



**STATE BOARD OF EMERGENCY MEDICAL, FIRE, AND TRANSPORTATION SERVICES
DIVISION OF EMERGENCY MEDICAL SERVICES
OHIO DEPARTMENT OF PUBLIC SAFETY**

**RETREAT MEETING MINUTES
April 20, 2017**

~ FINAL~

Board Meeting Date and Location: Wednesday, April 20, 2017 (8:15 a.m.) at the Ohio Bureau of Workers Compensation, 13430 Yarmouth Drive, Pickerington, Ohio.

Board Members Present: Thomas Allenstein, Kent Appelhans, Karen Beavers, Beth Calcidise, James Davis, Geoff Dutton, Susan Kearns, Mark Resanovich, Julie Rose, Dr. Hamilton Schwartz, Dr. Thomas Tallman, and Dudley Wright.

Board Members Absent: Deanna Harris, Steven Jones, George Snyder

DPS and EMS Staff Members Present: Jean Booze, Beverly Cooper, Dr. Carol Cunningham, Dave Fiffick, Melvin House, Valerie Koker, Rick Miller, Ellen Owens, Johanna Pickett, Bryan Reardon, Jack Smith, Joseph Stack, and Michael Wise.

Assistant Attorney General: Trista Turley (not present)

Public Present: ~none~

EMFTS Board Retreat Meeting

Welcome and Introduction

The meeting began at 8:20 a.m.

Roll Call

Mr. Thomas Allenstein (Chair)	Present	Ms. Susan Kearns	Present
Mr. Kent Appelhans	Present	Mr. Mark Resanovich	Present
Ms. Karen Beavers	Present	Ms. Julie Rose	Present
Ms. Beth Calcidise	Present	Dr. Hamilton Schwartz	Present
Mr. James Davis	Present	Mr. George B. Snyder	Absent
Mr. Geoff Dutton (arrived 8:35)	Present	Dr. Thomas Tallman	Present
Ms. Deanna Harris	Absent	Mr. Dudley Wright II (V.Chair)	Present
Mr. Steven Jones	Absent		

Open Forum

Mr. Allenstein stated that the EMFTS Board represents all of the citizens of Ohio with a goal to provide measures for the betterment of the citizens. Each Board member's commitment is important to move forward with the needs of EMS.

Attorney Mike Wise reported that he has not yet received all of the documentation regarding the Ohio State University grant. Mr. Wise's recommendation from this point forward is that the Board either approve or disapprove each individual grant application. If an entity did not follow the grant guidelines previously then the Board would need to decide if they will approve or deny the application. A grant application can be approved with specific conditions.

A discussion ensued regarding the grant approval process. It was suggested that the Division of EMS Grants section and legal counsel review the process. Mr. Davis contacted the Department of Emergency Medicine at OSU and they reported that the research has been completed and it has been published. The Division of EMS will follow up.

EMS Legislative Needs

Executive Director House distributed a list of legislative needs and the rationale for the need. The Board discussed and decided the priority for each legislative need as high, medium, or low priority.

The Ohio Department of Public Safety Legislative Affairs determine the bills into which the legislative needs are placed.

A discussion ensued regarding the funding for the Division of EMS. It was suggested that a fee be charged for certifications; however, a legislative change is required.

It was suggested that legislation be amended so that, if a physician meets the qualifications to serve as a medical director of an ESM agency, they would be exempt from the requirement to have a trauma surgeon provide oversight when creating or providing trauma-related continuing education programs for EMS personnel.

The Firefighter & Fire Safety Inspector Subcommittee only has five individuals making all the decisions for the entire state of Ohio. Currently, each of the five certified firefighter EMFTS Board members either sit on the committee or they designate a person to sit on the committee. A priority would be to add additional seats. It was suggested that each fire seat from the EMFTS Board designate two individuals for the subcommittee instead of one. A law change would be required to add additional seats to the Firefighter & Fire Safety Inspector Subcommittee.

