



## SCOPE OF PRACTICE AD HOC COMMITTEE

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

## MEETING MINUTES

December 5, 2019

**Committee Meeting Date and Location:** Thursday, December 5, 2019 at the ODPS Shipley Building, Conference Room 1102, 1970 W. Broad Street, Columbus, OH 43223

**Committee Members Present:** Kent Appelhans, Karen Beavers, Dr. Thomas Charlton, Geoff Dutton, Kevin Uhl, and Dudley Wright

**Committee Members Absent:** Rob Martin, Dr. Hamilton Schwartz, Mark Resanovich, and Rachel Velasquez

**DPS and EMS Staff Members Present:** Beverly Cooper, Kris Patalita, Rob Wagoner and David Watts

**Public Present:** None

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### **Welcome and Introductions**

The meeting was brought to order at 10:26 a.m. Kevin Uhl welcomed the group. Quorum was attained. Geoff Dutton advised that he requested David Watts from the ODPS IT department to join the meeting a little later to discuss the use of Kiteworks™.

### **Approval of Meeting Minutes**

Mr. Uhl requested a motion to approve the minutes from the October meeting. The minutes were approved as written.

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**ACTION:** *Motion to approve the meeting minutes from October 24, 2019.* Dr. Charlton – First; Ms. Beavers – Second. None opposed. None abstained. Motion approved.

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### **Opening Remarks**

Mr. Uhl briefly mentioned the work done in the last meeting. He stated that he updated the spreadsheet with most of the items identified in the last meeting. The spreadsheet and two additional reference documents were provided to all committee members in attendance to be used later in the meeting.

### **Addition of New Members**

Mr. Uhl briefly spoke about the desire to get some additional members. He advised that he has made others aware of the desire to recruit more members. When there are so few members seated on a committee, quorum can be more difficult to attain. Mr. Uhl asked the committee members to have anyone they know is interested to submit an application. Mr. Dutton suggested that anyone interested in joining the Scope of Practice (SOP) Ad Hoc Committee be encouraged to attend a meeting before committing. Dudley Wright requested that the chair consider removing those not attending regularly. Kent Appelhans advised that Rob Martin has a conflict and will no longer be involved. Mr. Appelhans reported that he would ask Mr. Martin to submit his resignation to the chair.

### **Flowchart and Checklist**

Mr. Uhl asked Mr. Dutton to update the group on the flowchart/checklist. Mr. Dutton provided a draft of the checklist to the group. He asked the group to review the document for content. Mr. Dutton advised that he would also like the group to review an algorithm (flowchart) he developed for changes to the scope of practice.

David Watts joined the meeting at 10:36 a.m. The conversation was then diverted to Kiteworks™.

### **Utilizing Kiteworks™**

Mr. Watts introduced himself and advised that he was there to answer questions regarding the Kiteworks™ program. Mr. Dutton mentioned that Mr. Uhl had previously questioned how the editing works and if more than one person could make edits to the same document. Mr. Watts advised that this committee is the first to test Kiteworks™ so he was not certain about some of the specifics. There was some discussion regarding the program. Additional users will be added. An email will be sent to the new user and then the account can be set up and authenticated at that time. There was some additional discussion regarding the intricacies. Mr. Watts assisted Mr. Uhl with the set-up of his user account. Mr. Dutton will forward the list of members of the SOP Ad Hoc Committee to Mr. Watts so he can get everyone added as users. Mr. Watts stated that additional questions should be directed to him via email. There were no additional questions and Mr. Watts left the meeting.

**ACTION ITEM: Mr. Dutton will provide a list of SOP committee members to Mr. Watts for the Kiteworks™ system.**

### **Flowchart and Checklist**

Mr. Dutton continued discussing the checklist. Dr. Charlton suggested that there be another option added to "Proposed effective date". He would like to add a category for "emergent" for the types of rule changes that need immediate consideration regarding a public health concern. There was a lengthy group discussion regarding changes to the form. Deputy Director Rob Wagoner asked if there is a similar form for research studies. No one knew of one. He recommended one be developed. Mr. Wagoner advised that he provided a copy of the checklist to others at the division of EMS (DEMS) more familiar with the rule change process and solicited their input. Beverly Cooper will be available after the lunch break for a discussion, if necessary. There was some additional group review and discussion regarding the form. There was also discussion regarding how the form would be utilized.

After the discussion, Mr. Dutton advised he would make the following changes:

- Add another checkbox to the “Proposed effective date”
- Add an area to track the progress of a particular recommendation
- Add a checkbox or similar to indicate if there are attachments
- Add an area for the specific motion verbiage to be delineated

After the aforementioned changes are made, Mr. Dutton will submit the form to ODPS personnel for incorporation into an electronic format.

