MEDICAL OVERSIGHT COMMITTEE

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

MEETING MINUTES

April 20, 2021

Committee Meeting Date and Location: April 20, 2021 via TEAMS® Meeting (Virtual)

Committee Members Present:
Geoffrey Dutton, Chair, Mark Resanovich, Vice-Chair, Dr. Thomas Charlton, Mark Marchetta, Scott McCloud, Dr. Amy Raubenolt, Tami Wires, Dr. Paul Zeeb

Committee Members Absent: Dr. Eric Cortez, Dr. Deanna Dahl-Grove, Martin Fuller, Daniel Heuchert, Rob Martin, Jason Waltmire, Allen Young

DPS and EMS Staff Members Present: Dr. Carol Cunningham, Medical Director, Robert Wagoner, Executive Director, Ellen Owens, EMS Liaison, Robin Burmeister as acting support staff.

Public Present: N/A

Welcome and Introduction

The meeting was called to order at 9:47 a.m. Mr. Dutton welcomed everyone. No introductions were necessary as there were no new members. He recapped that the last meeting was December of 2019 and that at that time he stepped off the Board in order to apply for the EMS Executive Director's position and was reinstated to the Board just prior to the December, 2020 meeting.

Approval of Minutes

The Minutes of the December 17, 2019 meeting were reviewed. There were some last minute edits so Mr. Dutton opened, shared and reviewed the document with the members.

ACTION: ***Motion to approve the 12/17/2019 Minutes.*** Dr. Charlton – First. Dr. Raubenolt – Second. None opposed. None abstained. Motion approved.

Board Update – Chair Dutton

No report

New Business

Re-Activating MOC

Mr. Dutton updated that everyone was reappointed to the committee at the recent Board Meeting and that we're up to 14 members now and there is a maximum of 15. Anything over 15 needs Board approval. We do have several applications for others who are interested in joining MOC and I just wanted to get thoughts about whether we want to stay and keep these applications in our file, or perhaps ask the Board to expand our maximum number. Dr. Cunningham asked if there were any areas of the state or sectors of EMS that are underrepresented or not represented on the MOC? Mr. Dutton mentioned that he would like to send out a small survey to the members to make sure we have a diverse representation. He pointed out that diversity in EMS is more than the normal demographics, such as race, gender, ethnic background. There is also rural vs suburban vs urban and regional differences across the state. Mr. Dutton asked the committee what kind of information we would want in our survey. Mr. Marchetta pointed out that we should not be vetting committee applications at the committee level, per Mike Wise. We should be looking at our own current members and their attendance records before anyone is added. Historically, attendance has been very good and we haven't had a problem meeting quorum. He also pointed out that the more members we have, the harder it is to get quorum. Dr. Cunningham pointed out that, historically, when committees have asked to expand its membership it should be for a specific purpose, not just to grow its membership. Dr. Dutton expressed appreciation for the commitment from everyone. He was thinking more of surveying the members so we know what we need if there's an opening. He asked the group if they thought that was a good idea. Several of the members agreed that it was a good idea and discussion followed about the specifics we wanted to know. These included: gender; race/ethnicity; background; rural/urban/suburban; EMS vs fire-based; full time vs volunteer/on call; level of licensure (EMR, EMT, AEMT, paramedic, RN, physician; primary work site, i.e. academic, community, critical access, rural, critical care, MIHC; municipal or private/public; sub-specialties, i.e. tactical; county of residence and county of practice; years of practice. Mr. Dutton would like to keep this simple so wants to put the questions forth to the members in an email, requesting that they only reply to either Mr. Dutton or someone else he may designate in the email. Ms. Owens pointed out that public meeting laws apply and no one should "Reply All." Mr. Dutton would then bring the results to the next meeting.

Action Item: Chair Dutton/staff will prepare a survey and email it to the members, and bring results back to the next meeting.

