# State Board of Emergency Medical, Fire, and Transportation Services

Ohio Department of Public Safety
Division of Emergency Medical Services

## 2023 Annual Report
## EMFTS Board Retreat
## April 16 – 18, 2024

EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# 2023 Annual Report
# EMFTS Board Retreat – April 16-18, 2024

- Roll Call

- Welcome and Introductions – Rob Wagoner, Executive Director
  - Newly appointed members

- Board Chair and Vice Chair Remarks
  - Mark Marchetta, Chair
  - Mark Resanovich, Vice Chair

# Board Member Roles & Responsibilities, Board Committees, and Certification Discipline

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Board Member Roles and Responsibilities, Board Committees, and Certification Discipline – Michael Wise, Legal Counsel

# Board Member Roles and Responsibilities

MICHAEL WISE

# Open Meetings Act

- Meetings must take place in public view
- Applies when:
  - -Discussion or deliberations on Board business
  - -Majority of members present
    - -Avoid Reply to All Emails
  - -All committees and subcommittees

Ohio Revised Code 121.22

(B) As used in this section:

(1) "Public body" means any of the following:

(a) Any board, commission, committee, council, or similar decision-making body of a state agency, institution, or authority, and any legislative authority or board, commission, committee, council, agency, authority, or similar decision-making body of any county, township, municipal corporation, school district, or other political subdivision or local public institution;

(b) Any committee or subcommittee of a body described in division (B)(1)(a) of this section;

# OMA Permitted Activities

- Exchange informational materials prior to the meeting
- Conversations with EMS staff and legal counsel
- Executive Sessions
- Quasi-Judicial Deliberations

# Executive Sessions

- Permitted closed-door session by a public body
- Attended by the Board and invited guests
- Requires a motion and roll call vote
- Motion must be specific
- Only permitted in limited circumstances (personnel matters, pending court action, matters required to be kept confidential)
- Discussion is limited to the purpose of the session
- No vote or formal decision may be made during the executive session
- Motion or vote is not required to return to the public session
- Recommend discussion be treated as confidential

# Quasi-Judicial Deliberations

Public Bodies whose responsibilities include adjudicative duties are considered "quasi-judicial." Deliberating in private is permitted to allow for the resolution of any disputes.

- Not considered a meeting
- Public vote is not required to have a quasi-judicial deliberation
- Cases: Hearings, Goldman Reviews, Summary Suspensions
- Board determines sanction—May disregard Hearing Officer

# Investigations

1. Case Slides Review
2. Hearing Cases
   - Hearing Officer Report
   - Exhibits as needed
   - Subject's Objections to Hearing Officer
3. No Hearing Request (Goldman)
   - Affidavit
   - Exhibits as needed

# Ethics Guidance

- Avoid any action that might give rise to the appearance of impropriety
- Do not represent any of your personal opinions as that of the Board
- Withdraw completely from questions or issues that involve a conflict of interest (Avoid contacting Division of EMS Investigations)
- Abstain from issues involving funding for your employer or close associates
- Do not solicit or accept anything of value from anyone doing business with the Board
- Avoid seeking or providing personal services on matters that come before the Board

# Committee Definitions

- "Committee" governance of a specific decision making issue. Committees are long-standing groups.
- "Subcommittee" group with specialized tasks or jobs within a committee. Subcommittees may be long-standing.
- "Ad hoc committee" Perform a task, Report to the Board, then Disbanded.
- "Workgroup" Appointed by Committee Chair, Group to Perform a task then disbanded

# Statutory Committees

- Firefighter and Fire Safety Inspector Committee
- Trauma Committee
- Medical Transportation Committee
- Critical Care Subcommittee
- New Committees--The Board may create, establish, restructure, or discontinue committees and subcommittees

# Committee and Subcommittee Structure

(Not FF/FSI, Trauma)

- Appointment of Members by the Board
- Remove by the Board as necessary
- Qualifications (Anyone)
    - The public, appropriate state and local agencies of government, EMS organizations, and other interested parties
    - Good faith effort to ensure educational, professional, cultural and geographical diversity, and afford adequate representation by those affected by the work of the committee
- Term: Two years (Renewal)
- Chair and Vice-Chair: Chosen by the Board Chair
    - Vacancy filled by the Board
    - Temporary Chair Chosen by Committee
    - Any committee member may serve as chair

# Committee and Subcommittee Structure

(Not FF/FSI and Trauma)

- Size
  - Committee:  15 unless waived
  - Subcommittee:  No size limitations
- Two Board Member Minimum
  - For both committees and subcommittees
- Meeting Schedule
  - Call of the Chair
  - Location approved by the Executive Director

# All Committees/Subcommittees

- Quorum: Majority of all members of the committee
- Open Meetings Act Applies
- Meeting Notice
  - Regular Meeting—Reasonable notice to inform the public
  - Special Meeting—Twenty-four hours notice, Statement of Purpose
  - Emergency Meeting--Notify Public Immediately, Statement of Purpose
- Chair Presides

# Workgroups

- “Workgroup” group appointed by committee chair
- Accomplish goal then disbanded
- Present findings to the committee
- Size determined by committee chair
- Open Meetings Act does not apply
  - **Avoid Committee Majority**
  - Meeting Minutes Required, submit to committee chair

# Virtual Meetings

No

Except Workgroups

# Certification Discipline

## EMS, FIRE, TRANSPORTATION

# Investigations

1. Complaint
2. Investigation
3. Case Review
4. Board Action
   - Close
   - Consent Agreement
   - Notice of Opportunity for Hearing

# Post Notice Review

1. Hearing Process
   - Attorney General Representation
   - Trial: Testimony/Exhibits
   - Hearing Examiner Report
   - Objections to Hearing Examiner's Report
2. No Hearing Request (Goldman)
   - Affidavit
   - Attorney General may present to the Board

# Standard of Review

Preponderance of the Evidence:

Is it more likely than not that a violation of certification standards has been proven?

# Violations

- Criminal (Post Certification)
  - Any Felony
  - Misdemeanor in the Course of Practice
  - Misdemeanor of Moral Turpitude
- Criminal (Initial Applicant)
  - See prohibited offenses
- Continuing Education
- Application Falsehoods (criminal convictions)
- Violation of Consent Agreement or Adjudication Order
- Scope of Practice

# Violations (cont.)

- Standard of Care/Competency
- Patient Confidentiality
- Improper Delegation
- Impairment-Drugs/alcohol
- Discipline from other jurisdictions/professions
- Medical Records

# Board Sets Discipline

- Permanent Revocation
- Revocation (one year out, reapply)
- Suspension of any length
- Fine--$1,000 maximum per violation
- Reprimand
- Limit

# "Limit" a Certification

- Criminal background check(s)
- Evaluations (mental health, chemical dependency)
- Drug Screens
- Continuing Education—Remedial
- Anger Management
- Comply with court-ordered probation
- Notify EMS employers of violation
- Probation

# Criminal Violations
## (Already Certified)

- Any Felony
- Misdemeanor in the Course of Practice
  - Theft (gas card, time, ethics,)
  - Accident
  - OVI
- Misdemeanor of Moral Turpitude

# Moral Turpitude Defined

means the act of baseness, vileness, or the depravity in private and social duties that one owes to society, contrary to accepted and customary rule of right and duty between human beings.

SHOCKED/DEPARAVED

("I know it when I see it")

LOOK TO THE FACTS

# Moral Turpitude Categories

- Sex Crimes----------Yes
- Dishonesty----------Yes
  - Fraud, Theft
- Violence-----Status of the Victim
  - Spouse/Significant other/Child
  - Police/health worker
  - Animal Cruelty
- OVI/Drugs----------No
- Gun Possession----No

# Moral Turpitude-Violence

## Look to the Facts:

- What did the defendant do?
- Who was the victim?
- Injuries?
- Case pled down to lower misdemeanor?
- Can we combine multiple offenses?

## What can we prove?

# M.T.-Violence Consent Agreement

- Reprimand
- $250 fine
- Anger Management- Licensed Professional
- Background Checks

# Impairment

Standard: the illegal use or illegal acquisition of controlled substances, alcohol, or other habit-forming drugs or chemical substances that impair the certificate holder's ability to practice.

- On the Job
- Hard Drugs
- Multiple instances/Proximity
- You did what now?

# Impairment
# Consent Agreement

- Consider:  Allow the Person to practice?
  - Evaluation
  - Follow Treatment Recommendations
  - Drug Screens
  - Background Check
  - Notify Employer

# Initial Applicant Criminal Record

1. List of Prohibited Offenses
    - No moral turpitude
    - No felony/misdemeanor distinctions
2. Time Period
    - Five years of a clean record
    - Sexually Oriented Offense—Infinite
    - Offense of Violence—Infinite
3. Standard of Review
    - Serious of offense
    - Passage of time
    - relationship of the offense to the duties provided
    - Evidence of rehabilitation and treatment

# Summary Suspension

- Immediate Suspension (prior to hearing)
- Clear and Convincing Evidence
- Standard:
  - Danger of Immediate and Serious Harm to the Public

    AND
  - One of the following:
    - Felony or misdemeanor committed in the course of practice or involving gross immorality or moral turpitude
    - Exceeded the Scope of Practice
    - False Information to the Board

# Medical Transportation

- Violations
  - Vehicle Inspections and Equipment
  - Staffing Compliance
  - Insurance Coverage
- Sanctions
  - Revoke, Suspend, Reprimand
    - License or Permit
  - Fine: $1,500 per violation
  - Vehicle out of service
  - Summary Suspension (immediate and serious harm)

# Appeal Rights

- Common Pleas Court—Certificate Holder's Residence
- Motion to Stay the Board Order— "Unusual Hardship"
- Standard: Board order supported by reliable, probative, and substantial evidence and in accordance with law.
    - Written Briefs
- Further Appeal Possible: Court of Appeals, Ohio Supreme Court

# EMFTS Board Seats

Department of
Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- EMFTS Board Seats:  Status Update – Rob Wagoner, Executive Director
  - Vacancies
  - Trauma Committee

# EMFTS Board Retreat – April 16-18, 2024

- **Three EMFTS Board seats currently vacant:**

  - **Seat #2:** Trauma Surgeon (exp. 2021)
    - Nominated by the Ohio Chapter of the American College of Surgeons and the Ohio Osteopathic Association
  - **Seat #8:** EMS Instructor (exp. 2021)
    - Both nominating organizations are defunct (Ohio EMT Instructors Association and the Ohio I/C Society)
  - **Seat #5:** Trauma Program Manager or Director (exp. 2022)
    - ONA, OSTNL, Ohio State Council of the ENA

# EMFTS Board Retreat – April 16-18, 2024

- **EMFTS Trauma Committee Seats Current Status:**
  - **Appointed by ODPS Director Wilson:**
    - Trauma Surgeon:  M. Chance Spalding, MD
    - Physical Medicine & Rehab. Physician:  Timothy Hake, MD
    - Chief Air Medical Officer:  Bradley Raetzke, MD
    - Trauma Center Administrator:  Brian Fletcher
    - Non-trauma Center Hospital Administrator:  Stephen Feagins
    - Fire Chief:  Aaron Jennings
    - EMS Provider:  Steven Berry, II
    - Victim Advocate:  Mary Moran
    - Non-trauma Center Hospital Representative:  Shaheed Koury
    - Non-trauma Center Hospital Representative:  Staci Trudo
  - **Currently Vacant:**
    - Seat #4:  Burn Surgeon
    - Seat #22:  Non-trauma Center Hospital Representative

# Legislative Needs

Department of
Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Legislative Needs Discussion – Rob Wagoner
  - 2023 – 2024 Successes
  - 2024 – 2025 Top 5 Needs

# Legislative Successes CY2023

- **Identify sustainable funding source(s) for DEMS:**
  - GRF operational funding
  - Seat belt fines plus $300k for total dedicated grants $2.9 mil FY24-25
- **Approved to add three staff positions:**
  - Investigator
  - Data:  Epidemiologist 2
  - Data:  Program Administrator 2
- **Revise ambulance specification requirements to include NFPA and CAAS standards**
- **Update nominating organizations, number of nominees, timeline for replacement of the incumbent, and other options for appointment to the EMFTS Board and Trauma Committee**
- **HB 138:**
  - "Mother May I" language removed with; driver, meet at scene; removed volunteer requirement for EMR certification; EMS able to recognize DNR by PA and APRN in addition to physician; decoupled scope of practice items from law and moved into rule

# Legislative Needs as of 4/18/2024

- **General**
  - **Impaired practitioners language similar to other health professionals**
    - Legal has advised and recommended that we move forward with rule promulgation under broad authority of ORC 4765.11 to facilitate safe haven/confidential program
      - "Inactive" or "Idle" certification
        - "Cannot use 'Inactive'?"
  - **Fix OMTB name reference in 4766.23 and correct to EMFTS**
  - **Create quality improvement language for data sharing that permits sharing of PII in a protected manner?**
    - EMS response times:  agency, time, location, patient condition, outcomes

# Legislative Needs as of 4/18/2024

- **EMS**
  - **Emergency Medical Dispatch (EMD) training and certification**
  - **Legislation authorizing the creation of additional EMS certifications (CCP, MIHP, CP, FP, etc.)**
  - **Require medical oversight/direction for all certification levels operating in emergency and non-emergent settings, e.g. EMRs in industrial settings**
  - **Add language to provide immunity coverage to RPAB members**

# Legislative Needs as of 4/18/2024

- **Fire**
  - **Remove the identified maximum # of hours of education for VFF**
    - **ORC 4765.55(A)** ……The rules adopted to regulate training programs for volunteer firefighters shall not require more than thirty-six hours of training.
  - **Add the ability to summarily suspend fire certificates to practice analogous to EMS code**
  - **Necessity/advantages/value of ProBoard accreditation?**
  - **Expand membership of FFFSI Training Committee by two members to replace the two that were lost with the merger/formation of the EMFTS Board**
    - Help with potential quorum challenges

# Projects and Engagement

Department of Public Safety

# 2023 Projects

- Remain engaged with SEOC, ESF8, ODH, and planning for April 8, 2024 Total Solar Eclipse and other various exercises
- ODPS liaison to OhioCARES Board
- Fire & Emergency Services Instructor I/II
- Elimination of newly issued AFI and EMSAI certifications
- SB 21 Acute Stroke Protocols website repository with yearly updates required (requested 4/2024)
- Upgrade EMSIRS to NEMSIS v3.5 standards project
  - Passed NEMSIS v3.5 compliance testing Dec. 2023
  - National CARES data elements
- Recruit SMEs to electronically review fire service item banks
- Implement revised reciprocity procedures in compliance with regulatory changes

# 2023 Projects

- Testified before NTSB on FF training and East Palestine NS RR incident
- Worked with ODPS legislative liaisons when consulted over various EMS and fire-related inquiries and referrals
- ODPS – OFCA monthly update calls continue
- SFMO VFF Task Force data collection/analysis and ongoing follow-up questions
  - Statewide response times
  - ODPS “Every Minute Counts” campaign
  - Investigate various regulatory changes
- TPF, SORH, DEMS preparation for 2024 Ohio Rural EMS Survey – Repeat 2018 survey
- Automated system for calling and emailing certificate holders operational (renewals, Fire Service Awards nominations, EMS Star of Life, other “campaigns”)

# 2023 Projects

- EMS Program Director Update and Fire Instructors Conference
  - Presented at several OAPFF regional training meetings
  - Presented at several OAEMS meetings
- OFCA Conference
- Ohio HOF and Fire Service Awards Ceremony
- Star of Life Awards
- Division of EMS funding FY24-25
  - All ODPS Divisions moved to Operations
    - Division of EMS moved to GRF for Operational Funds
    - Grants Funding through seatbelt fines
  - Legislative language proposals
    - EMS Medical Director requirements
    - EMFTS Board
    - Trauma Committee
    - Ambulance manufacturer standards

# 2023 Projects

- Appointed as ODPS Representative to the PSAP Operations 9-1-1 Subcommittee
- Participated in ODPS Job Fair, Hilltop Bash, and Ohio State Fair
- Attended ODPS Wellness Conference
- Attended NEMSIS Conference
- NASEMSO conference, regional meetings, various council meetings (HMP, Data Managers, Education, Medical Directors)
- Ohio EMS Medical Director Conference
- Sent Ellen Owens off to retirement after 37.66 years
- Continued working to fill various positions
- 2024-2029 EMFTS Board Strategic Planning Focus Group workshop

# Rules Review/Update/OAC Filings

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Rules Review/Update/OAC Filings –
  Joe Stack, Rules Coordinator

# OAC Filings – 2023

**Medical Transportation (0 rules filed)**

- **No rules were filed for Medical Transportation in 2023**
- **No rules for Medical Transportation reached their five-year review deadline in 2023**
- **One chapter (4766-5, Air) is due for five-year review in November 2024**

**EMS (36 rules filed)**

- **40 EMS rules reached their 5-year review deadline during 2023**
- **5 EMS rules were filed with JCARR on April 27, 2023; 4 rules filed August 29, 2023; 27 rules filed September 26, 2023**
- **28 rules were amended, 7 filed with no changes, 1 new rule filed (5 rules were rescinded)**

**Fire (57 rules filed)**

- **59 Fire rules reached their 5-year review deadline during 2023**
- **57 Fire rules were filed with JCARR on October 26, 2023**
- **42 rules were amended, 12 filed with no changes, 3 new rules filed (5 rules were rescinded)**
- **This constitutes ALL Ohio Fire rules under DEMS authority**

# 2023 OAC Filings (Medical Transportation)

| OAC Chapter | Title | Number of Rules | Original File / Effective Dates |
|---|---|---|---|
| | | | |
| | TOTAL | 0 | |

# 2023 OAC Filings (EMS)

| Rule Category | OAC Chapter | Chapter Name | Number of Rules | **Original File / Effective Dates** |
|---|---|---|---|---|
| | 4765-3 | Regional Physician Advisory Boards | 5 | 4/27/2023<br>8/1/2023 |
| EMS | 4765-7 | Accreditation of Training Programs | 13 | 9/26/2023<br>1/1/2024 |
| | 4765-12 | First Responder Certification | 4 | 9/26/2023<br>1/1/2024 |
| | 4765-15 | EMT - Basics | 3 | 9/26/2023<br>1/1/2024 |
| | 4765-16 | EMT - Intermediates | 4 | 9/26/2023<br>1/1/2024 |
| | 4765-17 | EMT - Paramedics | 3 | 9/26/2023<br>1/1/2024 |
| | 4765-19 | Emergency Medical Services Continuing Education | 4 | 8/29/2023<br>1/1/2024 |
| | | | | |
| | | TOTAL | 36 | |

# 2023 OAC Filings (Fire)

| Rule Category | OAC Chapter | Chapter Name | Number of Rules | **Original File / Effective Dates** |
|---|---|---|---|---|
| FIRE | 4765-20 | Fire Service Training Programs | 16 | 09/26/2023<br>TBD |
| | 4765-21 | Fire Instructor Training Programs | 11 | 09/26/2023<br>TBD |
| | 4765-22 | Professional Standards | 2 | 09/26/2023<br>TBD |
| | 4765-23 | Disciplinary Actions | 3 | 09/26/2023<br>TBD |
| | 4765-24 | Chartering of Firefighter, Fire Safety Inspector and Instructor Training Programs | 23 | 09/26/2023<br>TBD |
| | 4765-25 | Definitions | 2 | 09/26/2023<br>TBD |
| | | TOTAL | 57 | |

# Rules scheduled for 5-Year Review in 2024

| Rule Category | OAC Chapter | Chapter Name | Number of Rules | JCARR Filing Deadline |
|---|---|---|---|---|
| Medical Transportation | 4766-5 | Medical Transportation (Air) | 15 | 11/01/2024 |
| | | TOTAL | 15 | |

# Rules scheduled for 5-Year Review in 2024

| Rule Category | OAC Chapter | Chapter Name | Number of Rules | JCARR Filing Deadline |
|---|---|---|---|---|
| EMS | 4765-1 | Definitions | 4 | 6/28/2024 |
| | 4765-2 | Public Notices and Meetings | 5 | 6/28/2024 |
| | 4765-6 | EMT Curriculums | 7 | 6/28/2024 |
| | 4765-18 | EMS Training and Continuing Education Programs | 15 | 6/28/2024 |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | TOTAL | 31 | |

# Rules scheduled for 5-Year Review in 2024

| Rule Category | OAC Chapter | Chapter Name | Number of Rules | JCARR Filing Deadline |
|---|---|---|---|---|
| | | | | |
| | | TOTAL | 0 | |

Paragraph (F) of ORC 121.95, effective 10/17/2019, requires an agency to simultaneously remove two or more existing regulatory restrictions for each regulatory restriction added. Regulatory restrictions are defined as:

- shall,
- must,
- require,
- shall not,
- may not, and
- prohibit.

The first rules filed by EMS that required application of the regulatory restrictions requirement were the two rules in OAC Chapter 4765-9 (Ethical Standards of Conduct) filed in January 2021. All rules filed in the foreseeable future will be required to comply with ORC 121.95 (F).

Additional reductions in regulatory restrictions will be required from June 8, 2022 through June 30, 2025 as set forth in SB 9.

RESCINDED

# Information Resources

Register of Ohio

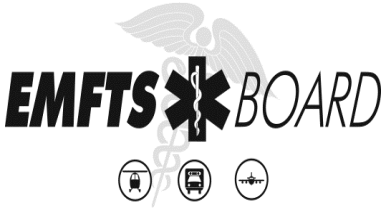
http://www.registerofohio.state.oh.us/

EMS Laws & Rules

http://ems.ohio.gov

# EMS Star of Life Awards

Department of Public Safety



# EMFTS Board Retreat – April 16-18, 2024

- EMS Star of Life Awards – Valerie Koker, Administrative Assistant

# *EMS Star of Life*

***EMS Agency of the Year***

- City of Monroe Fire Department

***EMS Provider of the Year***

- Jarrod Tupps

***EMS Medical Director of the Year***

- Jay Carter, M.D.

***Frank Giampetro Distinguished EMS Educator of the Year***

- Patty Willson

***Jack B. Liberator Lifetime Achievement***

- David P. Keseg, MD

# *EMS Stars*

- Akron Fire Department
- City of Eaton Fire and EMS
- Columbus Division of Fire
- Jackson Township Fire Department
- Marysville Division of Fire
- Medina Life Support Team
- Physicians Ambulance
- TEMS Joint Ambulance District
- Troy Fire Department

# Ohio Professionals Health Program (OPHP)

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Ohio Professionals Health Program (OPHP) – Kelley M. Long, MBA, Executive Director

OhioPHP

# Services and Safe Haven Program Overview

Presenters: Kelley Long, MBA & Jennifer Hayhurst

April 16, 2024

# Who am I?

Kelley M. Long, MBA
Executive Director

- Joined OhioPHP in 2006
- Served as Executive Director since 2011
- Treasurer of the Federation of State Physician Health Programs Board of Directors

# Who am I?

Jennifer Hayhurst
Policy Director

- Joined OhioPHP in 2022
- Career focused on health policy and rule development for over 20 years.
- At ease with Ohio healthcare-related regulatory boards and Ohio’s rule-making process.

# What is OhioPHP?

The Ohio Professionals Health Program (OhioPHP) is a nonprofit organization that started as a group of physicians wanting to support their peers struggling with mental health or substance use disorders.

Today, OhioPHP assists hundreds of healthcare workers across the state with a wide range of concerns including stress, burnout, mental health, or substance use disorders and much more!

# History

- Originally created by the national call-to-action by the American Medical Association and the Federation of State Medical Boards in the 1970's
- Began as Physician Effectiveness Committee of the Ohio State Medical Association in the mid-1970's
- Created to support the overall health of physicians and other healthcare professionals with burnout, mental health, and substance use disorders
- Became a nonprofit organization in 1995
- Governed by a Board of Directors
- Staffed by individuals specializing in addiction medicine, addiction psychiatry, master's level chemical dependency and clinical counselors
- Serves the entire state of Ohio

# COVID-19 Pandemic – Lessons Learned

- The COVID-19 pandemic exacerbated existing challenges
- OhioPHP, in collaboration with 13 of Ohio's Professional Licensing Boards, deployed a survey in July 2021.
- **13,532** professionals responded to the survey.
- Survey respondents overwhelmingly indicated they had an exacerbation of **23%** of respondents indicated an increase or significant increase in their substance use during the pandemic.
- **88%** increase in thoughts of suicide among healthcare professionals
- **702%** increase in healthcare professionals feeling dow, depressed, or hopeless nearly *everyday*

# OhioPHP's Response

- Expand OhioPHP services to meet the needs of the healthcare community
- Eliminated participant program fees and began expanding our services to all of Ohio's healthcare regulatory boards.
- Assist regulatory boards to create safe haven programs, a modernized way to support healthcare professionals who are struggling with substance use disorders or a mental health condition.

# Programs

Confidential Well-being Programs

Education Programs

# Confidential Well-being Programs

- Community Resource Referrals
- Well-being Screenings
- Confidential Monitoring Services

# Well-being Screenings

## WELL-BEING SCREENINGS

### *What is a well-being screening?*

OhioPHP offers comprehensive well-being screenings for healthcare professionals in Ohio. We utilize a multi-disciplinary team approach to provide recommendations and referrals related to burnout, mental health or substance use disorders, and others.

### *Who is a good candidate for participating in an OhioPHP well-being screening?*

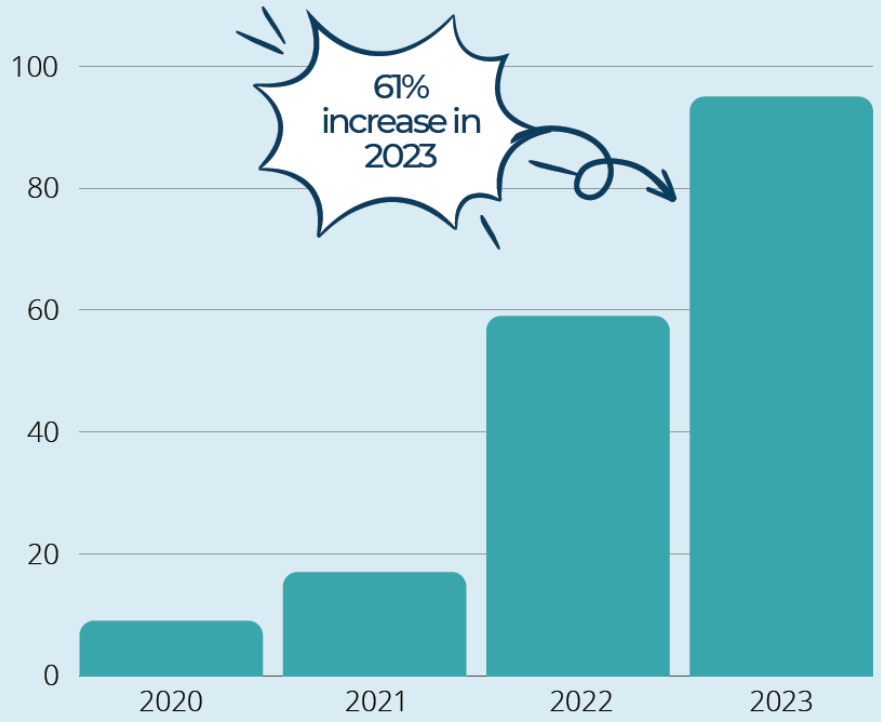
OhioPHP's well-being screenings are designed for individuals experiencing:

- Burnout
- Anxiety/Depression
- Substance Use Disorder
- Other issues impacting mental health and well-being

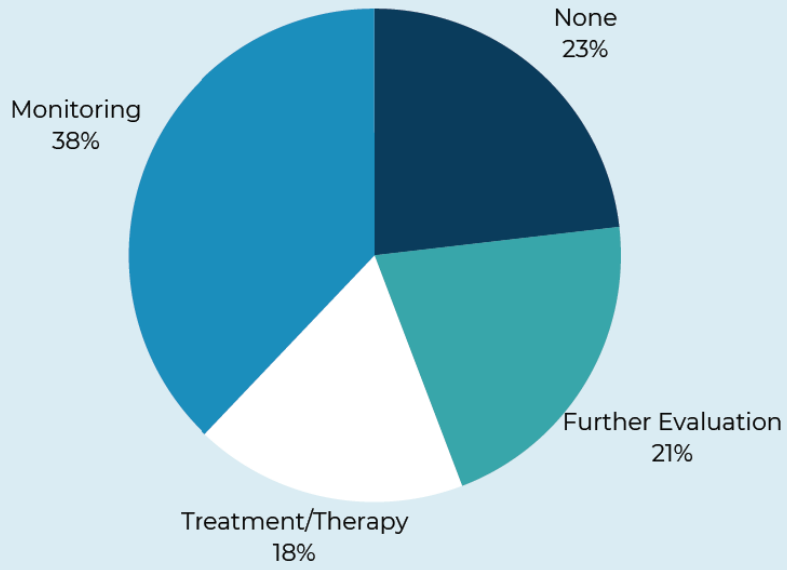
Our screenings are available to all licensed healthcare professionals in Ohio.

# Well-being Screenings

## Well-being Screenings Completed
2020 - 2023




## Screening Recommendations



# What are Confidential Programs?

## Also known as Safe Haven Programs

- A clearly defined confidential path for individuals to seek help for burnout, mental health disorders, or substance use disorders
- A safe space for early intervention before patient safety becomes a concern
- Access to quality clinical screening/evaluation, treatment, long-term monitoring and support
- A therapeutic alternative to disciplinary action for illnesses such as mental health disorders or substance use disorders
- Safe Haven Programs and Confidential Monitoring Program

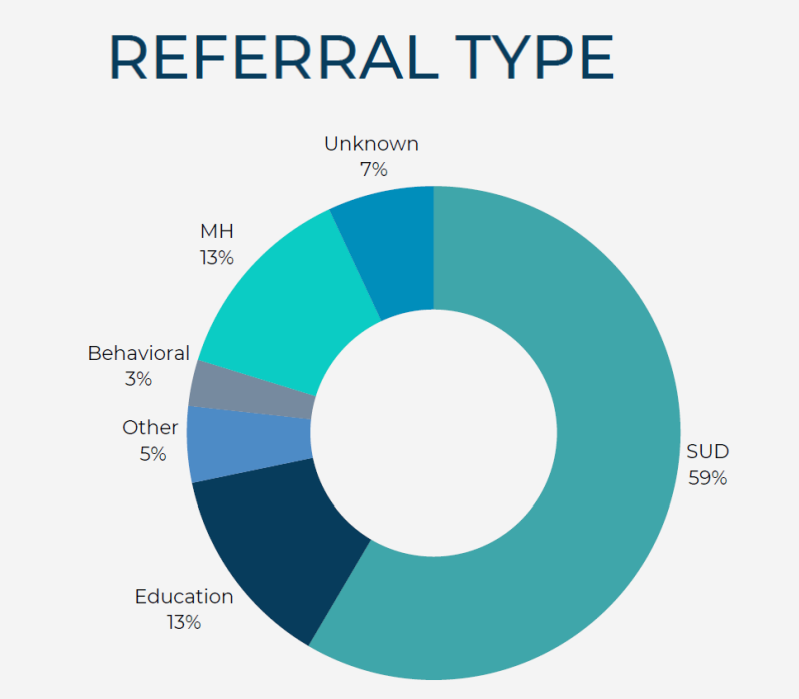
# What are Confidential Programs?

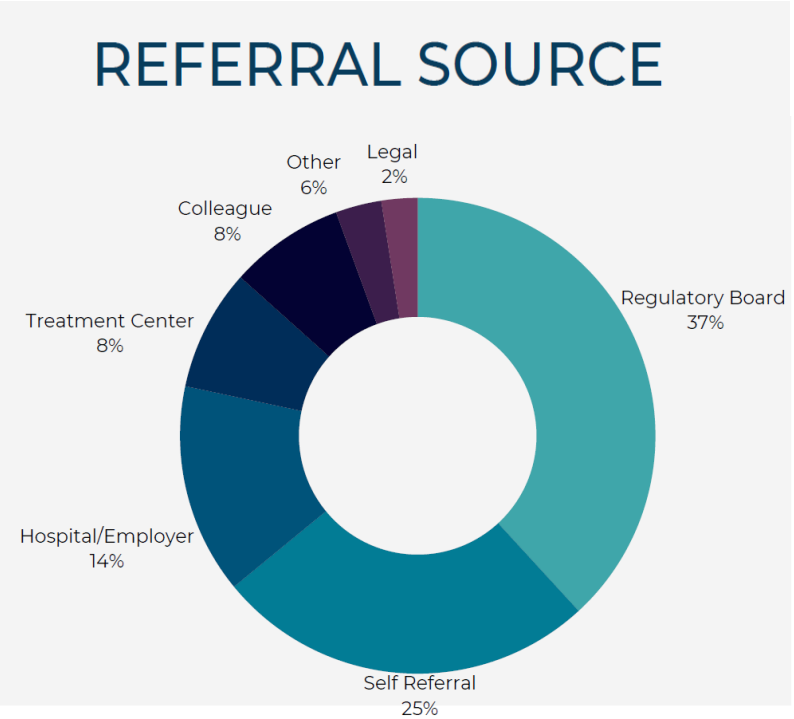
## Also known as Safe Haven Programs

- A clearly defined confidential path for individuals to seek help for burnout, mental health disorders, or substance use disorders
- A safe space for early intervention before patient safety becomes a concern
- Access to quality clinical screening/evaluation, treatment, long-term monitoring and support
- A therapeutic alternative to disciplinary action for illnesses such as mental health disorders or substance use disorders
- Safe Haven Programs and Confidential Monitoring Program

# What are Confidential Programs?

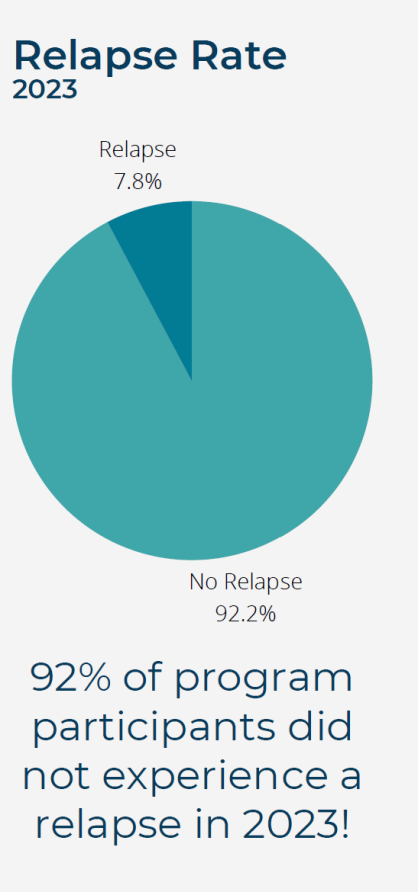
## Also known as Safe Haven Programs

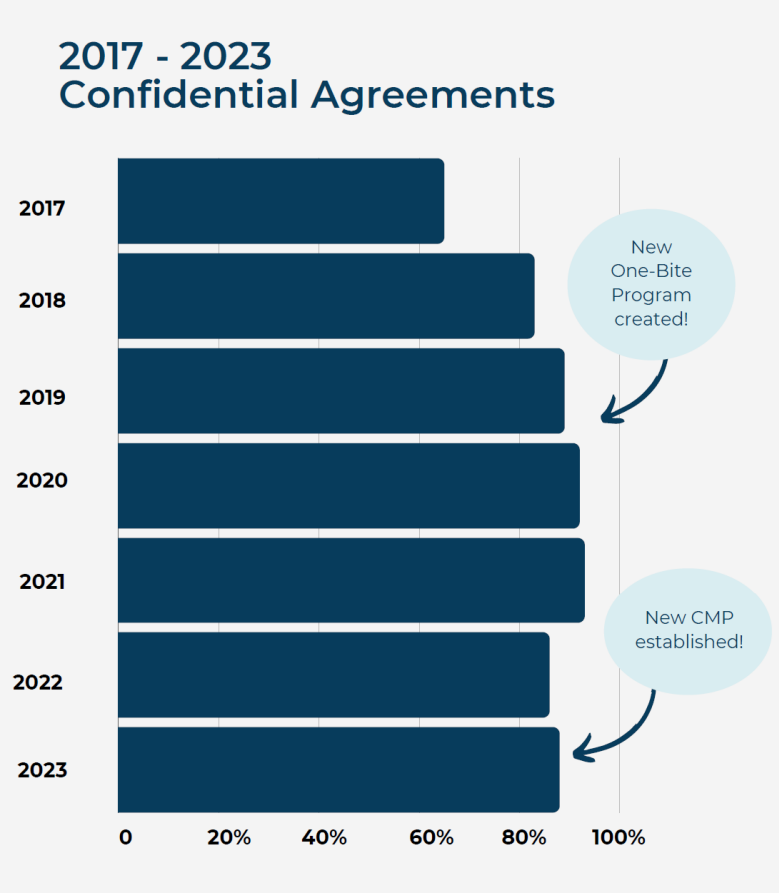


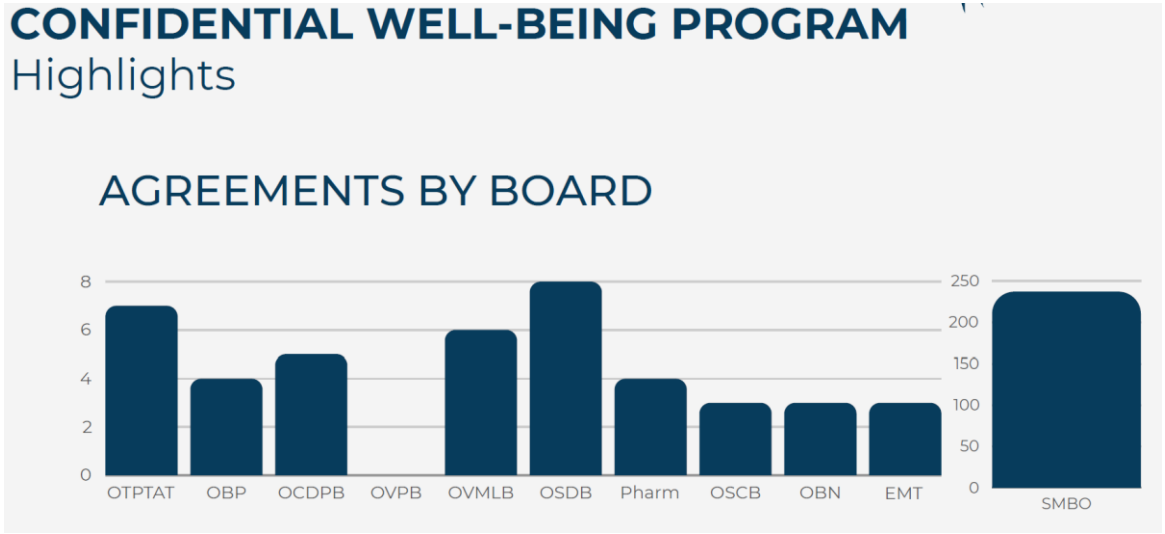



# What are Confidential Programs?

## Also known as Safe Haven Programs




OhioPHP OhioPHP Ohio PHP @OhioPHP

# Who We Serve

## Established Safe Haven Programs

1. Ohio Board of Psychology
2. Ohio Chemical Dependency Professionals Board
3. Ohio Occupational Therapy, Physical Therapy, and Athletic Trainers Board
4. Ohio Veterinary Medical Licensing Board
5. Ohio Vision Professionals Board
6. State Medical Board of Ohio (CMP)

## Programs in Development

1. Ohio Board of Nursing
2. Ohio State Chiropractic Board
3. Ohio State Dental Board
4. Ohio Speech and Hearing Professionals Board

# Who can use OhioPHP's services?

Licensees, certificate holders, and applicants who may experience any of the following:

- Burnout/Stress
- Substance Use Disorders
- Anxiety
- Depression
- PTSD
- Distressed/Disruptive Behaviors
- Others

# Safe Haven Program Benefits

- Removes stigma of mental health disorders and substance use disorders, eliminates fear of losing license
- Licensees feel safe and comfortable asking for and receiving help before an illness becomes a possible patient safety concern
- Early intervention minimizes complaints and potential need for disciplinary action

# What the Board can Expect

OhioPHP will provide:

- Comprehensive well-being screenings
  - Utilizing a multidisciplinary team approach to determine preliminary results on burnout, mental health disorders, and substance use disorders

- Long-term monitoring and support at no cost to practitioners
  - Mental health disorder and substance use disorder monitoring provided by medical professionals, including physicians, clinical counselors and social workers