An inquiry was presented regarding whether or not the Board should require licensure of a public entity that want to provide critical care services. Many believed this is important because licensing would ensure that there is the appropriate medical direction for a critical care service.

Committee Strategic Plan Recommendations and 2011 NHTSA Recommendations

The Board was informed that the items that are in bold font in the 2011 strategic plan are the ones NHTSA intended to be a priority. Each committee needs to make recommendations and link them to the NHTSA recommendations. ****Attachment #1 (available upon request)**

The EMFTS Board committees were assigned priority items from the 2011 NHTSA recommendations which are listed below.

Rural Committee

- Add a basic communication process to include all medical directors and all EMS personnel.
- Increase number of certified EMS providers at all levels in rural areas.
- Develop methods to increase educational opportunities for initial certification.

- Ensure there are programs at the high school level to facilitate the students' ability to graduate with an EMT course completion (this would take a legislative change)

Medical Transportation Committee

- The Legislature should establish authority for DEMS to require all EMS agencies operating ambulances within Ohio to be licensed and inspected regularly. (NHTSA)
- The Legislature should authorize DEMS to establish regulations for all ground and air ambulances operating within the state to ensure standardization of equipment, staffing and communications statewide. (NHTSA)
- Review existing laws and rules to ensure they meet current and future EMS requirements.
- Explore emergency vehicle operator course and career resource management.
- Explore the impact of urgent care and free standing emergency rooms.
- Assess the barriers for a state wide communications system.
- The EMS Board should utilize the Air Ambulance Committee and the RPABs to establish a statewide standardized air medical activation guidelines.
- Assess the fatigue issues with providers.

Critical Care Committee

- Review the EMS agenda for the future education for recommendations for critical care. NHTSA(C)
- Establish a statewide standardized air medical activation guideline. (low priority)
- Systematize the care of patients with stroke, STEMI and other time critical diagnoses (in progress)
- Evaluate specific guidelines to medical directors
- Preparedness: Work with other agencies in the event of a mass casualty incident.
- Compare Ohio to other states and do a gap analysis - are we a leader in critical care issues.
- Develop guidelines for the appropriate use of critical care resources. (low priority)

EMS-Children

- Improving state disaster planning as it relates to children
- National Performance Measures
 - Percentage of EMS agencies that have a process for demonstrating that they actually "train" on the pediatric equipment.
 - Advocate for pediatric pre-hospital care coordinators

Education Committee

- Continue to implement the *EMS Education Agenda* for the Future including the *National EMS Scope of Practice Model* as a foundation for the authorized Ohio EMS scope of practice, National EMS Education Standards, national certification and national EMS education program accreditation. (NHTSA-C)
- Assure that after January 1, 2013, graduates of non-CAAHEP accredited paramedic education programs understand their eligibility for Ohio certification but not national certification through the NREMT. (NHTSA-C)
- Access and report the outcome evaluation of all levels of EMS education programs.
- Clinical preceptor orientation program, a continuing education program hosted by the Division of EMS website. Support CAAHEP accreditation.
- Many items on the strategic plan were completed; however, there has not been any follow-through.

A discussion ensued regarding National Registry's policy regarding convictions and their new policy in which they will deny candidates to sit for their test. Mr. Wise indicated that the National Registry will not delay our applicants from testing. The Division of EMS is seeking an agreement that would allow a student, if authorized by the Board, to sit for the test. The student would be able to take the state exam without delay. The decision for national certification would continue to be the decision of National Registry.

Several of the Board members would like to see an ad-hoc committee to explore the idea of creating our own testing. Those who volunteered to be on this committee are Mr. Davis, Mr. Wright, Mr. Dutton, Mr. Resanovich, Ms. Kearns and Dr. Tallman. It was suggested to start with a review of states that already have testing.

Medical Oversight Committee

- Establishing a certification process for medical directors or creating a directory of medical directors.
- Advocate for changes regarding the Pharmacy Board as it relates to EMS.
- Recognize volunteer work for continuing education.
- Defining and establishing support system for pediatric emergency medicine
- Schedule a medical director conference.
- Evaluate specific guidelines of medical directors

Homeland Security

- Establish the role of the state Division of EMS in preparedness disaster planning in response to a multiple casualty or mass casualty incident.

