



Dudley H.A. Wright II, Chair
Kent Appelhans, Vice Chair

Dr. Carol Cunningham, State Medical Director

SCOPE OF PRACTICE AD HOC COMMITTEE

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

MEETING MINUTES

Committee Meeting Date and Location: Thursday, January 23, 2020 (10:30 a.m.) at the ODPS Shipley Building, Conference Room 1102, 1970 W. Broad St, Columbus, OH 43223

Committee Members Present: Kent Appelhans, Karen Beavers, Dr. Thomas Charlton, Mark Resanovich, and Kevin Uhl (Chair)

Committee Members Absent: Dr. Hamilton Schwartz, Rachel Velasquez, and Dudley Wright

DPS and EMS Staff Members Present: Kris Patalita and Interim Executive Director Rob Wagoner

Public Present: Bruce Shade

Welcome and Introductions

The meeting was brought to order at 10:44 a.m. Kevin Uhl welcomed the group. Quorum was attained.

Approval of Meeting Minutes

Mr. Uhl requested a motion to approve the minutes from the December meeting. He requested that a correction be made to the time listed for the January meeting. The time the meeting was to start was mistakenly listed as 10:00 a.m. as opposed to 10:30 a.m. The minutes will be amended to reflect the correct time. The minutes were approved as amended.

ACTION: Motion to approve the amended meeting minutes from December 5, 2019. Dr. Charlton – First; Mr. Resanovich – Second. None opposed. None abstained. Motion approved.

Addition of New Members

Mr. Uhl asked the guest, Bruce Shade, to tell the group a little about himself. Mr. Shade provided some background information and work history to the group. He advised he is interested in joining this committee.

Flowchart and Checklist

Mr. Dutton was not in attendance to provide an update. It was later learned that Mr. Dutton resigned his seat on this committee on January 22, 2020.

Review of Gap Analysis and Ohio Scope of Practice

Mr. Uhl advised that he wanted to continue the review of the Ohio matrix that was updated after the last meeting and provided as a handout at this meeting. Mr. Uhl advised that he would explain the color coding system and various abbreviations he added when appropriate. Mr. Uhl further explained how he will present the information from the matrix to the EMFTS Board at the February retreat. He will elicit feedback from Board at that time.

AIRWAY MANAGEMENT

Mr. Uhl began with airway management on the matrix. Mr. Uhl advised that items in red delineated items that he believes could be deleted. Mr. Uhl briefly explained the differences between scope of practice and standard of care. Scope of practice relates to the question “am I allowed to do it?” Standard of care relates to “did I do the right thing and was it done properly?” He further described the various components involved and gave examples. There was a lengthy group discussion regarding the necessity of some of the items in Ohio’s matrix. It was determined that certain items in airway management will be listed as pending and will need to be reviewed by the Medical Oversight Committee (MOC) before a determination can be made.

Regarding airway nasal and airway oral, Mr. Uhl advised that the only change was to match what the national has. He references these changes throughout by labeling them with a CTMN which means they were changed to match the national model. These are highlighted in yellow and include Ohio’s language under “Change/Notes.” Airway Supraglottic is an addition for Ohio. Additions are highlighted in green. He further described some of the updates and how they are delineated on the Ohio matrix. There was a lengthy discussion regarding capnometry and capnography and how those should be listed. It was determined that they should both be listed but on separate lines due to the differences.

Mr. Uhl continued to review the updates to the matrix. He asked if there were any recommended changes to the ventilation management, especially under 16 b and c. A conversation ensued regarding flow-restricted and manually triggered devices. After significant discussion, it was determined that this topic should be referred to the MOC for clarification. Orotracheal intubation, #18, was discussed. The MOC was asked to review and provide feedback. Dr. Charlton reported that his interpretation was that the MOC was supportive of removing this from the scope of practice for advanced EMTs. This would include 18 a. and b. Mr. Uhl asked about removing the portion regarding dual lumen and extraglottic airways. Mr. Uhl explained that he believes that this information could be simplified. A brief discussion ensued. It was determined that with #4, “Airway – supraglottic” in place, it eliminates the need to list 20 a and b and 21 a and b, which relate to dual lumen and extraglottic airways.