- A streamlined, easy process for the Board to make referrals as necessary

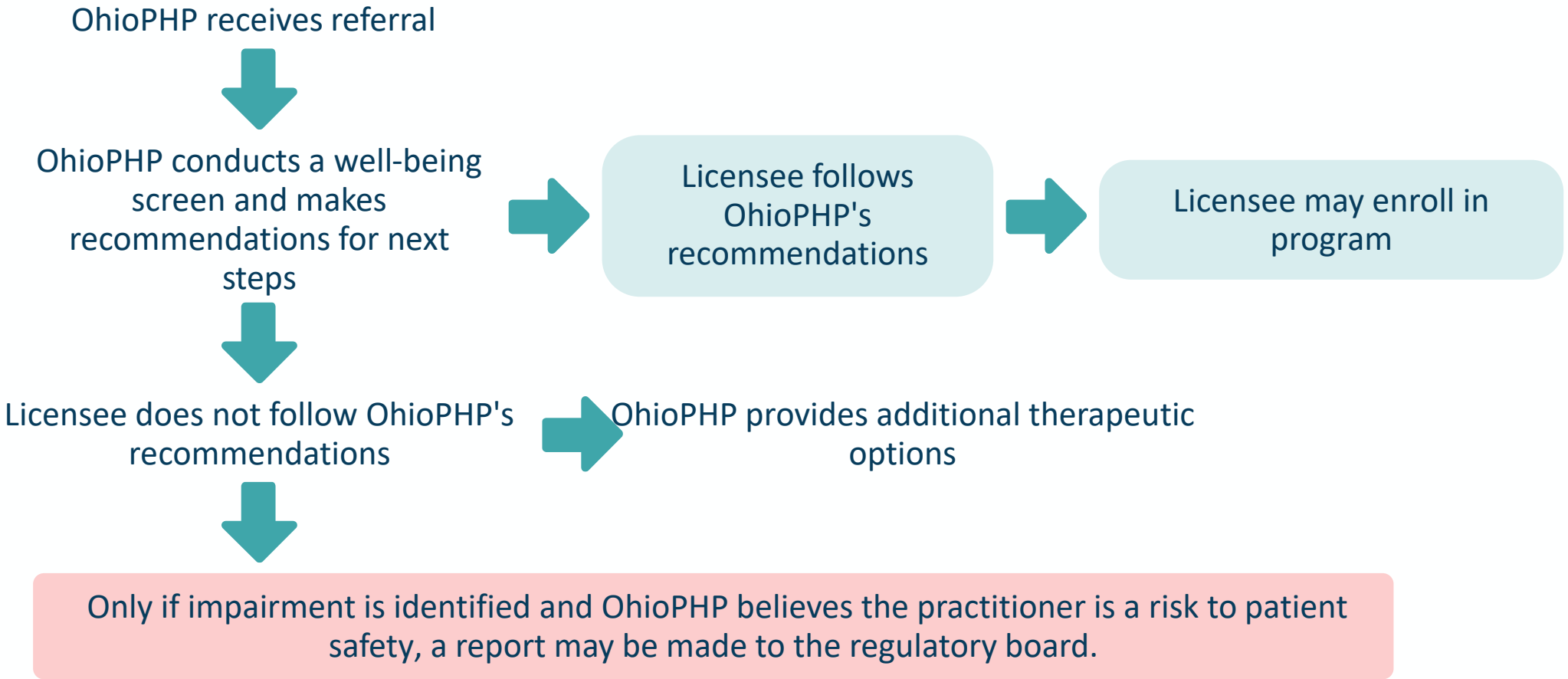
- Confidential, safe space for your licensees to receive help – which will enhance patient safety

# Existing OhioPHP/EMS Board Relationship

- OhioPHP provides comprehensive Fit-for-Duty evaluations upon request
- Monitoring with toxicology testing as deemed appropriate or ordered by the Board

# OhioPHP Process

## How safe haven programs operate



# Additional OhioPHP Services

# Suicide Prevention Screening

Well-being Checkup And Referral Engagement Service

wellbeingcare.org

This screening program allows any healthcare professional in Ohio to:

- Take a brief survey to screen for mental health conditions anonymously
- Receive a personalized response from a professional counselor
- Exchange deidentified messages with the professional counselor
- Ask questions and learn about available services
- Get feedback and encouragement
- Request a referral for appropriate therapeutic support

Provided in partnership with the American Foundation for Suicide Prevention and the Ohio State Medical Association

OhioPHP OhioPHP Ohio PHP @OhioPHP

# Next Steps

- Confirm need to formalize safe haven program
- Rule draft review, post for comments, filing
- Develop safe haven program details:
  - Referral process
  - Screening/evaluation/treatment
  - Monitoring duration
  - Compliance & reporting
- Build communication plan

# Thank you!


OhioPHP.org

info@OhioPHP.org

614-841-9690

130 E. Chestnut Street, Suite 200
Columbus, Ohio 43215

# National Governor's Association Learning Collaborative

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- National Governor's Learning Collaborative – Carol A. Cunningham, MD, FAAEM, FAEMS, Medical Director

# National Governors Association Learning Collaborative

CAROL A. CUNNINGHAM, MD FAAEM, FAEMS

STATE MEDICAL DIRECTOR

OHIO DEPARTMENT OF PUBLIC SAFETY, DIVISION OF EMS

# Learning Collaborative on Expanding the Role of EMS to Prevent Overdose

- Purpose: To support up to four states in implementing and/or strengthening strategies aimed at supporting the growth and development of utilizing emergency medical services (EMS) as a mechanism to address overdose
- Sponsored by the Center for Disease Control and Prevention (CDC)
- National Governors Association Center for Best Practices – technical assistance partner
- Competitive application process with a required letter of support from the Governor

# Learning Collaborative on Expanding the Role of EMS to Prevent Overdose

- November 19, 2023: Notification from the NGA that Ohio was selected
- Ohio is one of five states selected to participate
  - Kentucky
  - South Carolina
  - Vermont
  - Wisconsin
- Governor DeWine designated the Ohio Department of Public Safety as the lead agency with Executive Director Rob Wagoner of the Division of EMS as the core team leader

# Learning Collaborative: Ohio Core Team

- Ohio Department of Public Safety, Division of EMS
- Ohio Department of Mental Health and Addiction Services
- Ohio Department of Health, State Office of Rural Health Community Paramedicine/MIH Program
- State of Ohio Board of Pharmacy
- Ohio EMS Chiefs' Association
- Ohio Fire Chiefs' Association
- EMFTS Board, Regional Physician Advisory Board (RPAB)
- EMFTS Board, Medical Oversight Committee

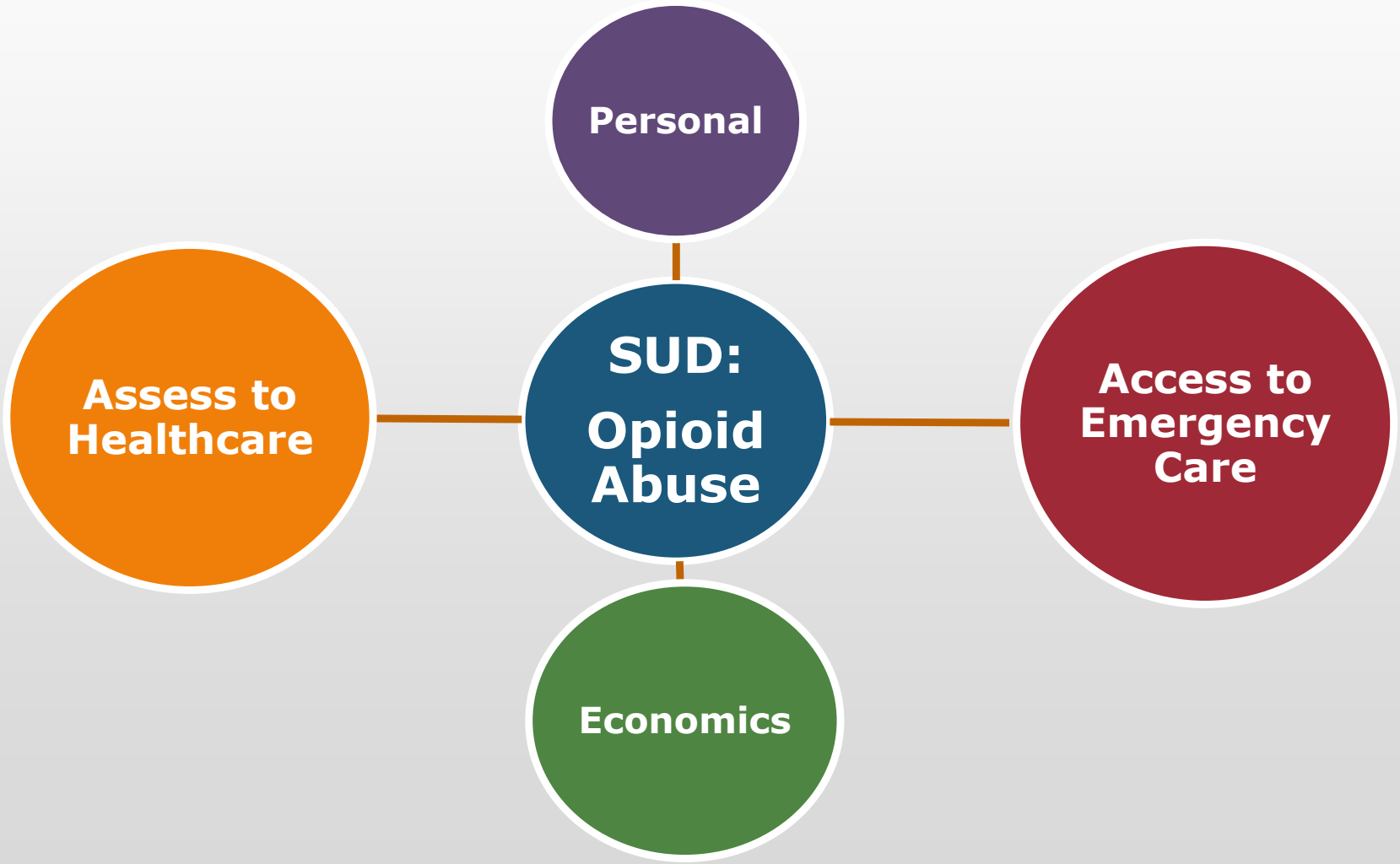
# Learning Collaborative on Expanding the Role of EMS to Prevent Overdose

- Project timeline: January 1, 2024 with final report by July 31, 2024
- Kick-off meeting: January 23-24, 2024
  - Development of action plan for Ohio
  - Networking with other selected states
- Monthly teleconferences with the NGA
  - Action plan updates
  - Collaborate on the creation of solutions to address identified gaps and impediments
- Optional on-site visit in spring 2024
- Wrap-up meeting: July 8, 2024

# The Landscape of the Opioid Overdose Crisis

- Fatal drug overdose is now the leading cause of injury death
- Almost 90% of poisoning deaths are caused by drugs
- Although the number of deaths from drug overdose is higher in metropolitan areas, **the rate of deaths from drug overdose (per capita) is highest in the rural areas**
- According to the CDC, Ohio has **7th highest death rate** (number of deaths per 100,00 population) of drug overdose mortality in the nation

# Key Elements for Effective Treatment



# Resuscitation versus Recovery

## NALOXONE

Resuscitation

Impending Death

## BRIDGE PROGRAMS

Resuscitation

Naloxone

Suboxone

Substance use disorder treatment and counseling

Mental health resources

Social services

Rehabilitation

Recovery

Full and productive reunion into the fabric of family and society

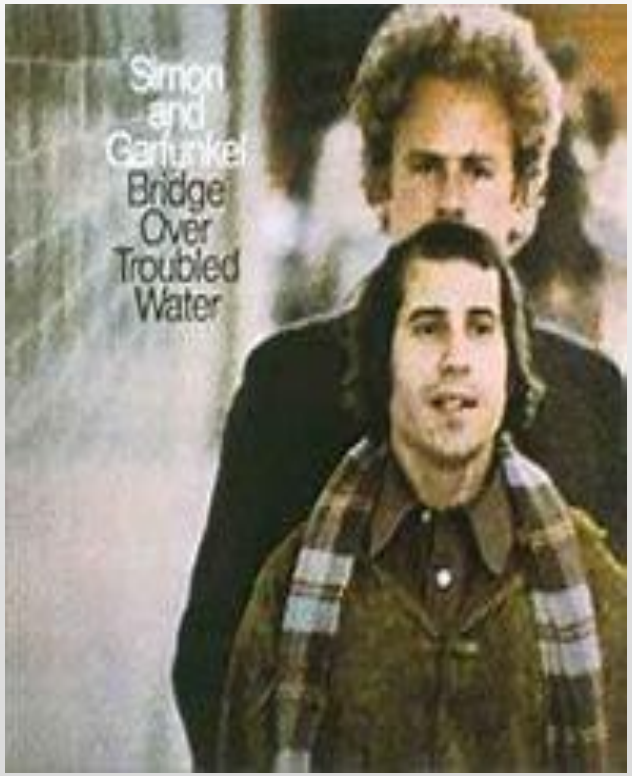
Hope reigns over despair

# Suboxone®

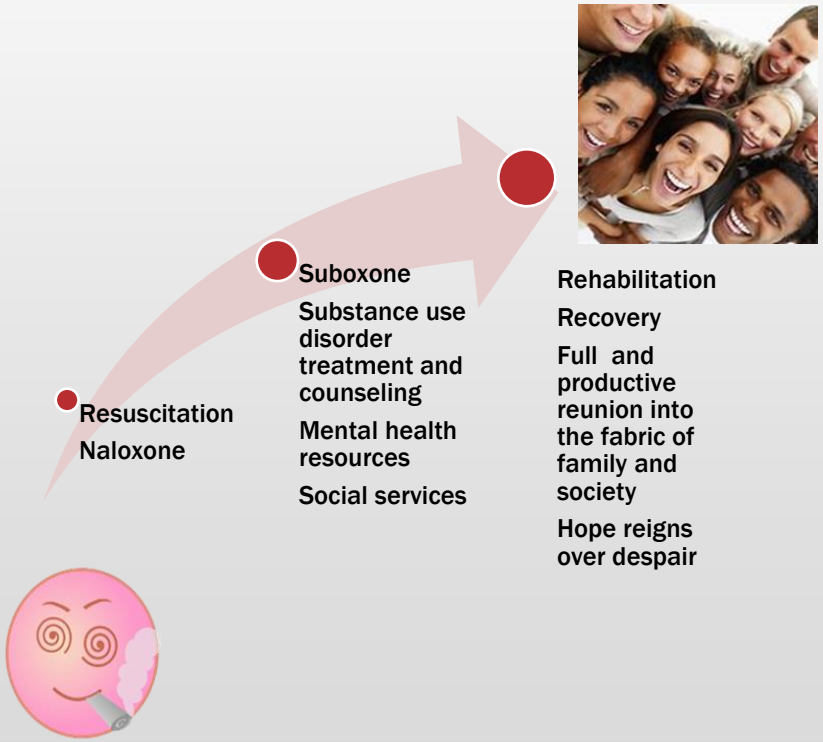
- Buprenorphine (Buprenex®): Schedule III narcotic analgesic
- Naloxone (Narcan®): Opioid antagonist
- Suboxone®: Fixed-dose combination of buprenorphine and naloxone in a 4:1 ratio
  - Treats symptoms of opioid withdrawal
  - Prevents respiratory depression associated with opioid use
  - Administered orally
  - Available in a tablet or a film
  - Adjustable dosing based upon the patient's signs and symptoms
  - Safe for long-term use
  - Safe in pregnancy

# Components of the Bridge

- Increased access to Suboxone®
- Partnerships with mobile integrated healthcare, mobile community mental health, and law enforcement first responder teams
- Improved linkage of out-of-hospital response teams to the network of psychiatrists who specialize in substance use disorder (SUD)
- Increased utilization of telehealth resources
- Recent legislative measures
  - DEA extension of waiver that permits prescribing a 30-day supply of Suboxone® via telehealth until December 31, 2024
  - Ohio hospitals must report the names of patients resuscitated with naloxone to the Ohio Department of Health effective April 8, 2024



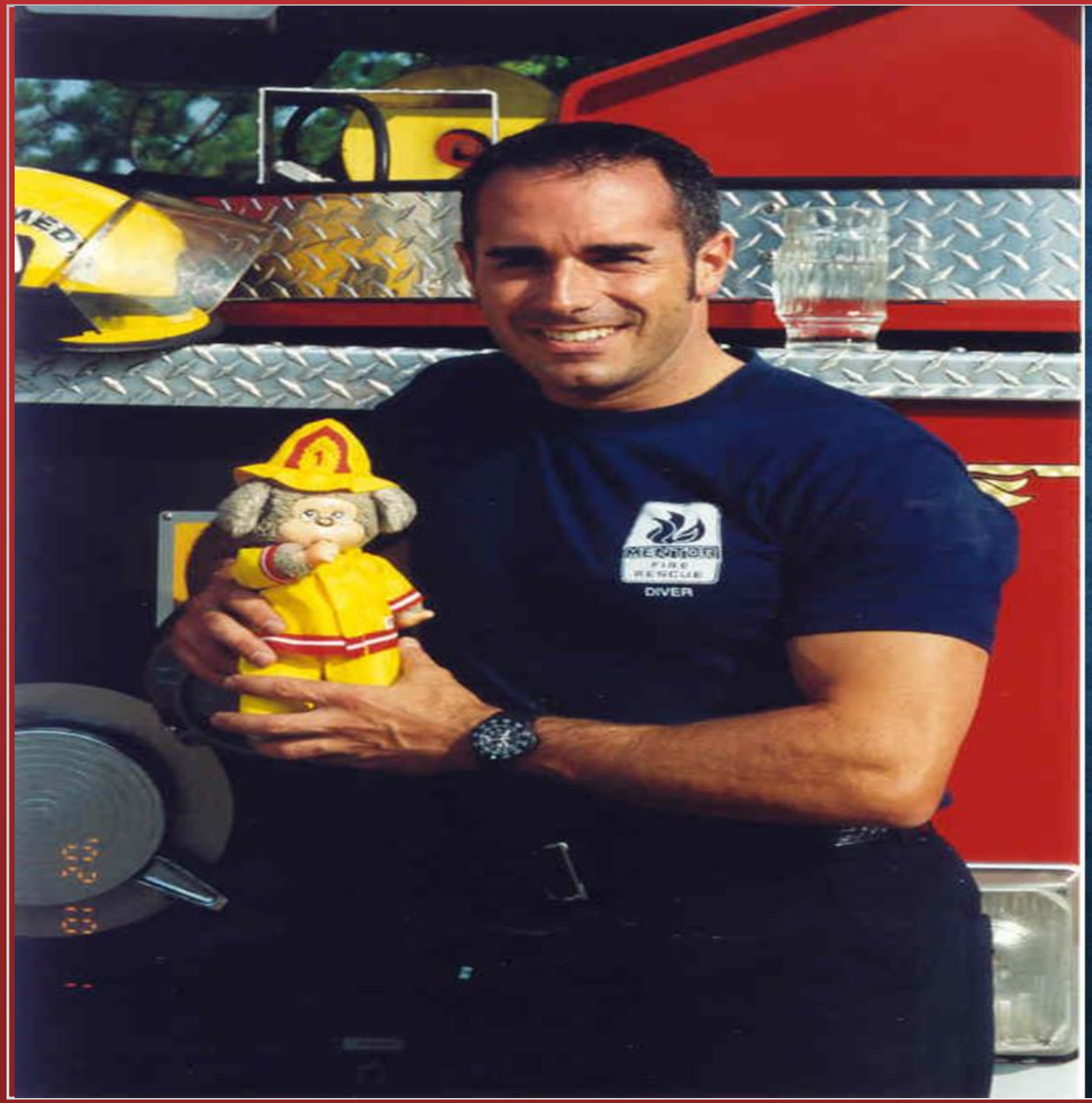
# Ohio EMS: Considerations to Support Bridge Programs




- Support the entry points into SUD bridge programs via 911 and mobile integrated healthcare response teams
- Expansion of the Ohio EMS scope of practice
  - Add buprenorphine administration for substance use disorder to the list of approved medications for advanced EMTs
  - Add oral Suboxone® administration as an added competency for EMTs
- Create and/promote networks of non-medical transportation resources for patients with SUD
- Identify funding sources to support EMS participation in SUD bridge programs
- Community engagement
  - Drug prevention programs
  - Elimination of stigma

# Learning Collaborative Goals

- Develop local and regional networks between EMS agencies, mobile integrated healthcare teams, mobile community mental health teams, and opioid recovery centers to create effective Suboxone® bridge programs
- Identify a variety of actionable bridge program models and best practices that align with the available public and private resources within rural, suburban, and metropolitan communities
- Facilitate the ability of the EMS workforce to empower communities to support opioid addiction treatment programs and substance use disorder prevention measures




# Serving Ohio 24/7/365

EMS

Ohio Emergency Medical Services

# State Board of Emergency Medical, Fire, and Transportation Services

Ohio Department of Public Safety
Division of Emergency Medical Services

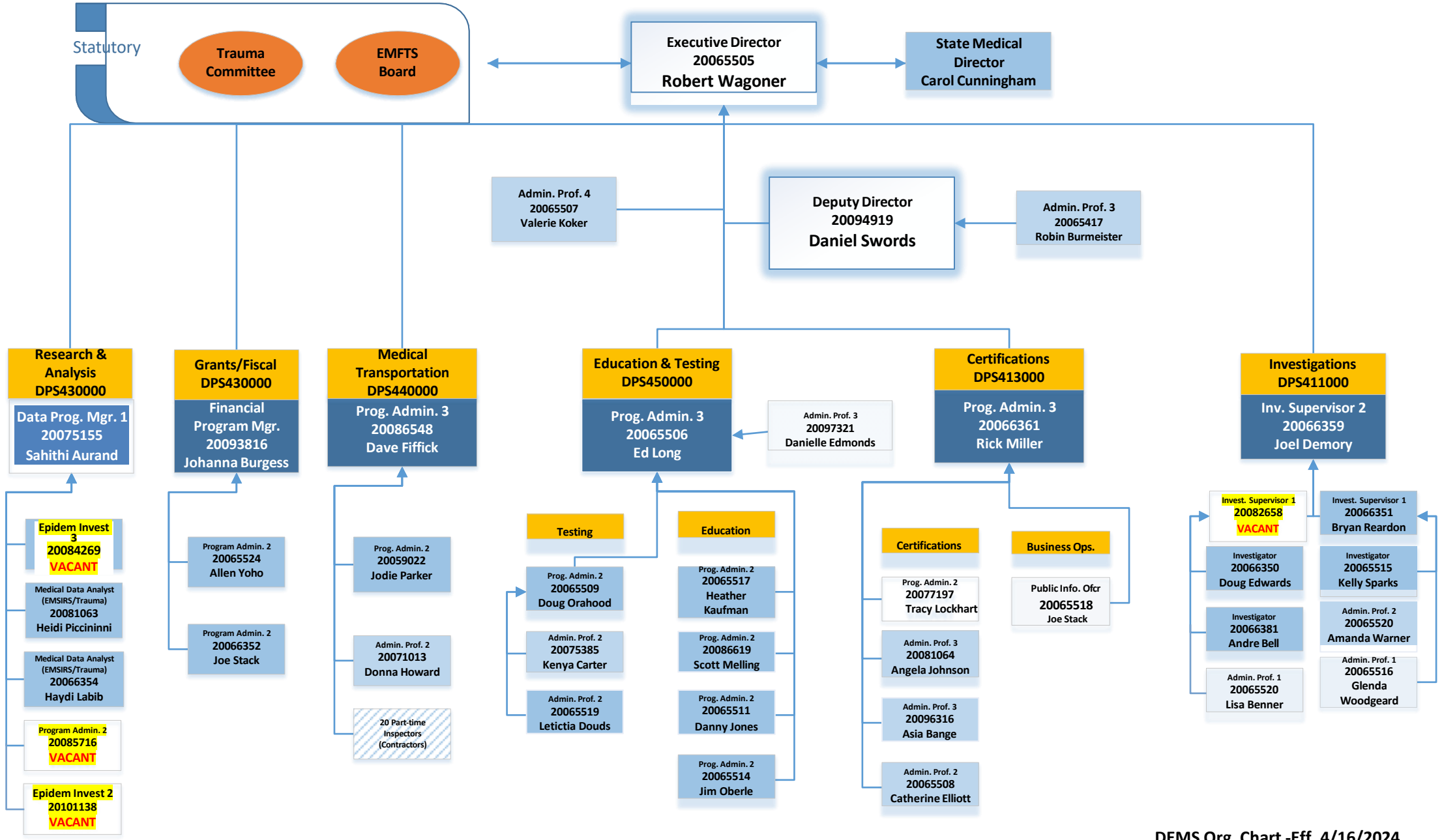
## 2023 Annual Report
## EMFTS Board Retreat – April 16-18, 2024

# 2023 Annual Report
# EMFTS Board Retreat – April 16-18, 2024

- Roll Call
- Welcome – Rob Wagoner, Executive Director
- Board Chair and Vice Chair Remarks
  - Mark Marchetta, Chair
  - Mark Resanovich, Vice Chair

# ODPS
# Division of EMS
# 2023 Annual Report

Department of
Public Safety




DEMS Org. Chart -Eff. 4/16/2024

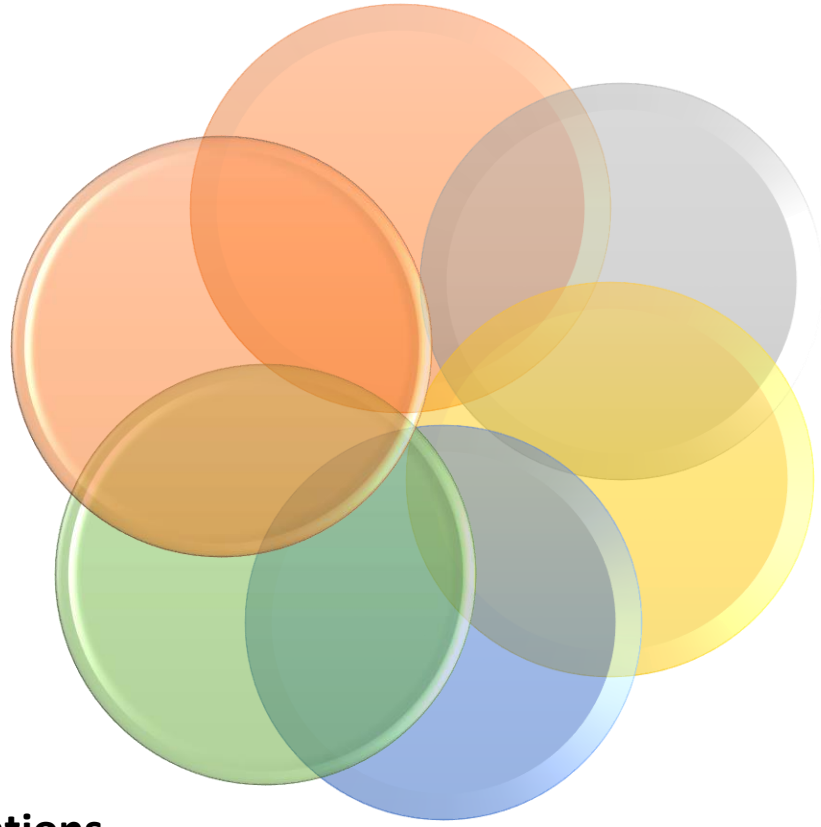
# ODPS DEMS Staffing Update

- **Investigations**
  - Investigations Supervisor 1 to begin on April 21, 2024
- **Trauma & Data Analysis**
  - Epidemiology Investigator 3
  - Human Services Program Consultant reposted
  - Program Administrator 2 reposted

# Division Work Distribution

## Education & Testing

- Education
  - Fire Charters
  - EMS Accredited Programs
  - CE Approved Sites
- Examination Administration
  - Fire Service Providers
  - Instructor Methodology



## Certifications

- Certifications
  - Fire
  - EMS
- RPAB Coordination
- Business Operations
  - OAC Coordination
  - Records Management

## Medical Transportation

- Licensing
  - Services
  - Ambulances
  - MoICU
  - Air Medical
  - Ambulettes

## Other

- SEOC Operations
- EMS Star of Life Awards
- Fire Service Hall of Fame Awards
- ODPS Training
- AEDs

## Trauma & Research

- Trauma Systems
- EMSIRS & Agency Systems
- Data Requests, Support

## Investigations

- Compliance
- Enforcement

## Grants

- EMS Grants (P1 – P5)
  - Supplemental Grants

# Certifications

Department of
Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Certifications – Rick Miller, Chief of Certifications

# EMS Certifications

**Provider levels:**

- **Emergency Medical Responder (EMR)**
- **Emergency Medical Technician (EMT)**
- **Advanced EMT (AEMT)**
- **Paramedic (PARA)**

**Instructor levels:**

- **Continuing Education Instructor (CE-I)**
- ~~**Assistant EMS Instructor (AEMS-I)**~~ **HB 509 & HB 52 effective 4/6/2023**
- **EMS Instructor (EMS-I)**
  - **Physician EMS Instructor (Phys EMS-I)**

# Fire Certifications

## Provider Levels:

- Volunteer Firefighter (VFF)
- Firefighter I (FFI)
- Firefighter II (FFII)
- Hazard Recognition Officer (HRO)(New 1/1/18)
- Fire Safety Inspector (FSI)

## Instructor Levels:

- ~~Assistant Fire Instructor (AFI)~~ HB 509 & HB 52 effective 4/6/2023
- Fire Instructor (FI)
  - Live Fire Instructor (LFI)(New 1/1/18)
- Fire Safety Inspector Instructor (FSII)

# HB 509 & HB 52

**Net Effects with Emergency Clause effective 4/6/2023:**

- Eliminated Assistant Fire Instructor
- Eliminated Assistant EMS Instructor
  - No new certificates on or after 4/6/2023
  - No renewal of existing certificates on or after 4/6/2023
- Restored Continuing Education Instructor
- Restored Continuing Education Sites
- Reduced # CE hours for FF to 36 hours/3 years
- Reduced # of CE hours for Paramedics to 75 hours/3 years

# Active Certifications
## (12/31/2023)

- **Total Certifications = 101,381**

- **Total Certificate Holders (Providers) = 52,478**
  - **EMS Certified Only = 13,990**
  - **Fire Certified Only = 10,945**
  - **Dual Certified = 27,543**

# Active Provider Certifications

(12/31/2023)

## Firefighters = 38,488

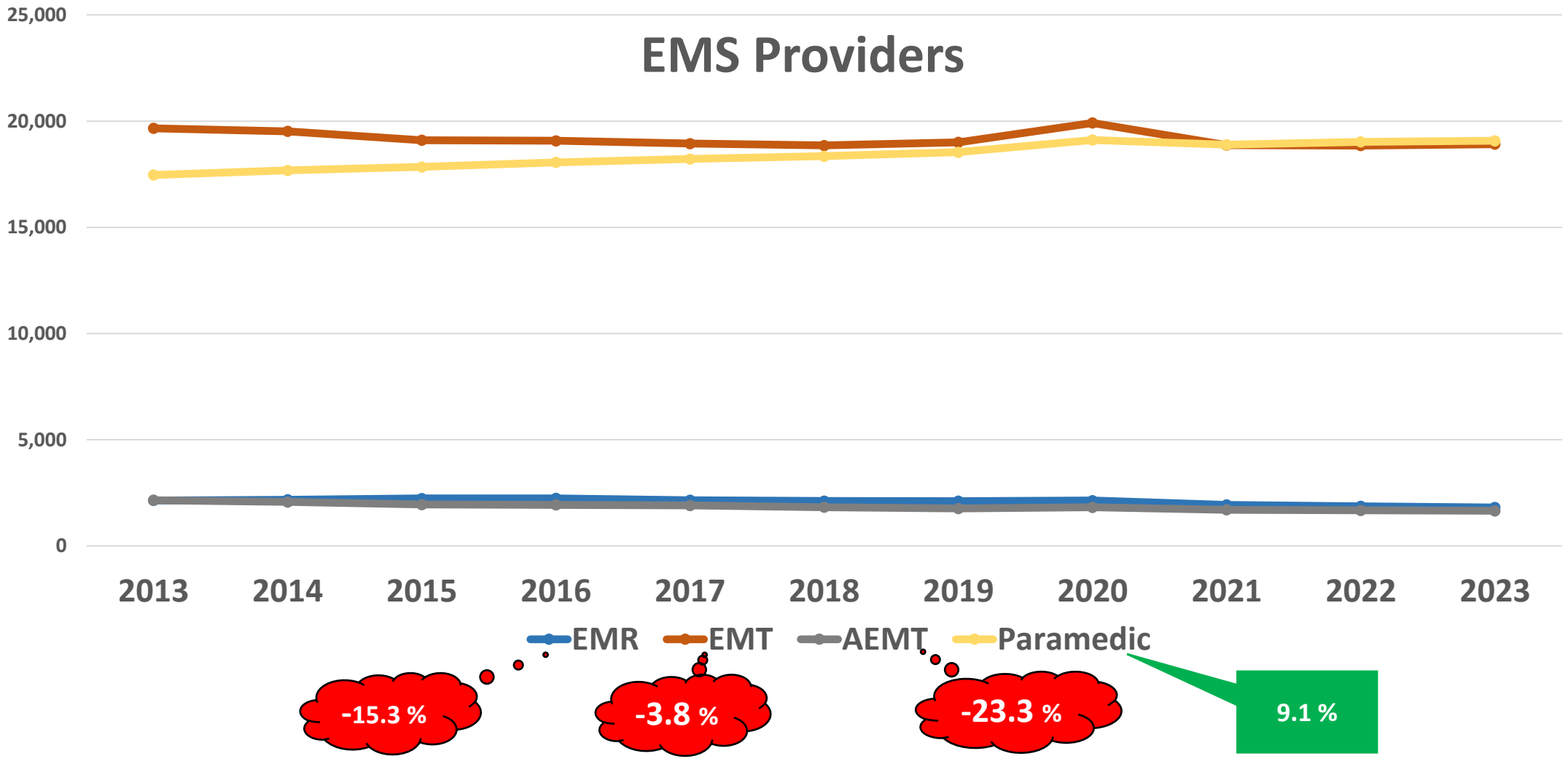
- VFF = 8,762
- FFI = 4,518
- FFII = 25,208

- Fire Safety Inspector = 9,907
- Hazard Recognition Officer = 239

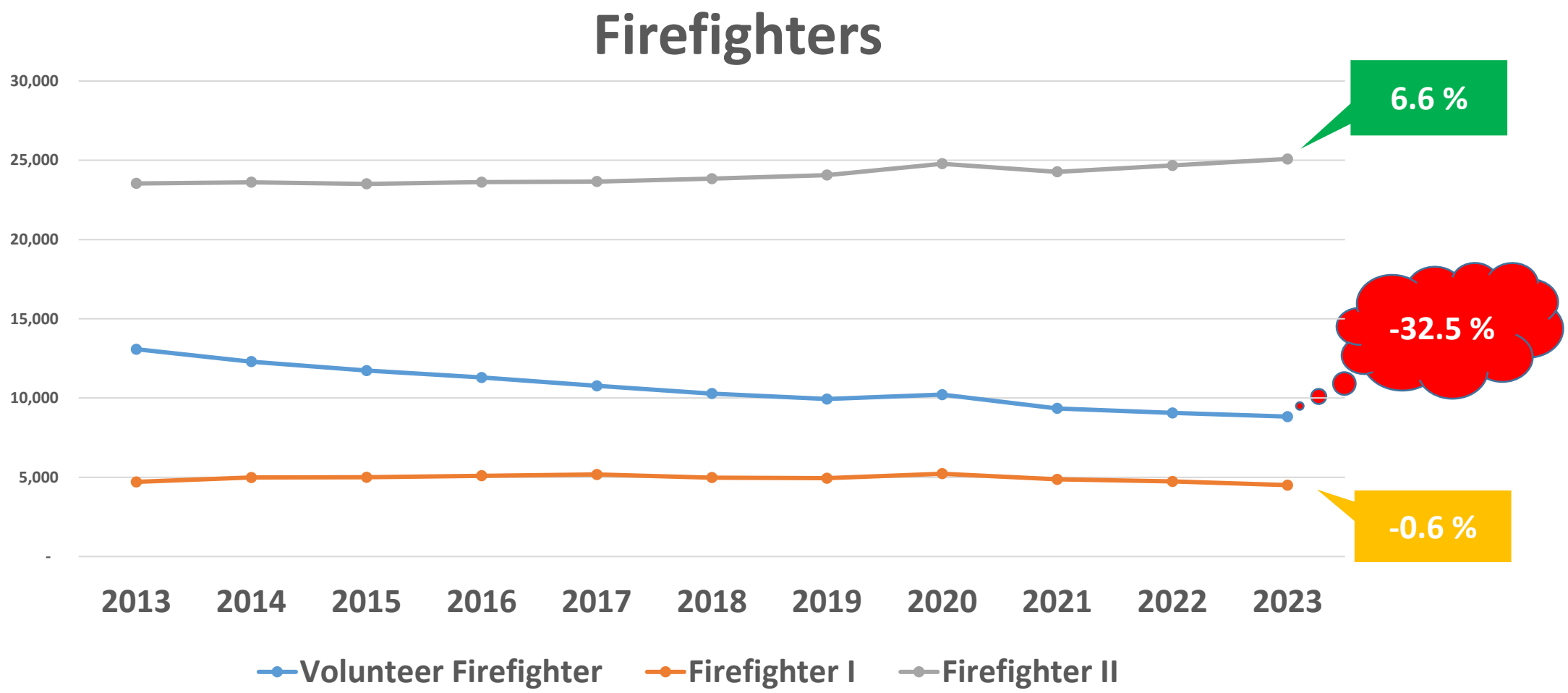
## EMS Providers = 41,533

- EMR = 1,793
- EMT = 18,947
- AEMT = 1,645
- PARA = 19,148

# Active Certifications
## (12/31/2023)



# Active Certifications
**(12/31/2023)**



# Initial Certifications – EMS Provider

| | 2023 | 2022 | 2021* | 2020* | 2019 |
|---|---|---|---|---|---|
| Emergency Medical Responder (EMR) | 129 | 121 | 167 | 83 | 192 |
| Emergency Medical Technician (EMT) | 2303 | 1997 | 2197 | 1568 | 1938 |
| Advanced EMT (AEMT) | 95 | 84 | 83 | 97 | 87 |
| Paramedic (PARA) | 757 | 782 | 712 | 622 | 706 |
| **TOTAL** | **3284** | **2984** | **3159** | **2370** | **2923** |

*Numbers impacted by pandemic related to COVID-19 and extensions provided by HB 197 and HB 404

# Initial Certifications – Firefighter

| | 2023 | 2022 | 2021* | 2020* | 2019 |
|---|---|---|---|---|---|
| | | | | | |
| Volunteer Firefighter | 606 | 584 | 599 | 586 | 656 |
| Firefighter I | 650 | 702 | 713 | 703 | 720 |
| Firefighter II | 1626 | 1481 | 1394 | 902 | 1251 |
| **TOTAL** | **2882** | **2767** | **2706** | **2191** | **2627** |

*Numbers impacted by pandemic related to COVID-19 and extensions provided by HB 197 and HB 404

# Active Instructor Certifications

## (12/31/2023)

## EMS & Fire Instructors

- **EMS = 5,903**
  - **EMS Instructor = 2,211**
  - **(Physician) EMS Instructor = 231**
  - **Asst EMS Instructor = 157**
  - **CE Instructor = 3,304**

- **FIRE = 8,457**
  - **Fire Instructor = 5,126**
  - **Asst Fire Instructor = 185**
  - **Live Fire Instructor = 3,010**
  - **Fire Safety Inspector Instructor = 136**

# Active Certifications – EMS Instructors

| | 2023 | 2022 | 2021* | 2020* | 2019 | 2018 |
|---|---|---|---|---|---|---|
| EMS-I | 2,211 | 2,150 | 2,104 | 2,086 | 2,018 | 1,969 |
| (Physician) EMS-I | 231 | 238 | 238 | 251 | 240 | 244 |
| Assistant EMS-I (eliminated 4/6/2023) | 157 | 171 | 173 | 168 | 163 | 165 |
| CE-I | 3,304 | 3,273 | 3,226 | 3,344 | 3,044 | 2,893 |
| **TOTAL** | **5,903** | **5,832** | **5,741** | **5,849** | **5,465** | **5,270** |
| *Numbers impacted by pandemic related to COVID-19 and extensions provided by HB 197 and HB 404 | | | | | | |

# Initial Certifications – EMS Instructors

| | 2023 | 2022 | 2021* | 2020* | 2019 |
|---|---|---|---|---|---|
| EMS-I | 132 | 119 | 157 | 87 | 121 |
| (Physician) EMS-I | 16 | 16 | 16 | 16 | 22 |
| Assistant EMS-I (eliminated 4/6/2023) | 8 | 18 | 32 | 10 | 29 |
| CE-I | 302 | 370 | 344 | 387 | 429 |
| **TOTAL** | **458** | **523** | **549** | **500** | **601** |

