

**FINAL**

**STATE BOARD OF EMERGENCY MEDICAL SERVICES  
Strategic Planning Committee Minutes  
January 19, 2011**

Name	Present	Absent	Name	Present	Absent
Craig Self, Chair	X		Aleta Dodson	X	
Dr. Carol Cunningham	X		Ellen Owens	X	
Dr. Deanna Dahl-Grove		X	Brian Pfeffer	X	
James Davis	X		Richard Rucker	X	
Vickie Graymire		X	John Sands	X	
Karen Beavers – OAEMS	X		Melissa Vermillion	X	
Jim Dwertman – EMA	X				
Carol Jacobson – OHA	X				
Laura Tiberi – ACEP	X				
Connie White – OMTB	X				
Ohio Fire Chief’s Assoc – TBD		X			
Lynne Bratka Ohio Department of Health – Permanent member TBD	X				

Chaired by Craig Self (called to order at 10:06 AM)

Mr. Self asked Ms. Owens to provide an update of the status of the 2011 National Highway Traffic Safety Administration (NHTSA) reassessment planned for February 15 – 17, 2011. Ms. Owens said the NHTSA team will evaluate Ohio’s system against eleven national standards (which were distributed). The last assessment for Ohio was done in 2001. Partner organizations, stakeholders, and staff will provide presentations to the assessment team to help them evaluate Ohio. The assessment team will present their report and recommendations to the EMS Board, who will be meeting at the same time. Those recommendations will be reviewed by this committee and incorporate into the Board’s 2015 strategic plan.

Mr. Self said today the committee will review and modify the EMS Board Committees S.W.O.T. (Strengths, Weaknesses, Opportunities, and Threats) summaries.

Strengths were reviewed and comments included:

1. Dr. Cunningham wanted clarification from the Education Committee on item 4. as to what they meant by “other levels”.
2. It was suggested item 11 be reworded “robust database”. Ms. Owens said she summarized the term as “availability”, but items in parentheses are what committees submitted. Mr. Self said this is also listed as a weaknesses because it is not leveraged as much as it could be.
3. Item 7 as worded sounds like the direction is coming from the national level, not the EMS Board and their committees. Suggested rewording to “direction of the local and national organizations.”
4. Item 13 needs reworded [Published an article in a national publication.] to “recognized on the national level”. Dr. Cunningham said the articles published were on geriatric, pre-hospital care, and H1N1 campaign. Articles should be listed individually.

5. Item 14 should emphasize state and private organizations as well as a list of Board nominating organizations.
6. Item 10 should emphasize Ohio has a dedicated pediatric representative on their Board as a strength as many state Boards do not require such a position.
7. Item 8 should be reworded to Ohio has an “established statewide network for the transfer and care of pediatric patients”.
8. It was asked how item 15 (focus on excellent customer service) could be measured. It was suggested it is an opportunity to do a survey on satisfaction and Dr. Cunningham said they received feedback from the CHEMPACK roundtable roll outs. Mr. Pfeffer said it could be reworded to say “EMS Board has a customer service focus.”
9. Additional items suggested to be added as strengths included:
  - The EMS Board is a legislative authority that provides leadership for EMS.
  - Air medical resources (also a weakness in coordination and organization).
  - Access to hospitals (weakness in rural areas).
  - Automated online certification process and online availability of forms. Mr. Pfeffer suggested “leveraging of technology”.
  - EOC disaster response plans and the Emergency Management Assistance Compact (EMAC) facilitates the sharing of resources between states. It addresses the issues of liability, state-specific certifications or authorities, and reimbursement in order to make state-to-state mutual aid possible.
  - Liability coverage is a strength for medical directors, but Dr. Cunningham said it doesn’t prevent medical directors from being sued. Discussed EMA’s coordination with DOH re: medical reserve corp volunteers, H1N1 coordination at state and local government, Advanced Stroke Training Project, and Burden of Stroke in Ohio.
  - Board position papers help providers and medical directors, but can be viewed as a weakness due to no legislative authority. Ms. Tiberi suggested wording it as “effective policy leadership as demonstrated in position papers.”