Mr. Uhl asked Dr. Charlton what the MOC determined regarding “oxygen therapy – high flow nasal cannula.” Dr. Charlton reported that there was no determination made at the last MOC meeting. The MOC recognized that it needs to be included on a medic level. Since it is included in the national model so it will be included in Ohio’s matrix.

Mr. Uhl continued to review the changes. He reminded the group that Interim Executive Director Rob Wagoner was able to get clarification from his contacts for the national model regarding “chest tube placement – assist only.” There was a brief discussion regarding oro-tracheal intubation and whether it required additional verbiage. It was ultimately decided it did not. Mr. Uhl completed the review of airway management.

CARDIAC MANAGEMENT

Mr. Uhl began this section by indicating the items that required terminology changes to match the national model. He recommended moving “administration of cardiac medication” to the section regarding medication. The group agreed. A lengthy group discussion ensued regarding “set up cardiac monitoring in the presence of an advanced EMT or paramedic” and “12-lead EKG set up and application for electronic transmission.” It was determined that the first #7: “Set up cardiac monitor in the presence of an AEMT or paramedic” would be removed. Other terminology changes were discussed and recorded by Mr. Uhl on the master spreadsheet. These included 12-lead acquisition and transmission, 12-lead ECG interpretive, and rhythm identification. Two previously identified additions were reviewed.

MEDICATION ROUTES/APPROVED MEDICATIONS

Mr. Uhl advised that the only exception in this area that he identified between the national model and Ohio’s matrix was the previously mentioned administration of cardiac medication. It was determined that this does not need to be delineated in the medication routes section. Mr. Uhl explained how he organized the lists for medication routes and approved medications.

SKILLS

Mr. Uhl described some of the additions to the skills portion of the matrix. A discussion ensued over what is meant by central IV ports. Mr. Uhl asked Mr. Wagoner to contact national again and request clarification.

ACTION ITEM: Mr. Wagoner will request clarification from the national contact regarding central IV ports.

Kent Appelhans asked where the list of medications that advanced EMTs can give will be located. It was stated that there would be a separate list for advanced EMTs medications approved by the EMFTS Board as was done in the past.

Mr. Uhl stated that he had a note that the MOC was asked to give a recommendation regarding “thrombolytic therapy initiation and monitoring.” Dr. Charlton provided that the determination was that it is listed in the national as just thrombolytics and that is what it should be for Ohio, too.

Mr. Uhl advised that the deletions listed on the matrix are due to issues with redundancy. There were no comments regarding deletions.

TRAUMA MANAGEMENT

Time ran out before this could be covered.

Mr. Uhl mentioned two action items on which he wanted to follow-up. Regarding complicated delivery, the MOC and the national contact were to be consulted. Dr. Charlton advised that the MOC agreed that the EMR can assist with delivery but should be calling for advanced life support (ALS). Dr. Charlton advised that he was also asked to get the MOC’s guidance on LVAD (left ventricular assist device) transport in a non-emergent setting. He stated that the MOC recommended mirroring the wording for a pediatric ventilator. He also advised that the MOC did not discuss body fluid collection and analysis. A brief discussion ensued regarding the specifics of body fluid collection and analysis.

Mr. Wagoner reported that the national representative gave similar rationale as in other instances on which they were consulted. They do not perceive a formal role or responsibility for the EMR outside of assisting with supplies. An EMR is not trained to assist in any other advanced procedures and should not be. Mr. Uhl advised he would clean up the language in this portion of the matrix.

Mr. Thomas Charlton moved to adjourn the meeting; Ms. Karen Beavers seconded it. The meeting was adjourned at 12:02 p.m.

ACTION: Motion to adjourn the meeting. Dr. Thomas Charlton – First; Ms. Karen Beavers – Second. None opposed. None abstained. Motion approved.

Next meeting:

The next Scope of Practice Ad Hoc meeting is scheduled for February 27, 2020.