*Numbers impacted by pandemic related to COVID-19 and extensions provided by HB 197 and HB 404

# Active Certifications – Fire Instructor

| | 2023 | 2022 | 2021* | 2020* | 2019 | 2018 |
|---|---|---|---|---|---|---|
| Fire Instructor | 5,126 | 4,954 | 4,811 | 4,718 | 4,579 | 4,446 |
| Assistant Fire Instructor (eliminated 4/6/2023) | 185 | 206 | 224 | 253 | 260 | 289 |
| **TOTAL** | 5,311 | 5,160 | 5,035 | 4,971 | 4,839 | 4,735 |
| Fire Safety Inspector Instructor | 136 | 141 | 140 | 150 | 141 | 137 |
| Live Fire Instructor | 3,010 | 2,855 | 2,724 | 2,654 | 2,467 | 2,102 |
| | | | | | | |
| *Numbers impacted by pandemic related to COVID-19 and extensions provided by HB 197 and HB 404 | | | | | | |

# Initial Certifications – Fire Instructor

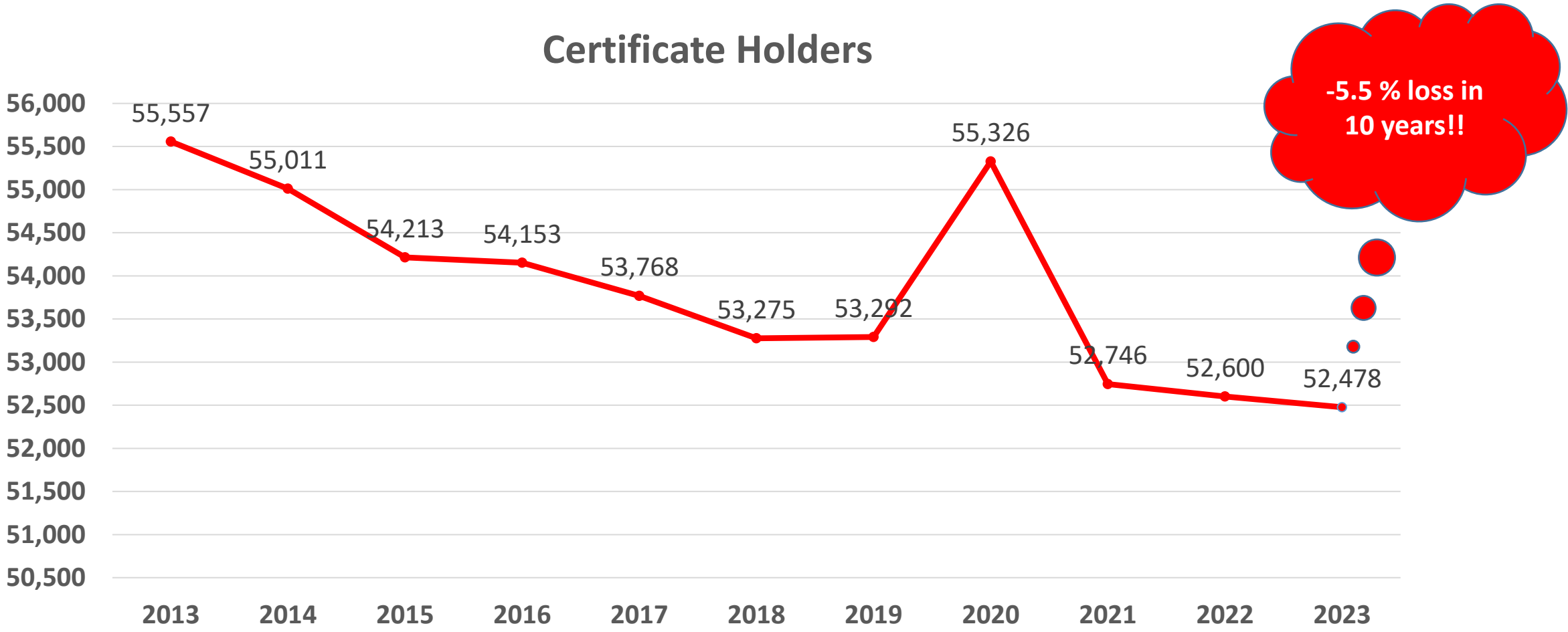
| | 2023 | 2022 | 2021* | 2020* | 2019 |
|---|---|---|---|---|---|
| Fire Instructor | 331 | 313 | 322 | 184 | 255 |
| Assistant Fire Instructor (eliminated 4/6/2023) | 3 | 0 | 7 | 0 | 3 |
| **TOTAL** | **334** | **313** | **329** | **184** | **258** |
| Fire Safety Inspector Instructor | 4 | 8 | 3 | 11 | 11 |
| Live Fire Instructor** | 265 | 212 | 224 | 205 | 409 |

*Numbers impacted by pandemic related to COVID-19 and extensions provided by HB 197 and HB 404

**2018, 2019 reflects initial "grandfathering"

# EMS & Fire Certificate Holders

**(12/31/2023)**



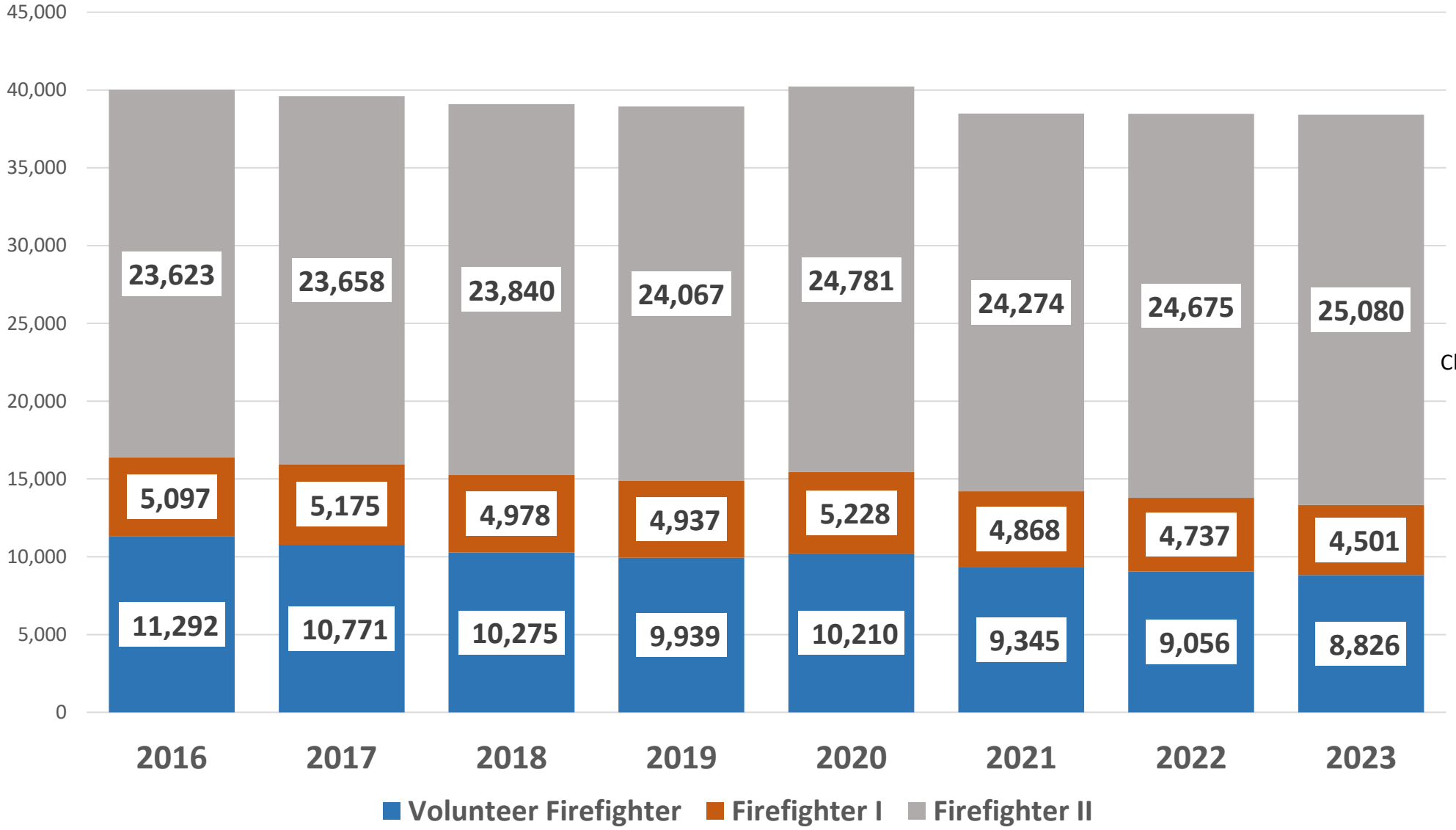
# CY2023 Fire & EMS Certificates Summary 2024 Retreat

*Includes statewide distributions by county and certificate holder county affiliations. Unless otherwise stated, the figures displayed in this section were created from end of calendar year certifications data.*

# Fire Certificate Holders

## Ohio Mapping – CY 2023

# Active Fire Certifications




Change 2016 - 2023 - **4.0 %**

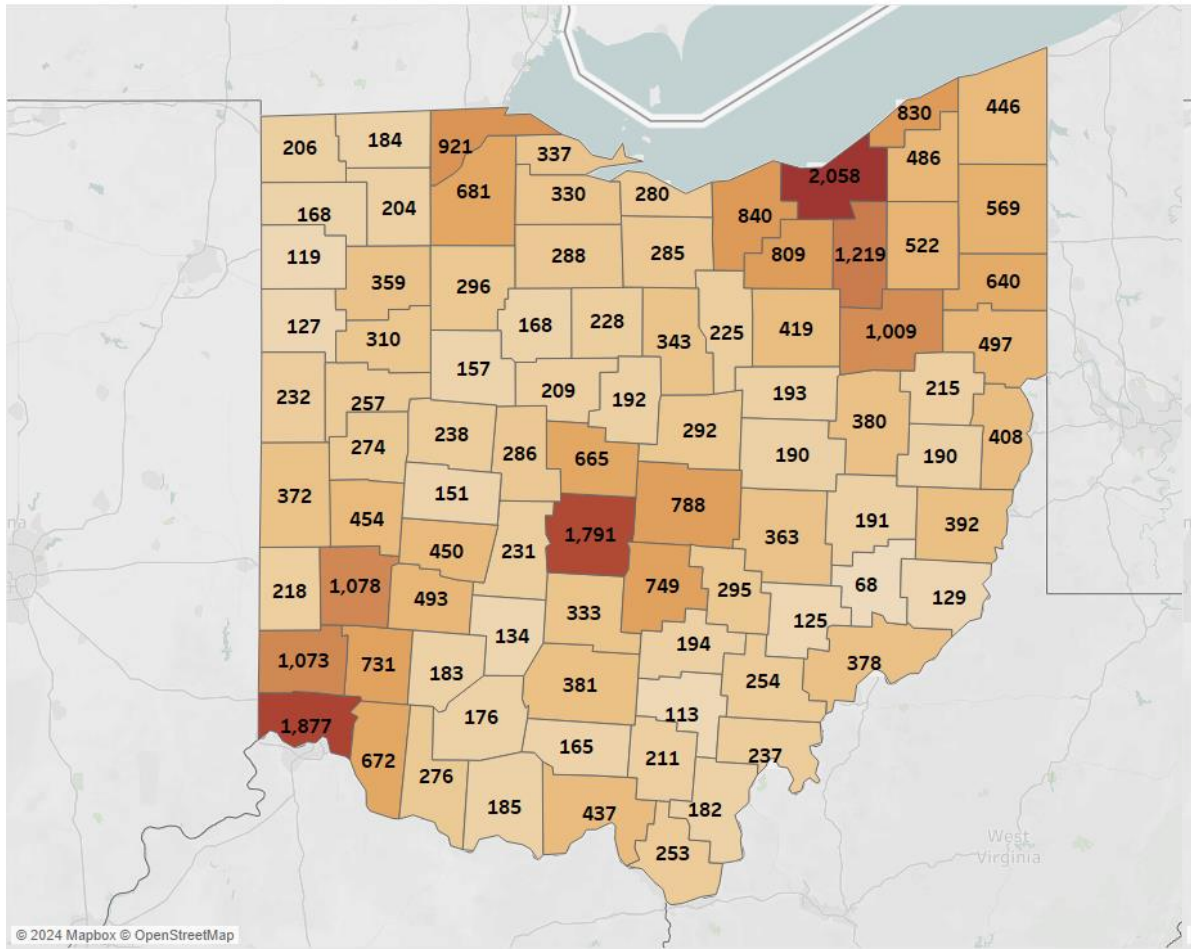
# Where Fire Fighters Live and Work

# Firefighters (All Types)

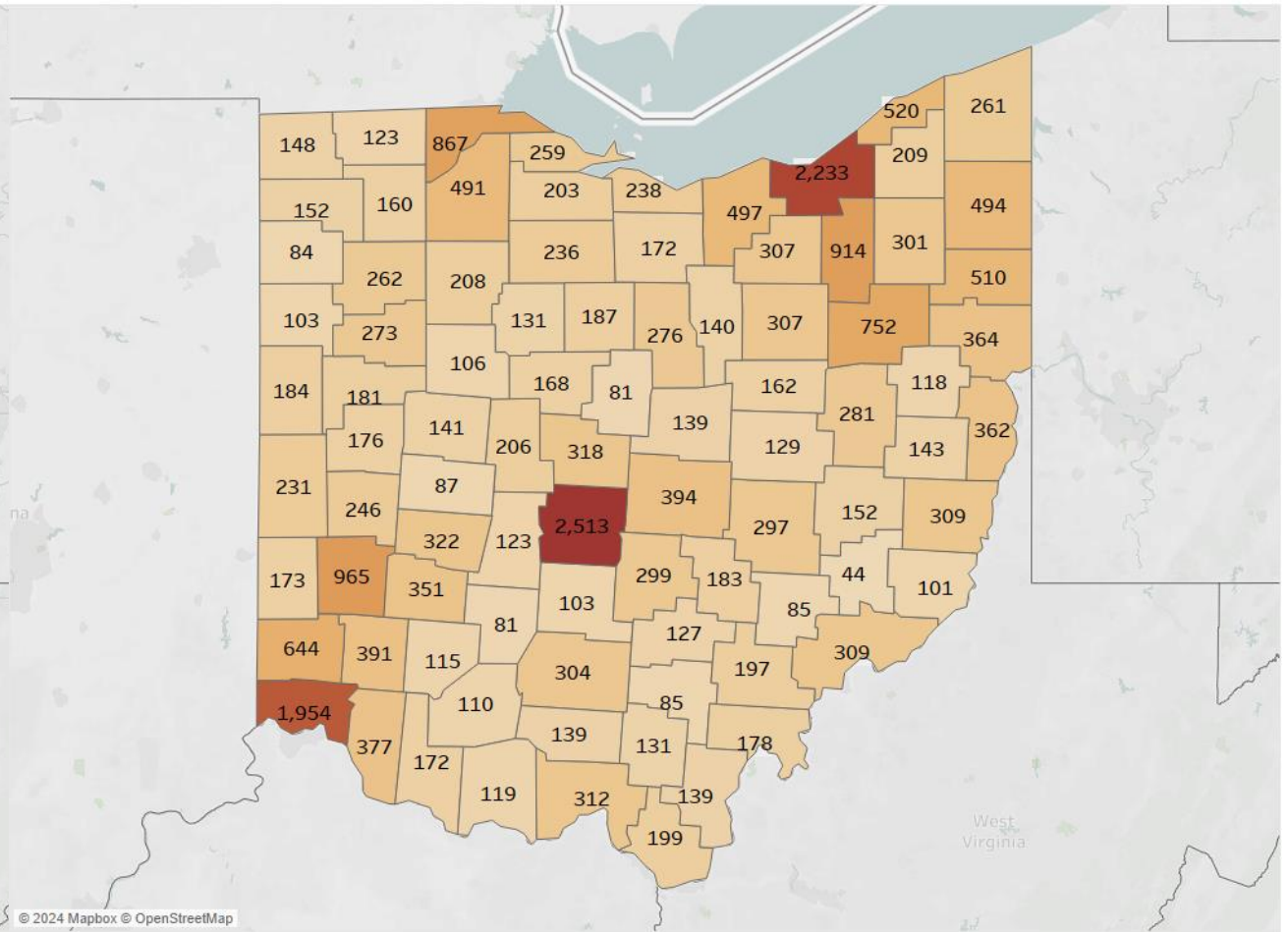
- 97.8% Live in Ohio
- 1.54% Live in an adjacent state
- 0.65% Live outside of Ohio and its adjacent states.

# Comparison of where providers live versus their primary work (affiliation) location.

Count of Firefighters (All Types) by County of Residence



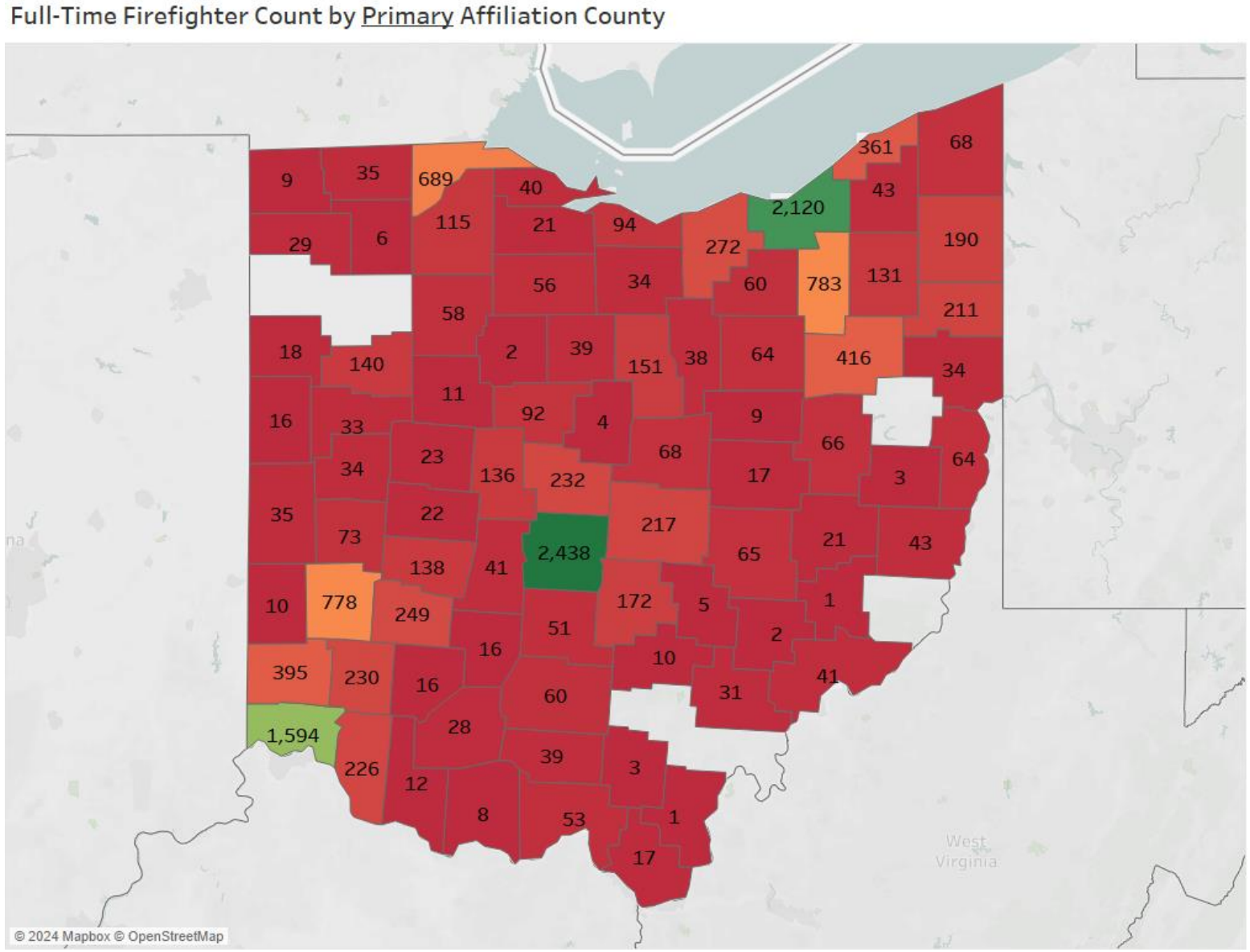

Total Firefighter Count by Primary Affiliation County




As with EMS most metropolitan areas pull from their surrounding counties as an employer.

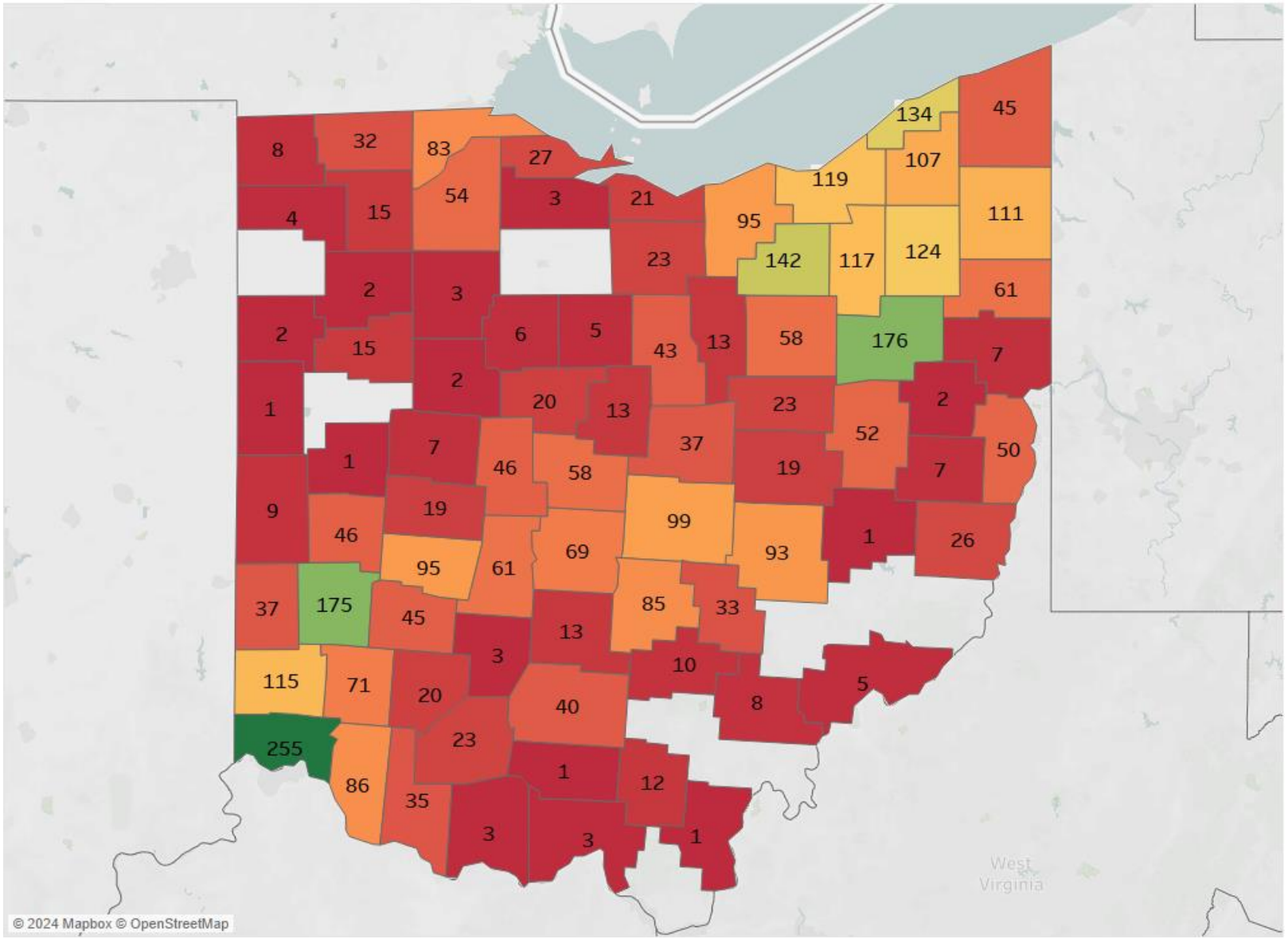
# Firefighters Based on Employment Status

(Full-time, Part-time, & Volunteer)



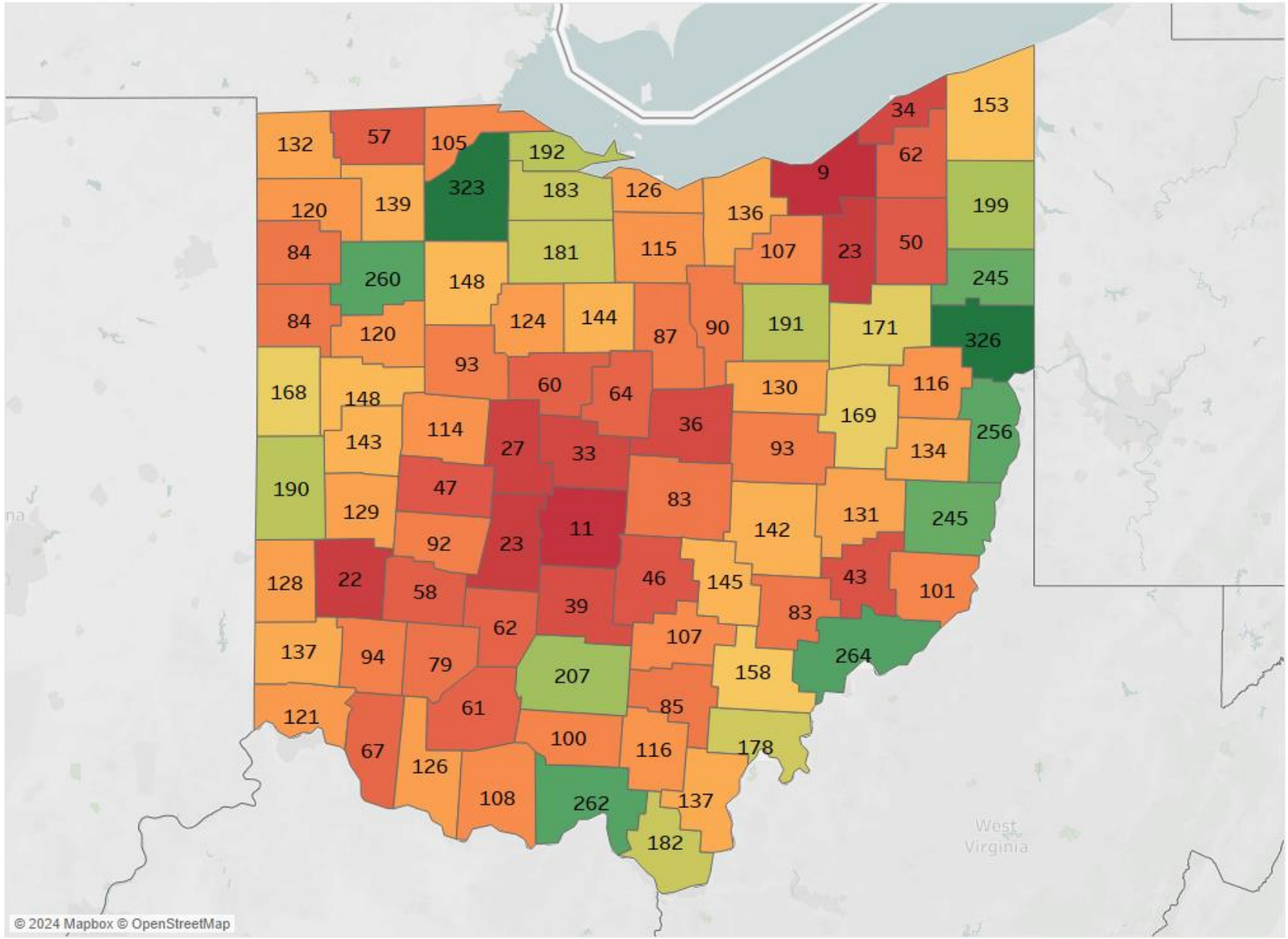

At the end of 2023, the following counties had no Full-Time Firefighters with a primary affiliation: Carroll, Meigs, Monroe, Paulding, Putnam, and Vinton.

Part-Time Firefighter Count by Primary Affiliation County




At the end of 2023 following counties have no Part-Time Firefighters with a primary affiliation: Guernsey, Lawrence, Mercer, Morgan, Meigs, Monroe, Noble, Paulding, Seneca, and Vinton.

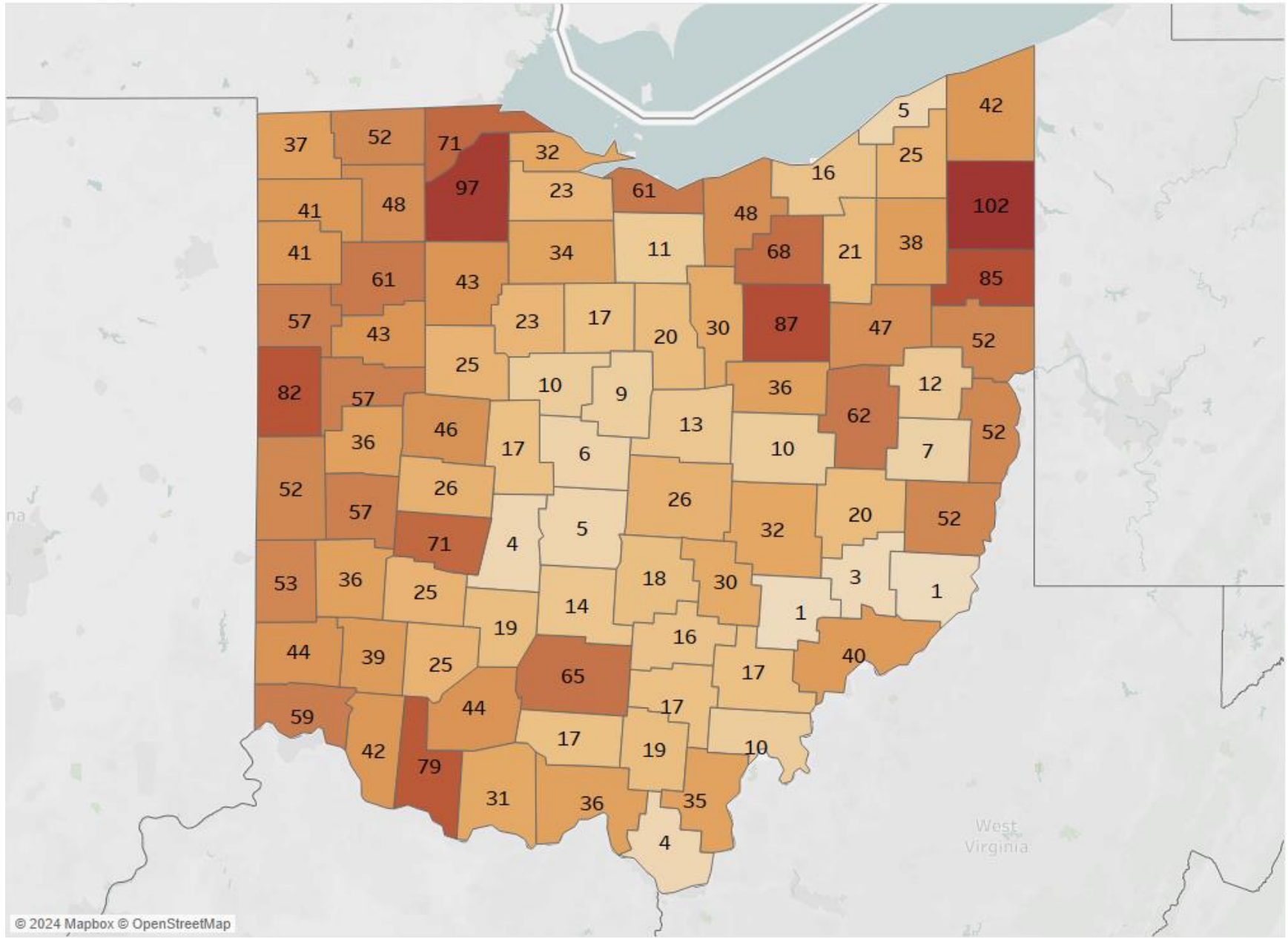
Volunteer Firefighter Count by Primary Affiliation County



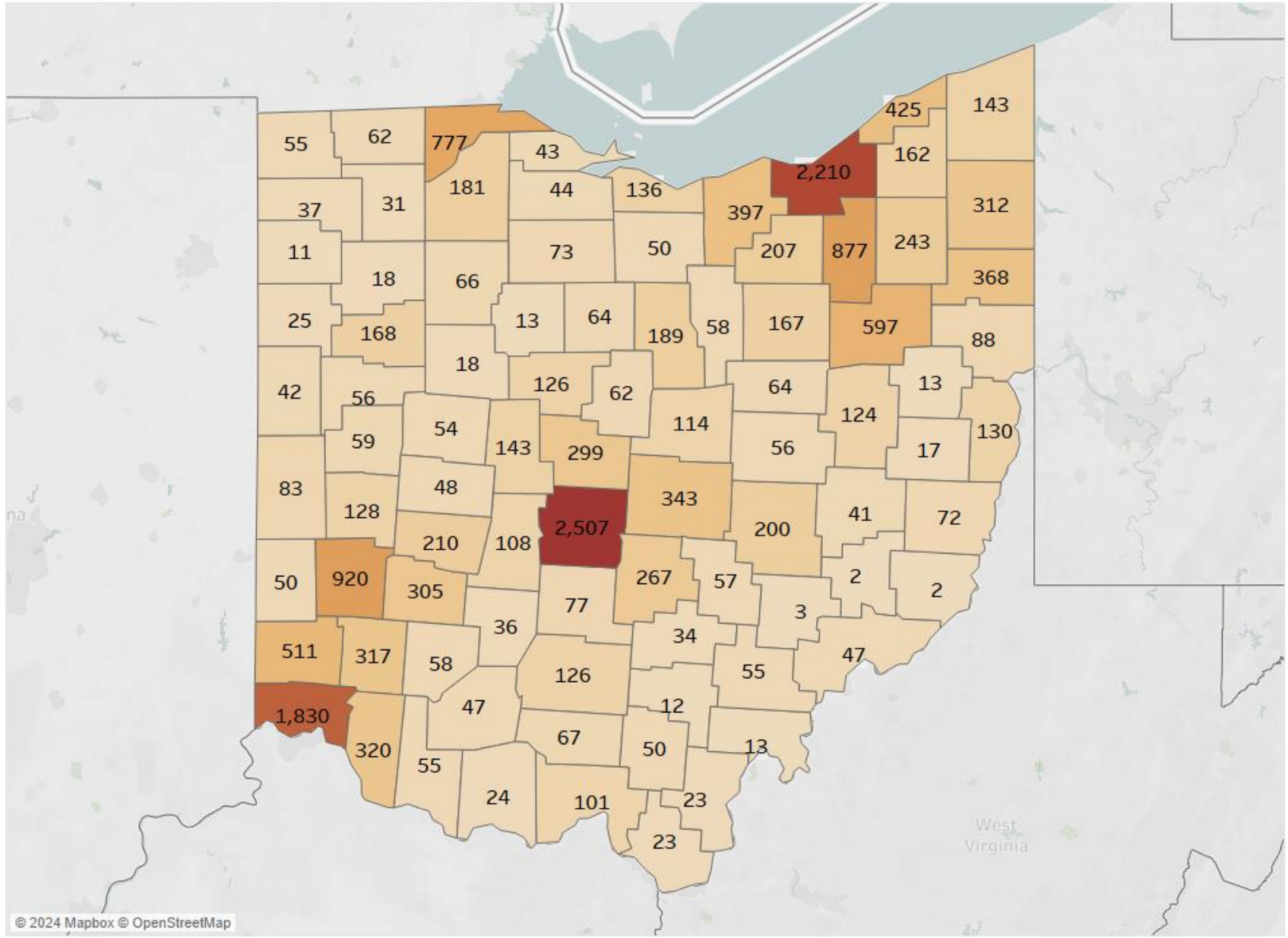
# Firefighters Based on Certificate Type

(FF-I, FF-II, & Volunteer FF)

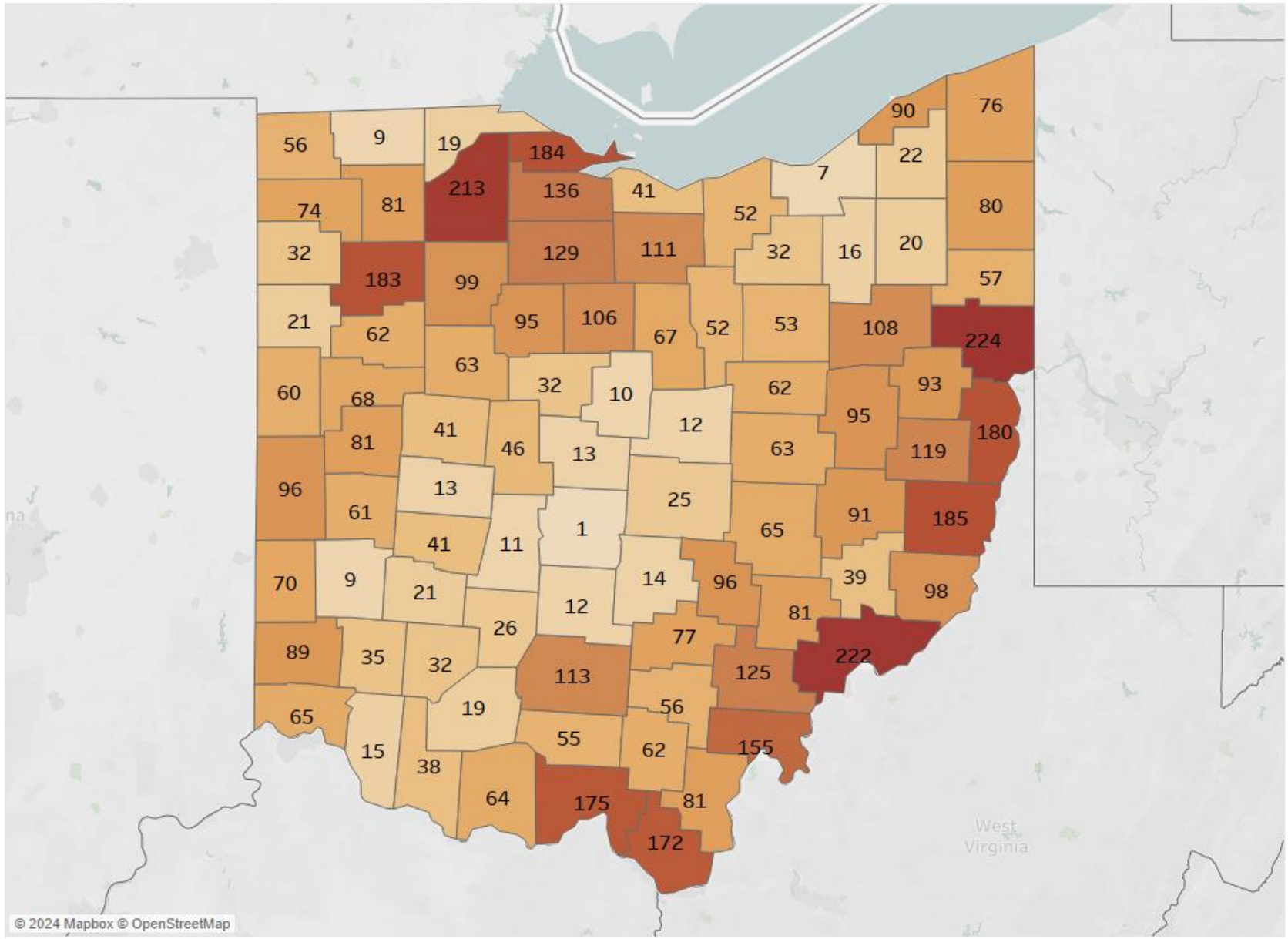
Count of Firefighter Is by County of Primary Affiliation