Identifying Goals/Issues

Dr. Charlton would like to see something like an After Action Report that includes successes and/or challenges to the pandemic response; what is the perception of the department and the challenges they faced either administratively or due to law. We still have the problem of not being able to do rapid testing due to the fact that we cannot do nasal swabs, and with a flu pandemic coming sometime, not being able to do a nasal swab for a flu test that is already developed is an important thing to look at. The urban and rural agencies will have different challenges. Dr. Zeeb pointed out that SB 131 and HB 151 are expiring this spring and it is unknown if the

Governor will extend them or do we need to work on making changes to the Scope of Practice so that the paramedics can continue to function in the capacity as they have been functioning in the past without needing any legislative changes. To refresh, HB 151 allows EMS providers to function outside their typical areas of practice so they can work in public areas and SB 131 allows them to do testing and swabbing. Dr. Zeeb said he's a little concerned that it took an act of the legislature to make emergency changes to the scope where the board did not. Several of us asked for these things to be considered a year ago and it wasn't until the legislature acted that we had these things change. We need to be flexible in our ability to respond but we also need to think about what's going to happen when these two pieces of legislation expire because the pandemic will continue. It is believed that SB 131 will expire at the end of May and HB 151 will expire July 1st. Dr. Cunningham stated that the issue of nasal swabs being added to the scope of practice was introduced to the Board [inaudible] long before anyone heard the word pandemic, but it was the EMS education institutions that objected to it so it couldn't go forward. What everyone needs to realize is that the Board has certain powers but to get rule changes, it has to go through JCARR, which is a democratic process. There has to be public hearings. That's the same issue for the ultrasound-guided peripheral IV placement. It's up to the Board to try to find avenues to support the schools. What we came up with was a lot broader than these house bills. This needs to be addressed through the Scope of Practice (SOP) committee. I know they're doing that now, but a lot of those skills need to be done routinely and not just for viral testing. It's an integral part of integrated health care. Dr. Charlton said that the SOP committee has been talking about how to decouple the SOP from education coming up with core competencies vs added competencies, etc. This pandemic gives us a little bit of evidence of why that's so important that we do, is that we need to have the ability to add to the SOP on a moment's notice during emergencies like this without having to go through and do initial education, etc. It's probably going to require legislative change to be able to add things to the SOP for a limited time frame, under emergency orders, so it doesn't have to go through JCARR. This pandemic has highlighted some of the problems with the bureaucracy as it is. Dr. Cunningham pointed out that as far as emergency changes in the scope of practice, the governor has been pretty nimble about this. We have a draft Crisis Standards of Care Plan that's fine that is being used by other states, but it was never signed by the governor or we'd be using it. This would have eliminated about half the meetings we've had.

Mr. Resanovich wanted everyone to understand that the board has to operate under the guidance of the ORC and even though we tried to do as much as we could, we were also limited to what we can do and some things had to take legislative measure in order to enact, such as the swabbing and the EMS providers working in hospitals and outside of the emergency department, etc. It wasn't that the board wasn't taking action, it was that the board was limited in the action it could take because of laws. He also believes we need to have discussions about enacting during public heath emergencies some just-in-time protocol policies and procedures for EMS to deal with that. He also commended the staff and board members in handling the pandemic and Dr. Cunningham for turning her long nursing home stay in to a command post.

At this time, Mr. Dutton mentioned that he, Mr. Resanovich and Dr. Charlton are all members of the Scope of Practice ad hoc Committee and wanted to provide the group with a high-level of what that group is trying to do. The big piece is trying to have a two-part scope where there's the basic scope of practice, that applies to everyone that goes through training, and another level of additional skills that can be added and earned through training and education. As it exists now, to request a change of scope, it applies to all certificate holders. The other piece is trying to be nimble, but also being careful not to make a change and have repercussions that we hadn't thought about. We're trying to come up with a checklist for committees to follow if they want to make a change to the scope of practice change with all of the steps you will need to follow. Dr. Charlton expressed that he wants to replicate the way the ACGME (Accreditation Council for Graduate Medical Education) does things

for physician education, which is to have core competencies and added competencies and gave the example of fluoroscopy. He'd like to replicate a program or a system that already works and is in play nationwide.

