mr. Dutton

Next meetings: (Bi-monthly, TUESDAY before the third WEDNESDAY of the month at 9:30am)  
 o Tuesday, June 16, 2015

**MINUTES APPROVED**

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 Geoff Dutton, Acting Chair

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 Date



**MEDICAL OVERSIGHT COMMITTEE  
Committee Meeting**

**June 16, 2015 – 9:30 a.m.**

**Ohio Department of Public Safety  
Room 134**

**AGENDA**

**Introductions and Announcements**

**Past MOC meeting minutes approval**

**Old business**

12-lead EKG and electronic transmission  
Outline of White paper  
Plan for implementation and education

Medical Director List

**New business**

Mobile Intensive Care Transports

COTS Hotline

**Open Forum**

**Next Meeting: August 18, 2015**

**PUBLIC RECORD**

**MEDICAL OVERSIGHT COMMITTEE MEETING**

<b>MINUTES</b>	<b>DATE</b>	<b>TIME</b>	<b>LOCATION</b>
	June 16, 2015	9:42 a.m. – 11:04 a.m.	ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218

<b>ATTENDEES</b>	<u>Committee Members:</u> Geoff Dutton – Interim Chair, Eric Cortez, Deanna Dahl-Grove, Mark Marchetta, Dr. Daniel Schwerin, Eric Wiedlebacher, Tami Wires.
	<u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Sue Morris, Dr. Carol Cunningham, Susan Edwards.
	<u>ODPS Staff:</u> None present.
	<u>Guests:</u> Julie Rose, Kent Appelhaus, Deanna Harris, Phil Koster, Pam Bradshaw.

<b>ABSENT</b>	Committee Members: Martin Fuller, William Longworth, Brent Parquette, Thomas Tallman, Allen Young.
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**AGENDA TOPICS**

<b>TOPIC</b>	<b>Welcome</b>

**MINUTES**

<b>DISCUSSION</b> (Mr. Geoff Dutton)	Meeting was called to order at 9:42 a.m. Meeting minutes from the April meeting were presented for approval. <b>Motion made by Mr. Marchetta, seconded by Ms. Wires. None opposed. Minutes approved.</b>
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<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>

**OLD BUSINESS**

<b>TOPIC</b>	<b>White paper regarding electronic transmission (including 12-lead EKGs)</b>
<b>DISCUSSION</b> (Mr. Dutton)	The original question that was submitted to AskEMS was from Chief Miller of Ada, Ohio when he inquired about the possibility of transmitting electronic images of EKGs to meet the current rules for EKG transmission by EMTs. Dr. Cunningham took the lead drafting the white paper which addressed the broader topic of electronic transmission of images and the administrative and privacy issues surrounding the use of the associated equipment. The first step completed was to obtain an opinion from the Division of EMS' legal counsel of the definition of electronic transmission. Following their input, the current draft white paper presented to the Committee had already been reviewed by legal counsel in advance of the meeting. If and when the draft white paper is approved by the EMFTS Board, Dr. Cunningham will send out a separate memo reminding EMS providers and EMS medical directors of the Ohio EMS scope of practice, which has not changed, and that the only change is in the avenue to transmit information, including 12-lead EKGs. The main audience for the white paper is EMS supervisors and fire chiefs who are responsible for the policies and procedures in the utilization and security of the equipment and maintenance of patient privacy. The white paper should also be shared with the EMS medical directors although the privacy issue is separate from patient care. <b>Motion to Approve and present to Board –Mr. Marchetta, seconded by Dr. Cortez. None opposed. Motion passed.</b>