Count of Firefighter IIs by County of Primary Affiliation

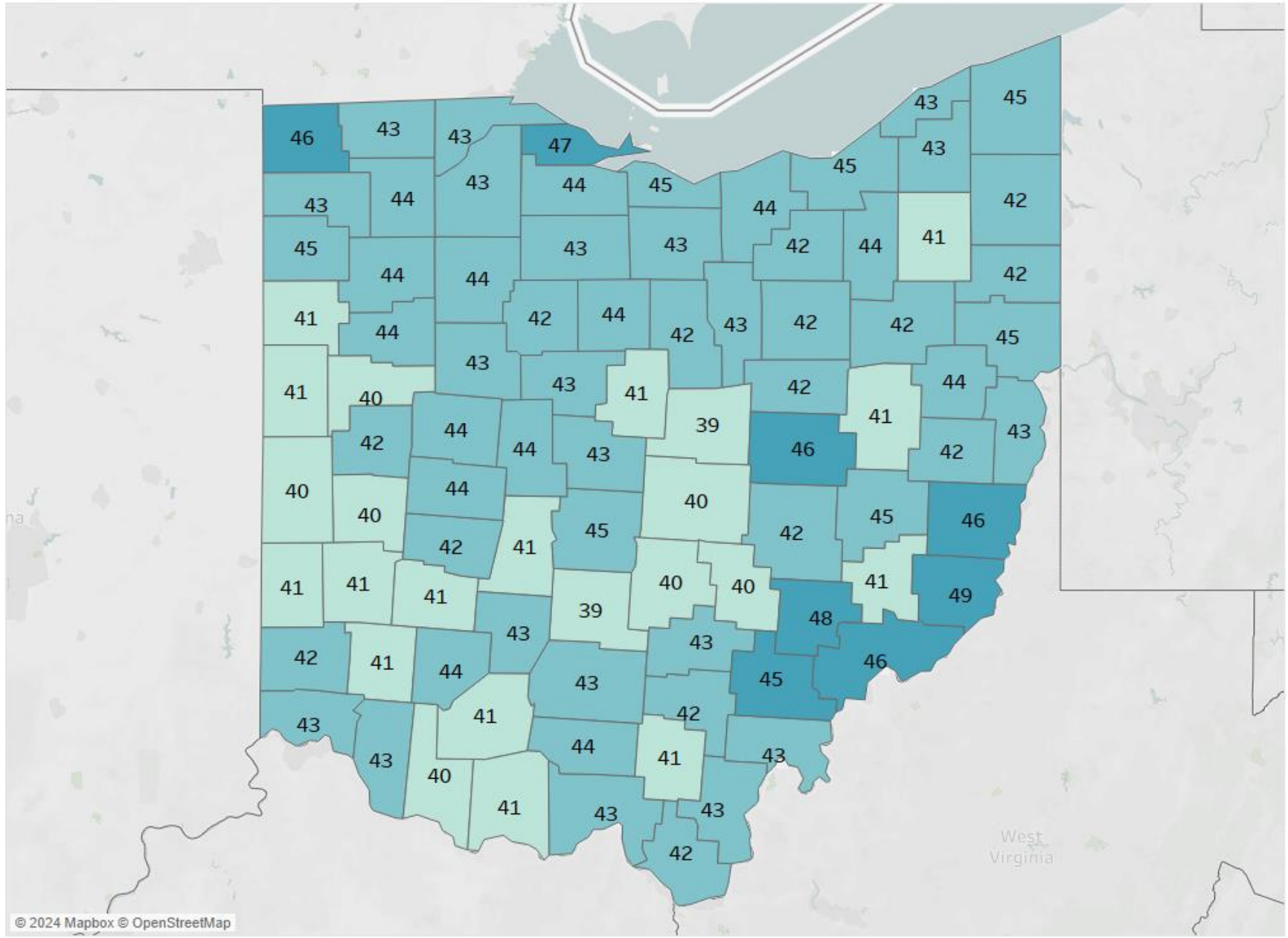


Count of Volunteer Firefighters by County of Primary Affiliation



# Firefighters
# By Mean Age & Certificate Type

Mean Firefighter Age by County of Primary Affiliation (All Levels)



# Firefighter Age Comparison 2020 to 2023

## 2023 Mean Age of Affiliated Firefighters Statewide (All Levels)

Certification Level

| Firefighter I | Firefighter II | Volunteer Firefighter |
|---|---|---|
| 42 | 43 | 46 |

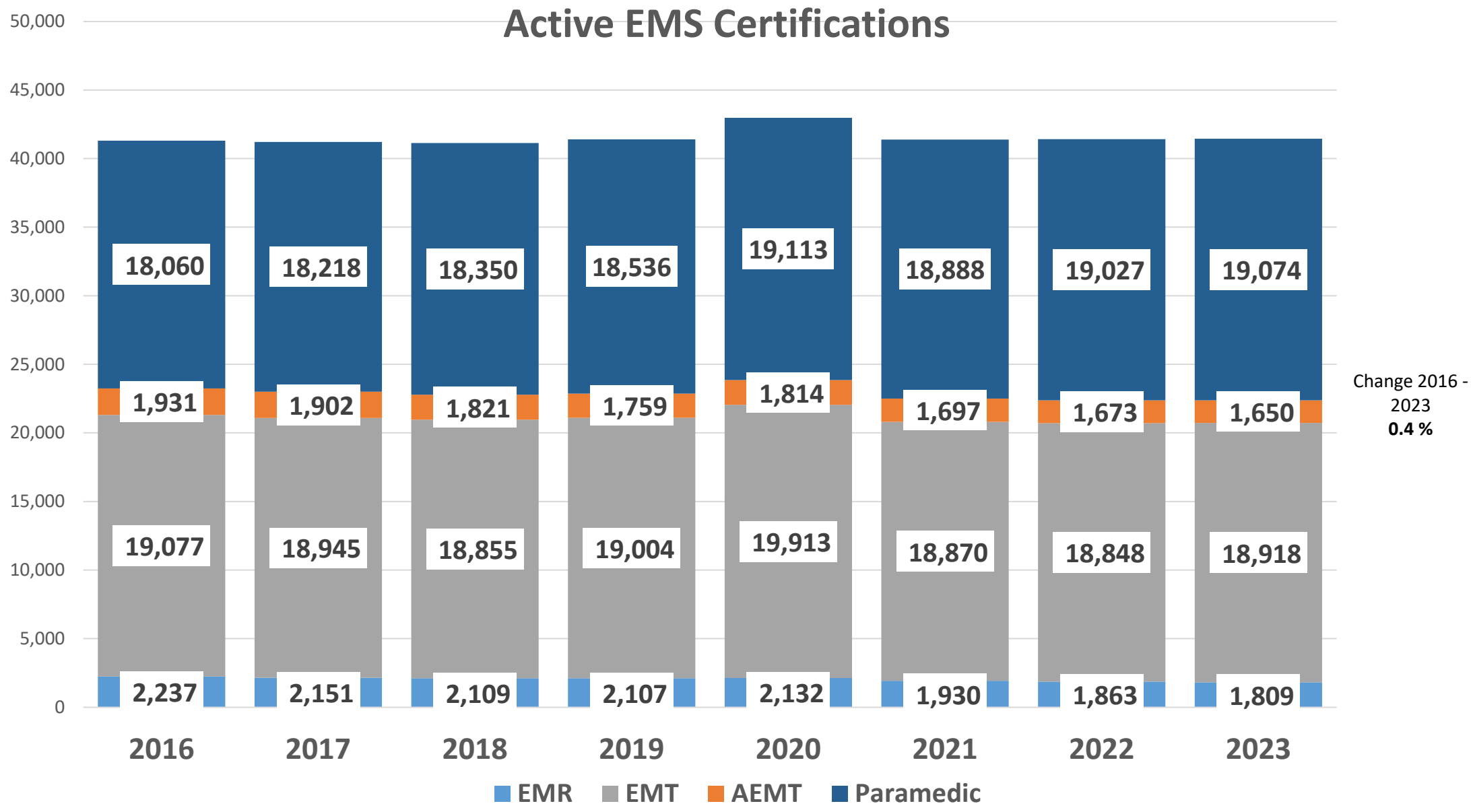
## 2020 Mean Age of Affiliated Firefighters Statewide (All Levels)

**Certification Level**

| **Firefighter I** | **Firefighter II** | **Volunteer Firefighter** |
|---|---|---|
| 40 | 43 | 45 |

# EMS Certificate Holders

## Ohio Mapping – CY 2023

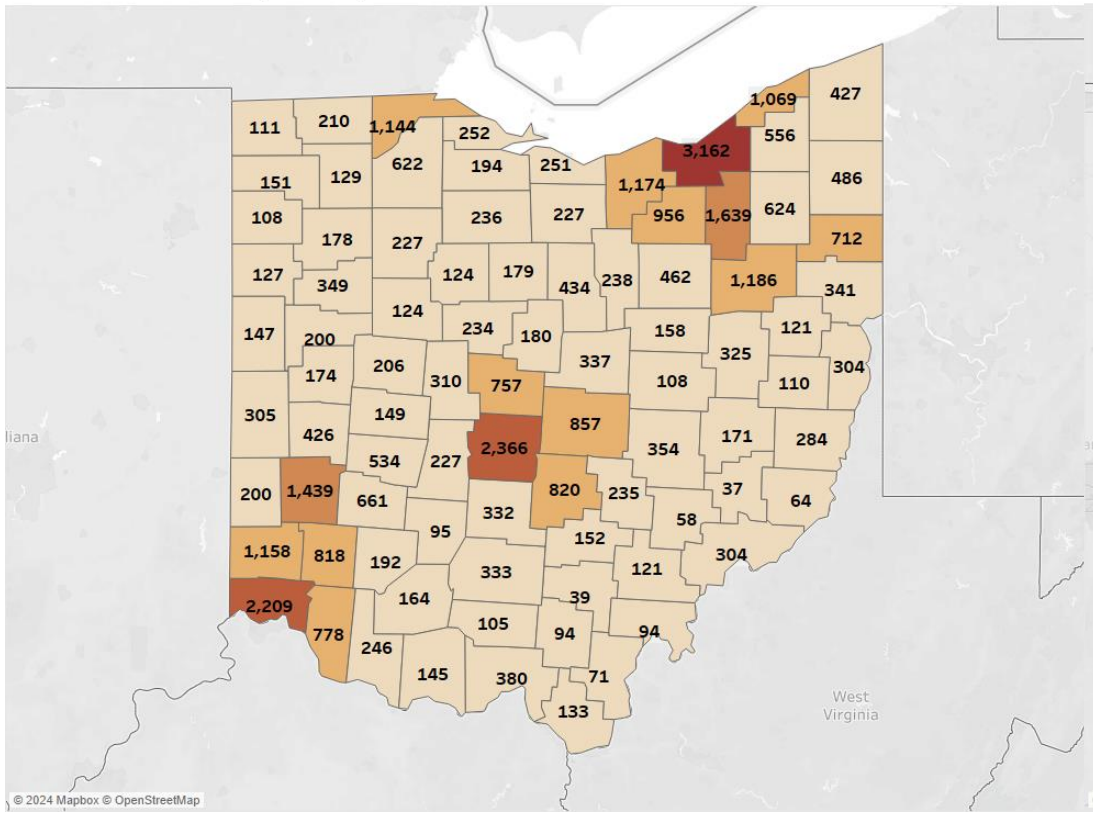



Change 2016 - 2023
**0.4 %**

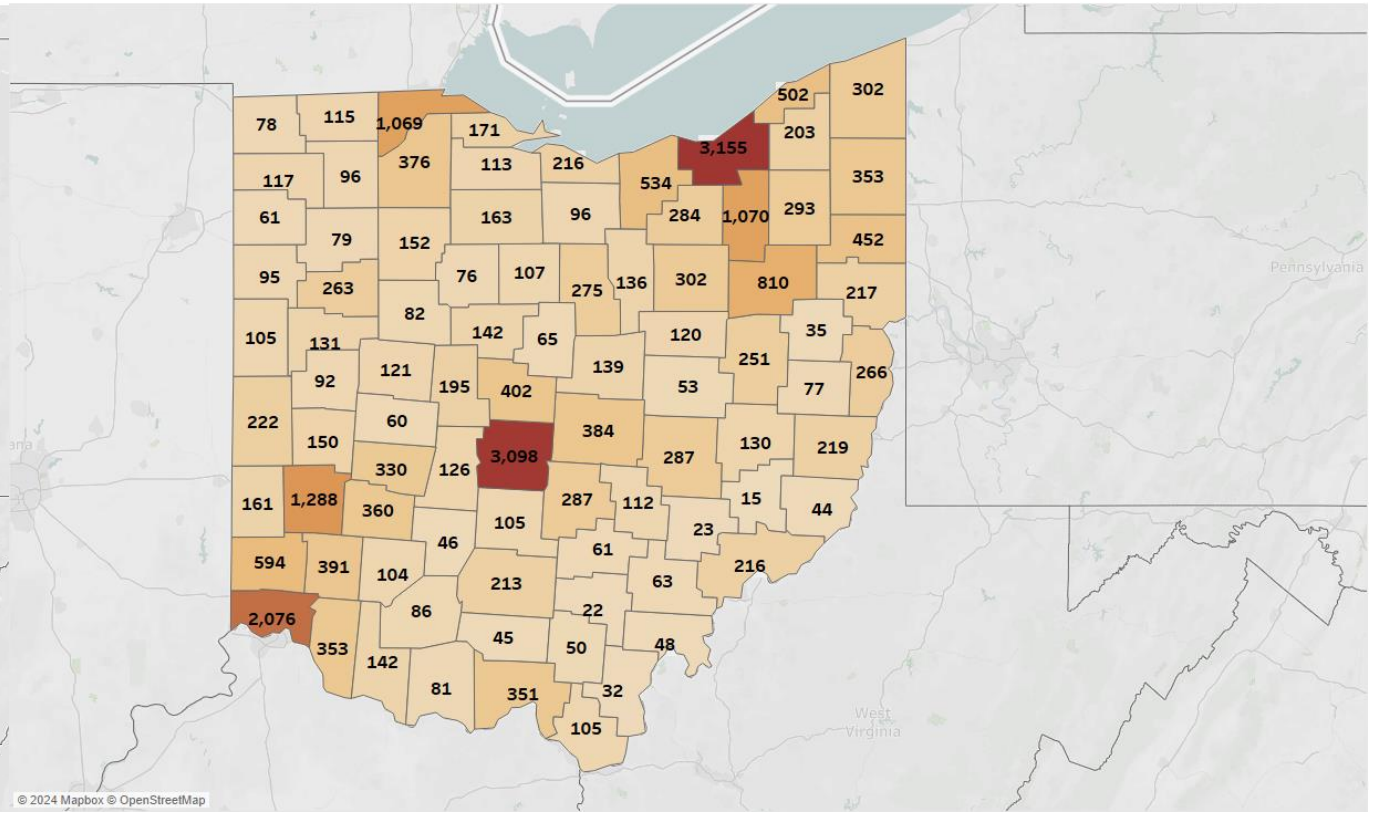
# Where EMS Providers Live and Work

# Comparison of where providers live versus their primary work (affiliation) location.

Count of EMS Providers (All Types) by County of Residence



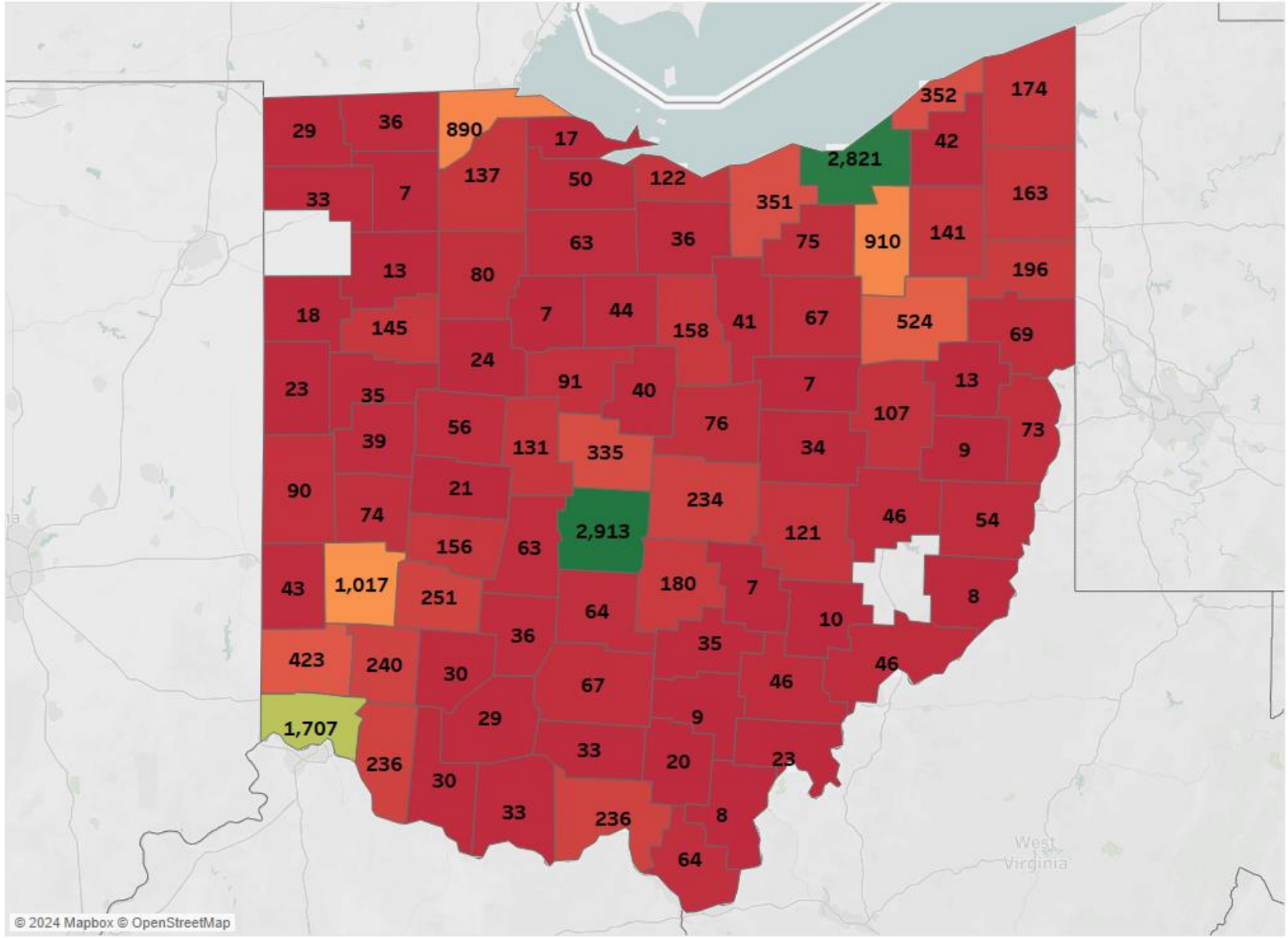

Count of EMS Providers (All Types) by Primary Affiliation County



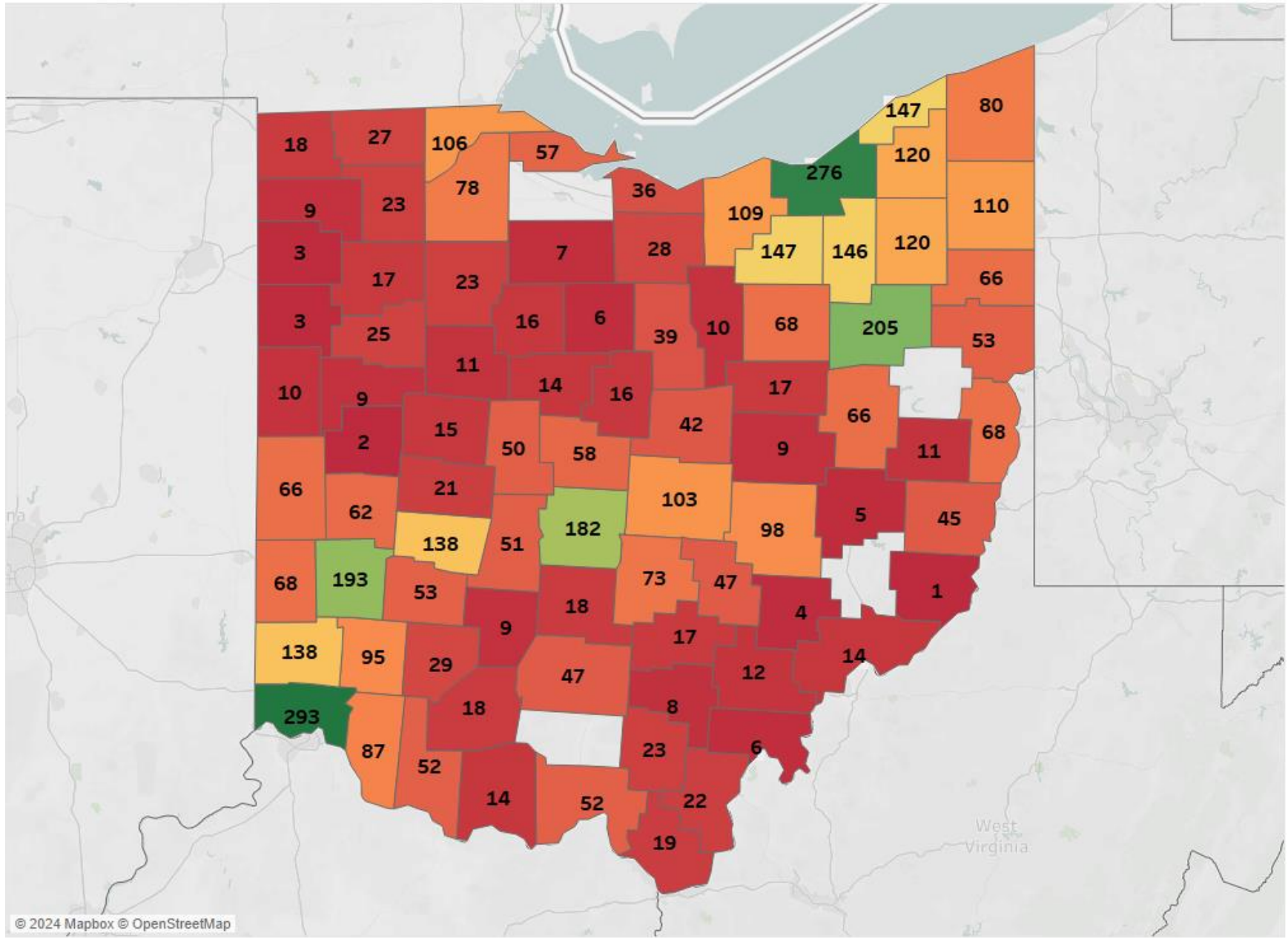

As with firefighters most metropolitan areas pull from their surrounding counties as an employer.

# **EMS Providers Based on Employment Status**
(Full-time, Part-time, & Volunteer)

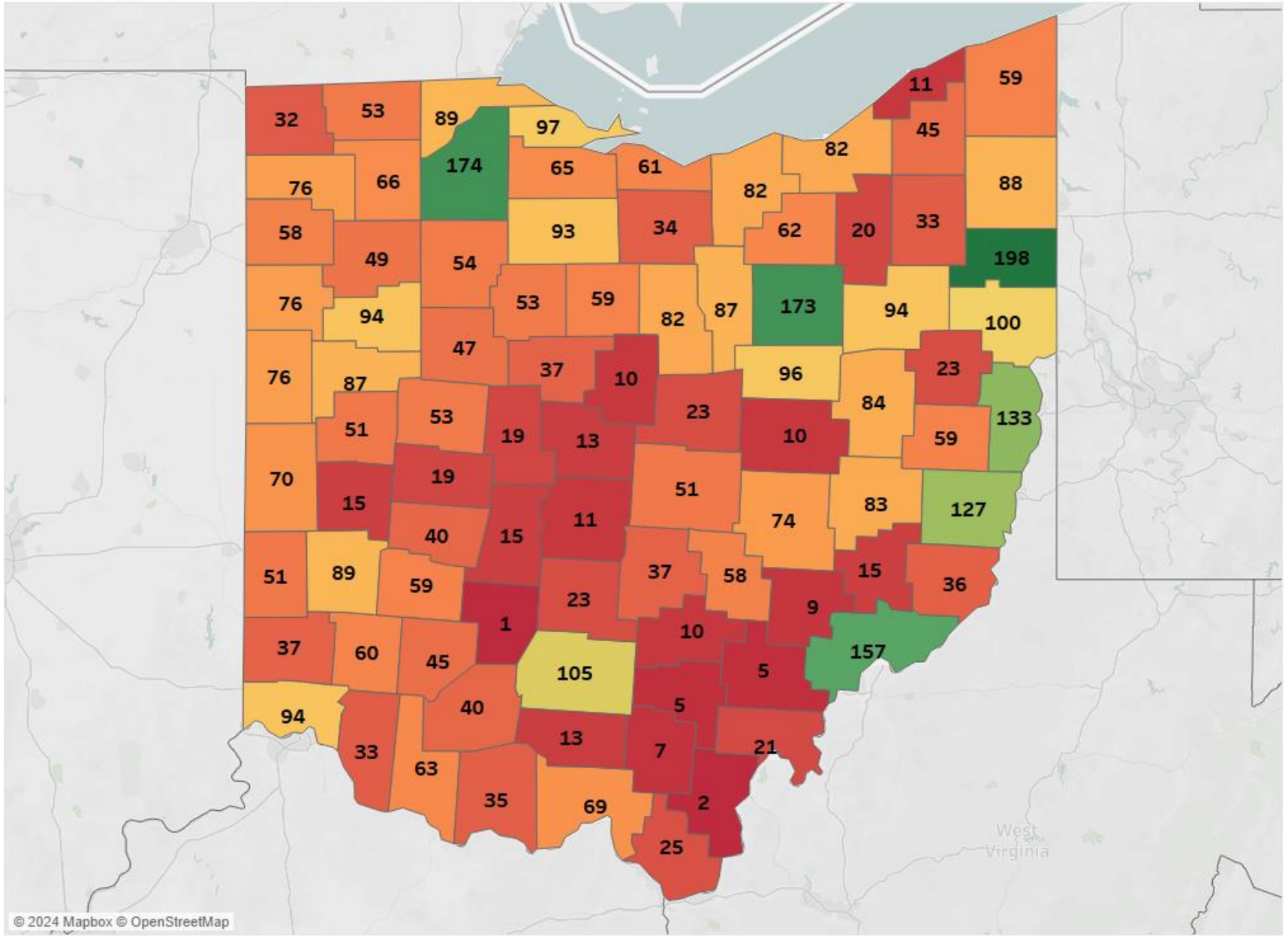
Total EMS Provider Count by Primary Affiliation (Full-Time) County



Total Part-Time EMS Provider Count by Primary Affiliation  County



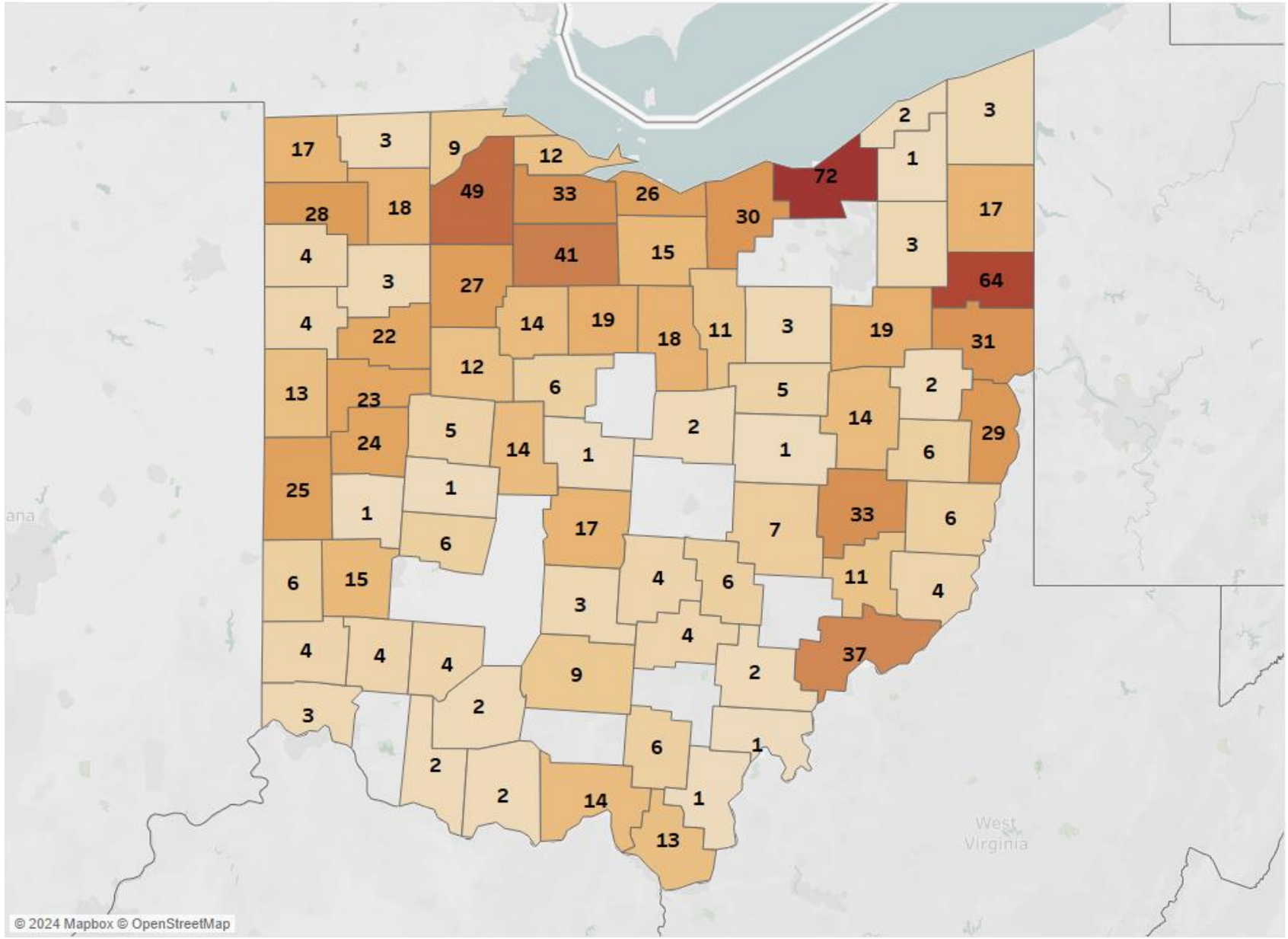
Count of Volunteer EMS Providers by Primary Affiliation County



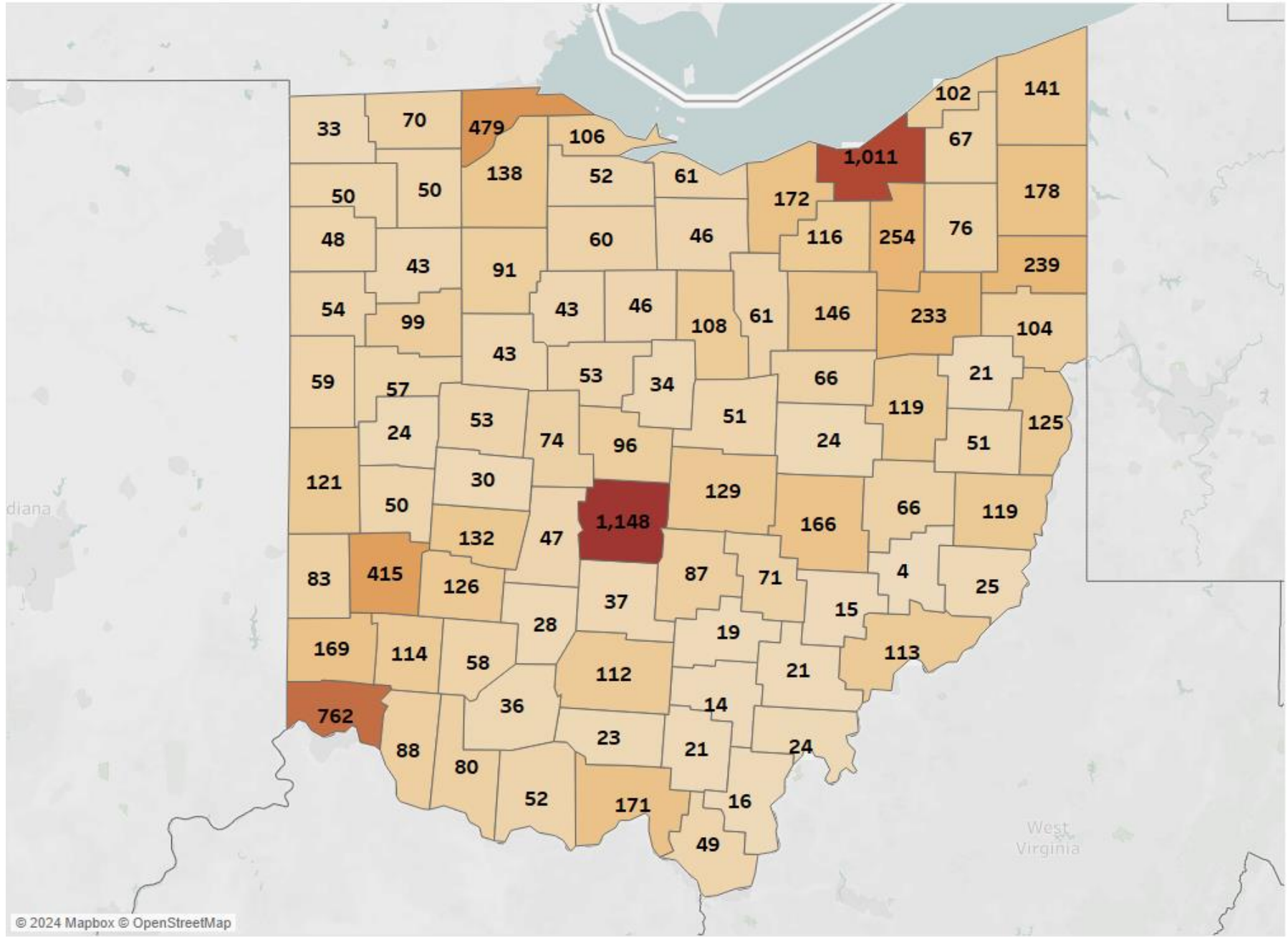
# EMS Providers Based on Certificate Type

(EMR, EMT, AEMT, & Paramedic)

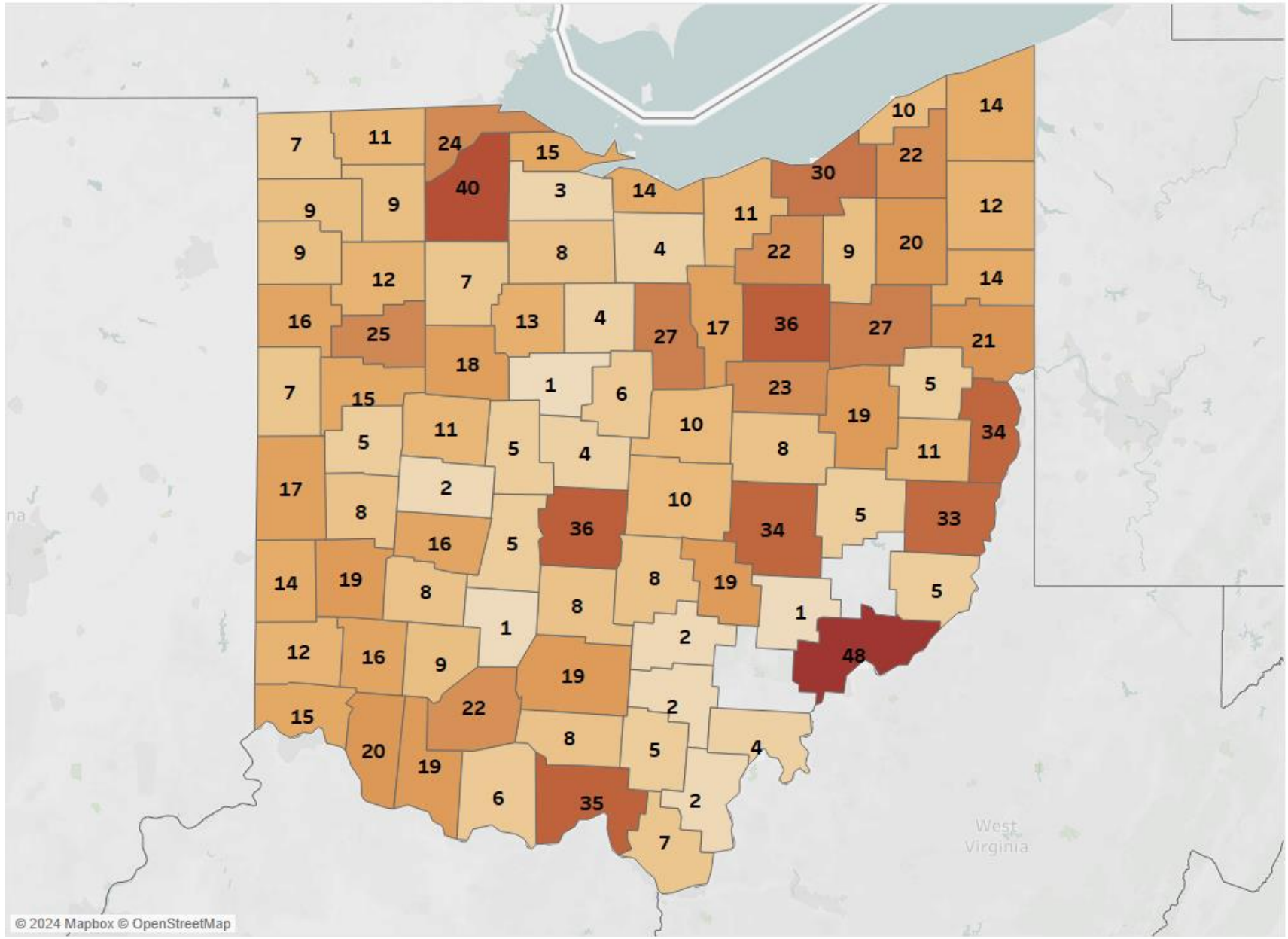
Count of EMRs by County of Primary Affiliation



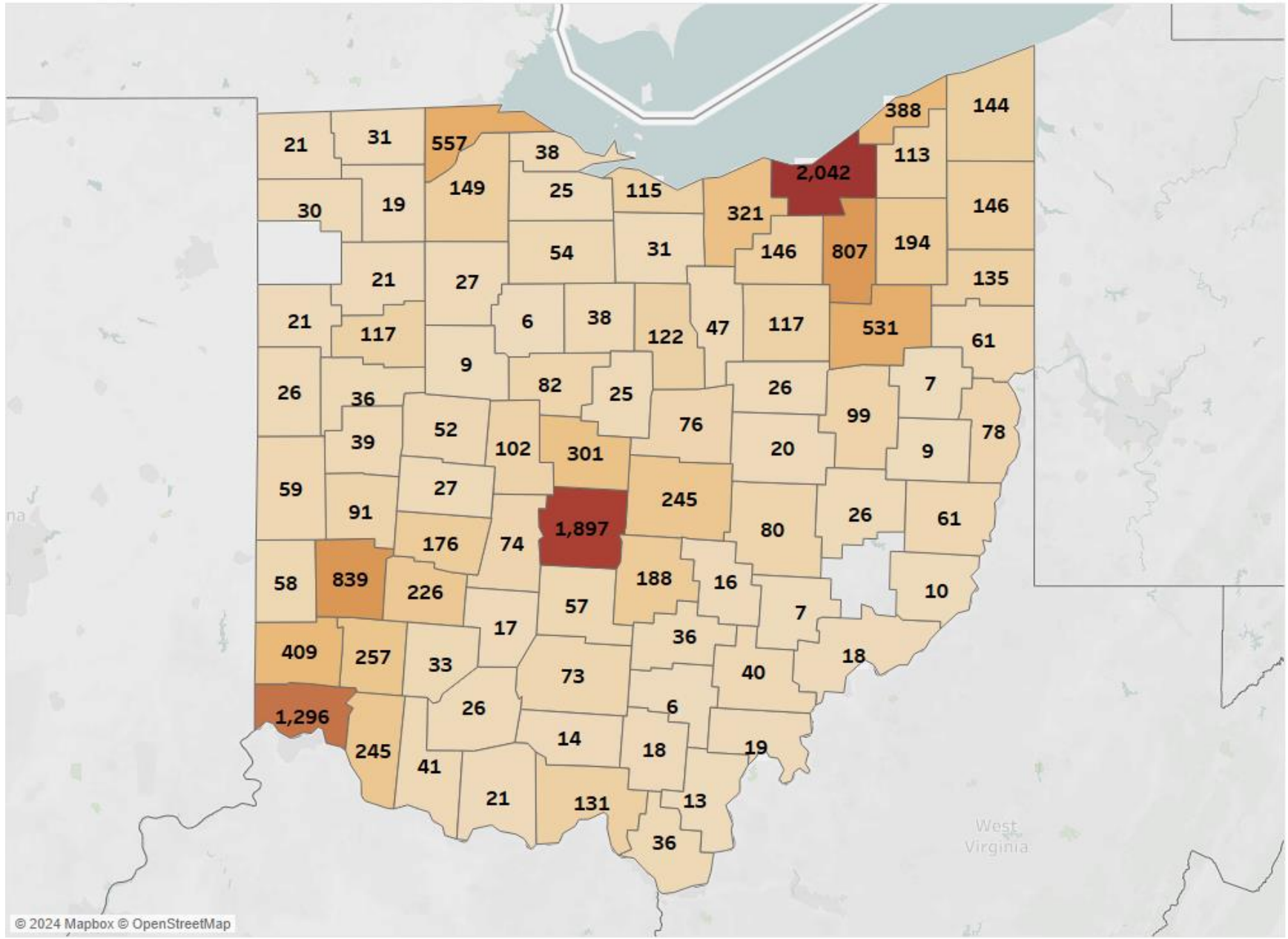
Count of EMTs by County of Primary Affiliation