Moving on to weaknesses, Mr. Self said one of the weaknesses in the 2001 NHTSA report is ensuring sufficient number of providers across the state to meet the EMS system needs. He does not know if we even have a population to provider ratio. Mr. Pfeffer said he can’t find a definition of per capita recommendation. Mr. Self said one of the NHTSA items is to establish a minimum number of providers for each level of system plan. Ms. Owens said there are a number of variables that would have to be considered including population, run volume, transport time, and hospital locations. Mr. Dwertman said if you look at it by per county for paramedics and look at it as a straight number, some of the rural areas actually have a very high ratio because their population is very small. Ms. Tiberi said it is a more “systemic” issue. It’s not any different from Portsmouth staffing their ER with doctors from Columbus. There is just a natural lack of people wanting to reside in some of these remote rural areas. Mr. Dwertman said perhaps a more meaningful quantification of that ratio could be formulated by population divided by run volume and Mr. Erskine said he could do that. Ms. Owens brought up the point that we know we have 42,000 individuals certified in the state, but we have no idea how many are actually functioning as EMTs. Some of them may be working as nurses or ER technicians, or not at all since they do not have to be functioning to maintain their certification. Mr. Dwertman pointed out that there is also a potential that

providers are overextended for disasters as some EMTs work for multiple agencies and their name shows up on multiple agency rosters.

Weaknesses were reviewed and comments included:

1. Item 1, the EMS Board has no oversight over the public sector and very little in voluntary sector, and is limited to private for-profit sector. There is a lack of compliance or adherence to recommended voluntary standards/guidelines. Mr. Self said it can be categorized as emergency medical services transportation and maybe tie it back to ambulances, helicopters, etc. Ohio Medical Transportation Board has jurisdiction over staffing, but can't tell them where to go and do not require certificate of need.
2. In regard to items 10 and 12, Ms. Tiberi said the weakness is in the current legislative authority that allows for gaps in scope of practice. Mr. Self said it would be nice to know where those scope gaps are.
3. Item 9, "pediatric patients are not a high priority", created a lot of concern and discussion. It was felt the statement came more out of frustration over lack of interest by EMS to get more pediatric education and hospitals having more of an interest and investing resources in providing better on-line and off-line medical direction. Ms. Jacobson asked if this could also be a reaction to the voluntary guideline for pediatric preparedness, and with no legislation, perception is the hospitals do the programs they want to do. It should be worded differently. Ms. Tiberi said again it is systemic things that create difficulty in rolling out even voluntary guidelines for pediatric and special need preparedness, let alone have the ability to enforce or have authority over. Dr. Cunningham said the committee doesn't want to have a legislated number of hours for training, they just wish there was more interest. Ms. Beavers said the OAEMS holds four workshops a year and try to make sure they have at least two hours dedicated to pediatrics. Mr. Davis said maybe we should rethink the way we approach it, and the push should be through the medical directors; informing them of what is available. Mr. Davis thinks the education provided for pediatric care around the state needs revisited. The mindset of EMTs seems to be a "hands off" approach for fear of hurting them, and the perceived need to rush them to the closest pediatric hospital for care. Maybe there should be an education mindset that teaches the EMTs they can treat them. Mr. Pfeiffer said the statement could read "barriers to pediatric preparedness are not fully identified."
4. In regard to 11, large number of volunteers makes it challenging to mandate equipment/education, Ms. Tiberi interprets as a financial issue; how do volunteers get their CE. Mr. Dwertman said he thought it meant they don't have the time to dedicate to the station.
5. In regard to 4 [RPAB], Ms. Owens asked if this is just a lack of authority over medical directors in the RPAB, or all medical directors. Dr. Cunningham said there is no authority, RPAB is just an advisory board. She said there is no database of medical directors and would like state certification for them to ensure they are qualified. Dr. Cunningham said EMS agencies are responsible for finding qualified medical directors, but, in the ideal world, it would be great if a certification could be issued for local medical directors to ensure they are qualified. Mr. Self said the certification sounds like an opportunity.
6. In regard to item 16, inability to determine true need for grants, the grant program weakness is there are minimum award amounts and well-funded agencies are getting extra money and perhaps taking away from agencies who are truly strapped. Dr.