- Develop guidance for crisis standard of care.
- Developing a comprehensive data base of EMS resources to be utilized during multiple casualty or mass casualty incident
- Violence in the workplace
- Assault on EMS providers
- Statewide system of communication and data accessibility during a major incident
- Develop pandemic and influenza plan
- Define the role of EMS and public health response

*** It was noted that many of the preceding items have been completed by the committees and subsequent documents and work product is in the custody or under the authority of other agencies and organizations. In these situations, the EMFT Board committees do not have control nor have the authority to move the initiatives forward.*

Active Shooter Response Ad Hoc committee

- The committee's goal is to complete the awareness training by August.

EMS System Development Committee

Many of the items assigned to this committee have either been completed or involved tasks that have been primarily assigned to other committees. It was suggested that this committee be sunsetted.

~Lunch Break~

Mr. Allenstein stated that opioid usage has become a big issue and we need to address this in the strategic plan. Compassion fatigue for the EMS providers is of concern.

Time Critical Diagnosis Ad Hoc Committee

A meeting is scheduled for June 19, 2017 to discuss the future of this committee.

NHTSA Recommendations

*****Attachment #2** (Available upon request)

The following items are considered the highest priority by Technical Assistance Team at the time of the NHTSA Assessment.

A. Regulation and Policy

- The legislature should reassign the current functions, authorities and resources of the Ohio Medical Transportation Board to the DEMS as a step towards achieving a single lead EMS agency in Ohio. **(COMPLETED)**
- The EMS Board should work cooperatively with the Legislature to identify a stable ongoing source of funding to adequately support all of the functions assigned to the EMS Board and the DEMS. **(TOP PRIORITY)**

- The EMS Board and the Legislature should assure that DEMS has the necessary authority to enforce existing or future statutory and rule requirements for the provision of EMS. **(ONGOING)**

B. Resource Management

- The EMS Board and the DEMS should work cooperatively with the Legislature to identify a stable and ongoing source of funding to adequately support all of the functions assigned to the Board and the DEMS. **(HIGH PRIORITY)**
- The EMS Board should develop and present proposal to the Legislature to consolidate the responsibilities of the Ohio Medical Transportation Board with the DEMS. **(COMPLETED)**
- The DEMS should develop and maintain a comprehensive database of EMS and trauma system resources that provides an accurate accounting of personnel, equipment and services throughout Ohio. **(Mr. Allenstein stated he would review the full document and see if a certain committee should be assigned this particular item)**

C. Human Resources and Education

- Reform the current Ohio “accreditation” process into a State approval process that works in conjunction with the nationally recognized EMS education program accreditation to assure Ohio students continue to get the best possible educational preparation. **(COMPLETED)**
- Assure that after January 1, 2013, graduates of non-CAAHEP accredited paramedic education programs understand their eligibility for Ohio certification but not national certification through the NREMT. **(COMPLETED)**
- Support the initial cost of paramedic program accreditation with EMS grant funds. **(Met the deadline of June 30th)**

D. Transportation

- The Legislature should establish authority for DEMS to require all EMS agencies operating ambulances within Ohio to be licensed and inspected regularly. **(ONGOING)**
- The Legislature should authorize DEMS to establish regulations for all ground and air ambulances operating within the state to ensure standardization of equipment, staffing and communications statewide. **(ONGOING)**
- The EMS Board should utilize the Air Ambulance Committee and the RPABs to establish a statewide standardized air medical activation guideline. **(Low Priority)**

E. Facilities

- Pass legislation that includes criteria for verification of Level IV, and possibly Level V trauma centers in order to support completion of an inclusive trauma system for the citizens of Ohio. **(Trauma Committee)**
 - This legislation should also include provisions for designation and de-designation of trauma center.