Count of AEMTs by County of Primary Affiliation

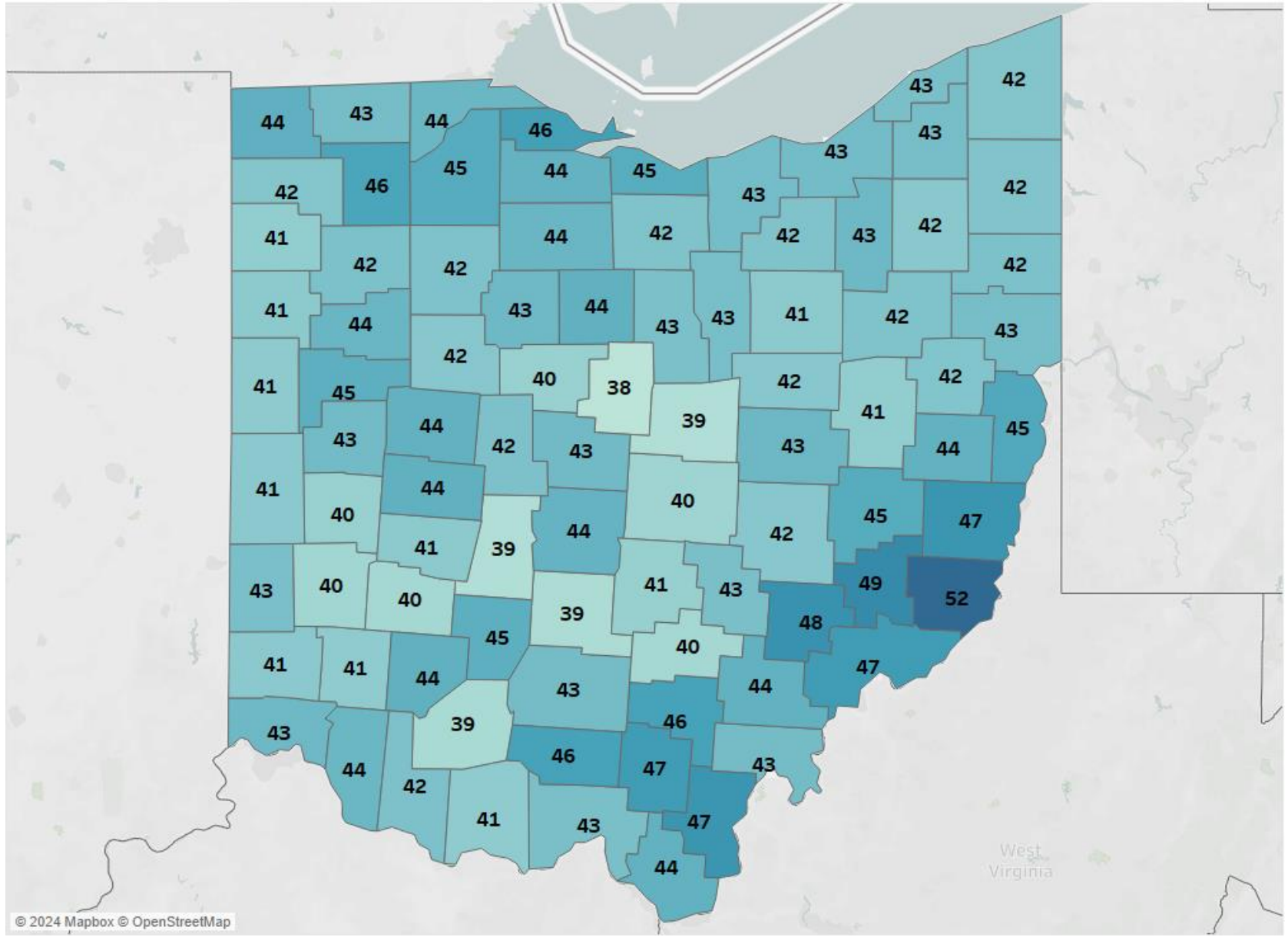


Count of Paramedics by County of Primary Affiliation



# EMS Providers
# By Mean Age & Certificate Type

Mean EMS Provider Age by County of Primary Affilliation (All Levels)



# EMS Provider Age Comparison 2020 to 2023

2023 Mean Age of Affiliated EMS Providers Statewide (All Levels)

Certification Level

| Advanced Emergency Medical Technician | Emergency Medical Responder | Emergency Medical Technician | Paramedic |
|---|---|---|---|
| 48 | 48 | 42 | 43 |

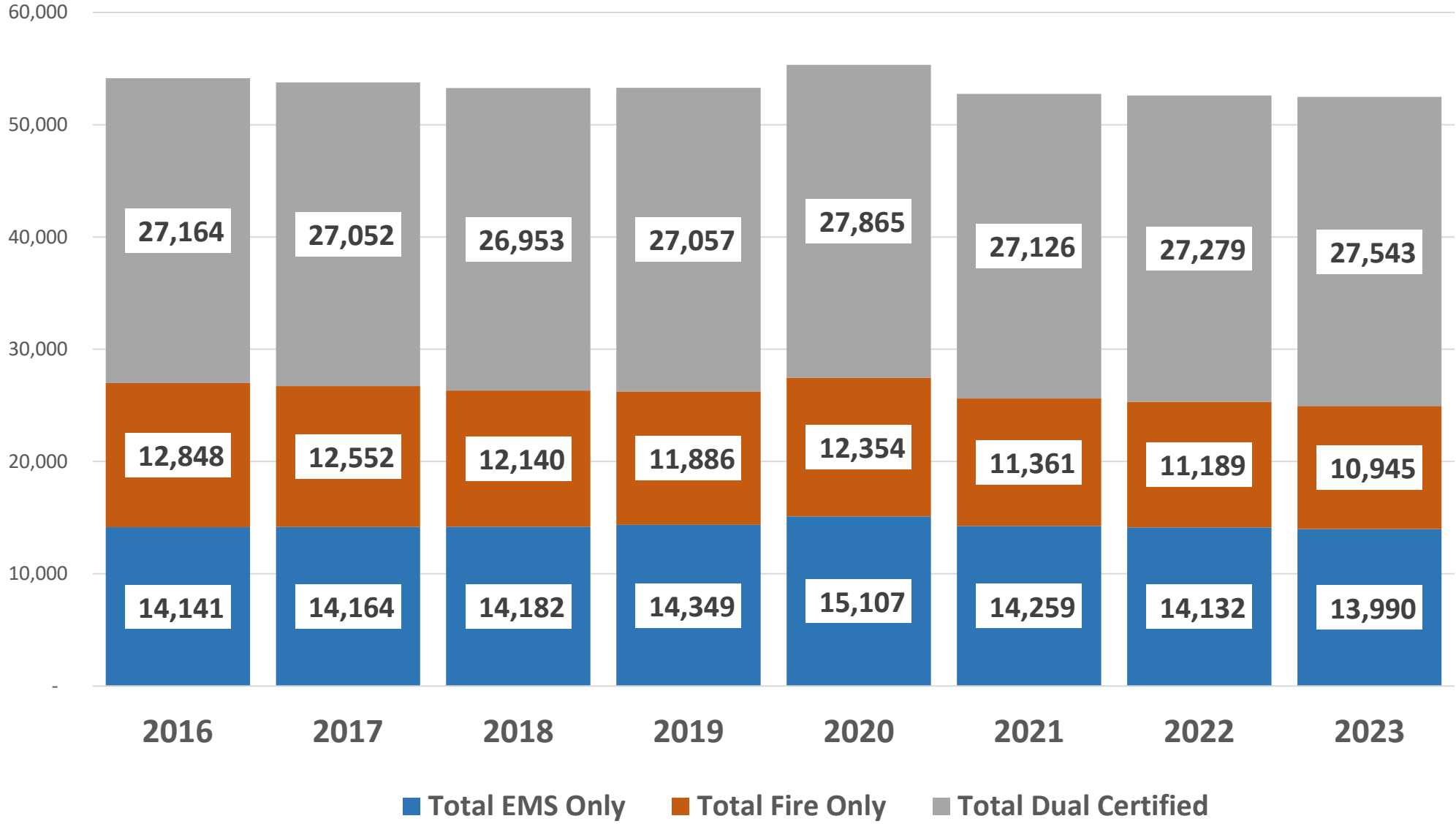
2020 Mean Age of Affiliated EMS Providers Statewide (All Levels)

Certification Level

| Advanced Emergency Medical Technician | Emergency Medical Responder | Emergency Medical Technician | Paramedic |
|---|---|---|---|
| 48 | 46 | 43 | 43 |

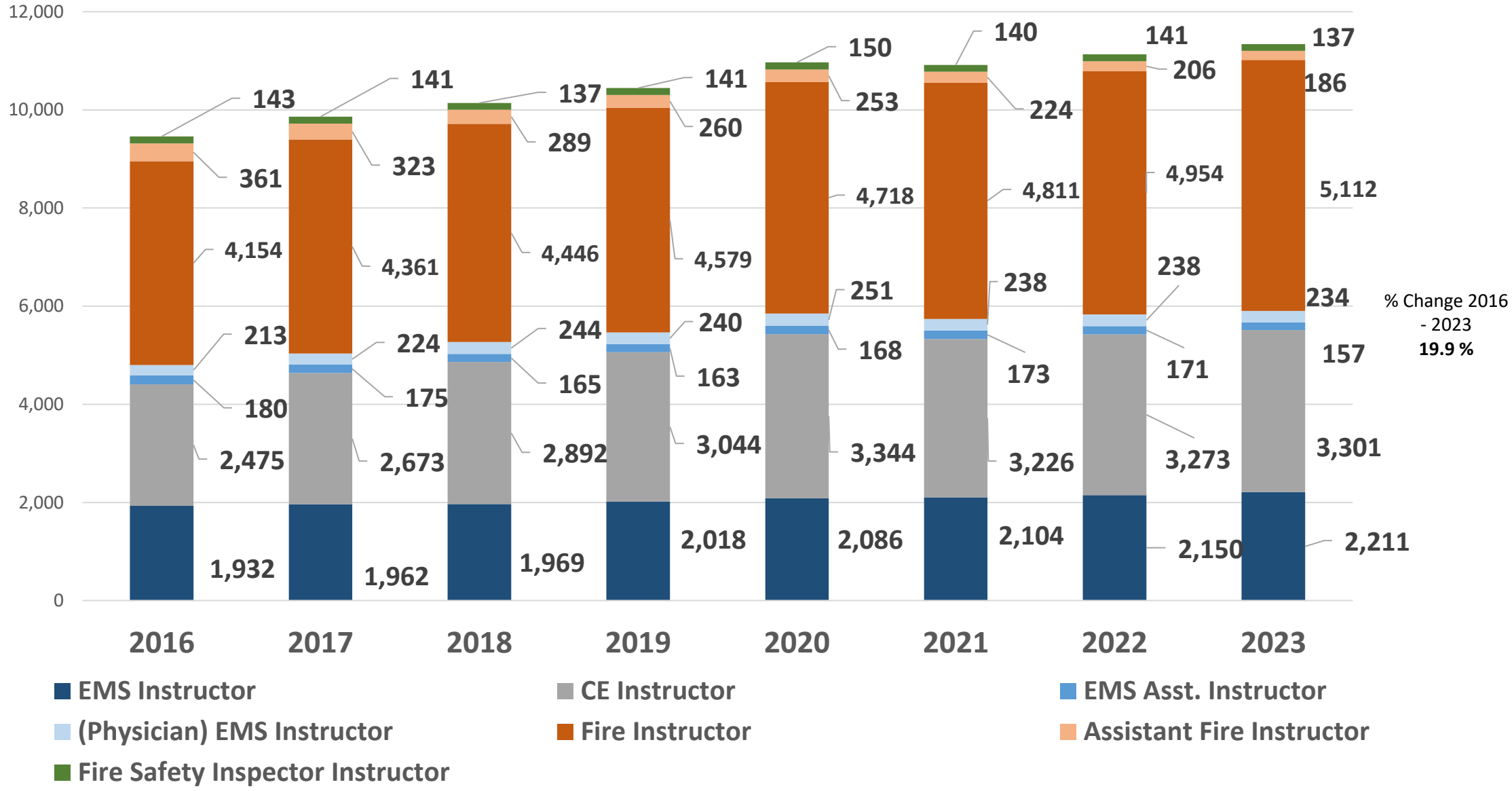
# Certification Summary

# Active EMS & Fire Certifications (Certificate Holders)




Change 2016 - 2023
**- 3.2 %**

# Active EMS & Fire Instructors



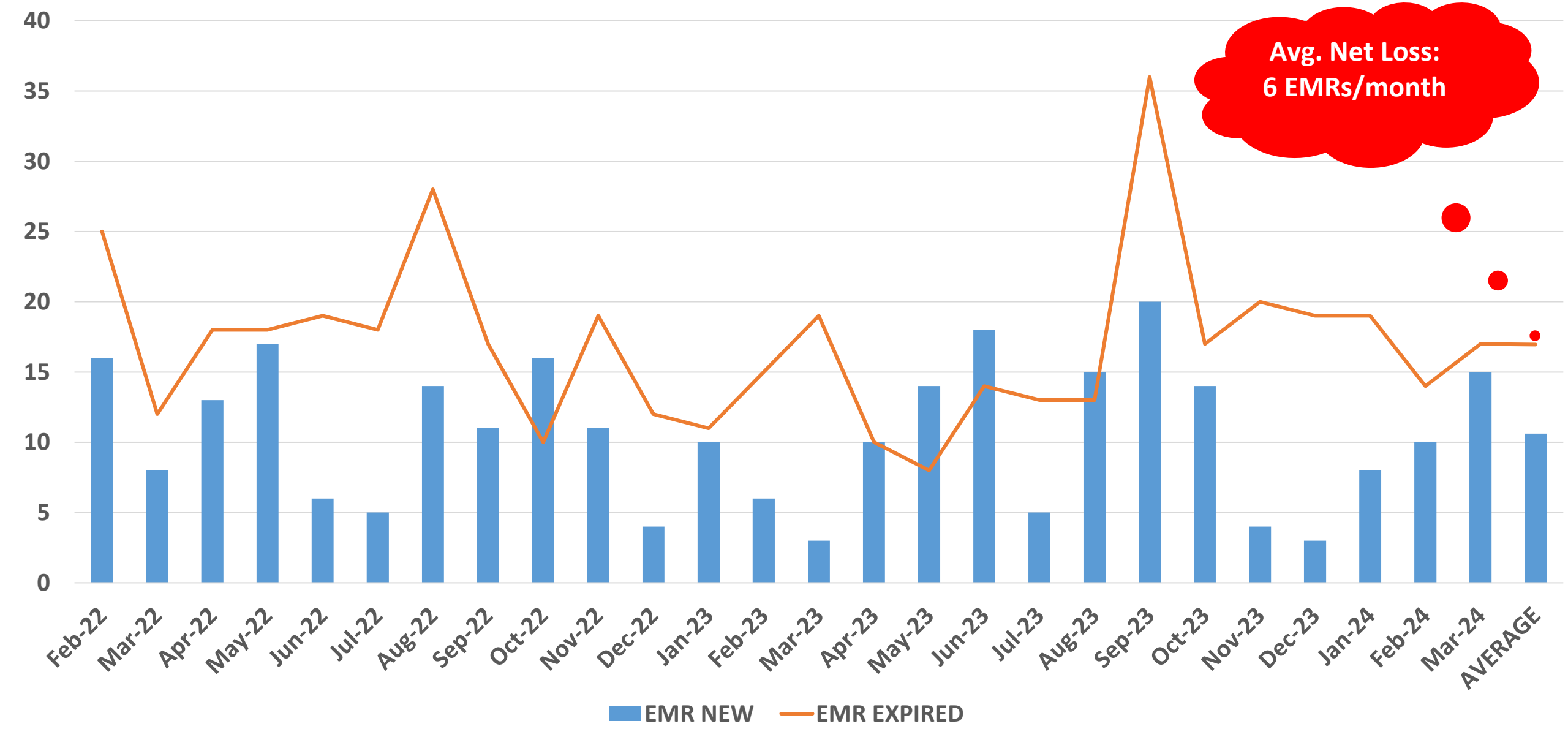
# EMS and Fire Service Providers Recruitment and Attrition

Feb 2022 – Mar 2024

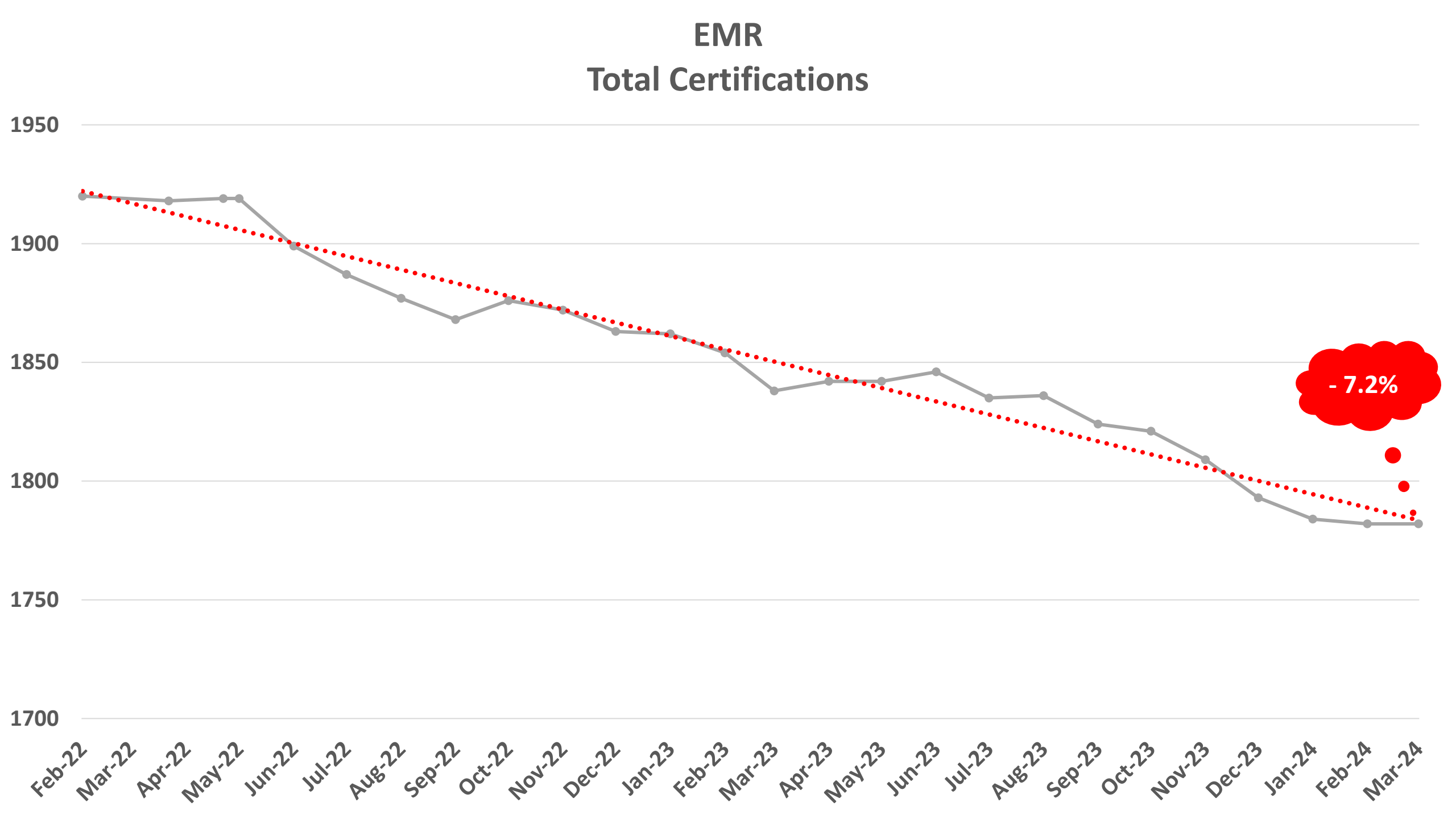
# EMS Providers Recruitment and Attrition

