

MEDICAL OVERSIGHT COMMITTEE MEETING

MINUTES	DATE August 15, 2017	TIME 9:38 a.m. – 11:34 a.m.	LOCATION ODPS – Division of EMS, Room 1102 1970 W. Broad St., Columbus, Ohio 43218
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ATTENDEES	<p><u>Committee Members:</u> Geoff Dutton – Chair, Dr. Thomas Charlton, Dr. Eric Cortez, Dr. Deanna Dahl-Grove, James Davis, Martin Fuller, Rob Martin, Tami Wires, Dr. Paul Zeeb.</p> <p><u>ODPS-Division of Emergency Medical Services (EMS) Staff:</u> Mel House, Rob Wagoner, John Molnar, Susan Edwards.</p> <p><u>Visitors and Guests:</u> Ron Wehner, DPS Fiscal.</p>
ABSENT	Mark Marchetta, Brent Paraquette, Eric Wiedlebacher, Allen Young.

AGENDA TOPICS

TOPIC	Announcements and Introductions
Geoff Dutton	Dr. Zeeb’s and Dr. Charlton’s committee applications were approved by the Board on April 19, 2017. Dr. Schwerin submitted his resignation to the committee as he has moved to South Carolina.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
None		

Approval of Minutes (December 2016)

	Minutes from the April, 2017 meeting were presented for approval. Dr. Charlton noted that discussion regarding the Ohio Board of Pharmacy issue requiring wet signatures or biometric dual screening was not included. The April minutes will be corrected and presented at the October meeting for approval.
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ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Correct minutes	EMS Staff	October 17, 2017

OLD BUSINESS

TOPIC	Pharmacy Board requirement for dual verification or wet signature requirements
Dr. Thomas Charlton	<p>Dr. Charlton presented information regarding companies able to provide electronic verification to meet the Ohio Board of Pharmacy’s requirement for dual verification or wet signatures. He was able to find only two vendors country-wide able to meet the dual verification either through questions or through biometric or tap badge means, either of which is acceptable to the Ohio Board of Pharmacy. The companies were EMS Charts (question-based answers) and ESO Solutions (if tablet has fingerprint screener or tap badge with add-on card reader). Based on conversations with engineers, the capability to achieve dual authentication is difficult. None of the larger vendors (other than ESO Solutions) comply nor have plans to do so. To legally comply, agencies must use EMS Charts or ESO Solutions, or print out a copy for wet signature which must then be kept for three years. Director House stated that to switch companies is extremely costly and difficult from a data management perspective. Dr. Charlton reported the issue arose when the Board of Pharmacy cited agencies in the Cincinnati area. Ms. Wires reported that her agency was instructed three years ago on this procedure and have been using wet signatures since that time. In addition, there may be an issue with signatures in black instead of blue ink. Dr. Charlton expressed that it would be useful if the Ohio Board of Pharmacy would amend its rules to provide an EMS exemption or perhaps a legislative solution should be pursued. Director House suggested that the first step would be to</p>

contact the Ohio Board of Pharmacy to initiate a discussion. If that does not work, based on this committee's recommendation, the issue can be taken to the EMFTS Board. Dr. Charlton added that there was no impetus for data/software companies to pursue a solution as Ohio is one of very few states currently requiring this. A question was raised if this was consistent throughout the state or was the interpretation of one inspector. Dr. Charlton acknowledged that, while there may be a lack of consistency statewide, this is a valid interpretation of the current pharmacy rules. Director House stated that this would be a rule change if the Board of Pharmacy allows it and that he would bring the issue up to the EMFTS Board and suggested that examples of the citations be gathered prior to reaching out to the Board of Pharmacy. Ways to gather information were discussed.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
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None

TOPIC	Committee Priorities and Strategic Plan
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Director Melvin House

Director House introduced Deputy Director Rob Wagoner who will be the trauma liaison and work with all non-licensure aspects within the Division of EMS. Deputy Director Wagoner gave a brief synopsis of his background. He will oversee EMSIRS, the trauma registry, the rehabilitation database, and testing and education improvements. Currently, the Division of EMS is working on issues to make sure data is clean and accurate.