**ACTION ITEM: Mr. Dutton will make the suggested changes to the checklist and submit the same to ODPS personnel for incorporation into an electronic format.**

Mr. Dutton then directed the group’s attention to the flowchart he created. He stated that this algorithm would need to be reviewed by Ms. Cooper for additions and edits. A suggestion was made to add timeline information. Mr. Dutton advised he would incorporate that information.

Mr. Uhl described the three handouts provided today. These included the current National Scope of Practice, the current Ohio Scope of Practice, and the conglomeration of proposed changes. Dr. Charlton asked if Mr. Uhl received the spreadsheet he developed with additional categories. Mr. Uhl advised he had not. Dr. Charlton advised he would provide it. Dr. Charlton’s spreadsheet was eventually displayed on the monitor in the meeting room. There was a short pause in the proceedings while the spreadsheet was being transmitted and downloaded.

During this interim, Mr. Uhl asked Mr. Wagoner to provide the information regarding the national scope of practice that was requested at the last meeting.

### **Contact with National Scope of Practice**

Mr. Wagoner reported that he spoke with one of the co-chairs of the 2019 National Scope of Practice Model project. Mr. Wagoner reminded the group that he was asked to gather information on the “assist only” language and the interpretation of “Telemetric monitoring devices and transmission of clinical data, including video data” in the national scope of practice model. He reported on the rationale behind the “assist only” language. It refers to assisting with equipment or procedure preparation. There was a lengthy group discussion regarding examples of assistance during procedures.

Mr. Wagoner reported that in reference to the interpretation question on telemetric monitoring devices, the intent behind this scope is concerning accessing a higher-level of provider in order to provide a more appropriate diagnosis or transportation destination. He further explained some of the specific consultations that could be made and on what particular devices. A brief group discussion ensued. Mr. Wagoner advised that the national co-chair stated he is available for calls if this committee has additional questions. Mr. Uhl indicated that he would add this element to the Ohio scope of practice matrix.

### **Review of Gap Analysis and Ohio Scope of Practice**

Mr. Uhl advised that he wanted to recap the items covered at the last meeting and add anything he did not previously record. There was a lengthy discussion regarding the difference between scope of practice and standard of care. There was also a discussion regarding the wording of Ohio’s scope being identical to the national model. The decision was made to keep the wording as close to the same as possible. The following were earmarked as additions or changes to airway management:

- Mouth-to-mouth
- Mouth-to-nose
- Mouth-to-stoma
- Simple face mask added to oxygen administration
- High flow nasal cannula (which will require additional training)
- Change to Gastric decompression – NG Tube
- Change to Gastric decompression – OG Tube

There was a recommendation made for this committee to put off determining who would be allowed to perform these additional skills until later in the amendment process. Dr. Charlton advised that he included categories for critical care paramedic and community paramedic to his matrix for consideration as well.

Under cardiac management, carotid massage is being eliminated. This concluded the recap. Mr. Uhl requested a motion to adjourn for lunch. The meeting was adjourned at 12:16 p.m. for lunch.

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***ACTION: Motion to adjourn the meeting for a lunch break.*** Mr. Dutton – First; Mr. Appelhans – Second. All were in favor.

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The meeting reconvened at 1:03 p.m. The same members returned and a quorum was maintained.

Beverly Cooper joined the meeting in order to answer any questions regarding rule change and/or the flowsheet and checklist documents. Ms. Cooper was briefed on the earlier discussion regarding the documents. Mr. Dutton showed Ms. Cooper the flowsheet and checklist and described the proposed changes previously discussed. Ms. Cooper suggested consulting with the appropriate committees in order to write specific language for the changes in order to speed the process along. Ms. Cooper advised that she and Ellen Owens would review the documents further and provide additional feedback before the next meeting. Mr. Dutton asked if she had any contributions at this time. Ms. Cooper advised that the algorithm was out of sequence and would need to be reconfigured.

**ACTION ITEM: Mr. Dutton will meet with Beverly Cooper and Ellen Owens to review and revise the flowsheet information.**

Ms. Cooper left the meeting.

#### **Review of Gap Analysis and Ohio Scope of Practice (continued)**

The group continued to review items on the matrix. Mr. Uhl suggested simplifying some of the language in Ohio's scope to more closely align with the national model. Regarding cardiac management, the committee agreed to make the items regarding 12-lead EKG skills more concise. Per an earlier discussion, telemetric monitoring is to be added as well.