Feb 2022 – Mar 2024

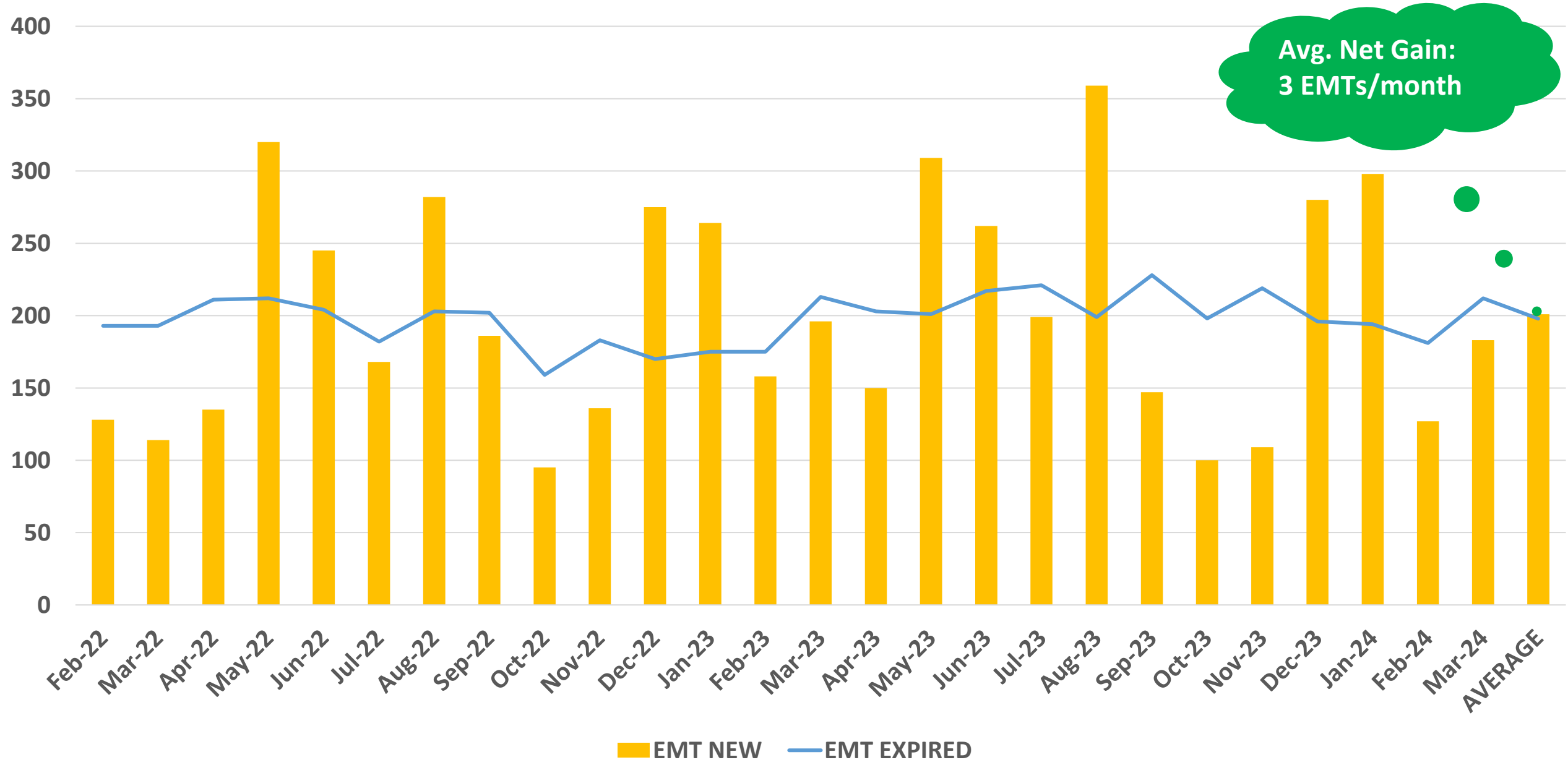
# EMR
## Recruitment and Attrition



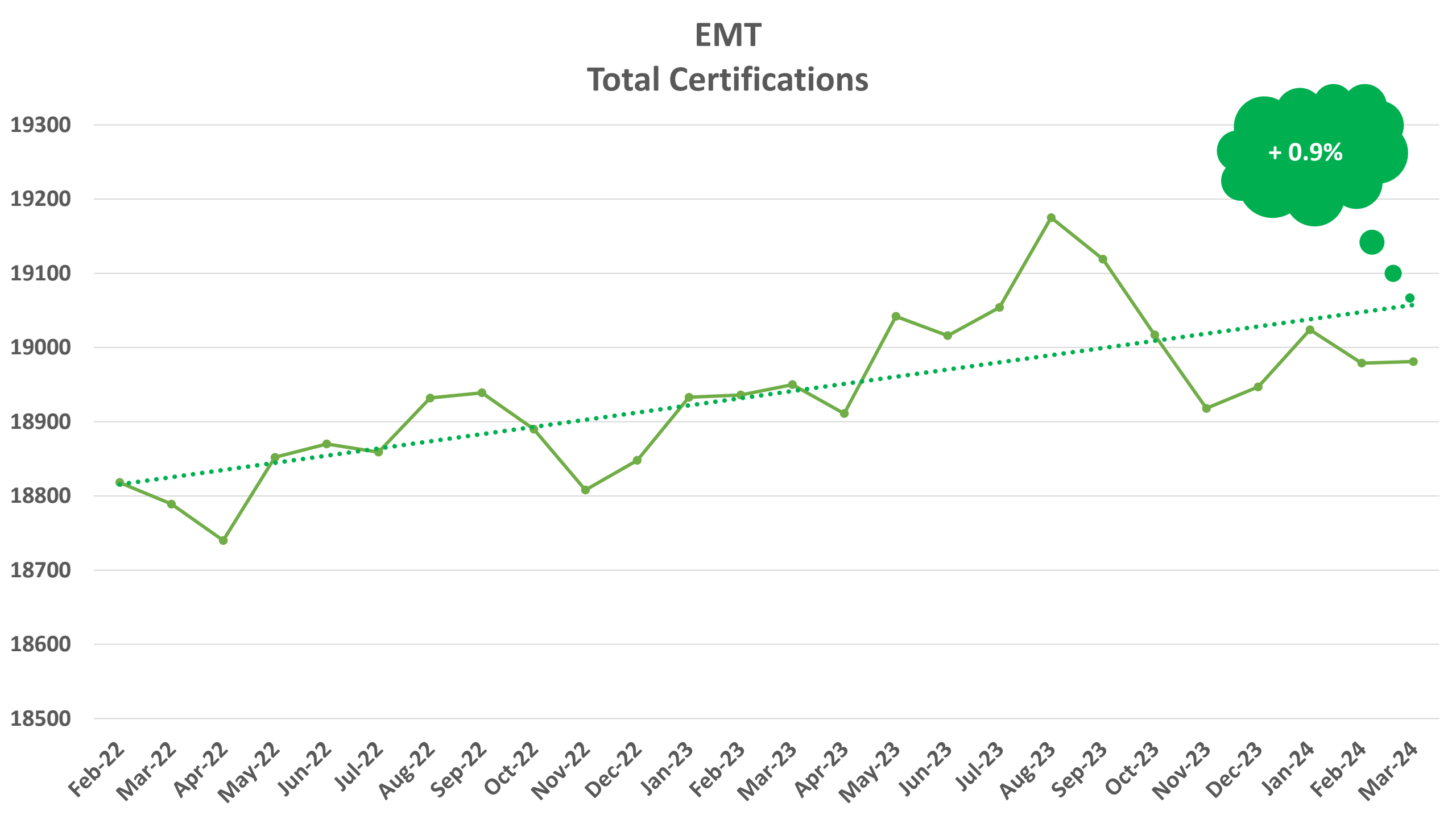
# EMR
## Total Certifications



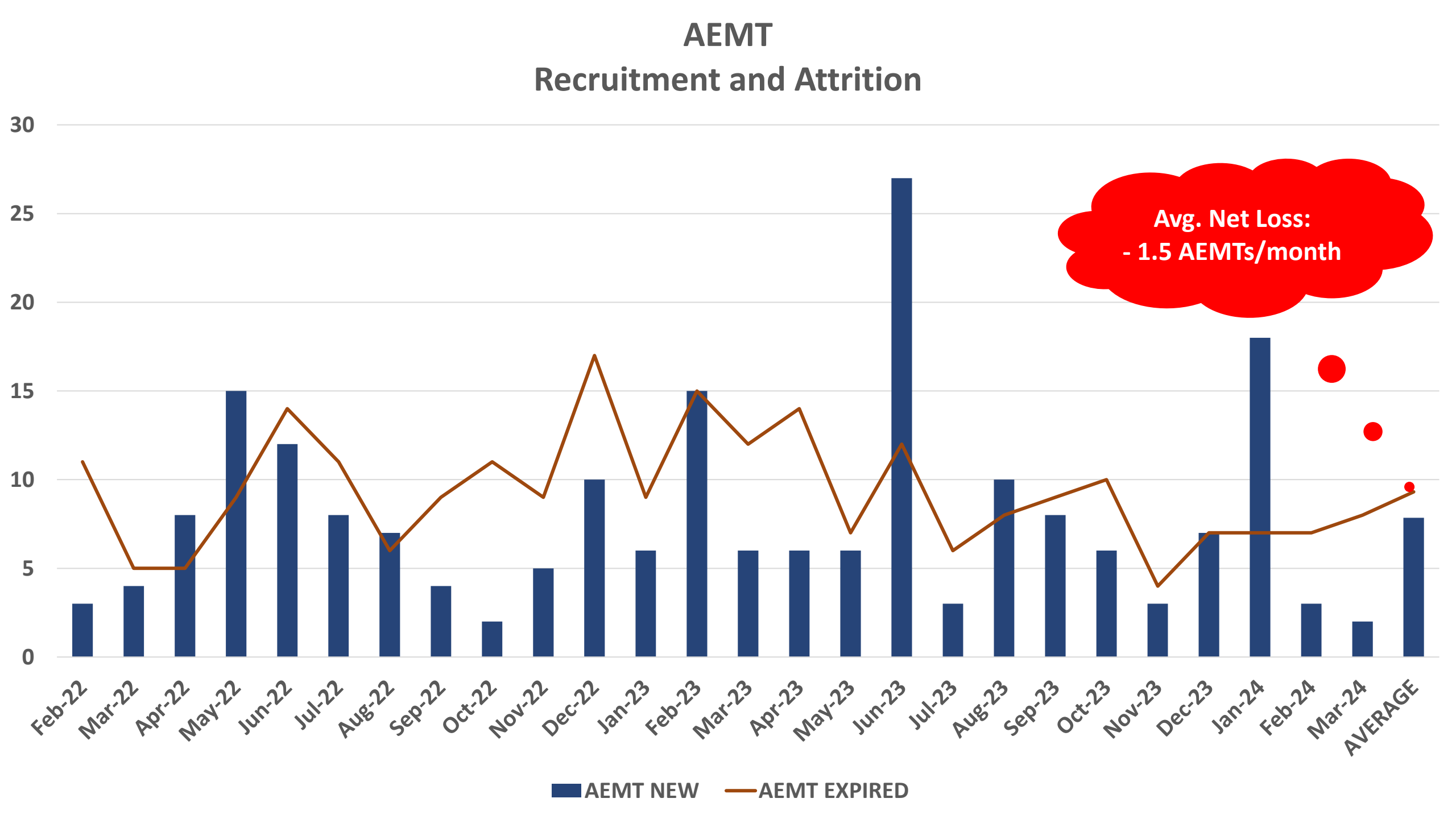
# EMT
## Recruitment and Attrition



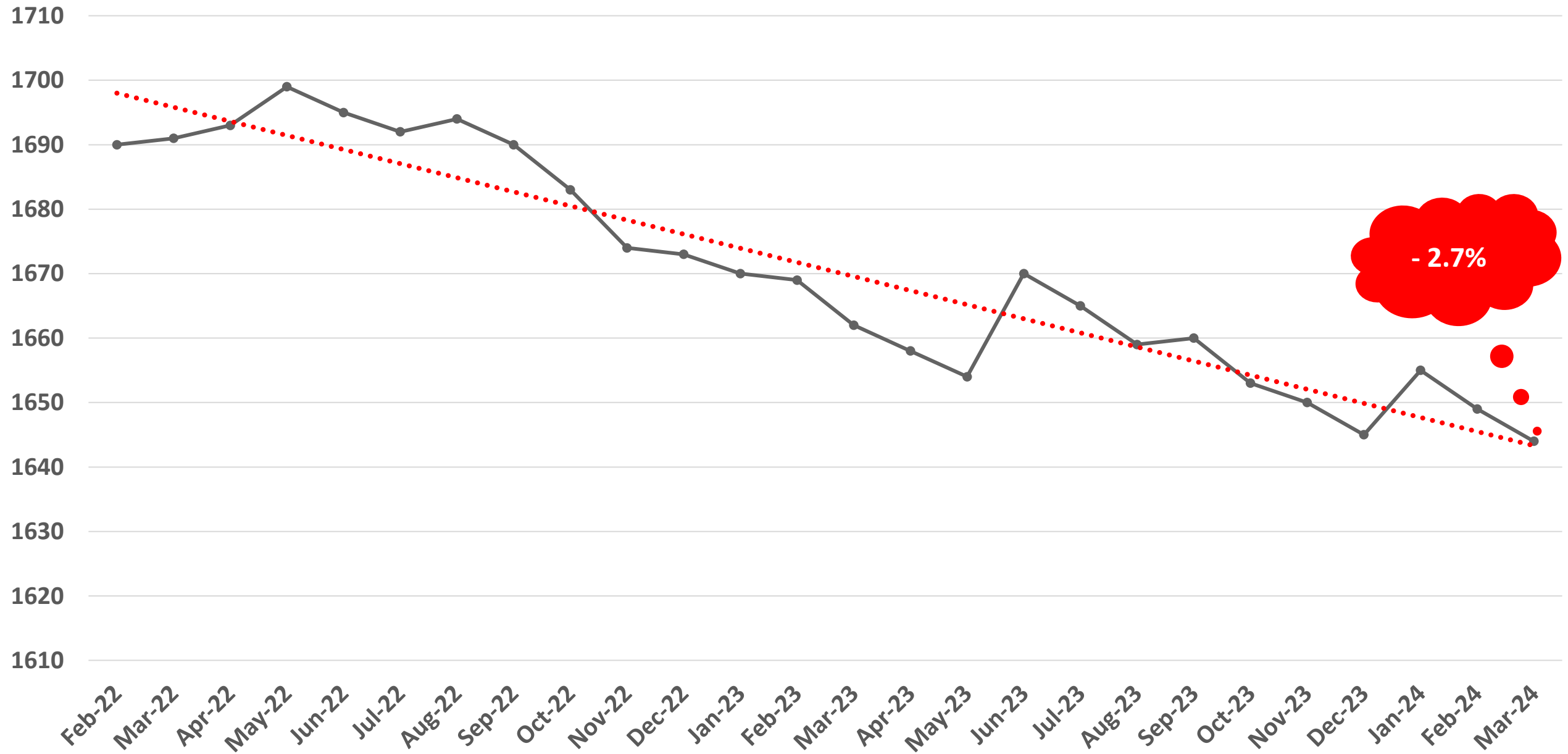
# EMT
## Total Certifications



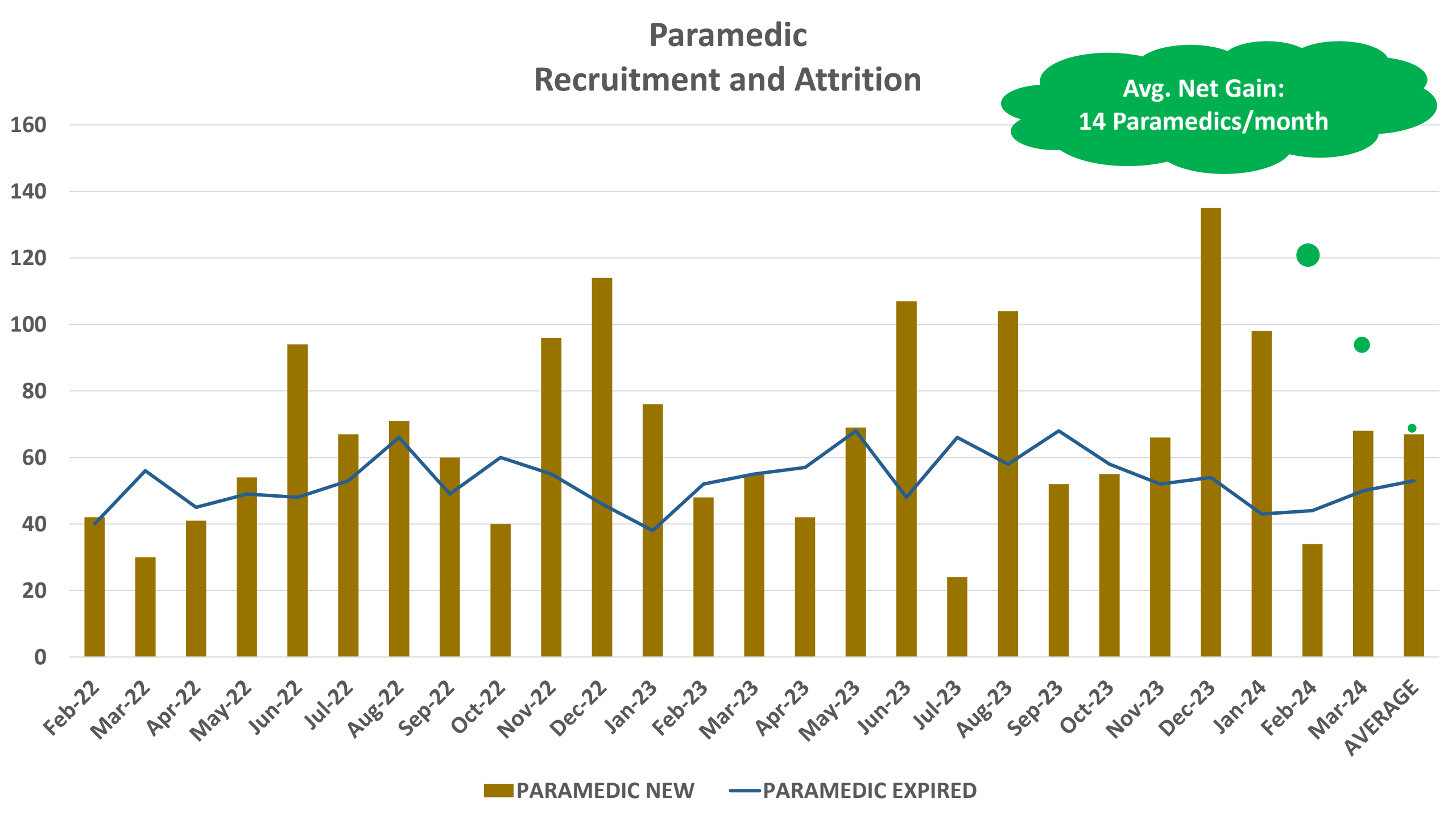
# AEMT
## Recruitment and Attrition



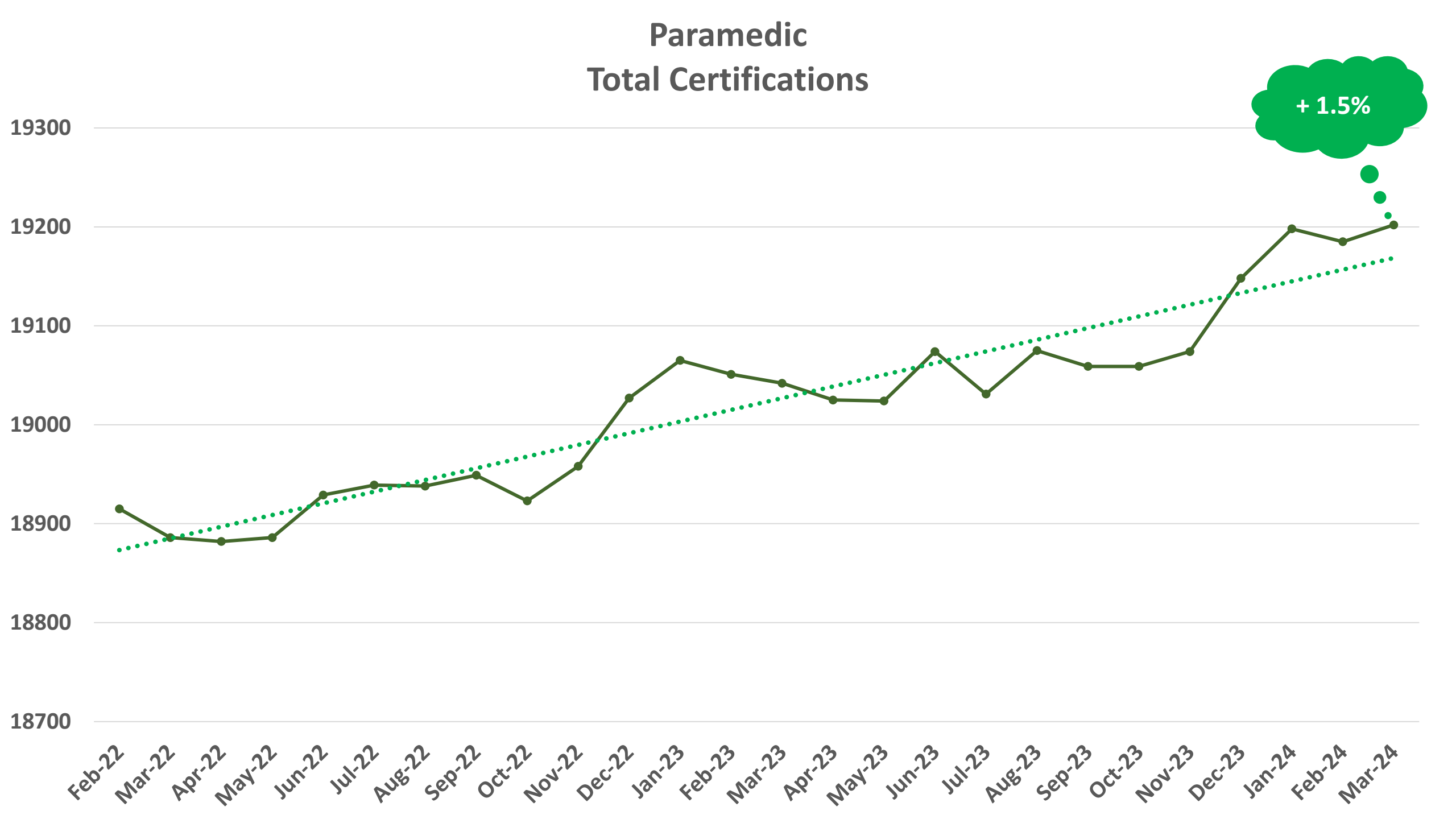
# AEMT
## Total Certifications



# Paramedic
# Recruitment and Attrition



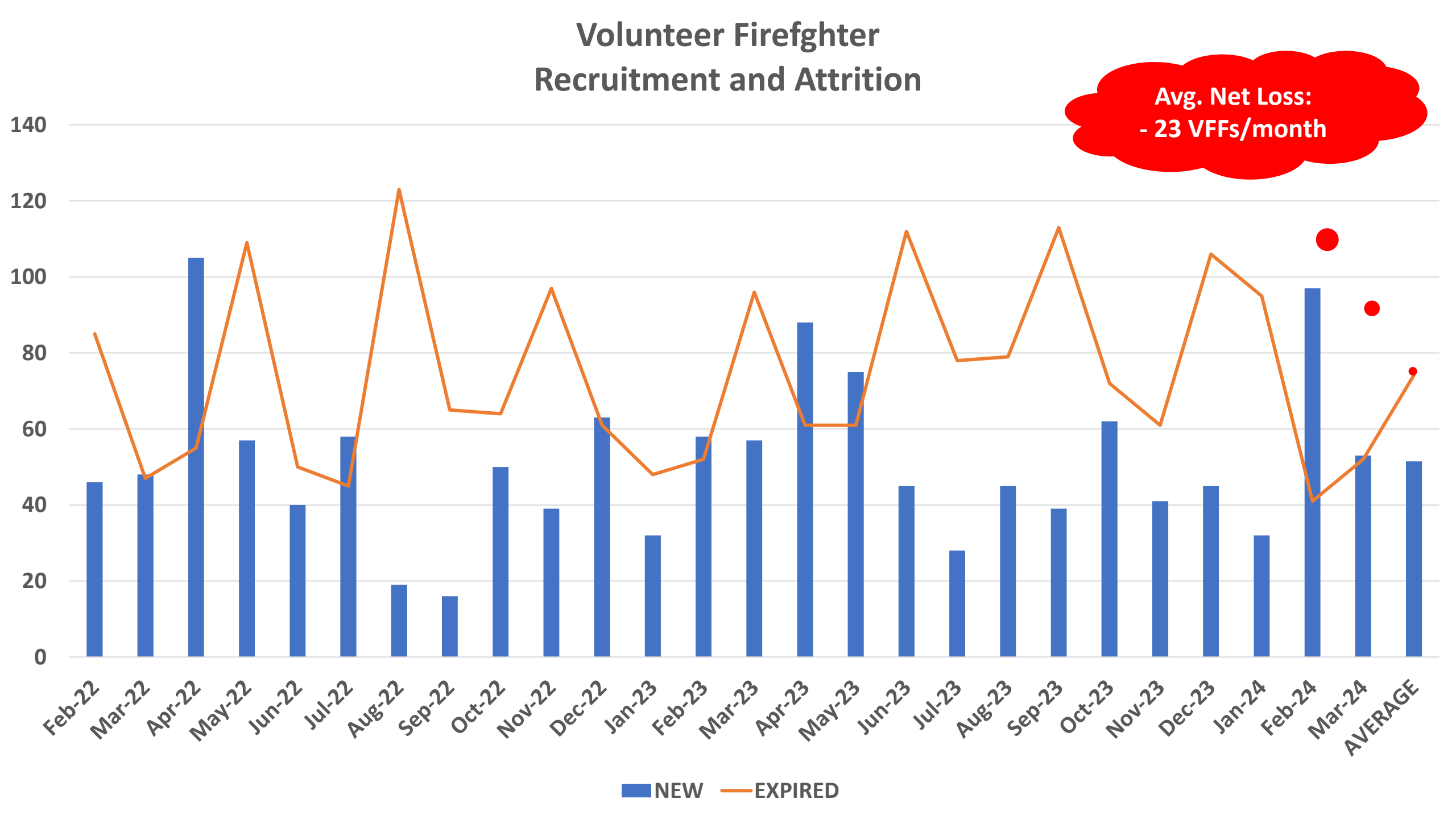
# Paramedic
# Total Certifications



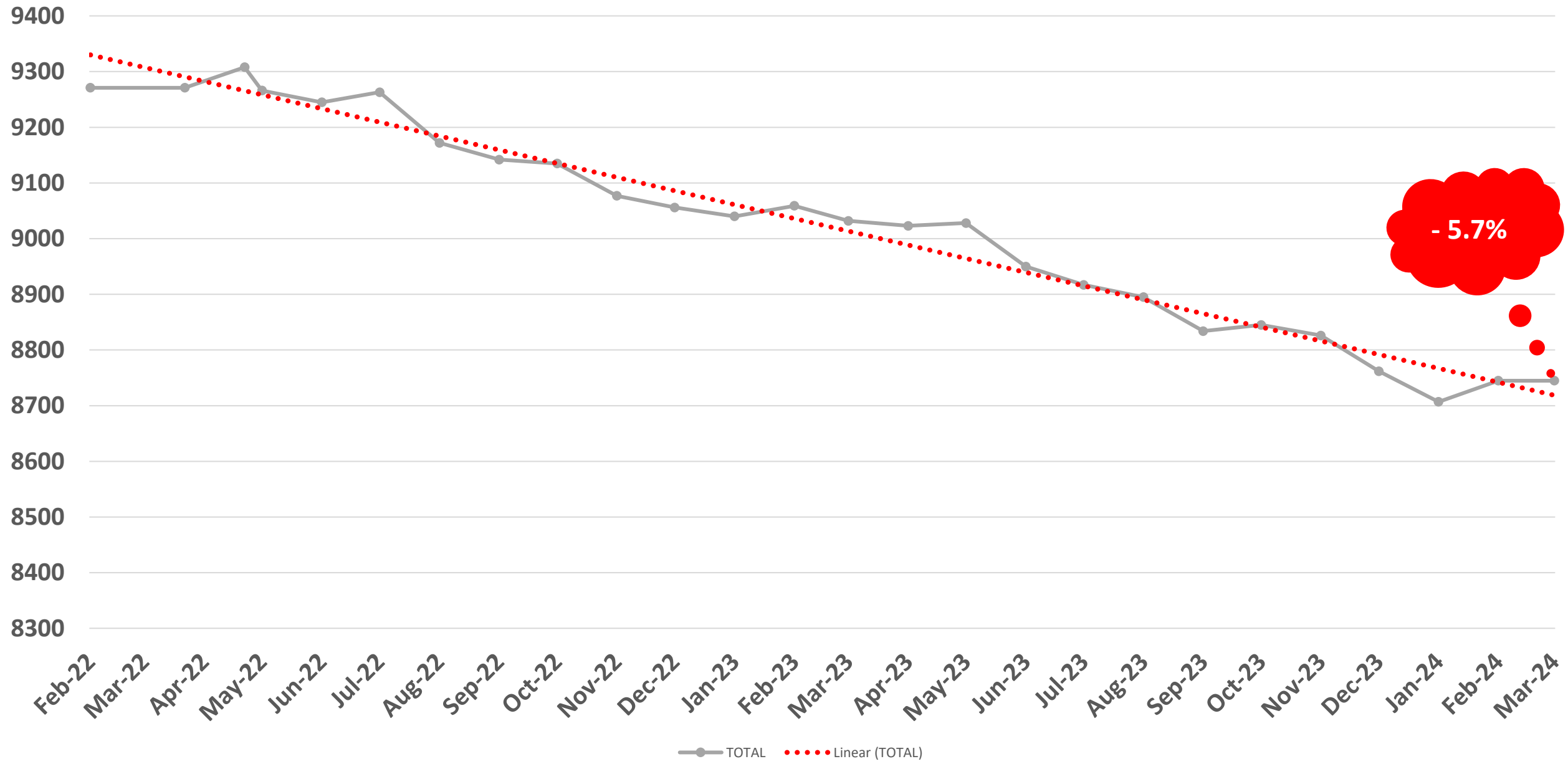
# Fire Service Providers Recruitment and Attrition

Feb 2022 – Mar 2024

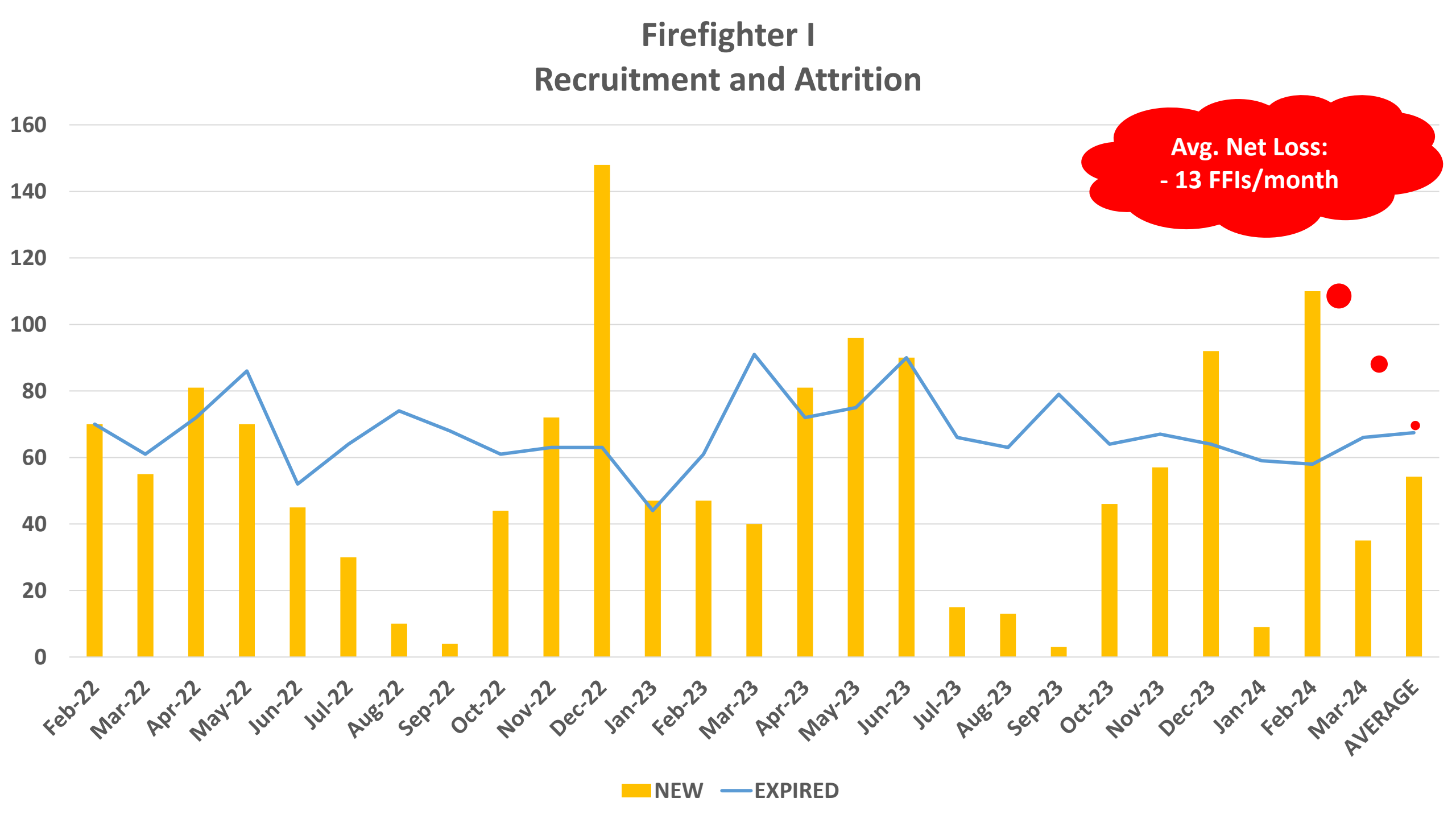
# Volunteer Firefghter Recruitment and Attrition



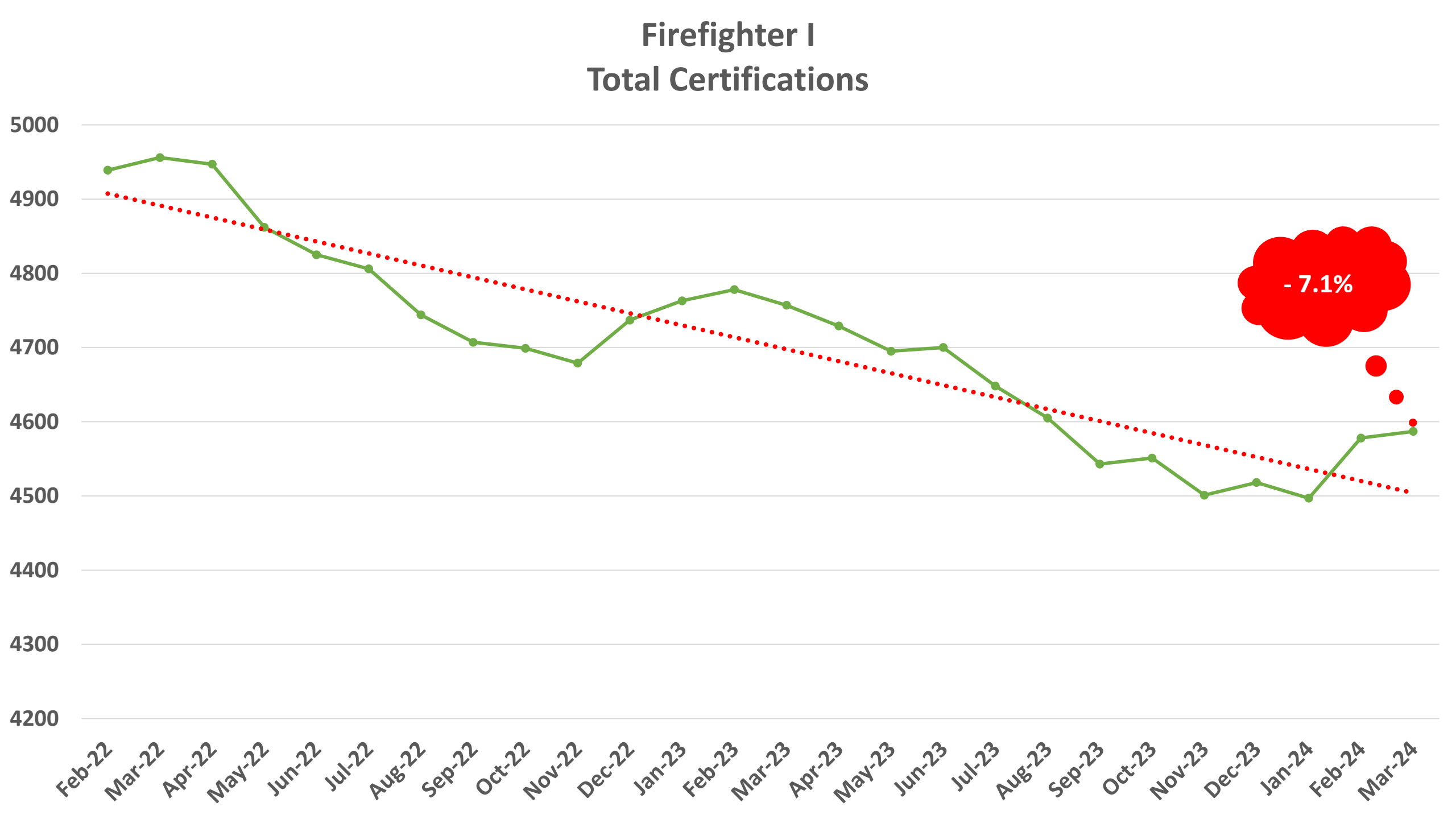
# Volunteer Firefighter
# Total Certifications



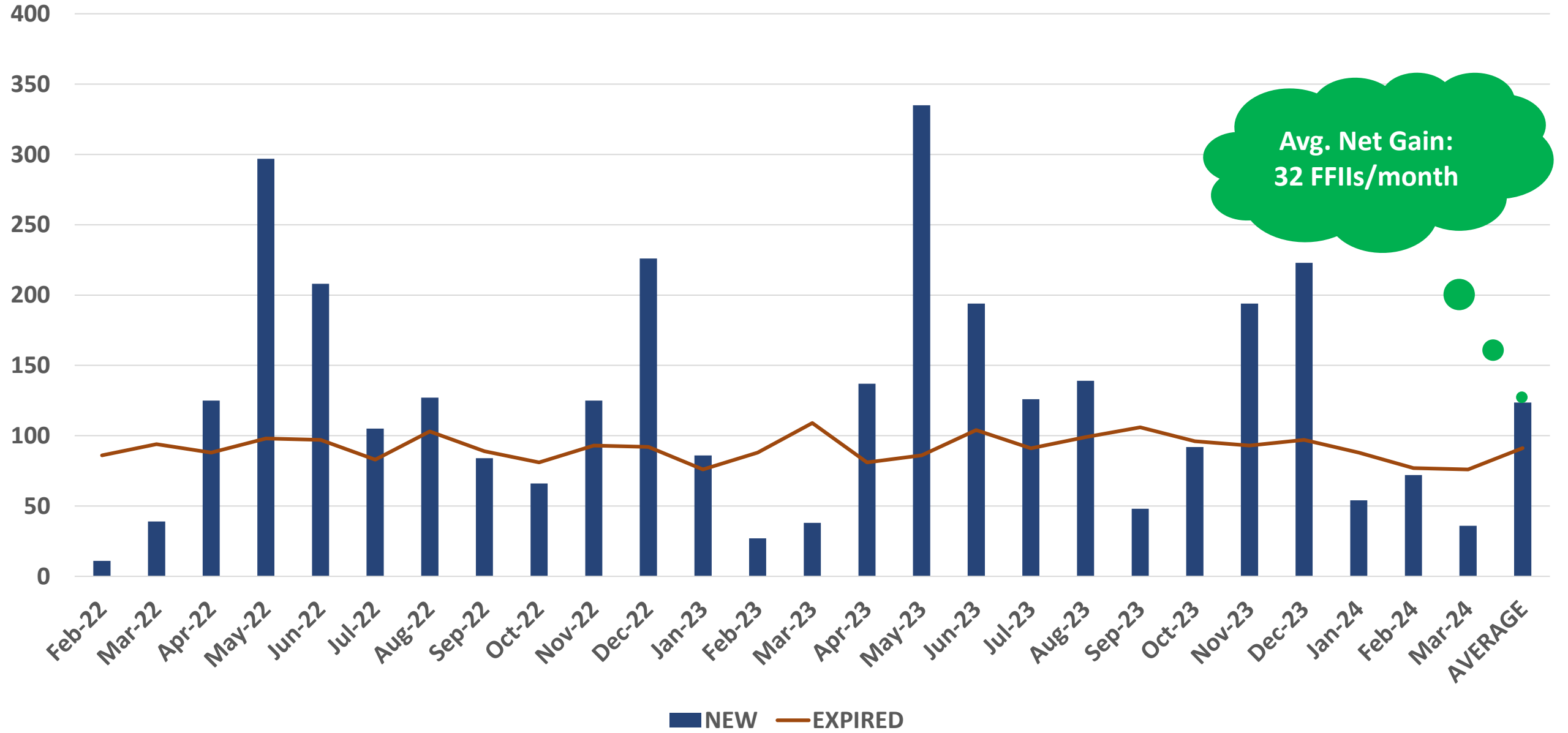
# Firefighter I
# Recruitment and Attrition



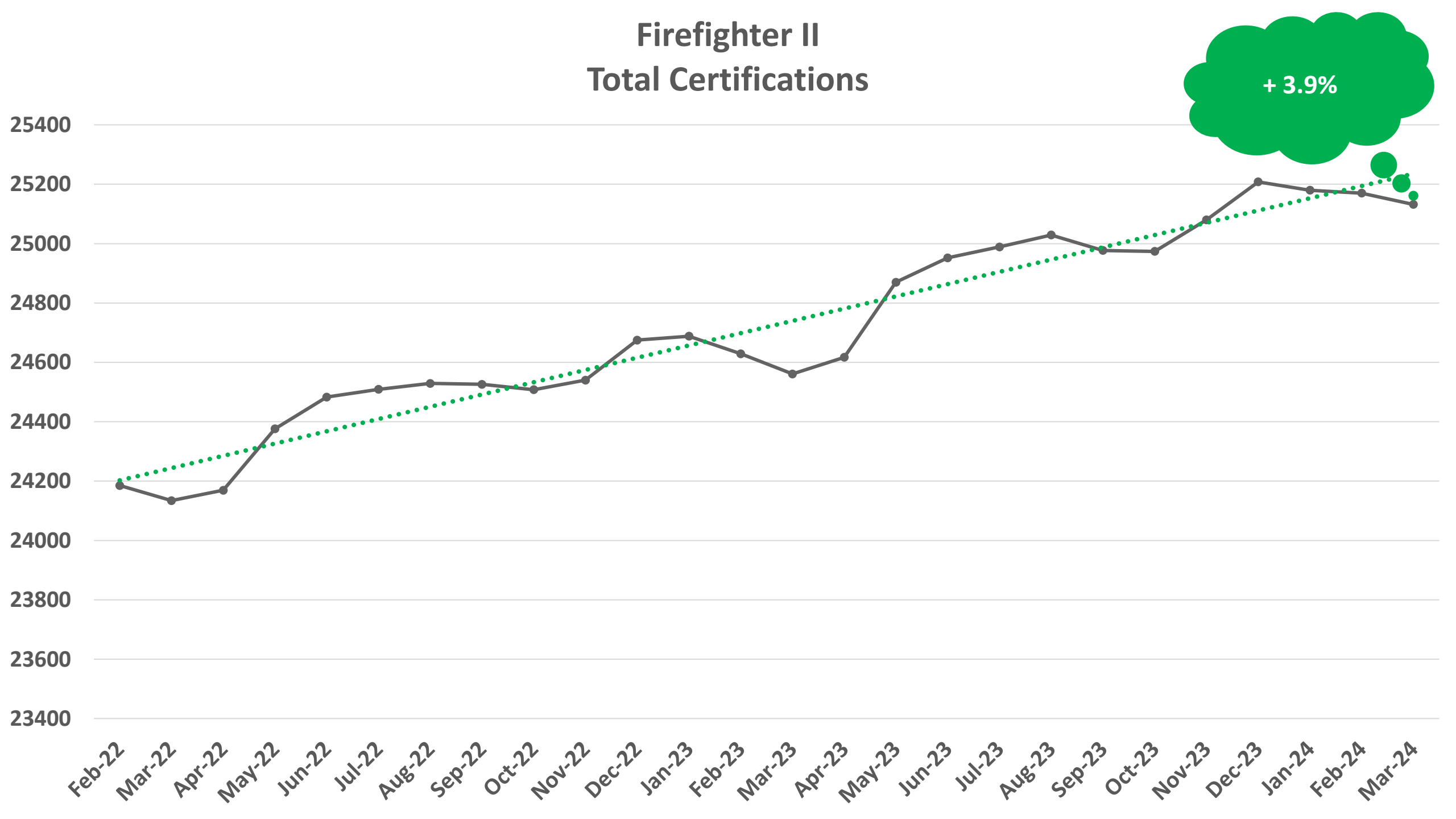
# Firefighter I
# Total Certifications



# Firefighter II
# Recruitment and Attrition



# Firefighter II
# Total Certifications



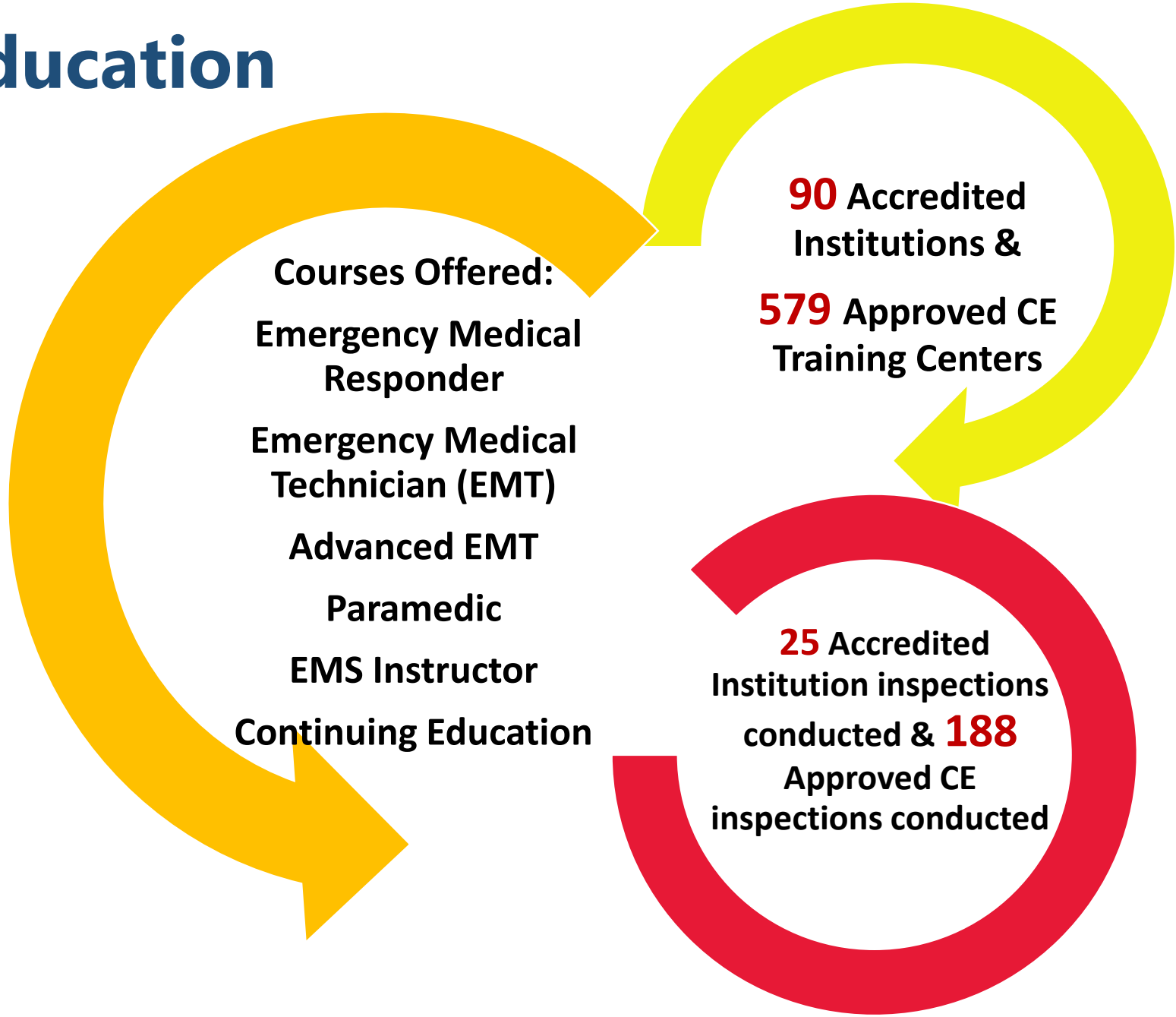
# Education & Testing

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Ed Long, Chief, Education and Testing

# EMS Education

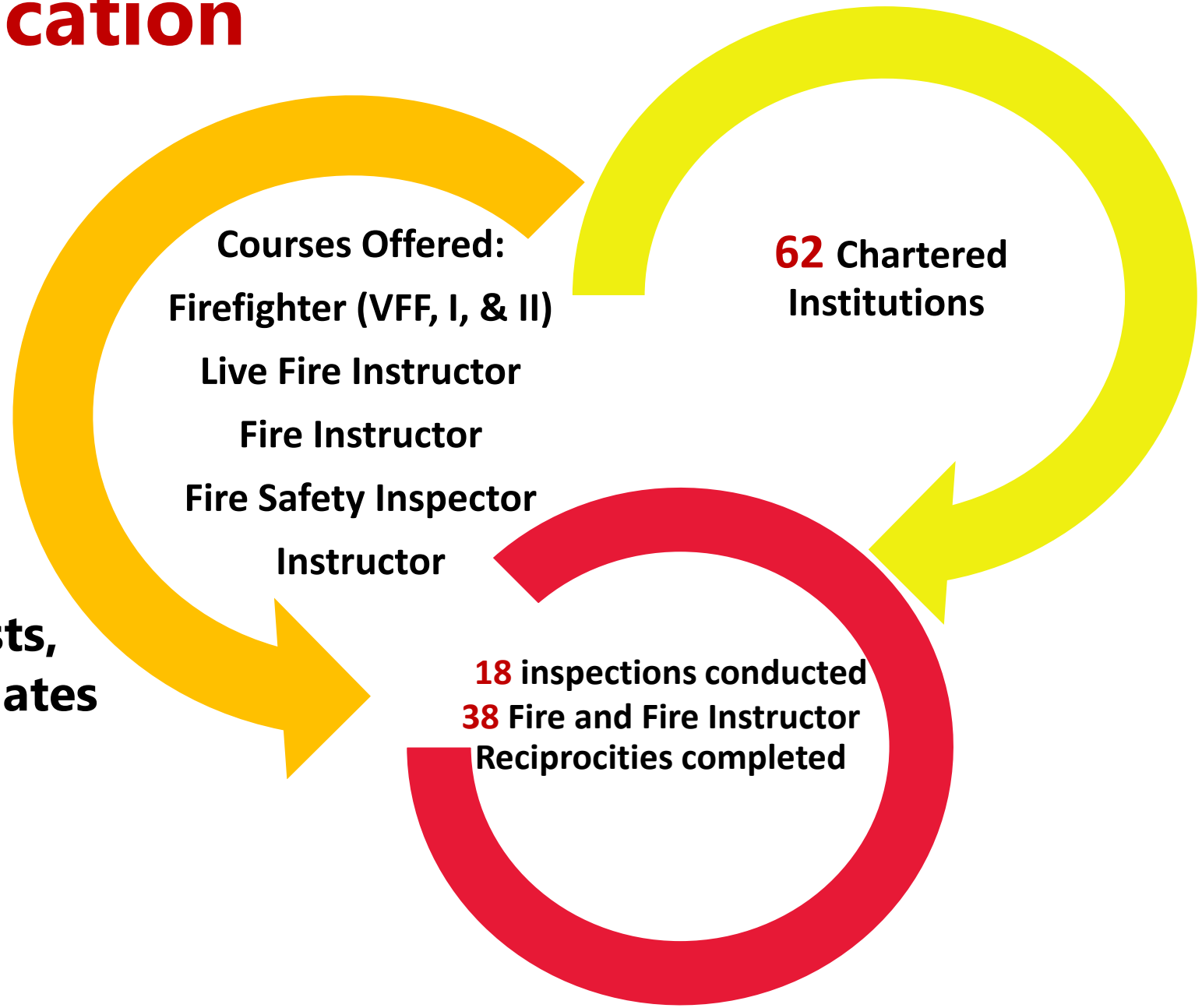


# CAAHEP Accreditation of Paramedic Programs

- The Division of EMS continues to assist Ohio paramedic training programs through the Commission on Accreditation of Allied Health Education Programs (CAAHEP) and its Committee on Accreditation for the EMS Professions (CoAEMSP) requirements and standards.

  - **34 Ohio Paramedic Training Institutions currently hold CAAHEP Accreditation**
  - **3 Ohio Paramedic Training Institutions currently hold a Letter of Review (LOR)[Career & Technology Education Centers of Licking County (C-TEC), Edison State CC, Premier Health and Safety Academy/LCCC Consortium]**

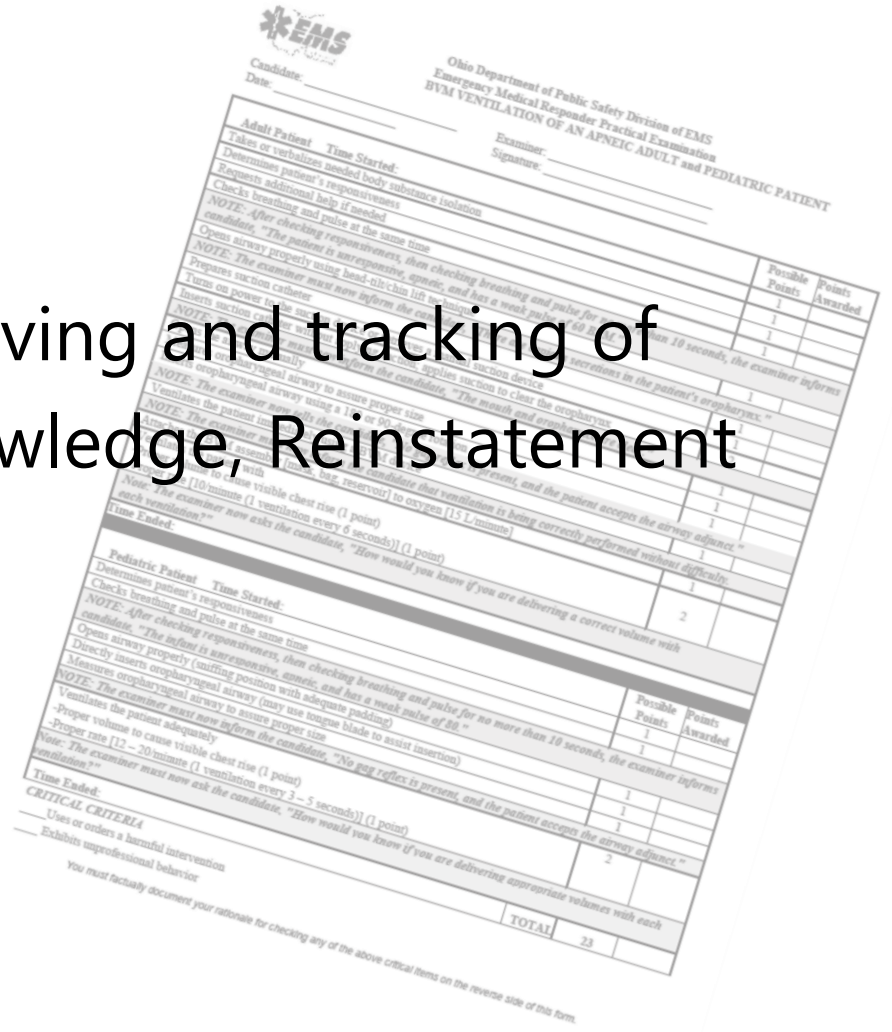
# Fire Education




**Processed 1,717 examination requests, testing 5321 candidates and processing 132 requests for ADA accommodations.**

# EMS Updates

- Testing Section- has taken over approving and tracking of National Registry – Assessment, Knowledge, Reinstatement Exams



# Fire Completed Updates

- VFF Practical Skills updated
  - FF& FSI Sub Com workgroup of 10 Fire Charters that run the most VFF courses
  - 10 FF I Practical Skills were selected for the VFF

- HRO and FSI
  - Skill sheets updated – Now Randomized Practical Skills
  - IT system changes – Closed Book Only certifying Exam
    - FSI – was 100 closed book questions & 30 open book questions- Now 100 closed book
    - HRO – was 60 closed book questions & 20 open book questions – Now 70 closed book

# Fire & EMS Updates in Progress

- Fire and Emergency Services Instructor (FESI) Level I and II
  - OAC rules have been revised and approved – effective date 7/1/2024
  - Working with IT on system/dashboard changes – In Person meetings weekly
  - Working to get Methodology Test Bank validated.
  - NFPA Standard 1020 – (Fire Officer & Fire & Emergency Instructor) - 2025

# CY 2023 EMS Pass Rates

| Classification | # of Students | First Attempt Pass Rate (65% min) | Third Attempt Cumulative Pass Rate (80% min) | Sixth Attempt Cumulative Pass Rate | Eligible for Retest | Failed Six Attempts |
|---|---|---|---|---|---|---|
| **EMR (OH)** | 151 | 65% (98) | 74% (112) | N/A | 26% (39) | N/A |
| **EMR (National)** | 6,847 | 62% (4,243) | 72% (4,946) | N/A | 28% (1,906) | N/A |
| **EMT (OH)** | 2,548 | 67% (1,780) | 80% (2,093) | 81% (2,113) | 19% (512) | 16 |
| **EMT (National)** | 86,701 | 68% (58,998) | 79% (68,074) | 79% (68,619) | 20% (17,642) | N/A |
| **Advanced EMT (OH)** | 125 | 62% (77) | 76% (96) | 76% (96) | 23% (29) | 0 |
| **Advanced EMT (National)** | 6,964 | 58% (4,054) | 72% (5,016) | 74% (5,127) | 26% (1826) | N/A |
| **Paramedic (OH)** | 856 | 67% (577) | 83% (716) | 86% (736) | 14% (120) | 31 |
| **Paramedic (National)** | 15,999 | 71% (11,404) | 85% (13,619) | 87% (13,888) | 13% (2098) | N/A |

# CY 2023 Fire Pass Rates

| Classification | # of Courses | # of Students Tested | First Attempt Pass Rate | Third Cumulative Pass Rate |
|---|---|---|---|---|
| **Volunteer Firefighter** | 87 | 752 | 69.0% (519) | 84.7% (637) |
| **Fire I** | 68 | 577 | 76.1% (439) | 92.4% (533) |
| **Fire I Transition** | 18 | 96 | 92.7% (89) | 95.8% (92) |
| **Fire II Transition** | 50 | 519 | 86.7% (450) | 95.9% (498) |
| **Fire I & II** | 79 | 1070 | 82.6% (884) | 93.3% (998) |
| **Fire Safety Inspector** | 38 | 515 | 75.7% (390) | 91.7% (472) |
| **Hazardous Recognition Officer** | 8 | 72 | 69.4% (50) | 90.2% (65) |
| **Fire Instructor** | 43 | 239 | 85.4% (204) | 96.7% (231) |
| **Live Fire Instructor** | 28 | 207 | N/A | There is no test for LFI. |

# Changes to Test Administration System

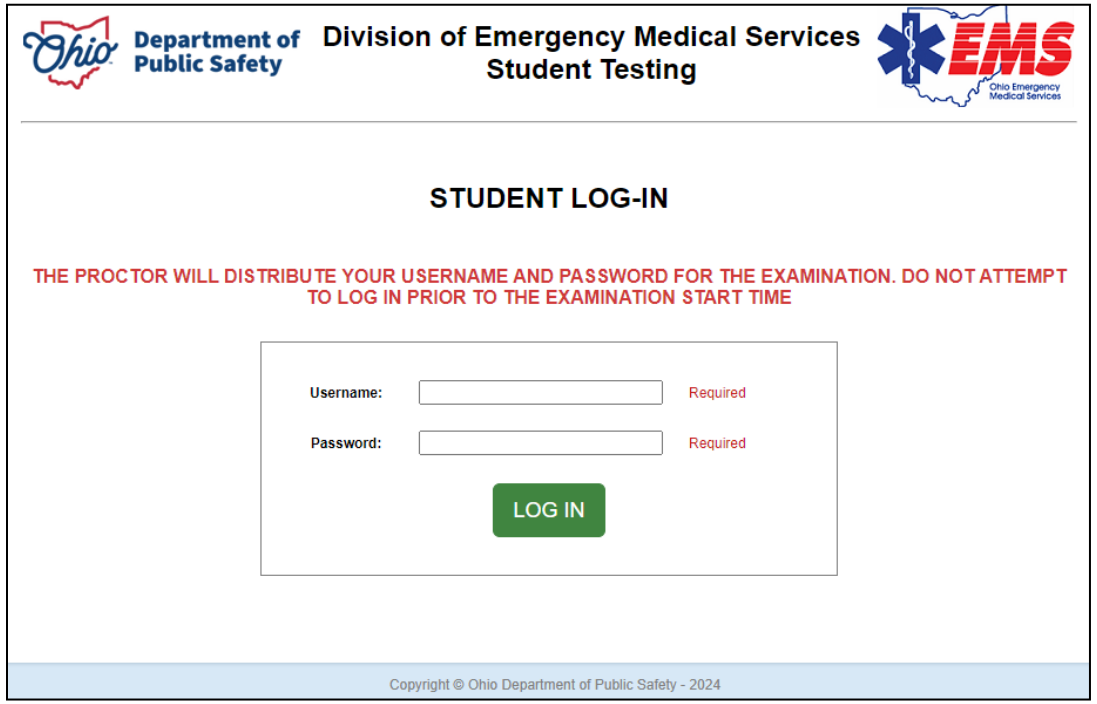
Effective January 10, 2024

# ALL STATE ADMINISTERED EXAMS FOR FIRE & EMS

- The Division of EMS Proctors (for Fire & EMS) are no longer required to read the Proctor Script.

