SCOPE OF PRACTICE AD HOC COMMITTEE

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

MEETING MINUTES

Tuesday, May 25, 2021
10:45 a.m. – 12:15 p.m.

Committee Meeting Date and Location: Tuesday, May 25, 2021, via Microsoft Teams® virtual meeting

I. Attendance

a. Committee Members Present: Kent Appelhans, Karen Beavers, Thomas Charlton, M.D., Geoff Dutton, Amy Raubenolt, M.D., Mark Resanovich, Hamilton Schwartz, M.D. (Vice Chair), Bruce Shade, Kevin Uhl (Chair), Rachel Velasquez, and Dudley Wright

b. Committee Members Absent: Glen Tinkoff, M.D.,

c. DPS and EMS Staff Members Present: Carol Cunningham, M.D., State Medical Director; Rob Wagoner, EMS Executive Director; Aaron Jennings, EMS Deputy Director; James Burke, Chief of EMS Testing and Education; and Jayn Mayton, EMS Administrative Professional IV

Public Present: Guests joined the meeting via Microsoft Teams® audioconferencing.

II. Welcome and Opening Remarks

The meeting was called to order at 10:45 a.m.

Chair Uhl welcomed the Committee members and visitors.

III. Review and approval of Minutes

The minutes of the April 27, 2021 Scope of Practice meeting were reviewed and approved unanimously.
IV. Old Business
a. Update on Type of Meeting in the Near Future
   Executive Director Wagoner provided clarification on when to expect a return to in-person committee meetings. The legislative actions in 2020 of Ohio House Bills 197 and 404, pursuant to the declaration of a state of emergency, enabled the EMFTS Board’s committees to meet virtually. As of this coming July 1st, the state of emergency is scheduled to be fully lifted. At that time, the committees will again be regulated by Ohio statute which states that they must be open to the public. Although the DPS’ legislative liaison is advocating for a hybrid format to continue the virtual meetings as well as meet in person, at this time the June 22nd meeting will be the last virtual meeting. If there are any additional updates, the committee will be informed immediately.

b. Flowchart/Checklist of Things to be Considered (Update)
   Mr. Dutton does not have an update concerning the flowchart; therefore, the action item will continue to the next meeting.

   Action Item: Mr. Dutton and Executive Director Wagoner will work together to finalize the flowchart and checklist.

V. Rule(s) Changes
a. Scopes of Practice from other states
   Chair Uhl directed the committee’s attention to a document labeled “Washington State Department of Health” that was distributed to the committee membership electronically. He compared the markings of Washington State’s scope of practice (SOP) matrix to the Ohio matrix. Washington State uses four different markings: N for “National”, W for “Washington Initial Training”, W* for “Washington Specialized Training Required”, and W** for “Washington State Endorsement on a Certification that is required”. The markings are further explained in a detailed legend. This type of marking could be used in the Ohio matrix without too much editing involved.

   Chair Uhl also referred to the “State of Illinois Scope of Practice” document, and to its legend on page two. He felt that the verbiage in this area, leaving credentialing to the local medical director, was something that could be used in the Ohio matrix. A discussion ensued with some concerned that the training would be inadequate if left to a medical director, and that it would be best to find a middle ground where there can be a policy that includes new technology but doesn’t endanger the patient from an EMS provider with inadequate training through credentialing. Dr. Cunningham said this again points to the need for a defined specialty care.

b. Alternative/acceptable with local medical direction, etc.
   Dr. Charlton reviewed documents which he emailed to the committee members earlier. These articles and research papers provide international and national outlooks on community paramedicine programs and standards, in addition to Ohio mobile integrated healthcare
resources. He relied on some of these documents to formulate additional competencies with added certifications on this committee’s matrix last year. He first presented the handout entitled “State Regulation of Community Paramedicine Programs: A National Analysis”, which identifies 21 skills or competencies above the normal practice that should be in a scope of practice type document. In particular, he directed the committee to page three of this document, for a starting point to add information to the committee’s matrix. Dr. Cunningham also thought this provided a good foundation, and mentioned the need for more time to review all the documents in more detail as they were distributed electronically shortly before the commencement of the meeting.