- This legislation should also mandate reporting of all trauma-specific data to Ohio State Trauma Acute Care Registry or link trauma data reporting to receiving uncompensated care financial offsets.
- The DEMS should:
 - Continue to systematize the care of patients with stroke, STEMI and other critical diagnoses. **(IN PROGRESS)**

F. Communications

- The EMS Board should seek authority to develop dispatch center and emergency medical dispatcher certification standards. **(In Progress)**
- The DEMS should encourage standardized EMD training for dispatchers supported by wireless 9-1-1 funds to counties and/or the EMS grants program. **(No Authority)**

G. Public Information and Education

- The DEMS should see opportunities to collaborate with the Ohio Department of Health on data linkages and injury prevention priorities. **(ONGOING)**

H. Medical Direction

- The DEMS and Legislature should expand the role of RPAB from an advisory role to an authoritative role under direction of the EMS Board and the State Medical Director.
- The Legislature should extend the existing medical director liability protection to the RPABs to enable the provision of regional medical direction.
- The DEMS should expand RPABs mission from that of trauma to all time-critical diagnoses and require development of regional triage criteria for STEMI, stroke, post-cardiac arrest, and pediatrics.

I. Trauma Systems

- The Legislature should
 - Modify existing trauma system legislation to establish criteria for and develop and inclusive trauma system for Ohio. **(ONGOING)**
 - Develop Ohio criteria for verification of Level IV (and consider Level V) trauma centers (even if the American College of Surgeons has not/will not).
 - Create and fund the position of State Trauma Medical Director. **(this was in the legislative Bill that did not pass)**
- **The DEMS should:**
 - Complete and implement the Ohio Trauma Plan based on the preliminary document, "A Framework for Improving Ohio's Trauma System." **(TRAUMA BILL)**
 - Formalize the Trauma Visionary Committee as a permanent adjunct to the trauma program.

- Provide adequate support for current and future work of the Trauma Visionary Committee in developing and implementing the Ohio Trauma Plan.
- Provide additional FTE's for the DEMS to be able to manage the trauma program. **(adding FTE – Data manager)**

Executive Director House stated that he has met with the Chair of the Trauma Committee, Ms. Simon, and identified all of the issues regarding the Trauma Committee. The committee is working to resolve all of the issues.

J. Evaluation

- The DEMS should require all hospitals to submit trauma registry data for all trauma admissions, deaths, and transfers. **(Trauma Committee – Trauma hospitals are submitting)**
- The DEMS should seek clarification of law in order to submit EMSIRS data to the national EMS database (NEMSIS) and trauma registry data to the National Trauma Data Banks (NTDB). **(HIGH PRIORITY)**

K. Preparedness

- The EMS Board and the DEMS should require the use of a statewide patient tracking system by all ambulances during a multiple casualty or mass casualty incident. **(Ohio Hospital Association's Project)**
- The DEMS should work closely with the ODH to support the continued development of hospital preparedness planning and effective use of HPP and other grant funds targeted to increase medical facility surge capabilities. **(Ohio Hospital Association)**

EMS Children Committee Liaison, Joe Stack

The EMS Children is a federally funded grant program and they have recently changed their guidelines. A large number of measures have been met; however, the new EMS for Children Performance Measures will be in effect beginning March 1, 2017. Surveys of EMS agencies are very important to us to obtain baseline data for the new measures. The overall goal is to obtain better data and responses from the EMS agencies. A request was made urging the Board members to promote the surveys and follow up with their organizations. If any organization wants additional information, Mr. Stack, offered to make a presentation.

Other projects

- Educational conferences
- Concepts in processes for improvement workshops

Dr. Schwartz stated that the Pediatric Emergency Medicine Fellows Conference has had 100% participation from every pediatric emergency medicine training program in the state of Ohio.

National Accreditation Update, John Molnar

There are currently 40 paramedic sites. Two of them, University of Cincinnati and Fortis, have elected to surrender their national accreditation. Of the 38 remaining institutions, 28 are fully accredited by CoAEMSP, 11 have letters of recommendation, 7 have already had their site visits, and four are in the process of scheduling their site visit.