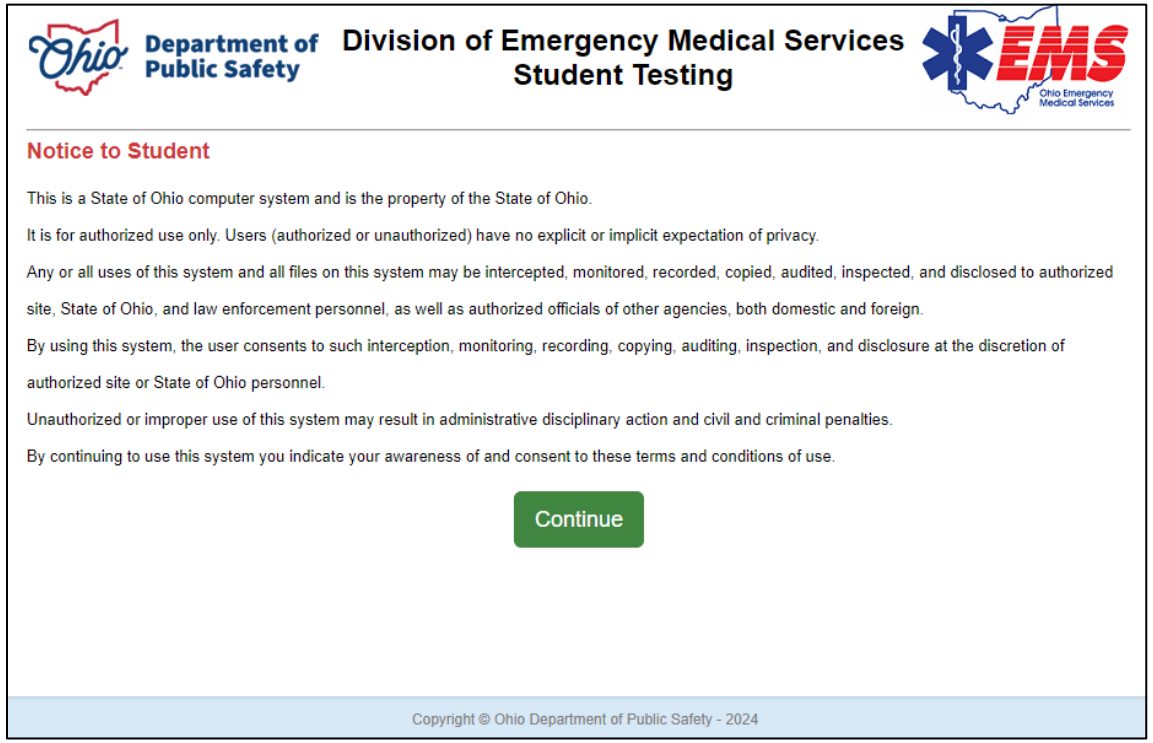
- The candidates are required to read and attest to the test administration and test security guidelines prior to beginning the testing process.

# CANDIDATE SCRIPT

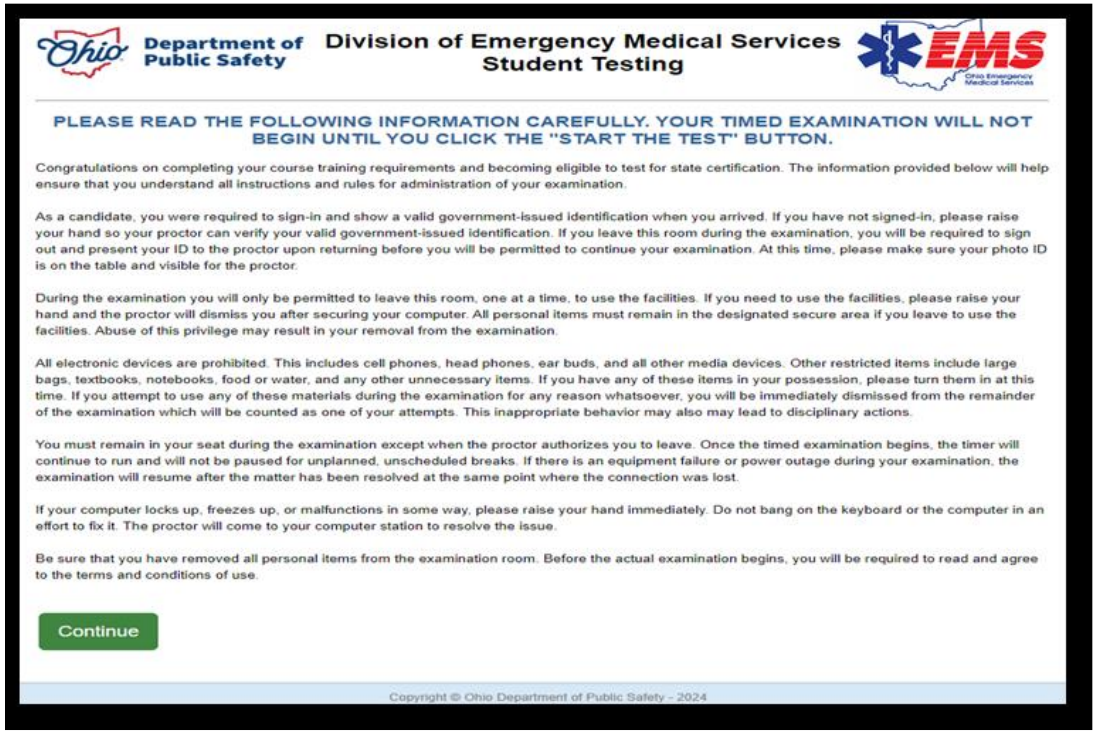



**Screen I**

**Screen II:** By clicking the "Continue" button the student indicates their awareness of and consent to the terms and conditions of use.



# CANDIDATE SCRIPT



Department of Public Safety

Division of Emergency Medical Services
Student Testing

EMS Ohio Emergency Medical Services

**PLEASE READ THE FOLLOWING INFORMATION CAREFULLY. YOUR TIMED EXAMINATION WILL NOT BEGIN UNTIL YOU CLICK THE "START THE TEST" BUTTON.**

Congratulations on completing your course training requirements and becoming eligible to test for state certification. The information provided below will help ensure that you understand all instructions and rules for administration of your examination.

As a candidate, you were required to sign-in and show a valid government-issued identification when you arrived. If you have not signed-in, please raise your hand so your proctor can verify your valid government-issued identification. If you leave this room during the examination, you will be required to sign out and present your ID to the proctor upon returning before you will be permitted to continue your examination. At this time, please make sure your photo ID is on the table and visible for the proctor.

During the examination you will only be permitted to leave this room, one at a time, to use the facilities. If you need to use the facilities, please raise your hand and the proctor will dismiss you after securing your computer. All personal items must remain in the designated secure area if you leave to use the facilities. Abuse of this privilege may result in your removal from the examination.

All electronic devices are prohibited. This includes cell phones, head phones, ear buds, and all other media devices. Other restricted items include large bags, textbooks, notebooks, food or water, and any other unnecessary items. If you have any of these items in your possession, please turn them in at this time. If you attempt to use any of these materials during the examination for any reason whatsoever, you will be immediately dismissed from the remainder of the examination which will be counted as one of your attempts. This inappropriate behavior may also may lead to disciplinary actions.

You must remain in your seat during the examination except when the proctor authorizes you to leave. Once the timed examination begins, the timer will continue to run and will not be paused for unplanned, unscheduled breaks. If there is an equipment failure or power outage during your examination, the examination will resume after the matter has been resolved at the same point where the connection was lost.

If your computer locks up, freezes up, or malfunctions in some way, please raise your hand immediately. Do not bang on the keyboard or the computer in an effort to fix it. The proctor will come to your computer station to resolve the issue.

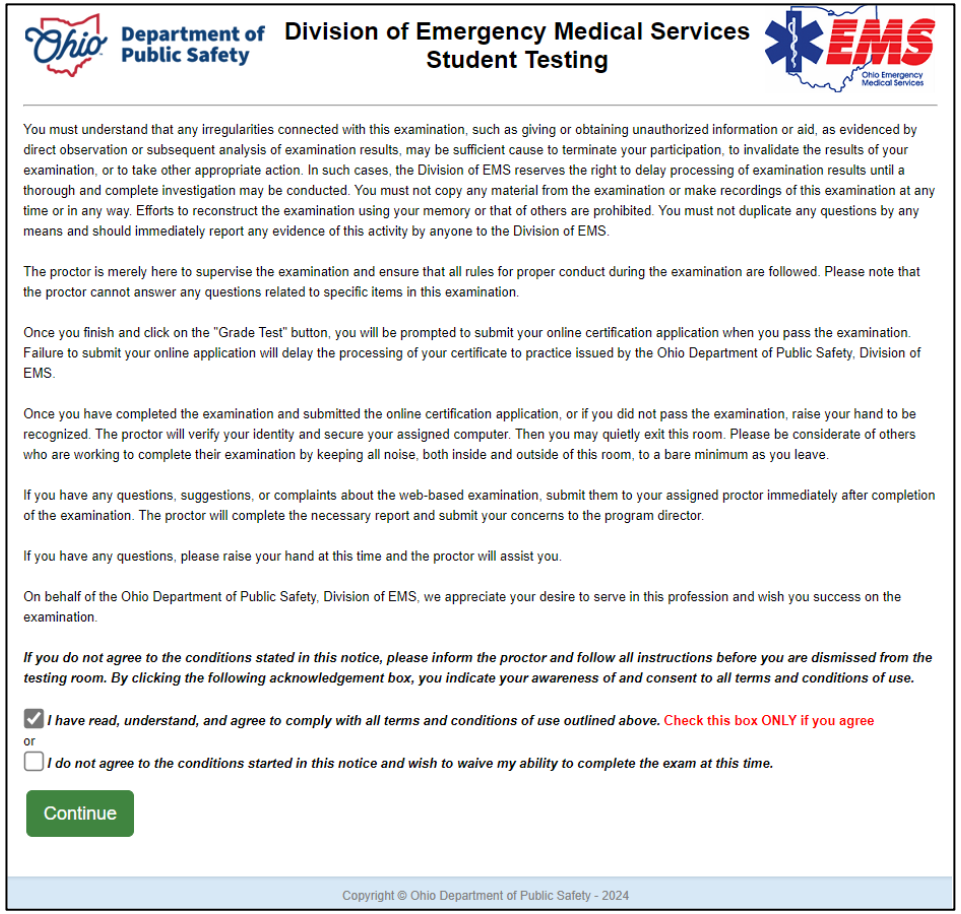
Be sure that you have removed all personal items from the examination room. Before the actual examination begins, you will be required to read and agree to the terms and conditions of use.

Continue

Copyright © Ohio Department of Public Safety - 2024

**Screen III:** Students must read page 1 of the examination instructions and click Continue to complete the candidate instructions.

**Screen IV:** If a candidate agrees to the conditions stated in the notice, the candidate will click the Continue button and be forwarded to the test instructions.



Department of Public Safety

Division of Emergency Medical Services
Student Testing

EMS Ohio Emergency Medical Services

You must understand that any irregularities connected with this examination, such as giving or obtaining unauthorized information or aid, as evidenced by direct observation or subsequent analysis of examination results, may be sufficient cause to terminate your participation, to invalidate the results of your examination, or to take other appropriate action. In such cases, the Division of EMS reserves the right to delay processing of examination results until a thorough and complete investigation may be conducted. You must not copy any material from the examination or make recordings of this examination at any time or in any way. Efforts to reconstruct the examination using your memory or that of others are prohibited. You must not duplicate any questions by any means and should immediately report any evidence of this activity by anyone to the Division of EMS.

The proctor is merely here to supervise the examination and ensure that all rules for proper conduct during the examination are followed. Please note that the proctor cannot answer any questions related to specific items in this examination.

Once you finish and click on the "Grade Test" button, you will be prompted to submit your online certification application when you pass the examination. Failure to submit your online application will delay the processing of your certificate to practice issued by the Ohio Department of Public Safety, Division of EMS.

Once you have completed the examination and submitted the online certification application, or if you did not pass the examination, raise your hand to be recognized. The proctor will verify your identity and secure your assigned computer. Then you may quietly exit this room. Please be considerate of others who are working to complete their examination by keeping all noise, both inside and outside of this room, to a bare minimum as you leave.

If you have any questions, suggestions, or complaints about the web-based examination, submit them to your assigned proctor immediately after completion of the examination. The proctor will complete the necessary report and submit your concerns to the program director.

If you have any questions, please raise your hand at this time and the proctor will assist you.

On behalf of the Ohio Department of Public Safety, Division of EMS, we appreciate your desire to serve in this profession and wish you success on the examination.

***If you do not agree to the conditions stated in this notice, please inform the proctor and follow all instructions before you are dismissed from the testing room. By clicking the following acknowledgement box, you indicate your awareness of and consent to all terms and conditions of use.***

☑ ***I have read, understand, and agree to comply with all terms and conditions of use outlined above.*** Check this box ONLY if you agree

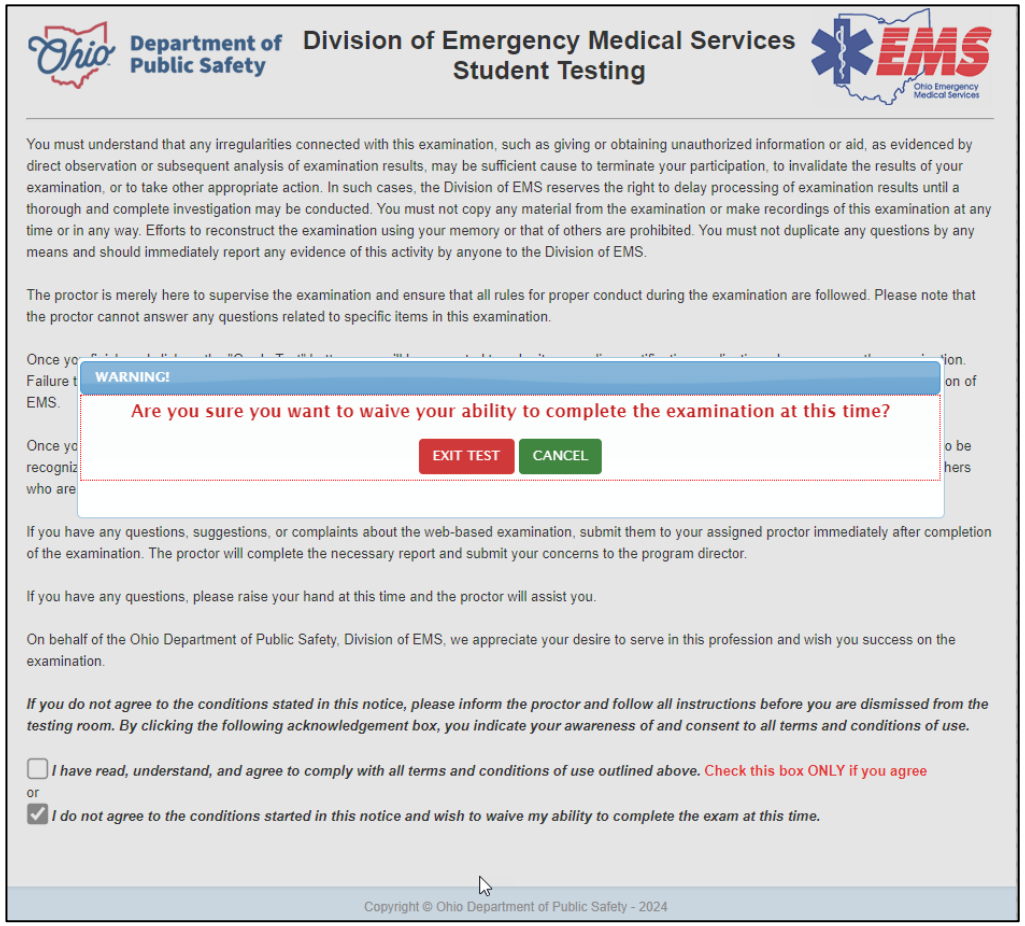
or

☐ ***I do not agree to the conditions started in this notice and wish to waive my ability to complete the exam at this time.***

Continue

Copyright © Ohio Department of Public Safety - 2024

# CANDIDATE SCRIPT




**Screen V:** If a candidate does not agree to the conditions stated in the notice, the candidate must inform the proctor, in which case the proctor will secure the computer and the candidate will be dismissed from the testing room. The proctor shall write an explanation of the events and file an incident report with the program director, immediately after the examination.

# Fire & EMS Certifying Exams Proctor

- On February 4, 2024, Online Proctor Training Course was updated.
- On March 4, 2024, All Program Directors were notified that their Proctors needed to complete the updated “Proctor Course” by April 15, 2024.

# Fire & EMS Certifying Exams Proctor

- On April 4, 2024, a reminder was sent to all Proctors and PDs.
- After April 15, 2024, only Proctors who have completed the updated training will be authorized to proctor exams.

# Subject Matter Experts

We are still in need of SMEs for upcoming test bank validations over the next couple years.

# Subject Matter Experts NEEDED !

We have partnered with the Ohio Association of Professional Fire Fighters to promote our message.

Social media posts have also been made by:

The Ohio State Fire Fighters Association

The Ohio Society of Fire Service Instructors

Ohio Emergency Medical Services Facebook & “X” (formerly known as Twitter) accounts.

# Test Content Validation by SMEs

We are just finishing up FFI & FFII test content validation- Started August 2023 with 21 SMEs (7 groups of 3). We are down to 8 SMEs in 3 groups.

FSI new standards are out now – will need to start this test content validation very soon.

Lack of SMEs will require content validation by Div. staff – very time consuming

FFI & II new standards are out.  We will need to start this process again very soon.

FESI – New standards will be out in 2025 – We currently have 8 SMEs.

# DEMS  Completed Updates

- DEMS was tasked with purchasing new AEDs to replace the outdated AEDS at Shipley, Centre School, Alum Creek, Aviation, and EMA.
- 28 AEDs were purchased and placed at their respective sites at the identified locations. 4 AED trainers were also purchased.
- Seven staff took BLS Provider through AHA and then completed the BLS Instructor certification.

# QUESTIONS ?

# Volunteer Firefighter Task Force Update

EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# EMFTS Board Retreat – April 16-18, 2024

- Dorothy Battles, Chief

# Task Force on the Volunteer Fire Service

## Update

# Recommendations

January 2023 the task force made ten total recommendations to the Governor for improving the volunteer fire service.

Recruitment and Retention Recommendations– 5

Training Recommendations – 3

Financial Recommendations - 2

# Retention and Recruitment Recommendations

#1 - The Division of State Fire Marshal should establish a full-time volunteer recruitment/retention coordinator with a network of regional coordinators across the state. The Ohio Fire Academy could support regional coordinators with part-time Intermittent Fire Training Officers (FTO's) and current regional networks.

The Division of State Fire Marshal should coordinate the production of public service announcements focused on the needs of the volunteer fire service. The PSAs should be provided to all statewide media markets and available on social media platforms.

Outcome - Coordinator was hired in 2023 & the PSAs have been recorded.

# Retention and Recruitment Recommendations

#2 – Paid Leave – expand ORC 124.1310 to allow for up to 16 hours of paid leave per month for state employees that volunteer. Increasing the current 40 hour maximum to 192 hours maximum.

#3 – Point Based Non-Wage Incentives – Division of Fire Marshal and the Division of EMS should be tasked with establishing a structure of non-wage incentives to support recruitment and retention of volunteers.

Outcome – requires action by legislature and/or the Governor's Office

# Retention and Recruitment Recommendations

#4 – Workforce Development/Education Tuition Waiver – Division of State Fire Marshall should waive all course tuition fees, dorm fees, and related costs at the Ohio Fire Academy for volunteer firefighters.

The State should provide tuition vouchers for up to 2 years at career and technical schools based on volunteer activity level.

Outcome – all courses at OFA are offered at no charge to volunteers. The remaining recommendations require action by legislature and/or the Governor's Office

# Retention and Recruitment Recommendations

#5 – Establish a Length of Service Award Program – this program would effectively function as a pension/retirement system for volunteer firefighters. Volunteers would earn service credits or monetary contributions (like deferred compensation) for years of service.

Outcome –requires action by legislature and/or the Governor's Office

# Training Recommendations

#1 – Replace much of ORC 4765.55 "Fire Service Training Programs," by redesigning the 36-hour volunteer firefighter curriculum to a competency-based instruction authentic assessment model.

#2 – Training delivery – Allow for online training in advance of new and challenging course material. Allow for hybrid training and various testing options.

#3 – Consider lowering the age from 18 to 17 for FF1.

Outcome – requires action by legislature and/or the Governor's Office

# Financial Recommendations

#1 – Financial Resources – Considering funding revenue from gasoline, license plate, and new car sales. Consider the reallocation of property tax. Consider an increase in percentage of retaliatory tax on foreign insurance.

#2 – Grants and loans – Division of State Fire Marshal should establish grant program to assist with volunteer fire department cadet programs. A fund should be established to incentivize the formation full-time EMS response for volunteer departments that have high EMS call volumes.

Outcome – requires action by legislature and/or the Governor's Office.

# Financial Recommendations

#2 – Grants and loans (cont.) – The State should establish a Volunteer Fire Department Infrastructure grant program that would make available $5 million annually, for a period of 5-years, for construction, renovation, expansion, etc.  Equipment and appliances not eligible.

BWC should expand the current grant program or establish an Ohio Firefighter Turnout Gear program to cover the cost of turnout gear for volunteer firefighters.

Funding should be increased for the FF1 Training Grant to $1 million annually.

# Financial Recommendations

#2 – Grants and loans (cont.) – Funding should be increased for the Fire Department Equipment Grant to $2.5 million annually.

Increase the Revolving Loan Program to $2 million annually, for 5-years.

Outcome – the Infrastructure Grant Program, BWC Turnout Grant, FF1 Training grant increase, Equipment Grant increase, and the Revolving Loan recommendations have been put into place.

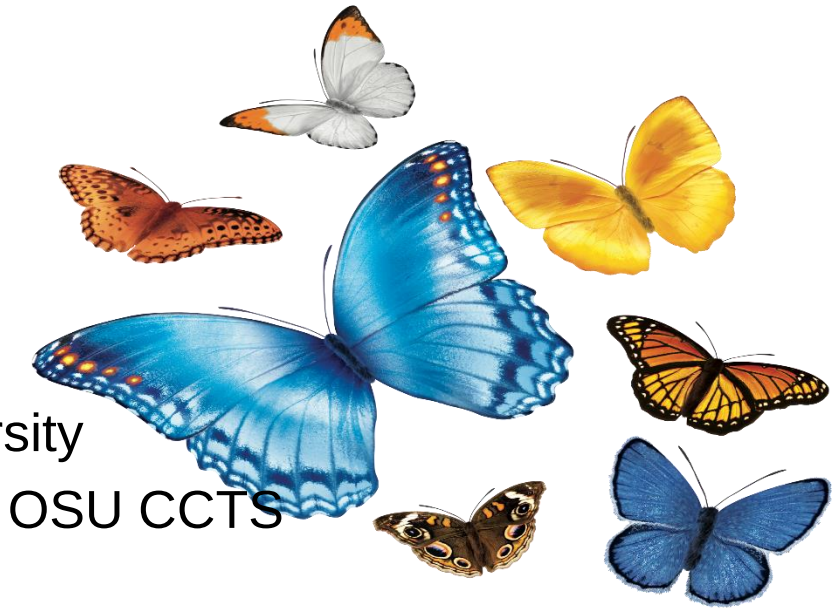
# Priority Grant Research

Department of
Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Henry Xiang, MD, MPH, PhD, MBA

# ODPS EMS Grant Accomplishments



Henry Xiang, MD, MPH, PhD, MBA
Professor of Medicine, The Ohio State University
Director of Translational and Clinical Studies, OSU CCTS
&
Director of Center for Pediatric Trauma Research
Nationwide Children's Hospital

April 17, 2024



NATIONWIDE CHILDREN'S
*When your child needs a hospital, everything matters.*

# Disclosure

No conflicts of interest

All projects were funded using Ohio Department of Public Safety – EMS grants

# Factors Affecting Motor Vehicle Crashes in Ohio

- 2010-2011
- Role: Co-investigator
- PI: Gary Smith

# Evaluation of the Effect of Ohio's Graduated Driver Licensing Law on Motor Vehicle Crashes and Crash Outcomes Involving Drivers 15½ - 20 Years of Age

- 2013-2014
- Role: Co-investigator
- PI: Gary Smith

# Assessment of Access to Trauma Center Care in Ohio

- 2013-2014
- Role: PI
- Publication:

  Chen W, Wheeler K, Lin S, Huang Y, Sui D, and Xiang H. Evaluation of spatial accessibility to Ohio trauma centers using a GIS-based gravity model. Br J Med Med Res 2015; 10(7):1-12.

# Follow-up Appointment Compliance After Pediatric TBI

- 2016-2017
- Role: PI
- Publication:

  Lever K, Peng J, Lundine JP, Caupp S, Wheeler KK, Sribnick EA, Xiang H. Attending Follow-up Appointments After Pediatric Traumatic Brain Injury: Caregiver-Perceived Barriers and Facilitators. J Head Trauma Rehabil. 2019 Mar/Apr;34(2):E21-E34. doi: 10.1097/HTR.0000000000000433.

# Virtual Reality Cognitive Assessment Tool (VR-CAT) for Pediatric TBI

- 2018-2020
- Role: PI
- Publications:

1) Shen J, Koterba C, Samora J, Leonard J, Li R, Shi J, Yeates KO, Xiang H, Taylor HG. Usability and validity of a virtual reality cognitive assessment tool for pediatric traumatic brain injury. Rehabil Psychol. 2022 Nov;67(4):587-596.

doi: 10.1037/rep0000464.

2. Shen J, Giles S, Kurtovic K, Fabia R, Besner G, Wheeler K, Xiang H, Groner J. Evaluation of nurses' accuracy in rating procedural pain among pediatric burn patients using the face, legs, activity, cry, consolability (FLACC) scale. Burns 2017 ;43(1):114-120

3. Shen J, Johnson S, Chen C, and Xiang H. Virtual reality for pediatric traumatic brain injury rehabilitation: A systematic review. Am J Lifestyle Med. 2018 https://doi.org/10.1177%2F1559827618756588

4. Shen J, Xiang H, Luna J, Grishchenko A, Patterson J, Strouse RV, Roland M, Lundine JP, Koterba CH, Lever KD, Groner JI, Huang Y, and Lin ED. Virtual Reality-Based Executive Function Rehabilitation System for Children With Traumatic Brain Injury: Design and Usability Study. JMIR Serious Games 2020;8(3):e16947

5. Shen J, Koberta C, Samora J, Leonard J, Li R, Shi J, Yeates KO, Xiang H, and Taylor HG. Usability and validity of a virtual reality cognitive assessment tool for pediatric traumatic brain injury. Rehabil Psychol. 2022;67(4):587-596

6. Shen J, Lundine JP, Koterba C, Udaipuria S, Busch T, Rausch J, Yeates KO, Crawfis R, **Xiang H**, and Taylor G. VR-based Cognitive Rehabilitation for Children with Traumatic Brain Injuries: Feasibility and Safety. Rehabilitation Psychology. 2022; 67(4):474-483.

7. Shen J, Lundine JP, Koterba C, **Xiang H**, and Taylor G. Usability and Validity of a VR Cognitive Assessment Tool for Pediatric TBI. Rehabilitation Psychology 2022; *67*(4), 587–596.

# Mobile Phone Virtual Reality Game for Pediatric Home Burn Dressing Pain Management

- 2019-2021
- Role: PI
- Publication:

  Armstrong M, Lun J, Groner JI,  Thakkar RK, Fabia R, Noffsinger D, Ni A, Xiang H. Mobile phone virtual reality game for pediatric home burn dressing pain management: a randomized feasibility clinical trial. *Pilot Feasibility Stud*. 2022 Aug 18;8(1):186. doi.org/10.1186/s40814-022-01150-9

# The Impact of Ohio's Opioid Prescriptions Law on Opioid Use and Outcomes in Pediatric Patients

- 2020-2021
- Role: PI
- Publication:

  Armstrong M, Groner JI, Samora J, Olbrecht VA, Tram NK, Noffsinger D, Boyer EW, Xiang H. Impact of Opioid Law on Prescriptions and Satisfaction of Pediatric Burn and Orthopedic Patients: Epidemiological Study. *PLOS ONE.* 18(11): e0294279. https://doi.org/10.1371/journal.pone.0294279

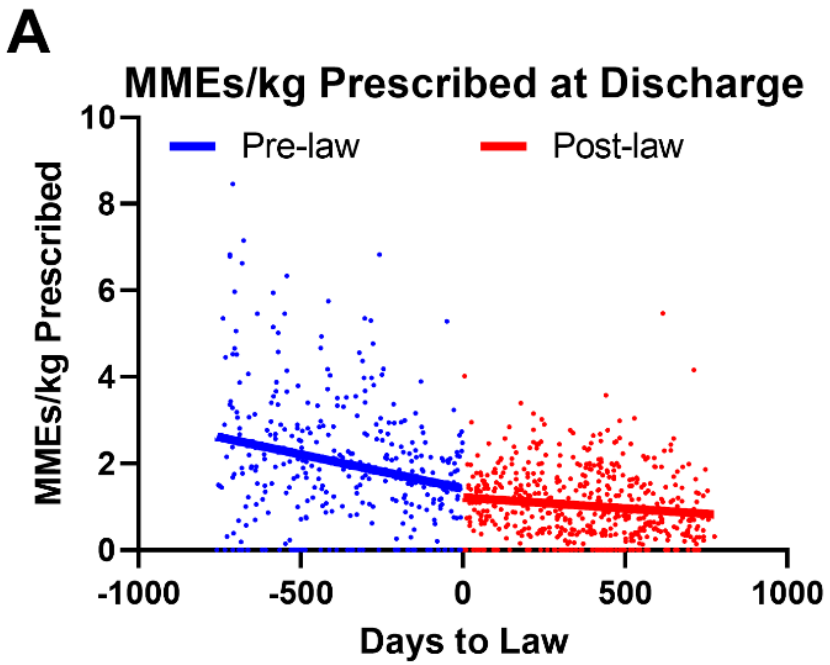
  – Presented at the Society for the Advancement of Violence and Injury Research (SAVIR) 2023 Annual Conference

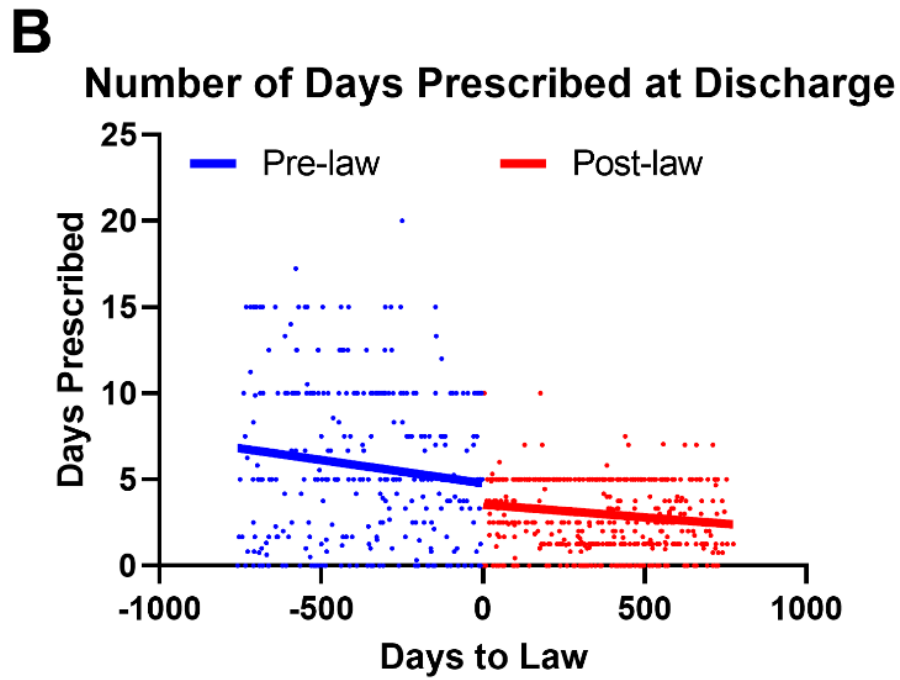
# Study Aims

1. Determine the impact of the 2017 Ohio opioid prescription rules on reducing opioid pain medications prescribed for acute pain in pediatric patients undergoing burn care or knee arthroscopy
2. Assess association of opioid prescribing, consumption and amount of left-over medications, and pain control status at the 90-day post discharge patient survey after the 2017 Ohio opioid prescription rules

# Results

## (Retrospective Chart Review)




Nationwide Children's
When your child needs a hospital, everything matters.

# Future Research

Project Title:

Artificial Intelligence Risk Prediction to Guide Patient-Centered Support Discussion Following Elderly TBI

# Background

- During the previous ten years, TBI-related deaths increased 16% and falls remain the most common cause of TBI in Ohio (Source: ODH Bureau of Vital Statistics).

- In 2019, Ohioans had 2,609 TBI-related deaths, 11,332 TBI-related hospitalizations, and 113,356 TBI-related emergency department (ED) visits.

- Although elderly individuals represent only 10% of all patients with TBI, they account for almost 50% of all TBI-related hospitalizations and deaths.

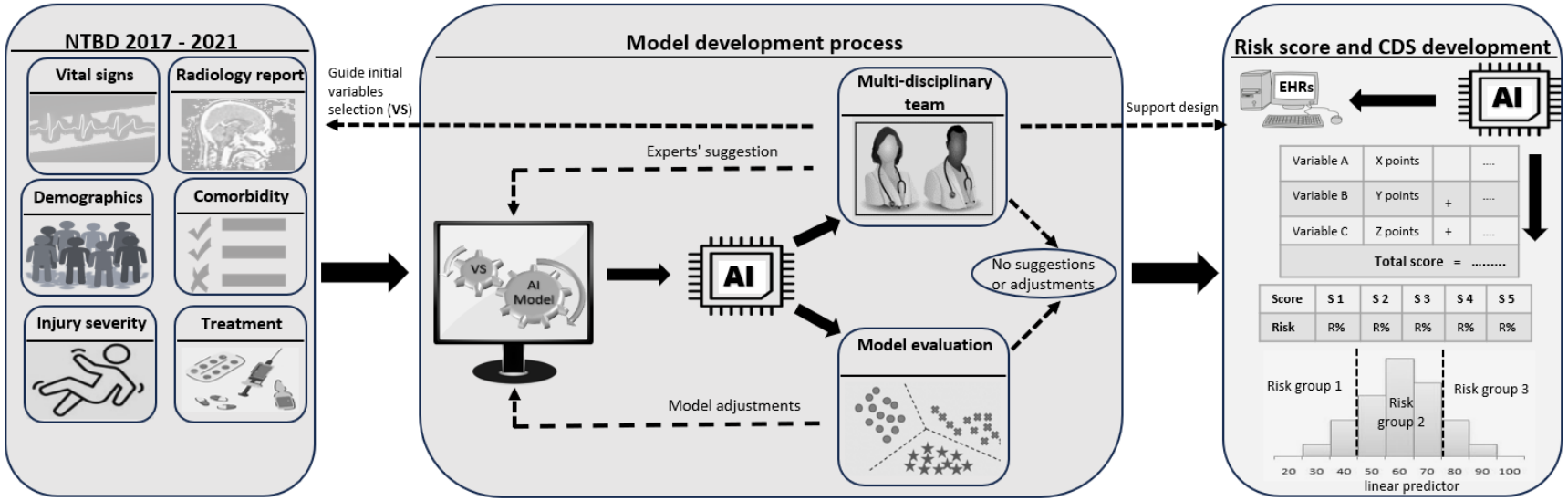
# Overall Goal

Our research team aims to develop **interpretable artificial intelligence (AI)** models to predict possible and relevant outcomes after TBI admission to support decision-making and care for physicians and families.