At this point, Mr. Dutton asked if there was anything anyone wanted the committee to address or put on future agendas. Dr. Zeeb stated that we should put the next Medical Directors Conference on the agenda to talk about. Its next year but we should put it back on the agenda to start discussions. It's an annual conference in November (in its second year) and we need to get it rolling again. He mentioned coordinating it with ITLS to allow for a 2-3 day event. Discussion followed about whether to do something online, or start it up again in 2022. Virtual is not ideal and networking, etc. is a critical part. So it was suggested that we go ahead and plan for 2021. Obviously, the pandemic has given us a lot of topics but new topics for the future are needed. Perhaps, what happened to all of our stroke/MI patients during the past year?

Action Item: Chair Dutton will add the Medical Director's Conference to the June Agenda.

Dr. Zeeb also brought up that for those physicians who don't meet all the standards to be Medical Director which is a requirement for medical director training program, the Foundation which is moving toward their Foundation for Medical Director course as part of their annual meeting and this is an additional training opportunity for NAEMSP which is going to be an online course as part of their annual meeting, which could be an option for those physicians wanting to be medical directors. Dr. Cunningham said that we don't get to name the course, we just have the sponsorship, which is NAEMSP and Ohio ACEP.

Mr. Dutton directed the meeting back to the After Action Plan discussed above. Dr. Charlton would like to go to the Board and get their support because the Board could then ask other Committees to provide questions and/or input, for example the Education committee as far as how they made the transition from in-person education to remote learning and how did that impact their pass rates. Also checking with other committees would be helpful. But what were the things at the state level that we did well, or that didn't go well, and limitations that were put on them but responded the best they could. More of a highlight of what worked and what didn't. It's also a good time to look at the Crisis Standard of Care again. Dr. Cunningham pointed out that ODH owns that document, but we should be screaming that that document shouldn't be sitting on the shelf collecting dust, but the Board does not have control over that document. Dr. Charlton said he would be willing to be part of drafting a survey to take to the board. This is still up for discussion. Once we have the survey, we can take it to the board for their feedback.

Dr. Cunningham wanted to bring up something that she wants the members to disseminate to their … and that she's going to bring up at the board meeting tomorrow, which is the situation in Colorado following the death of a patient that they attributed to Ketamine. Now there's a bill going through the state to potentially remove the use of Ketamine, Haldol, and a lot of the medications that they use for chemical restraints, from EMS agencies and they've proposed creating a board to oversee how it's used which would override the medical director and the state medical director and they actually capped the limit of physicians on this board based on their membership and/or affiliation with the National Association of EMS Physicians. Historically, when this first happened, the American College of Anesthesiologists came out and made a statement that Ketamine shouldn't be in the hands of EMS, and possibly not even in the hands of emergency physicians, in spite of the plethora of evidence that showed it's been safely administered by EMS in multiple situations. The one good thing in the bill is that law enforcement shouldn't be dispatching EMS for the purpose of subduing for the purpose of arrest, but only for medical reasons and transport to a hospital. Mr. Marchetta asked if we knew about how many doses of

Ketamine have been safely administered in Ohio and was told that Rob Wagoner and Eric Mays had already discussed this and are working on numbers that Dr. Cunningham said she would have at board meeting tomorrow. It was also asked if we know if those Ketamine doses were for sedation or pain control. Dr. Cunningham explained that there is a lot of information on the spreadsheet, which she didn't have with her, but that once it goes to the board tomorrow, it will be public information. She then excused herself, as she had another meeting to get to.

Mr. Dutton briefly reviewed what would be on the Agenda for the June meeting. He thanked everyone for their time.

Adjourn

ACTION: ***Motion to adjourn at 11:02 am***. Mr. Marchetta – First. Dr. Raubenolt– Second. None opposed. None abstained. Motion approved.

Next meeting:

June 15, 2021