Mr. Molnar reported that he has received new applications for accreditation.

The EMFTS Board requested a map showing the location of the programs to facilitate the identification of areas in Ohio where areas may be underserved.

EMS Response to Mass Fatality Incidences, Mel House

The State Emergency Operations plan has a mass fatality plan for such incidents to move the fatalities via EMS. A discussion ensued regarding this situation. Many Board members believe that EMS is not the right resource to move fatalities. EMS agencies would be busy with those who are injured.

Mr. Smith reported that at the federal level, they forward this plan to the National Guard, and the state program mirrors the federal plan. Ohio Department of Health has several cooling trailers; however, an alternative site to store deceased persons must be denoted when the capacity of the trailers are exceeded.

2016 EMS Annual Report, Mel House

****Attachment #2** (*Available upon request*)

There are vacant seats for the EMFTS Board and a suggestion was made that the organizations reach out to the Boards and Commissions regarding the nominations.

Typically, the DEMS have 35 employees and currently at 27 employees; therefore, many are picking up the workload. The Division of EMS is working diligently to fill these vacancies.

Certifications went online May 24, 2016 and there will be a three year cycle and at that time the Division will have more data to answer questions such as how many are certified at each level and where they are affiliated. At the time of initial and renewal certification, the applicant will be required to name their EMS affiliation or affiliations. Additional certifications will include a live fire instruction certificate and fire inspector that will be available towards the end of the year.

A system has been created to post the discipline to the EMS website a few days after the action has been taken at a Board meeting.

If a certification fee was created for EMS only, it would generate a large sum of funding with having over 40,000 EMS providers.

There is a slight decrease in EMS and fire certifications. At this point, the reason for the decline is unknown. It was noted that many people are certified; however, they do not actually work in EMS or in the fire field. The numbers for the paramedics are increasing while there is a decline in the basic EMT certifications. The Ohio Fire Marshal's office has offered grant money; therefore, there is an increase in firefighter I and firefighter II certifications. The number of volunteers are decreasing due to those moving forward to higher certifications.

The Division of EMS works diligently to ensure that those whose certifications expiring are reminded to renew their certifications. They receive a 90 day notice and 30 day notice in the mail as well as 13 weeks of email notices. If, in the last week of their certification cycle, they have not renewed, the DEMS office staff will call the EMS provider to remind them to renew.

Position Papers Review, Dr. Cunningham

Dr. Cunningham and the EMFTS Board reviewed the position papers and white papers that are on the EMS website. It was suggested to place these under specific titles such as memo, position papers and white papers instead of being placed under one heading.

OHTrac Presentation, David Gerstner

OHTrac® is a State of Ohio tool for patient tracking used during any MCI or disaster situation for family reunification. OHTrac® is part of a statewide bed tracking system (SURGENET®) that hospitals use. An electronic OHTrac® app was designed specifically for pre-hospital EMS providers. This will allow patient tracking to begin at the scene. This is not an unfunded mandate for pre-hospital EMS providers. There is no cost for the app and it can be downloaded for free on Apple or Droid cellular phones. An unlimited amount of uses can be added to the OHTrac® system for each agency. Bar coded triage tags would be helpful in using OHTrac® system.

Training modules have been developed and piloted with a variety of EMS personnel and will take about 45-60 minutes total to complete both modules. There is also training for facility administrator personnel and it takes about 1 ½ - 2 hours to complete the training. A person designated as the facility administrator for an EMS agency may contact the appropriate Regional Healthcare Coordinator to indicate that you need this permission level. Every hospital in the state of Ohio has had personnel training on OHTrac®.

Mr. Gerstner answered many of the EMFTS Board member questions regarding OHTrac®.

Adjourned the meeting at 3:41 pm

Attachments are only available upon request.

Attachment #1 - 2011 NHTSA Recommendations
Attachment #2 – 2016 EMS Annual Report