Cunningham said if agencies don't report their data, they can't receive a grant. She said there can be agencies that voluntarily elect not to report the data because it costs them more money to have staff enter the data than the grant award amount.

7. Other weaknesses mentioned were not fully leveraging public information and education, not taking advantage of opportunities; no good standard for provider:population ratio; data base tells where the providers live – not where they work or if they are functioning as a pre-hospital provider; lack of systemic approach to diversity in EMS/Fire to match population; and inability to separate Fire/EMS costs out.

Reviewed opportunities and comments included:

1. In regard to 15, diminished funding was thought to reference the fact that in 2001-02 grants allowed for purchase of computers to comply with newly implemented data reporting requirement and those computers need replaced. Mr. Rucker said computers are still being purchased through grants today. Suggested to reword as “continued funding to support electronic data transmission”.
2. In regard to 13, 14, and 15, Mr. Self said the biggest challenge in the next five years for EMS is the ability to be compatible with electronic medical records. Hospitals are using technology and EMS is still using pen and paper for run reports. Mr. Self said “connectivity of technology is needed for transmission of medical records” and would be a huge boost to better patient care if EMS agencies can pull up a patient's entire medical history while on the scene. Mr. Erskine said that is being worked on in version 3 of NEMESIS. The Board needs to provide leadership to hospitals to figure out how we can all be using same technology.
3. Additional items suggested to be added as weaknesses included:
  - In today's political and economic climate, be aware of regionalization and consolidating services as an opportunity. In some cities, they have multiple fire agencies that could be reduced to one. Mr. Pfeffer said it could be worded as “being aware of the political and economic environment”.
  - Mr. Self said he does not know if there is a standard best practice repository in the state of Ohio and perhaps one is needed.

Threats were reviewed and comments included:

1. Mr. Self suggested items 3, 6, 8, 9, 10 and 14 be moved to weaknesses as they are not controllable.
2. Dr. Cunningham said biggest threat is the fact that DEMS does not have a stable funding source. Ms. Tiberi said the argument for a funding source should be it is needed for optimal patient care, not just say money is needed.
3. Ms. Tiberi said we should step back from what the system is, and look at what the system should look like. Mr. Pfeffer said perhaps “lack of overall vision of EMS in Ohio” is the threat.
4. Ms. Tiberi said with 1/3 of the general assembly being new, a comprehensive short story is needed to lobby at the statehouse. Mr. Davis said there are two reports – one short guide for legislators and the annual report. Ms. Jacobson suggested county commissioners be included as well. Ms. Tiberi said all the elected officials know are the Fire Chief, Police Chief, City Council, etc., who tell them what they want, which becomes the elected officials battle. There needs to be something there to educate them on Ohio EMS issues.

The 2011 EMS Board committee goals were distributed. The group discussed how to measure goals, create a dashboard for EMS Board meetings, and level of support required. Mr. Self asked for input between now and the next meeting (March 16, 2011).

Mr. Self said the committee will combine the Strategic Plan and the NHTSA recommendations, and then re-prioritize.

The committee reviewed the 2011 Tactics (30 items) and comments included:

1. Remove item 1; it is a RPAB and State Medical Director issue.
2. Ms. Vermillion asked about listing the EMS items for which the Board is seeking legislation.
3. Add Altered Standard of Care to item 13 (HLS protocol).
4. Ms. Tiberi asked in regard to items 29 and 30 (stakeholder and policy maker communication), if the Board or Division routinely meet with the Director and Board leadership, fire committee, etc. Mr. Rucker said small core meetings are held for specific bills. The EMS Board Legislative committee maintains the legislative list of needs and the DPS legislative liaison tracks legislation impacting the Division and EMS. Ms. Owens suggested the Legislative Committee might need more involvement with additional partner agencies and organizations such as ODH, OHA and OAEMS so lobbyists could speak with one voice on issues. However, the Board has to take into consideration the DPS stand on legislative bills.
5. Item 24, national EMS scope of Practice Model, can be deleted.

Approved minutes from last meeting (July 13, 2010). Rucker first; Dwertman second.

Meeting adjourned. 12:15 PM