Next, Dr. Charlton presented the “Candidate Handbook”, published by Prometric and the International Board of Specialty Certification. This handbook targets those seeking certification for the specialty mobile integrated healthcare clinical practice through the Certified Community Paramedic (CP-C) exam. An exam such as this provides third-party verification of community paramedicine skills. The Global Council for Community Paramedicine works very closely with this organization and, as such, it aligns internationally as well. Page 7 of the "CP-C Content Outline" lists subjects which should be in a curriculum for this type of course. Executive Director Wagoner and Dr. Cunningham both noted that this exam is accredited by the National Commission for Certifying Agencies, (NCCA) which presents several advantages: they are a well-established, well-respected organization that has done a lot of the hard work already; the high level of security provided in this national exam is difficult to provide at a state level; and by utilizing this certification, all of Ohio’s certifications would align within NCAA accredited programs. One final point was that if an endorsement from Ohio cannot be created, interested paramedics could take this course.

Chair Uhl asked if anyone could foresee any obstacles their efforts might encounter in changing the rules. Executive Director Wagoner mentioned the new protocol regarding exclusionary language, such as stating “shall”. For every new rule that is written that includes an exclusionary term, two exclusionary terms must be removed from the rules. In addition, the question of legality to create an endorsement versus a certification for advanced paramedic must be explored. Committee members remembered previous times where the attorney for the Department of Public Safety determined a change in law would be required in that circumstance.

Another consideration is the obstacle of pushback from stakeholders who are invested in the current structure. Executive Director Wagoner assured the committee that if there is commitment to going in a direction that will keep EMS contemporary, the staff at the Division of EMS will be able to utilize its collective experience in successfully dealing with all of these concerns.

Dr. Cunningham questioned whether the matrix is being developed for the use of the committee or for providing to the public. A matrix for the committee’s use as a gap analysis requires complexity in order to be useful. A matrix for providers who would rely on it to determine their scope of practice limitations might get more benefit from a simple matrix. This led to the committee considering the creation of two different documents, and whether that would be confusing. Also, there is the matter of detailing what practices are approved by national standards and what practices are only by Ohio standards. Dr. Cunningham pointed out that since the Ohio Revised Code regulates the violations, the only reason for creating the matrix is so providers can take a quick look to see what they are permitted to do. Executive Director Wagoner expressed that making the matrix more self-explanatory would make it more
of a resource for those relying on it for providing patient care. Achieving this goal without creating a confusing document is the challenge.

**Action Item:** Chair Uhl will make changes to the Ohio matrix using markings based on other states’ labels, changing the X’s in the Ohio matrix to N’s or O’s, and other markings as needed. He will bring it back to the committee as a draft to review.

### VI. New Business

a. **Areas to explore/consider**

b. **Mobile integrated healthcare (MIH)**

c. **Total parenteral nutrition (TPN)**

Chair Uhl asked for clarification on whether TPN is considered part of MIH. The discussion that followed confirmed that it was a part of MIH, and was agreed that it could create dangers for community paramedics. Ms. Velasquez identified the daily labs, monitoring, and the necessity of timely infusions as activities which are not practical for paramedics to perform. Dr. Charlton added that it is an environment conducive to sepsis and other contamination issues. Dr. Cunningham countered that there is a need to reserve the ability for paramedics to provide interfacility transport with TPN running, knowing that if for some reason the infusion is interrupted, they need to check the glucose frequently. Such a procedure is permitted if the medical director has a protocol for this directive, which Dr. Cunningham has created for her organization. The committee members expressed an interest in reading her protocol.

**Action Item:** Dr. Cunningham will send her TPN protocol out to the committee members, who will review it.

d. **EMS Agenda 2050**

Executive Director Wagoner explained that the EMS Agenda 2050 does not contain specific guidelines; however, it is useful for a network or a system to be nimble and to look at changes when necessary. It includes general principles about safety, effectiveness, social equitability, and sustainability and advises that they should be included in future considerations.

**Action Item:** The EMS Agenda 2050 document will be emailed to the committee members.

### VII. Open Forum

After a review of the action items, there was a discussion about the attendance for the June meeting. Chair Uhl will be on vacation, but intends to participate during his vacation. He encouraged the committee members to attend if they are able.

### VIII. Adjournment

Having no more business, the meeting was adjourned at 12:15 p.m.

**ACTION:** Motion was made to adjourn the meeting. Ms. Beavers – First. Dr. Schwartz – Second.

None opposed. None abstained. Motion approved.
Next meeting:
Tuesday, June 22, 2021
Venue: To Be Determined
10:45 a.m.-12:15 p.m.