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>

TOPIC	Medical Director List/Certification
<p><b>DISCUSSION</b> (Group)</p>	<p>An overview and discussion was held regarding the current status of EMS medical director records, the lack of an accurate and updated registry of EMS medical directors, and the negative impact caused by a lack of a list of physicians qualified to serve as EMS medical directors. EMS agencies are required to notify the Division of EMS in writing of the name of their medical director, but the rule has no penalty for non-compliance. This often results in the Division of EMS with inaccurate or no information about the identity or qualifications of an agency’s medical director. While researching medical directors for the Ohio Department of Health’s Burden of Stroke project, Dr. Cunningham found that the information was often incorrect or outdated. The goal is to create is a database of physicians who are currently serving as EMS medical directors as well as those who are eligible by their qualifications to serve as a medical director. A list of local EMS medical directors and physicians who are eligible to serve as medical directors does not exists even at RPAB level. RPABs have made multiple attempts to create a local list and have failed.</p> <p>Some concerns about privacy of data were discussed. More doctors would be willing to do it if they knew it was confidential. Dr. Cunningham presented a proposal to issue a state EMS medical director cards similar to the process that Ohio physician EMS instructor cards are issued. The issuance of an Ohio EMS medical director card would be a no charge, be renewable every three years (potentially congruent with the Physician EMS Instructor card renewal), and acquisition of a card would be voluntary. Dr. Dahl-Grove discussed linking it to the physician’s Ohio medical license using same license number.</p> <p>Some information is being obtained now through grant applications, specifically the medical director’s name and license number. Of the 644 EMS agencies for which the Division of EMS has information, there are 254 EMS medical directors in Ohio. Unfortunately, this data does not include the second tier of assistant EMS medical directors. It also does not include the pool of physicians who meet the qualifications to serve as a medical director, but are not actively engaged with an EMS agency. These groups of physicians are an untapped resource as they can easily step in if an agency loses their medical director.</p> <p>To become certified in the proposed plan, the application process would be similar to that for the RPAB where a physician would submit a CV, their medical license, residency training, board certification/eligibility, the EMS agencies that they are currently overseeing, and their role as the medical director (primary vs. assistant/adjunct). For those qualified physicians who are not actively engaged with an EMS agency, an inquiry on the application could assess their willingness to serve, in what role, and in which region of the state. Interim Chair Dutton agreed to take the proposal to the EMFTS Board and, if approved, to Legal Services. A discussion was held regarding certification versus recognition for the type of card issued.</p> <p>Dr. Cunningham will gather up the results of an earlier survey of other states, and perhaps re-survey on the NASEMSO listserve. Ms. Morris will summarize the ongoing efforts of the Division of EMS to collect more complete information about medical directors, including as part of the grants applications and from NEMSIS.</p>

Dr. Cortez will contact ACEP to gauge receptiveness to certifying medical directors, and solicit feedback on issues MOC should consider.

Present the concept of a voluntary certificate of recognition for Ohio EMS medical directors to the Board for approval. **Motion made by Mr. Marchetta, seconded by Dr. Schwerin.**

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Gather results of earlier survey of other states, and perhaps re-survey on the NASEMSO listserve.	Dr. Cunningham	
Summary of ongoing efforts of the Division of EMS to collect more complete information on medical directors through Ohio EMS grant applications and through NEMSIS.	Ms. Sue Morris	
Contact ACEP to gauge receptiveness re: certifying medical directors and to solicit feedback.	Dr. Cortez	
Present the concept of a voluntary certificate of recognition for physicians qualified to serve as medical directors of EMS agencies to the EMFTS Board.	Mr. Dutton	

**New Business**

TOPIC	Inter-Facility Transports
<p><b>DISCUSSION</b> (Group)</p>	<p>Guest speaker - Julie Rose CEO of Community Care Ambulance of Northeast Ohio. Ms. Rose presented issues with transport of higher acuity patients and the additional training needed for some types of intervention and transport. The training should occur in advance and not at the bedside or as just-in-time training. This was returned to the Critical Care Subcommittee for clarification. There was no request for a change in the scope of practice. The skills cited are already in scope of practice, but the Critical Care Subcommittee want clarification that additional training should be involved (e.g. FI O<sub>2</sub> ventilator management with settings, infusion of medications requiring dosing, maintenance of blood administration and thrombolytic therapy) with some items already in the scope of practice. The suggestion is to add language which clarifies that, in order to perform interventions in these areas, a paramedic must receive additional training approved by local medical director that ensures competence with each item following the EMFTS Board-approved guidelines for training program for medical directors. Executive Director House has offered that there would be some guidelines written to send out to medical directors stating what this training may include along with advisement to the medical directors that this training should take place.</p> <p>The Critical Care Subcommittee is trying to clarify inter-facility transport (not prehospital) and suggest to adding “and therefore may require additional training for the paramedic.” to the scope of practice language. The training should be completed prior to and far in advance of the transport, and it should be designed and mandated by the medical director.</p> <p>Ms. Rose stated that patient safety and billing regarding “paramedic with additional training” are concerns. The goal is patient safety. Billing may be a problem. Dr.</p>

Cunningham noted that additional training may support creation of critical care paramedic in Ohio along with other specialty care sectors in EMS. The guidelines for medical directors may want to clarify the need or requirement of additional training for those transports.