The EMFTS Board began to work through a strategic plan in February and will meet with the EMFTS Board Chair tomorrow to present the strategic plan concept. Five pillars have been identified on which to focus, and they are improving quality of patient care with the objective to improve patient experience and care, improve population health through prevention and wellness, enhancing human resources which focuses on staffing needs and patient and crew safety, improving access to health care, and improving system sustainability. The focus on the committee element in the EMFTS Board structure where committees drive change and service improvement will continue with the emphasis of this plan at committee level. Participation and having diverse members across all committees is important. At the next meeting, the committee will be looking to identify, with some facilitation, specific tasks and objectives to accomplish under the strategic plan. The committee members were instructed to be prepared for that discussion. Materials will be sent out prior to the next meeting to promote thought. All committee members will have the opportunity to provide their ideas and assessment of what the EMFTS Board need to accomplish and how to attain the goals. Quorums and diversity are important. Committee members were advised to add additional members to make sure the right people are at the table geographically and professionally and to inform the Division of EMS if assistance is needed to accomplish this task.

The EMFTS Board took the NHTSA assessment from 2010, identified some items and completed most of those items last year. Nationally, there is a state of flux with respect to the EMS agenda for the Future, EMSIRS 3.0, EMS Agenda 2050, and trying to roll all these concepts, for example mobile integrated healthcare. The profession of EMS is experiencing a huge transition with regards to what EMS can and should do. This is an opportunity for all to hone in on those key areas and actually make some progress.

Mr. Dutton brought up that at our last meeting we had some general discussion about the strategic plan and our future path.

Director House announced that Ohio was moving forward with the CARES (Cardiac Care Registry) registry at the state level. By January 1, 2018, the state will have a subscription service with a fee of \$15,000. There will be no charge to agencies once the state

subscription is in place. Dr. Zeeb mentioned that The Ohio State University is funding the position of the coordinator and soliciting donations. Director House encouraged participation by EMS agencies and hospitals. CARES is a useful tool; however, it must be used widely to produce data with value. Director House looks forward to seeing what can be done using the data to improve EMS and cardiac care. The system will hopefully be available January 1, 2018 although it is not known when the coordinator will start. Dr. Charlton stated that it is valuable for the cardiac review process.

ACTION ITEMS

PERSON RESPONSIBLE

DEADLINE

None.

NEW BUSINESS

TOPIC

EMS Rules

Rules must be reviewed every five years and deadline for the review of the EMS rules is approaching. There are some specific issues that must be addressed move forward and be taken to the EMFTS Board for consideration. We hope to get eleven changes through the board in October to be implemented by March 18, 2018. If that does not happen, the rules will have to be put in as a no change and review at a later date. It will take additional time to do that – probably about an additional year. There are only about 4 or 5 rules to be reviewed. The matrix has been matched up to the rule for scope of practice changes. One of the unique things is that the board may change scope of practice immediately and it can be written into the matrix and the change will take effect right away. The rules are supposed to be updated annually; however, the rules have not been updated for a couple years. Input and discussion by the Committee is desired.

The first change is a nomenclature change is to amend “CECBEMS” to “CAPSE”.

A significant change refers to the CoAEMSP approval needed to operate a paramedic training school. This adds language to allow a new training program to apply for provisional status, typically two years with extension available, is in effect while the program has a valid CoAEMSP letter of review and until CAAHEP accreditation is obtained. If CAAHEP is not obtained, provisional status is lost.

John Molnar

Ohio Administrative Code 4765-7-07 (3)(a) is changed to “80% pass rate within 3 attempts” from “all attempts”. Statistics show that, after 3 attempts, pass rates stay relatively flat even with remediation.

Nomenclature changes on the next page in EMR scope of practice were discussed. Dr. Cunningham is suggesting changing “capnography” to “capnometry” or “digital capnometry” because at the EMR and EMT level it is not the wave form that is being read but the digital. After discussion, the consensus of the committee was to leave the language as “capnography”. A brief discussion ensued regarding the addition of CO-oximetry. Decision was made to discuss at a later meeting.