Under medical management, Mr. Uhl described the items he marked for deletion on the matrix. These items were deemed duplicative in nature due to the way the national model defines the skill, medication administration and routes listed in section IV. In Ohio's matrix, the medications and routes are listed separately. These will now be combined in a manner similar to the national model. Mr. Uhl provided some examples. A group discussion ensued regarding the proposed changes and whether the changes would create any conflicts. An additional discussion followed

regarding what the law says about immunizations and the need to revisit that discussion in the future.

Dr. Charlton suggested having a conversation on the parameters on administering thrombolytics. After a brief group discussion, Dr. Charlton was asked to discuss this further with the Medical Oversight Committee (MOC) at the December meeting.

**ACTION ITEM: Dr. Charlton will discuss the parameters of administering thrombolytics at the next Medical Oversight Committee (MOC) meeting.**

The group continued to review items on the matrix regarding medical management. There was a lengthy group discussion regarding maintaining blood and blood products. There was some additional discussion regarding “Peripheral IV blood specimens”. It was decided that it should be listed the same as the national model which is “Venous blood sampling.”

The group began reviewing items on the matrix regarding trauma management. Mr. Uhl described what items he revised on the matrix, especially regarding hemorrhage to match the national model. The group decided to remove “Needle decompression of the chest” from the trauma management area of the matrix because it is covered in airway management.

The group began reviewing basic performances. Since these items are not addressed in the national model, a decision was made to leave it as is. Under additional services, emergency childbirth management was briefly discussed, and specifically, the interpretation of a complicated delivery. It was suggested that Mr. Wagoner reach out to his contact for the national model regarding an emergency medical responder (EMR) and a complicated delivery. Dr. Charlton will discuss the same with the MOC.

**ACTION ITEM: Mr. Wagoner will consult with the national contact regarding an emergency medical responder (EMR) and a complicated delivery. Dr. Charlton will also address this at the next MOC meeting for their input.**

Mr. Appelhans suggested adding an item to this section relating to monitoring patients with left ventricular assist devices (LVADs). Currently, LVAD patients cannot be transported in a non-emergent situation. He proposed that this be addressed. The group discussed this briefly. Dr. Charlton advised he would take this to the MOC.

**ACTION ITEM: Dr. Charlton will discuss transporting patients with left ventricular assist devices (LVADs) at the next MOC meeting.**

The group began reviewing items on the matrix that are credentialed skills not currently in the core competencies. The group briefly discussed some of the credentialed skills that may be added pending rules updates. These items include body fluid collection, ultrasound guided peripheral IV placement, and ultrasound for pulmonary extended focused assessment with sonography for trauma (eFAST) exams.

There was a group discussion regarding the items Dr. Charlton added to his version of the matrix, which included skills for the proposed endorsements for critical care and community paramedics. He explained what information he used to develop this list. Mr. Uhl asked if there were questions for Dr. Charlton regarding these proposed additions. Dr. Charlton suggested discussing the additional categories further at the next meeting to define the parameters. That concluded the review of Ohio’s matrix. A request was made for Dr. Charlton’s version of the matrix to be forwarded to the entire committee in preparation for the next meeting. Mr. Uhl

advised that he would make the suggested amendments to his spreadsheet and send it to the committee secretary for dissemination to the group.

**ACTION ITEM:** Dr. Charlton's matrix spreadsheet will be emailed to the entire committee.

**ACTION ITEM:** Mr. Uhl will update the matrix spreadsheet and send to the committee secretary. This document will then be emailed to the entire committee.

Mr. Uhl then asked for a motion to adjourn.

### **Adjournment**

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**ACTION:** *Motion to adjourn the meeting.* Dr. Charlton – First; Mr. Wright – Second. None opposed. None abstained. Motion approved.

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The meeting was adjourned at 2:14 p.m.

### **Next meeting:**

January 23, 2020 at 10:30 a.m. in the ODPS conference room 1102.

### **Recap of Action Items/Goals**

Mr. Dutton will provide a list of SOP committee members to Mr. Watts for the Kiteworks™ system.

Mr. Dutton will make the suggested changes to the checklist and submit the same to ODPS personnel for incorporation into an electronic format.

Mr. Dutton will meet with Beverly Cooper and Ellen Owens to review and revise the flowsheet information.

Dr. Charlton will discuss the parameters of administering thrombolytics at the next Medical Oversight Committee (MOC) meeting.

Mr. Wagoner will consult with the national contact regarding an emergency medical responder (EMR) and a complicated delivery.

Dr. Charlton will also address EMR and a complicated delivery at the next MOC meeting for their input.

Dr. Charlton will discuss transporting patients with left ventricular assist devices (LVADs) at the next MOC meeting.

Dr. Charlton's matrix spreadsheet will be emailed to the entire committee.

Mr. Uhl will update the matrix spreadsheet and send to the committee secretary. This document will then be emailed to the entire committee.