

FINAL

**STATE BOARD OF EMERGENCY MEDICAL SERVICES
Strategic Planning Committee Minutes
March 16, 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				
Barry Cousino - OFC	X				
Lynne Bratka - ODH	X				

Chaired by Craig Self (called to order at 10:03 AM)

NHTSA Draft Report

A copy of the National Highway Transportation Safety Administration (NHTSA) reassessment recommendations for Emergency Medical Services (EMS) in Ohio was distributed. This is not the full report, but it is expected to be received soon. Items bolded under the recommendations are considered a high priority. Mr. Self said he would like the committee to review these recommendations along with the Board committees SWOT analyses to determine what this committee's recommendation to the Board will be for the overarching five-year strategic plan for the EMS Board. As a stakeholder group, this committee needs to ensure that one data point does not overshadow the overall content of the five-year plan.

Ellen Owens said the NHTSA recommendations were based on eleven areas. Ohio was evaluated on each area by comparing Ohio's current status against the national standard. The recommendations were based upon things Ohio needs to do to bring it closer to the national standard. Ms. Owens said most of the priority issues recommended will require legislation and/or additional funding. She gave a brief overview of the high priority recommendations.

- A. Regulation and Policy:** Seek legislation to combine the Ohio Medical Transportation Board (OMTB) authorities into the Division of EMS (DEMS), creating a true lead agency for EMS; obtain a stable funding source; obtain authority for the Board and the Division for oversight of the entire EMS system in Ohio.
- B. Resource Management:** The high priority items were similar to those in A with the addition of develop and maintain a comprehensive EMS and trauma database that will also include accurate accounting of personnel, equipment, and services.
- C. Human Resources and Education:** Rename Ohio's "accreditation" process to a "state approval process" (accreditation from a national standpoint refers to a true outside agency with no vested interest); assure that after January 1, 2013, graduates of non-CAAHEP

accredited paramedic education programs understand they will only be eligible for state certification, not national certification.

- D. Transportation:** Establish legislative authority for DEMS to regulate all EMS agencies, both air and ground, and utilize the EMS Board Air Ambulance Committee and the Regional Physician Advisory Board (RPAB) to establish a statewide standardized air medical activation guideline.
- E. Facilities:** Obtain legislation to add criteria for verification of Level IV (possibly Level V) trauma centers to support completion of an inclusive trauma system; require trauma centers report all trauma-specific data to include those in the hospital for less than 48 hours to the Ohio State Trauma Acute Care Registry.
- F. Communications:** Seek authority for the EMS Board to develop dispatch center and emergency medical dispatcher certification standards and encourage standardized Emergency Medical Dispatcher (EMD) training for dispatchers supported by county wireless 9-1-1 funds.

Ms. Owens said right now the Ohio Department of Education is responsible to provide dispatch training, but no one regulates dispatchers. Mr. Dwertman broached concern that if EMS gets authority to enforce dispatch center and emergency dispatch certification standards, this could upset some powerful groups and lobbying organizations. When trying to move a bill forward, you do not want to create opposition. Ms. Owens said even though this focuses on medical dispatchers, OPOTA, OSP, and other agencies have to be at the table for the discussion and how it impacts their dispatch.

- G. Public Information and Education:** Seek opportunities to collaborate with the Ohio Department of Health (ODH) on data linkages and injury prevention priorities.
- H. Medical Direction:** Expand the RPAB role from advisory to authoritative; extend existing medical director liability protection to the RPABs in their role as regional medical director; expand their responsibility/mission beyond trauma triage allowing them to create their own trauma triage protocols as long as it is approved by the EMS Board.

Dr. Cunningham said during review of RPAB rules, members can only remain advisory due to limited skeleton liability protection through the Attorney General's office. Ms. Tiberi said the American College of Emergency Physicians (ACEP) is getting ready to introduce their limited liability protection bill for emergency department physicians who serve in an emergency disaster. She offered to add language that could provide extra protection to RPAB physicians (but no state representation). Dr. Cunningham agreed that would be good.

- I. Trauma Systems:** Obtain legislature to modify existing trauma system to establish criteria to develop an inclusive trauma system (includes verification of Level IV/V trauma centers); create and fund a 25% FTE State Trauma Medical Director position.
- J. Evaluation:** DEMS should get clarification in law for submitting EMSIRS data to the national EMS database (NEMSIS); require all hospitals to submit trauma registry data for all trauma admissions, deaths, and transfers.
- K. Preparedness:** Ms. Owens said this was a new standard. Require use of a statewide patient tracking system for all ambulances during mass casualty incidents; work with ODH on the continued development of hospital preparedness planning; use grant funds targeted for medical surge capabilities.

The statewide tracking system (OTRAC) is ready, but Ms. Owens said it would require legislative authority, input from all stakeholders, and funding to utilize it.

Mr. Pfeffer will send committee members the electronic copy of the NHTSA guidelines.

A lengthy discussion on how legislation should be introduced took place. The pros and cons of having one large bill or several small bills were debated. Mr. Cousino said it is easier to educate and train the affected individuals with one document from one piece of legislation as opposed to a lot of small bills. Mr. Cousino suggested if any piece of legislation requires funding, it should be separated out because it will get torn apart and might kill the entire bill. Ms. Owens pointed out that a two-page bill usually moves quickly.

Ms. Tiberi pointed out that the EMS Board also has to determine how the bill fits within the Department of Public Safety. She said making a package bill is more about PR and money in the current administrative climate than it is about what is in the bill. She suggested selecting the strategically important things, find out if the administration is favorable to it, and look for partners and organizations to support the bill. Ms. Graymire said that is how Trauma looked at the framework; they determined if they needed to work with other groups on some goals. She said the EMS Board is not the end-all be- all to everything that needs acted upon.