Ohio Administrative Code 4765-12-04 (E), (F) and (G) is directly out of the scope of practice matrix. A question was raised regarding what physician medical direction consisted of in a hospital setting. Concern was expressed about a scope of practice, oversight, and authorization. There is no standard protocol for practice in hospital setting if acting as employee of the hospital. Although there is a physician is present in the emergency department, oversight is most likely being provided by a nurse. The decision was made to discuss this topic at a later meeting.

Ohio Administrative Code 4765-15-04 regarding the administration of epinephrine by auto-injector is removed from EMT because it was added to EMR scope. As such, the citation is not needed in the EMT scope of practice. Also, the transport of central/peripheral IV without infusion.

Ohio Administrative Code 4765-16-04 regarding oral administration of ondansetron was added. The authorized dosing was included as if had not be cited elsewhere. A question was raised whether dosing should be included in the rule or through curriculum and with medical direction. The Committee suggested removing dosing from rule.

Ohio Administrative Code 4765-17-03 regarding epinephrine administration via IV or IO was combined with SQ and IM so will be removed here. There was a concern that, when stating the concentration for epinephrine, it be listed as milligram per milliliter per the new national standard. A question was raised whether dosing and concentration should be included in the rule. The Committee consensus was that this should be in curriculum and medical direction, and that dosing should not be included in the rule.

Ohio Administrative Code 4765-17-04 regarding concerns to allow intubation attempts on mannequins or cadavers when live attempts are unavailable for Ohio's EMS education institutions. These are the minimum requirements established by CoAEMSP. The Committee found the language acceptable for the paramedic candidates, but had questions regarding this language for the advanced EMT. They also felt that this language is acceptable to recommend to the EMFTS Board; however, it was felt that it should be reviewed at a later date for potential revisions to address discrepancies for the advanced EMT and the paramedic. An explanation of rules change procedure was provided to the Committee by Director House.

Ohio Administrative Code 4765-19-01 (B)(2) clarifies that patient care is not considered continuing education if done in the course of employment. The continuing education issue is further addressed in (G) with (G)(1) being the actual language of the law. Requirements, documentation for, and what constitutes acceptable volunteer service as continuing education were discussed. The Committee suggested adding language to (G)(1)(b) clarifying that emergency response as part of a volunteer agency's employment duties, albeit monetarily uncompensated and, as such, may not be applied toward continuing education requirements.

The substantive proposed rule changes suggested by the Committee were as follows: retain the term "capnography", remove all dosing information, update intubation attempt numbers and allow use of simulation to meet the intubation requirement, limit the pass/fail rate to 3 attempts, and to outline volunteer work that may count toward continuing education hours.

Motion to approve rules as presented with changes reflected, made by Dr. Dahl-Grove, second by Dr. Charlton. All in favor, none opposed. Motion passed.

Mr. Davis made motion to change the glucometer scope of practice at EMR level and to make this recommendation to Board on October 18, 2017. Dr. Charlton seconded motion. Mr. Davis will raise the issue of glucometer monitoring at the EMR level to EMFTS Board on October 18, 2017. All in favor, none opposed. Motion passed.

ACTION ITEMS	PERSON RESPONSIBLE	DEADLINE
Discuss CO-oximetry and possible changes to the scope of practice and medical oversight in a hospital setting.		October 17, 2017
Discuss glucometer readings at the EMR level at EMFTS Board mtg.		August 16, 2017

TOPIC	Adjournment
	<p>Motion to adjourn was made at 11:20 a.m. by Dr. Charlton, seconded by Mr. Martin. All in favor, none opposed. Motion carried. Next meetings: (Bi-monthly, TUESDAY before the third WEDNESDAY of the month at 9:30am except for December, which is the Tuesday before the second Wednesday).</p> <ul style="list-style-type: none"> ○ Tuesday, October 17, 2017. ○ Tuesday, December 12, 2017.

Geoff Dutton, Chair

Date