Further discussion at next meeting.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Further discussion at next meeting.		

TOPIC	COTS Hotline	
<b>DISCUSSION</b> (Group)	Discussion tabled for the next meeting due to another meeting scheduled in the conference room.	

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

- o Tuesday, August 18, 2015

**MINUTES APPROVED**

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Geoff Dutton, Acting Chair

\_\_\_\_\_  
Date 10/20/15



**MEDICAL OVERSIGHT COMMITTEE  
Committee Meeting**

**October 20 – 9:30 a.m.**

**Ohio Department of Public Safety  
Room 134**

**AGENDA**

**Introductions and Announcements**

**Past MOC meeting minutes approval**

**Old business**

Medical Director List

Mobile Intensive Care Transports

**New business**

Electronic Technologies White paper  
Concerns from OHA

TRAIN Evacuation Tool

Scope of Practice

AHA CPR/ECC guidelines

Revised PALS guidelines

TASERS

Selective spinal immobilization

TXA

Helicopter utilization recommendations

Hemorrhage control section/evidence-based guidelines

Waveform Capnography training module

**Open Forum**

Chief Miller - 12-lead and scope of practice restrictions on AEMTs administering epinephrine for advanced cardiac arrest

**Next Meeting: December 15, 2015**

**PUBLIC RECORD**

## MEDICAL OVERSIGHT COMMITTEE MEETING

MINUTES	DATE	TIME	LOCATION
	October 20, 2015	9:42 a.m. – 11:03 a.m.	ODPS – Division of EMS 1970 W. Broad St., Columbus, Ohio 43218

<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

TOPIC	Introductions and Announcements
<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

TOPIC	Approval of Minutes
<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

TOPIC	Electronic Technologies White paper
<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.**

\_\_\_\_\_  
Geoff Dutton, Acting Chair

\_\_\_\_\_  
Date

FINAL



**MEDICAL OVERSIGHT COMMITTEE  
Committee Meeting**

**December 15 – 9:30 a.m.**

**Ohio Department of Public Safety  
Room 1101**

**AGENDA**

**Introductions and Announcements**

**New business**

CARES program

**Past MOC meeting minutes approval**

**Old business**

Mobile Intensive Care/Critical Care Transports

**New business**

Discontinuation of Physician Wallet Cards

Updated Naloxone Training Module

**Open Forum**

**Next Meeting: TBD**

**PUBLIC RECORD**

**MEDICAL OVERSIGHT COMMITTEE MEETING**

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

<b>ATTENDEES</b>	<p><u>Committee Members:</u> Geoff Dutton – Chair, Dr. Eric Cortez, James Davis, Martin Fuller, 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 present.</p> <p><u>Guests:</u> Kent Appelhaus, Dr. David Keseg, James Keys, William Krebs, Marisa Maxey, Tim Pickering, Julie Rose, Paul Zeeb.</p>
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<b>ABSENT</b>	Committee Members: James Davis, William Longworth, Mark Marchetta, Brent Parquette.
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**AGENDA TOPICS**

<b>TOPIC</b>	<b>Welcome</b>
	Meeting moved from Room 1101 to C4-8 due to technical difficulties.

<b>ACTION ITEMS</b>	<b>PERSON RESPONSIBLE</b>	<b>DEADLINE</b>
None		

**CARES PRESENTATION**

<b>CARES (Cardiac Arrest Registry to Enhance Survival) PRESENTATION</b>	<p>Webinar presentation of the CARES system (Allison Crouch, Lynn Chheang) and information from Dr. Keseg in person.</p> <p>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 OHCA 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</p>
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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
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Revisit at next meeting.

**CRITICAL CARE TRANSPORT**

TOPIC	
<p><b>DISCUSSION</b> (Julie Rose)</p>	<p>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.</p>

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

	organization respected for training were also discussed.		
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**DISCONTINUATION OF WALLET CARDS**

<b>TOPIC</b>	
(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**

<b>TOPIC</b>	
<b>DISCUSSION</b> (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
<b>NONE</b>		

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

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

**MINUTES APPROVED**

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Geoff Dutton, Acting Chair

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Date