Mr. Self said the consensus of the committee is to try and design one large legislative item and adjust as it moves forward.

Mission, Vision, Values and Decision Priorities for Strategic Plan

A rough draft of the Ohio EMS 2015 strategic plan was distributed and discussed. It will be presented to the Board at the April meeting. Members focused on reviewing the overview, mission, vision, value statements, and the decision priorities as any decisions the Board makes will be based on them.

OVERVIEW

Ms. Tiberi suggested changing the wording in the overview to “an emergency medical service plan for medical purpose” that highlights what you are trying to do. She said as written, it is a rigid definition of what the Division of EMS already has the authority to do. She suggested it say “EMS *needs* emergency medical services in Ohio and our global vision is---.” Mr. Pfeffer said it should be capital letter EMS versus little letter elms. There was also discussion as to whether fire should remain or be removed. Mr. Pfeffer said the overview should be what the system focus is.

MISSION

Mr. Self said the mission statement was put in place several years ago. Ms. Owens said fire should be referenced as they provide 70% of EMS, but questioned if this is a medical plan, should references to fire be removed. Ms. Graymire asked where trauma fits in with this plan as there are several components that are currently under the authority of the Board, or would trauma have a separate strategic plan. Mr. Self said trauma falls under this as they are a part of emergency medical services. It was agreed to remove “fire” from the mission statement.

VISION

Mr. Self asked who the target audience is who would read this. It was suggested to revise to “best hospital, pre-hospital, and prevention services”. Anything that happens in pre-hospital setting covers trauma and STEMI.

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Ms. Graymire said people need educated so they understand what is covered. Mr. Self said the EMS Board's scope of trauma influence in the state of Ohio ends when the squad arrives at the hospital parking lot. Dr. Cunningham said transports aren't all trauma—cardiologists are needed to have a STEMI system and neurologists are needed for a stroke system. She suggested using the term "time critical" systems of care. Ms. Graymire said within the legislation it is very clear that hospitals in Ohio are verified by trauma surgeons and is what EMS recognizes; it does not say that about stroke centers. Dr. Cunningham said the legislation should be written to encompass everything. She suggested looking at Missouri's legislation as they have included time critical care. Mr. Self said about 80% of transports are not time critical and would be too specific for the global view.

Mr. Pfeffer said the vision says "the nation will recognize the Division of EMS and the State EMS Board" and suggested it say "Ohio is recognized as a leader in EMS". Mr. Self suggested rewording to "patients, physicians, fire, personnel, in Ohio and around the nation will recognize Ohio as a national leader in pre hospital care and prevention services for the citizens or patients of Ohio."

Mr. Self asked if the mission is being written for the strategic plan of the Ohio EMS system or for the EMS Board. Ms. Tiberi thinks that the EMS Board would see the plan as focusing on them since it has the title of EMS 2015. Ms. Graymire said she is looking at it as a vision for the system where we want it to go; the Board is a tool to get it done. Mr. Self said when he first met with Mr. Davis and Mr. Rucker, their request was to create a vision of what Ohio EMS would look like five to ten years out, and have a working document that the Board and its committees would use to ensure progress is being made to get the goals completed. He said Board members have been frustrated because there wasn't always a coordinated progress report, the last NHTSA assessment was not acted upon, and the Trauma committee has been frustrated by the Board meetings focus on certification problems and education committee concerns. Ms. Tiberi said then reduce it even further to an administrative task force that supports the overall vision.

Mr. Pfeffer said there should be three data point plans: EMS System, EMS Board, and EMS Division. Mr. Self said every quarter the Board will review the initiatives progress. He is not sure how the EMS Board can be separated from the EMS system. They are the only agency in the state with authority to get this done. Ms. Graymire said the EMS Board is just one of the groups that may be responsible for certain parts of the plan; other groups are needed to get other goals completed (ODH, OHA). Mr. Pfeffer said he doesn't think the plan should be the vision of the EMS Board; it should be EMS Board's vision of the EMS system. Mr. Self said he will take the overview and make it more system driven.

VALUES

Committee members brainstormed to identify values. Suggestions and changes included:

Diversity: mentoring for service in the community; advocacy; commitment

Leadership: responsive

Lifelong Learning: talent, professional development, medical skills, diagnostic development.

Partnership: We will partner with key stakeholders to assure the best emergency care system for the State of Ohio.

Mr. Self asked for more ideas and requested they be sent to Ms. Owens by next Friday.

DECISION PRIORITIES

Discussion on whether providers should be included or would they be part of agencies. Suggested changes are as follows:

1. Patients / Citizens Needs First
2. State of Ohio EMS System
3. Agencies, government
4. Individual stakeholders

Strategic Plan Development Timeline

The list was distributed and reviewed. Mr. Self said the plan is to take recommendation of the final visions and values that would be incorporated into the document and approve the timeline at the next Board meeting. The committee is looking into holding a stakeholder open forum at the May 18th Board meeting, and have the Board approve the final goals and initiatives. The committee will meet in June to define the measurables for the approved initiatives. His hope is the final plan will be presented to the Board June 15 along with the dashboard that will be used to monitor the progress. Mr. Self said Mr. Pfeffer is working on pairing the goal areas closer to the eleven areas of NHTSA recommendations.

ACTION: Motion to approve the January 19, 2011, committee meeting minutes. Beavers first. Tiberi second. None opposed. Motion approved.

Mr. Self said the committee will have a road show of the plan in the fall and OAEMS would be good to partner with. Ms. Beavers said they can also put information in their magazine. Mr. Self said a communication plan will be discussed at the May meeting.

Meeting adjourned. 11:40 AM