

**QUESTIONS SUBMITTED AFTER THE PANEL DISCUSSIONS (Answered by Dr. Carol Cunningham):**

Q) Are there effective utilization review programs that exist in areas where there is a competitive air medical environment?

A) Several states have implemented a quality and/or utilization review process for air medical services; however, this action is challenging for many states as the air industry, medical and non-medical, is overseen by the Federal Aviation Administration (FAA). I cannot provide a personal opinion or have solid data that can definitively state that these programs are effective. Maryland is an example of one state that has an established quality assurance program for helicopter utilization; however, their trauma system, which is heavily funded by the state, and time-critical disease response plans primarily dispatches helicopters that are owned and operated by the state.

If you wish to create a utilization review program in your local region, there is a position paper that may be a useful guidance. The link to this document is: <https://www.acep.org/patient-care/policy-statements/appropriate-and-safe-utilization-of-helicopter-emergency-medical-services/>

Q) What are your thoughts on REBOA and field blood transfusions?

A) While REBOA is an effective method of hemorrhage control, especially in the face of arterial bleeding, cannulation of arteries is not within the Ohio EMS scope of practice and thus, REBOA is not permitted. Likewise, field blood transfusions can be lifesaving in certain scenarios, the initiation of a blood transfusion is not within the Ohio EMS scope of practice. Once a blood transfusion has been initiated, typically by a nurse or physician, the blood transfusion can be maintained by a certified Ohio paramedic if this procedure has been authorized by the local EMS medical director and a written protocol, training, continuing education, and a quality assurance program has been provided.