# Study Aims

- **Specific Aim 1**: Develop machine learning models for outcome prediction in elderly patients with fall-related TBI.
  - A1: In-hospital survival probability model.
  - A2: Predict rehabilitation facility discharge probability.
  - A3: Model to predict extra care needed from a skilled nursing facility.
- **Specific Aim 2**: Form a care provider consortium to discuss improvements of these models and future directions

# Approach


NTBD 2017 - 2021
Vital signs
Radiology report
Demographics
Comorbidity
Injury severity
Treatment
Guide initial variables selection (VS)
Model development process
Multi-disciplinary team
Experts' suggestion
VS
AI Model
AI
No suggestions or adjustments
Model evaluation
Model adjustments
Support design
Risk score and CDS development
EHRs
AI
Variable A
X points
Variable B
Y points
Variable C
Z points
Total score = .....
Score
S 1
S 2
S 3
S 4
S 5
Risk
R%
Risk group 1
Risk group 2
Risk group 3
20 30 40 50 60 70 80 90 100
linear predictor

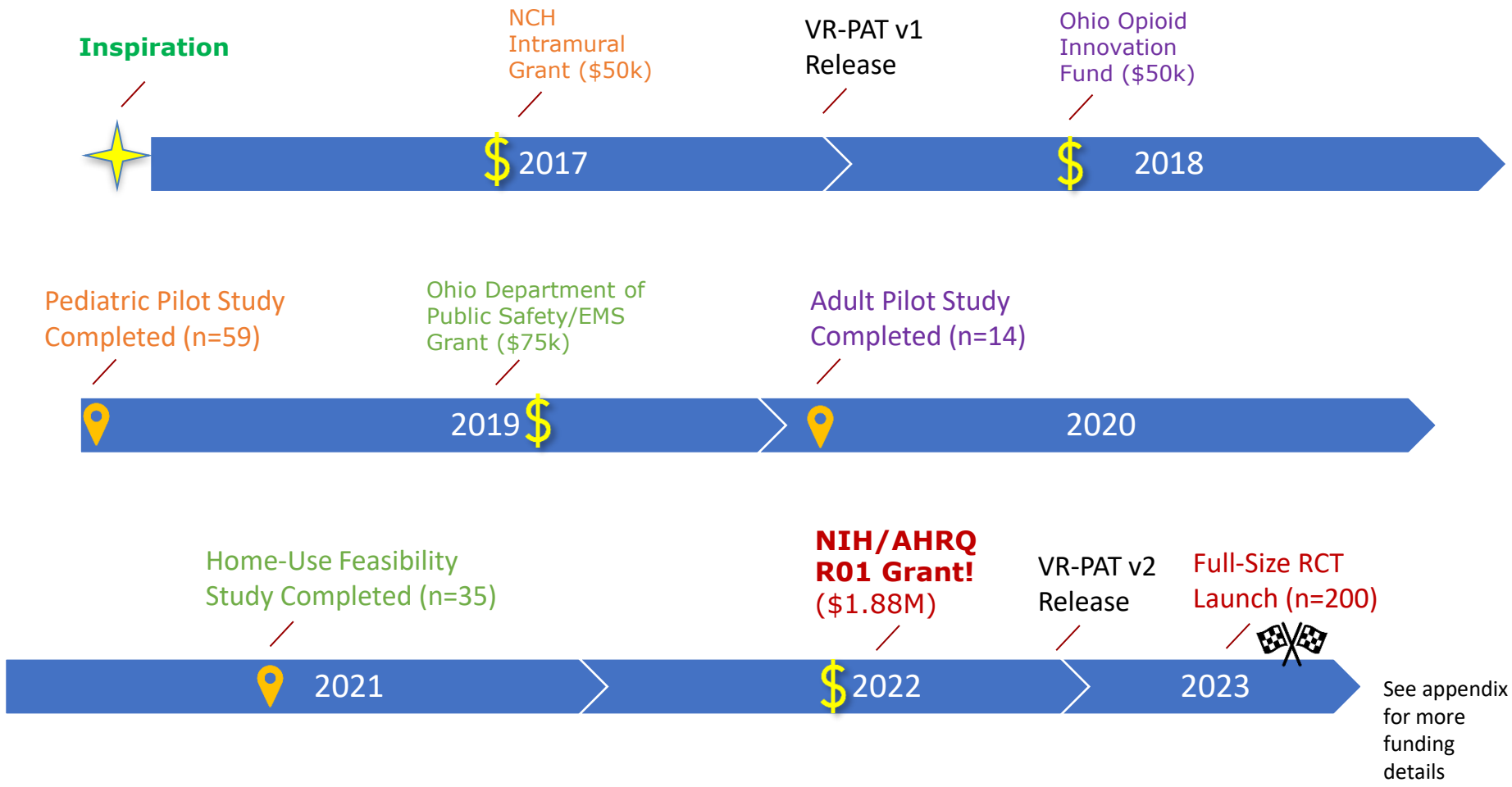
# Multidisciplinary Team

- Drs. Henry Xiang, Eric Sribnick, Biche Osong –Nationwide Children's Hospital

- Three Adult Trauma Surgeons
  Dr. Andrew Young from the OSU Main Hospital,
  Dr. John Bach from the Riverside Hospital,
  Dr. Urmil Pandya from the Grant Hospital)

- Two experienced nurse managers
  Sharon Heaton from the OSU Main Hospital
  Heather Altshuler from the OSU East Hospital

# Impact of ODPS EMS Grants on Our Success




See appendix for more funding details

# Secured Funding ($2.1M)

2017 Pilot Study (n=90) - Active and Passive Virtual Reality Distraction for Pain Management during Pediatric Burn Dressing Changes (*NCH Intramural Grant, $50,000*)

- D&T team developed the 1st version of VR-PAT
- Study focused on pediatric patients
- Feasibility established for inpatient uses

2018 Pilot Study (n=14) - Virtual Reality Distraction to Reduce Opioid Pain Medication Use During Adult Burn Dressing Change (*Ohio Opioid Innovation Fund, $50,000*)

- D&T team improved VR-PAT with more attention-attractive features
- Study extended to adult patients

2019 Feasibility Study (n=35) - Mobile Phone Virtual Reality Game for Pediatric Home Burn Dressing Pain Management (*Ohio Department of Public Safety/EMS Grant, $75,000* )

- New setting - at-home burn care
- Feasibility established for at-home uses

2022 RCT (n=200) - A Randomized Clinical Trial of Smartphone Virtual Reality for Pain Management During Burn Care Transition (*AHRQ R01, $1,875,424*)

- Full-size randomized clinical trial to establish effectiveness and safety
- D&T team completed a phase 2 development to improve the VR-PAT

2023 Feasibility (n=40) - Virtual Reality for Pain Management During Repeated Pediatric Laser Procedures (*NCH Intramural Grant, $50,000*)

- New use case – pain management during laser beam treatment
- D&T team involved in device design

# Large Federal Grant Funding Pending ($17M)

2024 Mechanism Study (n=30) - Imaging Pain in a Virtual World: Neuroimaging Biomarkers for Assessing Brain Mechanisms Mediating Virtual Reality Pain Therapeutics in Children (*NIH UG3/UH3, $3,776,417, Submitted/Reviewed in 2023, Revising stage*)

2024 Multisite Clinical Trial - Multicenter Clinical Trial of Virtual Reality for Acute Pain Alleviation During Pediatric Inpatient Burn Care (*NIH U01, $7,237,219, Under review*)

2024 RCT (n=500) - Multisite Clinical Trial of Virtual Reality for Pediatric Pain Management During Medical Burn Care (*PCORI, $6,000,000, Submitted/Reviewed in 2023, very positive score; resubmitting now*)

https://researchfeatures.com/virtual-reality-game-paediatric-patients-pain-treatment/

# Questions?

**Dr. Henry Xiang**
Henry.Xiang@NationwideChildrens.org
614-355-5893 (O)
Center for Pediatric Trauma Research
Center for Injury Research & Policy

NATIONWIDE CHILDREN'S®
*When your child needs a hospital, everything matters.*

# Education Committee

EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# EMFTS Board Retreat – April 16-18, 2024

- Amy Raubenolt, MD
    - Update

# 2024 – 2029 EMFTS Board Strategic Plan

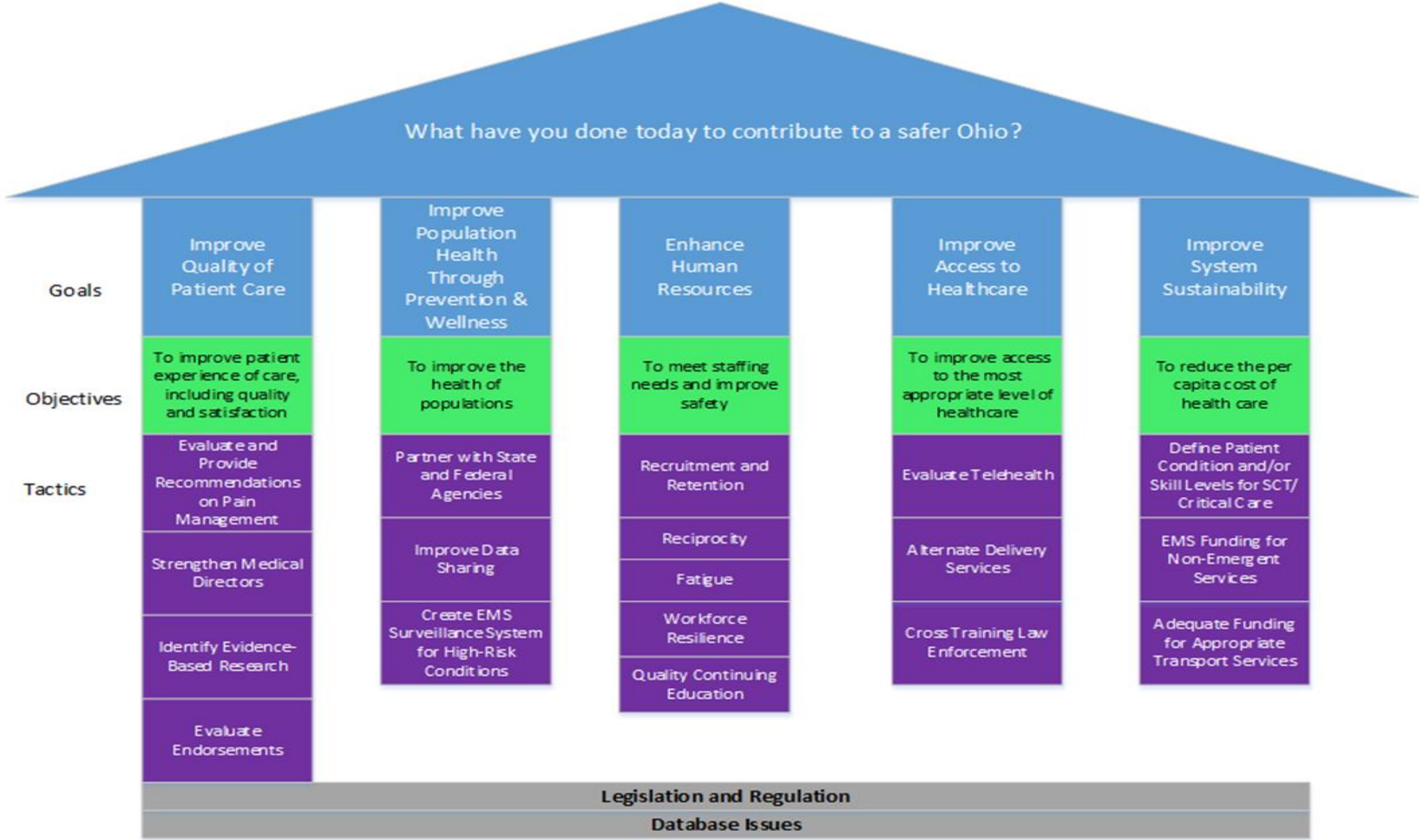
EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# EMFTS Board Retreat – April 16-18, 2024

- 2018 EMFTS Strategic Plan Update – Rob Wagoner, Executive Director


What have you done today to contribute to a safer Ohio?
Goals
Objectives
Tactics
Improve Quality of Patient Care
To improve patient experience of care, including quality and satisfaction
Evaluate and Provide Recommendations on Pain Management
Strengthen Medical Directors
Identify Evidence-Based Research
Evaluate Endorsements
Improve Population Health Through Prevention & Wellness
To improve the health of populations
Partner with State and Federal Agencies
Improve Data Sharing
Create EMS Surveillance System for High-Risk Conditions
Enhance Human Resources
To meet staffing needs and improve safety
Recruitment and Retention
Reciprocity
Fatigue
Workforce Resilience
Quality Continuing Education
Improve Access to Healthcare
To improve access to the most appropriate level of healthcare
Evaluate Telehealth
Alternate Delivery Services
Cross Training Law Enforcement
Improve System Sustainability
To reduce the per capita cost of health care
Define Patient Condition and/or Skill Levels for SCT/ Critical Care
EMS Funding for Non-Emergent Services
Adequate Funding for Appropriate Transport Services
Legislation and Regulation
Database Issues

# ODPS Division of Emergency Medical Services

## 2018 Strategic Plan

- Interruption by COVID-19 pandemic during 2020-21:
  - DEMS staffing shortages, hiring freezes, and funding
  - DEMS remote work and virtual meetings
- Board discussion
  - Create next five year strategic plan
    - New/emerging topics
    - Sustainable funding source(s)
    - Other thoughts/suggestions/ideas?

# EMFTS Board Strategic Planning Focus Group
# 2024 – 2029

| Improve EMS System Sustainability Through Improved Funding | Reinforce / Expand Capacity and Capabilities of Fire and EMS Workforce Personnel | Integrate EMS with Public Health, Mobile Integrated Health, Community Health Surveillance, Other Community Resources and Technological Solutions | Enhance QI Efforts and Outcomes-Focused Care/ Management Based on Evidence-Based Guidelines | Enhance EMS and Fire Certification Processes | Medical Transportation Licensure Enhancements |
|---|---|---|---|---|---|
| Adequately Fund EMS | Strengthen EMS & Fire Workforce | Integrated Data Collection System | Benchmarks & Quality Standards | Streamline the Certification Process | Standardize Capabilities |
| Fee-for-service | Crossover education | Build relationships | Performance stds. | Assess competency | Vehicle inspections |
| Group purchasing | Marketing plan | Remove barriers | Care benchmarks | Background checks | Needs-based tasking |
| Funding allocation | ⬆ Capacity/capabilities | Improve data sharing | Linkage to outcomes | Join EMS Compact | Standardized equip. |
| Wages & incentives | EMR in high schools | Ohio uniform ePCR | Performance portal | Review age req'mts. | Enforcement of stds. |
| | | | Funding distribution | | |
| | | | QA+EBG+outcomes | | |
| | | | Medical oversight | | |

Legislation and Regulation

Database and ODPS IT Support

| PILLAR (STRATEGIC FOCUS, CRITICAL TOPICS) | TASKS/LONG-TERM GOALS TO CONSIDER | COMMITTEE/SUBCOMMITEE/ WORKGROUP |
|---|---|---|
| **1. IMPROVE EMS SYSTEM SUSTAINABILITY THROUGH IMPROVED FUNDING**<br><br>**Objective: By 2029, the EMFTS Board must reduce the burden on the EMS system to improve funding and improve utilization of resources.** | 1. Identify and investigate ways to adequately fund EMS. | |
| | 2. Change the current billing process to an itemized, fee-for-service model. | |
| | 3. Create a system for group purchasing to reduce costs and lower bulk purchasing prices. | |
| | 4. Expand grant opportunities and maximize the use of state and federal funds, focusing on underserved areas and equitable allocation of grant resources. | |
| | 5. Create a plan to facilitate competitive wages and establish incentives. | |

| PILLAR (STRATEGIC FOCUS, CRITICAL TOPICS) | TASKS/LONG-TERM GOALS TO CONSIDER | COMMITTEE/SUBCOMMITEE/ WORKGROUP |
|---|---|---|
| **2. REINFORCE AND EXPAND THE CAPACITY AND CAPABILITIES OF FIRE AND EMS WORKFORCE PERSONNEL**<br><br>**Objective: By 2029, the EMFTS Board must promote fire and EMS careers by expanding and enhancing educational opportunities.** | 1. Create/streamline pathways to facilitate transition/crossover from other allied health and public safety professions into the EMS and fire professions. | |
| | 2. Develop and implement a marketing plan to promote the fire and EMS professions (make it more attractable). | |
| | 3. Expand EMS providers' roles by increasing the capacity and capabilities of the available workforce. | |
| | 4. Promote EMR education in the high school curricula, including the role of EMRs to serve as appropriately trained staff to respond on all EMS responses. | |

| PILLAR (STRATEGIC FOCUS, CRITICAL TOPICS) | TASKS/LONG-TERM GOALS TO CONSIDER | COMMITTEE/SUBCOMMITEE/ WORKGROUP |
|---|---|---|
| **3. INTEGRATE EMS WITH PUBLIC HEALTH, MOBILE INTEGRATED HEALTH, COMMUNITY HEALTH SURVEILLANCE, AND OTHER COMMUNITY RESOURCES AND TECHNOLOGICAL SOLUTIONS TO IMPROVE DATA UTILIZATION AND INTEGRATION.**<br><br>**Objective: By 2029, the EMFTS Board must create a data collection system that promotes and integrates all appropriate healthcare resources and partners.** | 1. Build/improve relationships and intentionally include all organizational/ stakeholder representation in meetings, projects, and planning initiatives, creating a well-integrated and collaborative partnership free from barriers and silos. | |
| | 2. Remove barriers to facilitate integration of EMS into the healthcare system and create a unified healthcare system team. | |
| | 3. Create the ability to share data between all healthcare resources and partners in an efficient, cost-effective, and HIPAA-compliant method. | |
| | 4. Create/implement a cost-effective, uniform statewide electronic patient care reporting system process for EMSIRS. | |

| PILLAR (STRATEGIC FOCUS, CRITICAL TOPICS) | TASKS/LONG-TERM GOALS TO CONSIDER | COMMITTEE/SUBCOMMITEE/ WORKGROUP |
|---|---|---|
| **4. ENHANCE QUALITY IMPROVEMENT EFFORTS AND OUTCOMES-FOCUSED CARE/MANAGEMENT BASED ON EVIDENCE-BASED GUIDELINES**<br><br>**Objective: By 2029, the EMFTS Board must enhance statewide EMS by creating evidence-based benchmarks, identifying roadblocks, and implementing outcomes-based quality assurance standards.** | 1. Establish standards for care and performance. | |
| | 2. Identify benchmark goals for care. | |
| | 3. Link performance data to identify opportunities to improve outcomes. | |
| | 4. Make benchmark data available through a portal so that other providers and the public can compare performance data. | |
| | 5. Link performance metrics to the grant process to help guide distribution of funds. | |
| | 6. Ensure the quality assurance process aligns with evidence-based guidelines and focuses on patient outcomes. | |
| | 7. Ensure appropriate medical oversight by qualified personnel. | |

| PILLAR (STRATEGIC FOCUS, CRITICAL TOPICS) | TASKS/LONG-TERM GOALS TO CONSIDER | COMMITTEE/SUBCOMMITEE/ WORKGROUP |
|---|---|---|
| **5. ENHANCE EMS AND FIRE CERTIFICATION PROCESSES**<br><br>**Objective: By 2029, the EMFTS Board must streamline the certification process for EMS and fire personnel to ensure that educational and professional standards are met and upheld.** | 1. Create a document with best practices for assessing provider competency and encourage widespread adoption in order to provide a framework for initial onboarding and ongoing evaluations of personnel. | |
| | 2. Require mandatory background checks for all initial and recertification applicants to include Rapback. | |
| | 3. Become a member state in the EMS Compact. | |
| | 4. Investigate the benefits and risks of changing the current age requirements for EMS and fire service personnel. | |

| PILLAR (STRATEGIC FOCUS, CRITICAL TOPICS) | TASKS/LONG-TERM GOALS TO CONSIDER | COMMITTEE/SUBCOMMITEE/ WORKGROUP |
|---|---|---|
| **6. MEDICAL TRANSPORTATION LICENSURE ENHANCEMENTS**<br><br>**Objective: By 2029 the EMFTSB must establish one minimum standard for all private or public EMS services, including staffing, equipment, and oversight.** | 1. Create a system whereby all types of patient transport vehicles are inspected. | |
| | 2. Define guidelines/recommendations for transport levels based on acuity or needs of the patient so that the type of transport vehicle needed (ALS, BLS, MICU, Air) will be better defined to help ensure that proper care is delivered for each patient. | |
| | 3. Standardize minimal equipment, staffing, and type of service guidelines to ensure uniformity of service delivery and establish realistic, evidence-based guidelines to which all are held accountable. | |
| | 4. Improve training and recruitment of MTLS inspectors, holding all accountable to equitable enforcement of all required standards. | |

# Scope of Practice Presentation

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

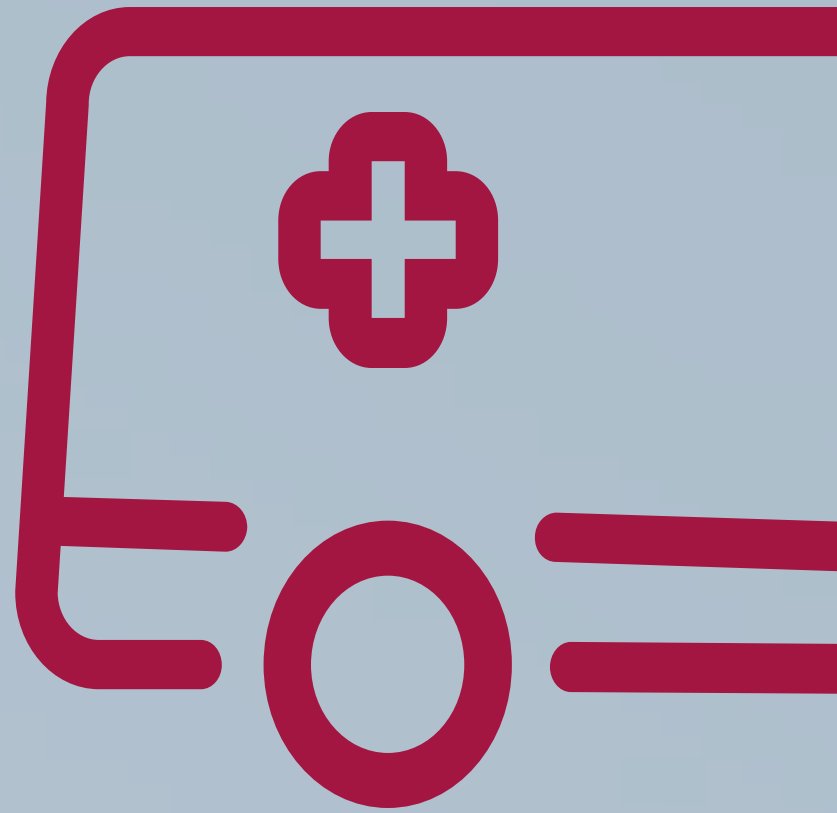
- Scope of Practice Presentation – Hamilton Schwartz, MD, Med, FAAP, Vice Chair, Ad Hoc Scope of Practice Committee

Ohio

Ad Hoc

Sub Committee

# Scope of Practice 2024



# OBJECTIVES

- Review of
  - SOP Committee Goal/Direction
  - Big Picture of SOP
- SOP Committee Progress
- Comparison of CORE v. ADDED
- Discussion on how NSOP fits into OHIO SOP
  - Pros/Cons
- Ad Hoc SOP Committee "TO-DO" list
- Part 3 - "Bruno" ?
- Answer any Questions

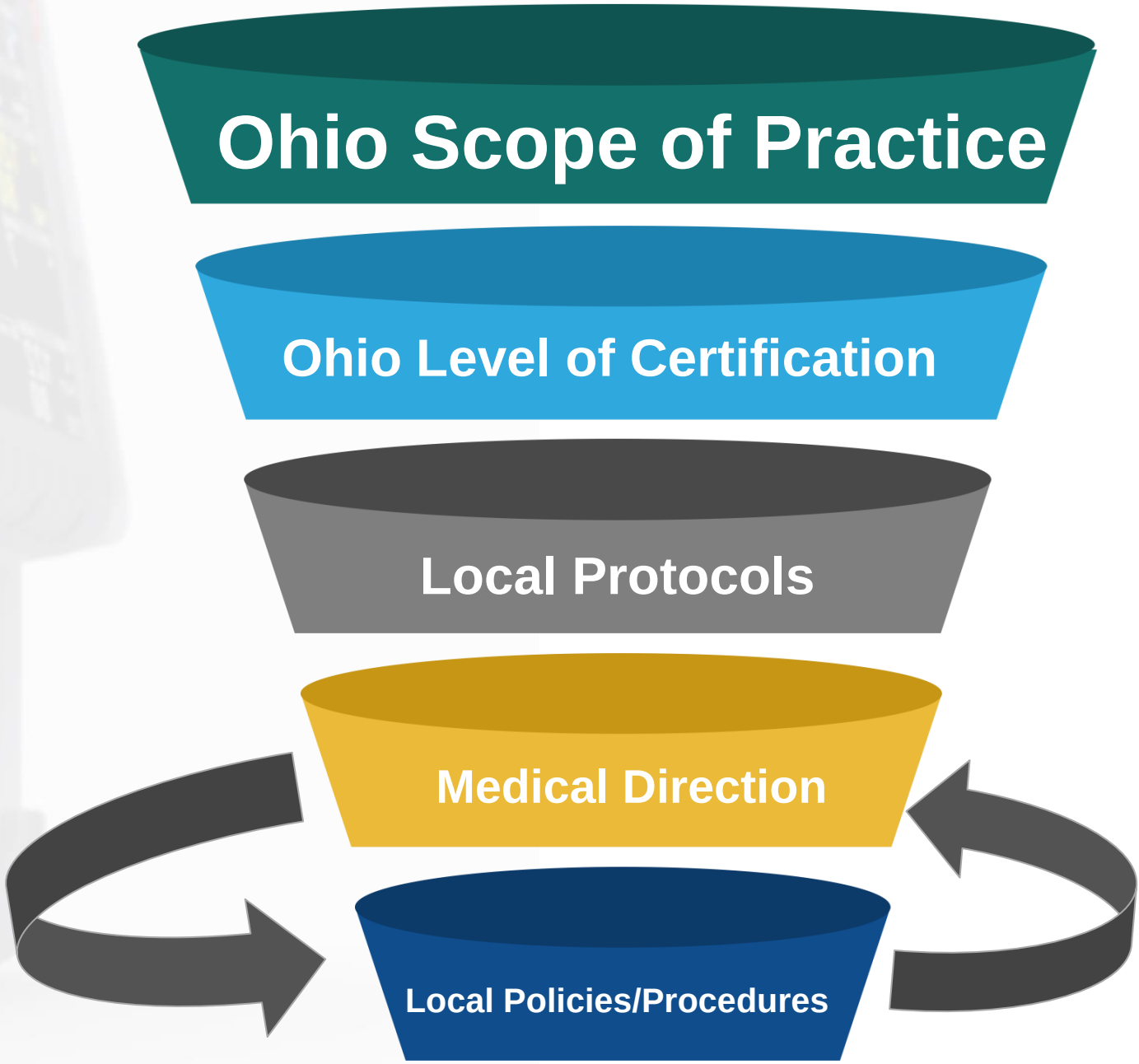
# GOAL

THE GOAL OF THE SOP AD HOC COMMITTEE IS TO CREATE A SCOPE OF PRACTICE IN THE STATE OF OHIO  WHICH NOT ONLY REPRESENTS THE CURRENT CLIMATE OF EMS BUT IS ALSO ADAPTABLE FOR YEARS TO COME.

THE COMMITTEE REALIZES THE RAPIDLY EVOLVING NEEDS OF THE COMMUNITY DRIVE THE DIRECTION OF EMS WORKERS, THEREFORE IS CHARGED WITH CREATION OF A SOP WHICH CAN CONFORM JUST AS QUICKLY.

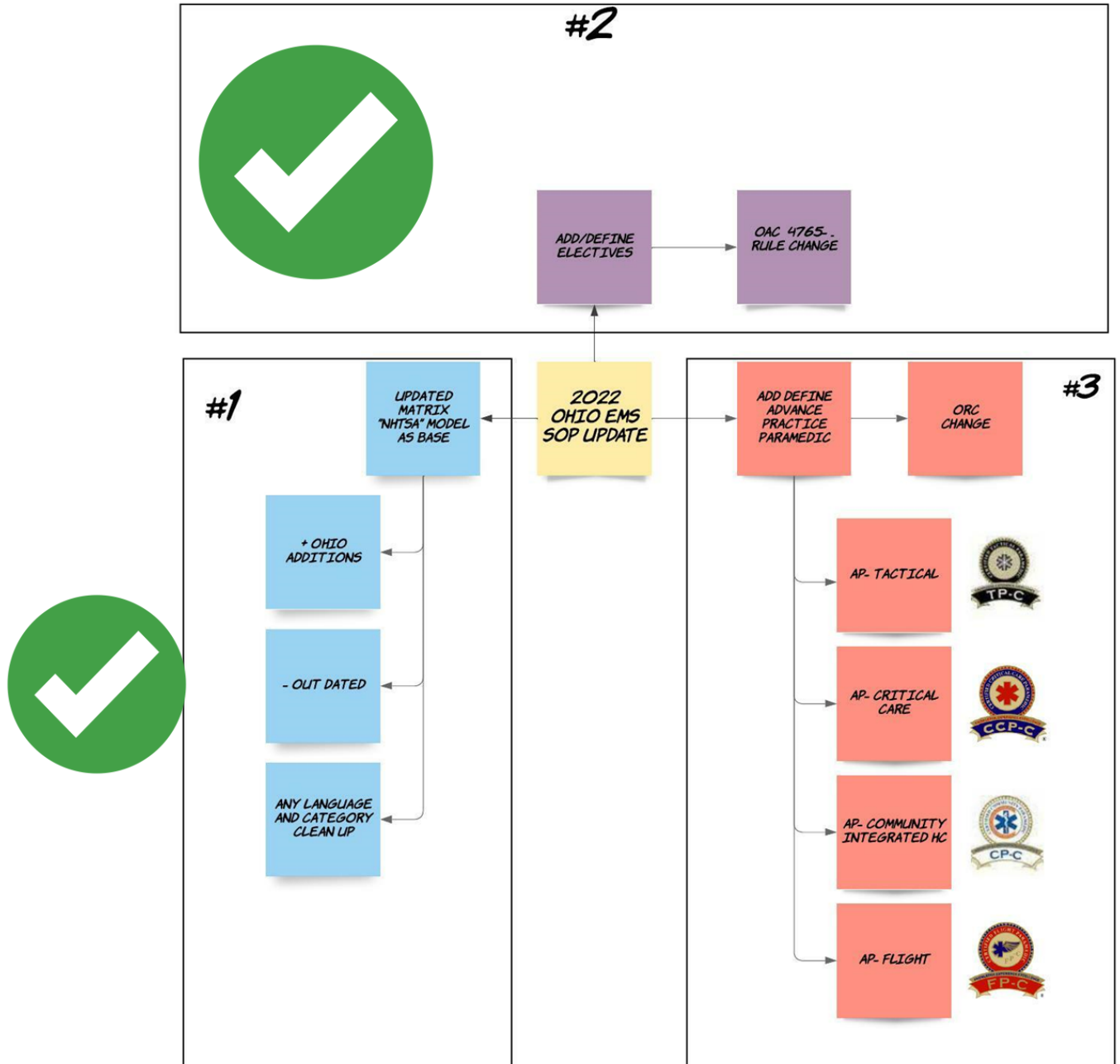
THE COMMITTEE WILL CONTINUE TO USE THE NSOP AS THE “FLOOR” FOR ALL SKILLS AT THE DIRECTION OF THE BOARD.

# SCOPE


Ohio Scope of Practice
Ohio Level of Certification
Local Protocols
Medical Direction
Local Policies/Procedures

SOP Worksheet

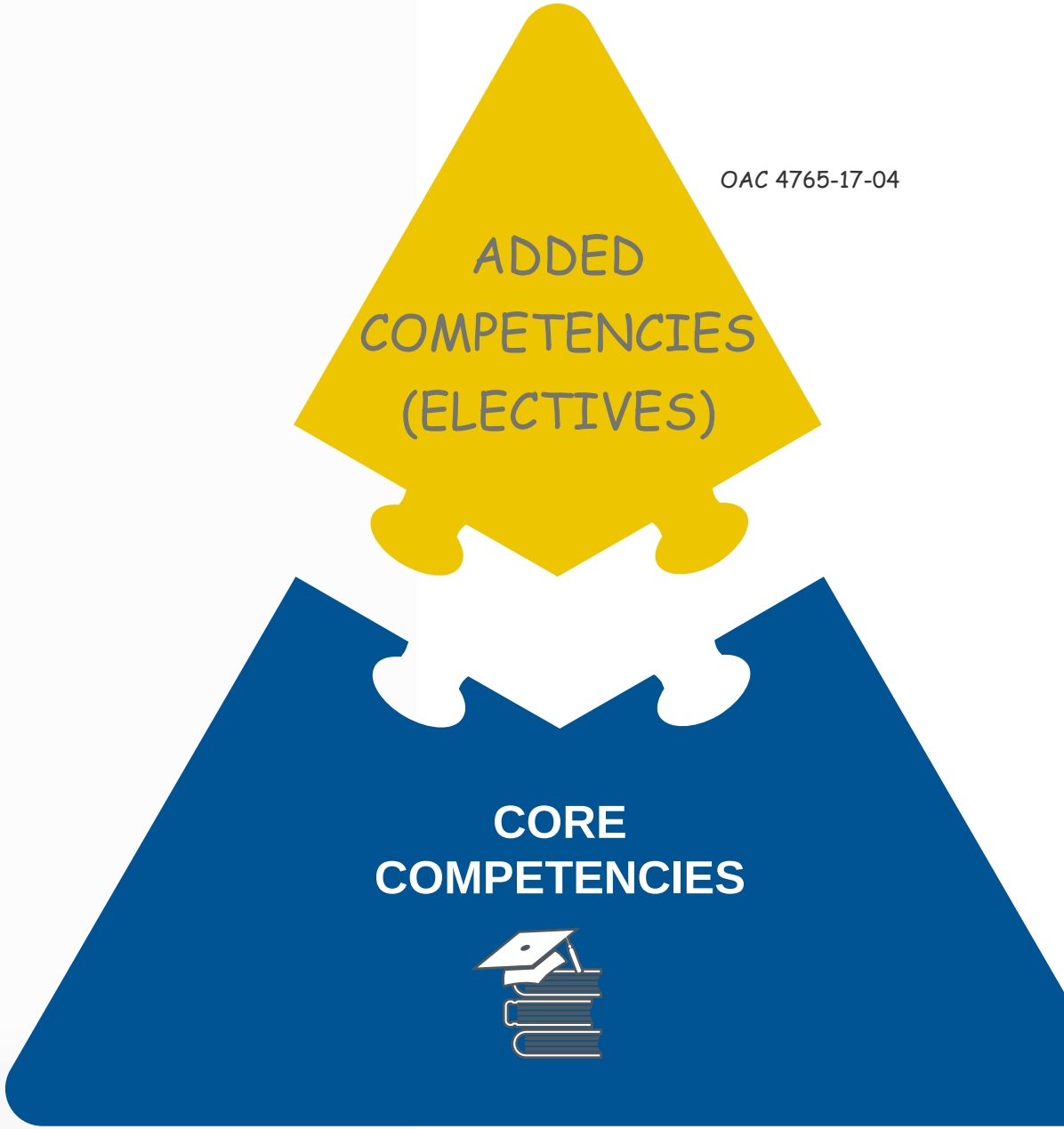
April 20, 2022



# SCOPE

WE "DECOUPLED" CORE COMPETENCIES FOR THE PURPOSES OF INITIAL EDUCATION

OAC 4765-17-04



# OAC 4765-17-04

. . . . The EMS training program shall be conducted in accordance with the "National EMS Education Standards" approved by NHTSA, the "Ohio Approved EMS Curriculum Standards" approved by the board, and consistent with the scope of practice set forth in rule 4765-17-03 of the Administrative Code. The above referenced national and Ohio approved standards are required core competencies for instruction in an EMS training program. Elements of the scope of practice not referenced in the National EMS Education Standards or the Ohio Approved EMS Curriculum are added competencies that may be taught at the discretion of the EMS training program. Such EMS training program shall consist of at least nine hundred hours. . . . . .

# Competencies

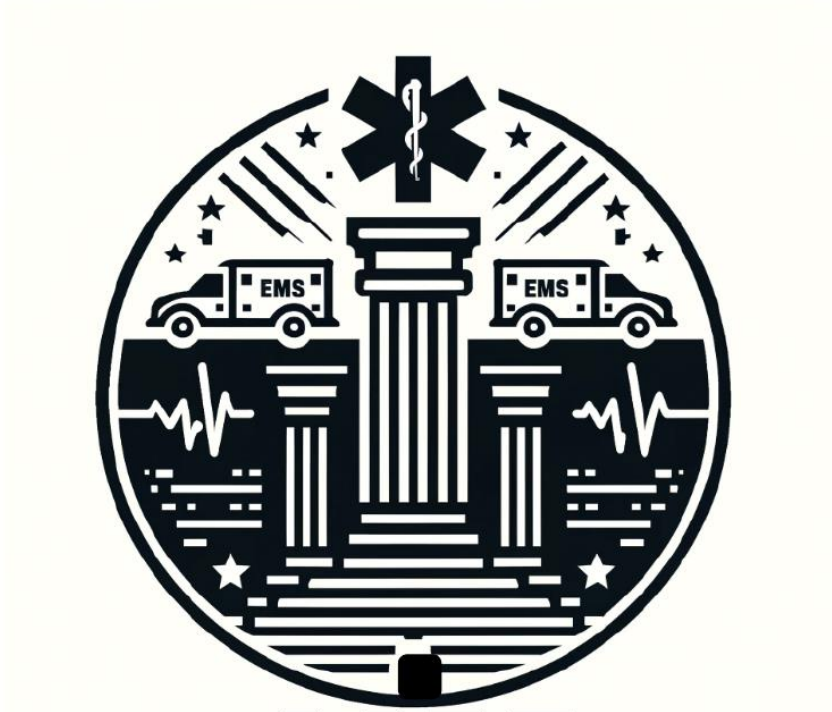


## CORE Competencies v. Added Competencies

# CORE

- **Core competencies**
  - Encompass **essential services** and skills
  - Are **mandatory components** of the initial training curriculum for Emergency Medical Services (EMS) education in Ohio.
  - All levels receive a **comprehensive and uniform foundation** of knowledge, skills, and capabilities.

# CORE




- Examples
  - CPR
  - Airways
  - 02 Ventilation
  - IVs
  - ECG
  - Tourniquets

# ADDED

- Added competencies
  - Consist of **elective services not mandated** in the initial training for all levels.
  - Offering **flexibility** in specialized training.
  - **Expand their skill set** beyond the foundational core competencies, tailored to the specific needs and priorities of a agency/department, medical director, and/or community.

# ADDED

- **Medical Director's Role:**
  - Education - medical directors must ensure **training**
  - Development of **written protocols**
  - Ongoing **continuing education**, and a robust quality assurance program for each added competency.

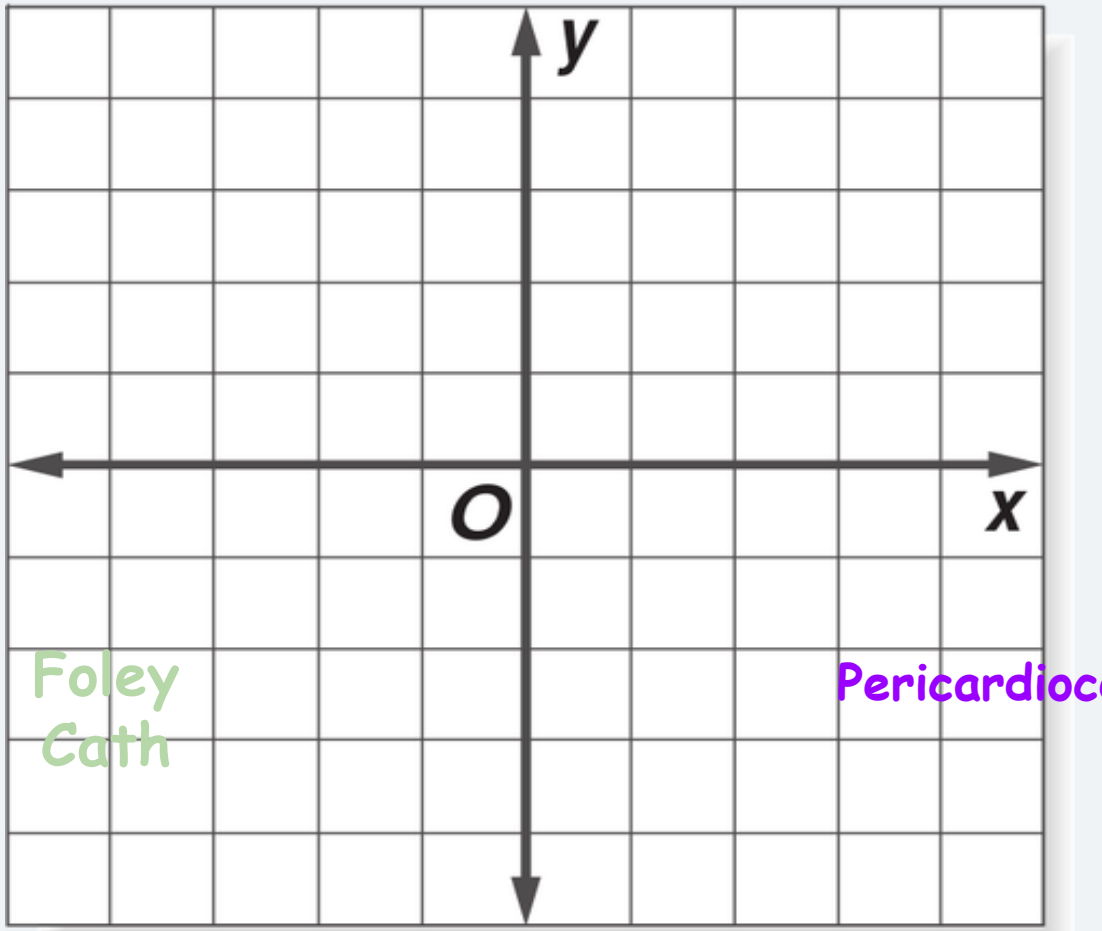
# ADDED

- Examples:
  - Current
    - Ultrasound Guided Peripheral IV Placement
    - IM EPI for EMTs
  - Possible/Future
    - Foley Cath
    - Finger Thoracostomy

# ADDED

## "ADDED" Added Competencies

*RISK/SKILL INVOLVED




Foley Cath

Pericardiocentesis

*Volume

# Ohio Scope of Practice



CORE COMPETENCIES

=

SOP

ADDED COMPETENCIES

=

OHIO SKILLS

# Ohio Scope of Practice

CORE COMPETENCIES

=

SOP

ADDED COMPETENCIES

=

OHIO SKILLS

- ALL
- Curren
  t
- Future

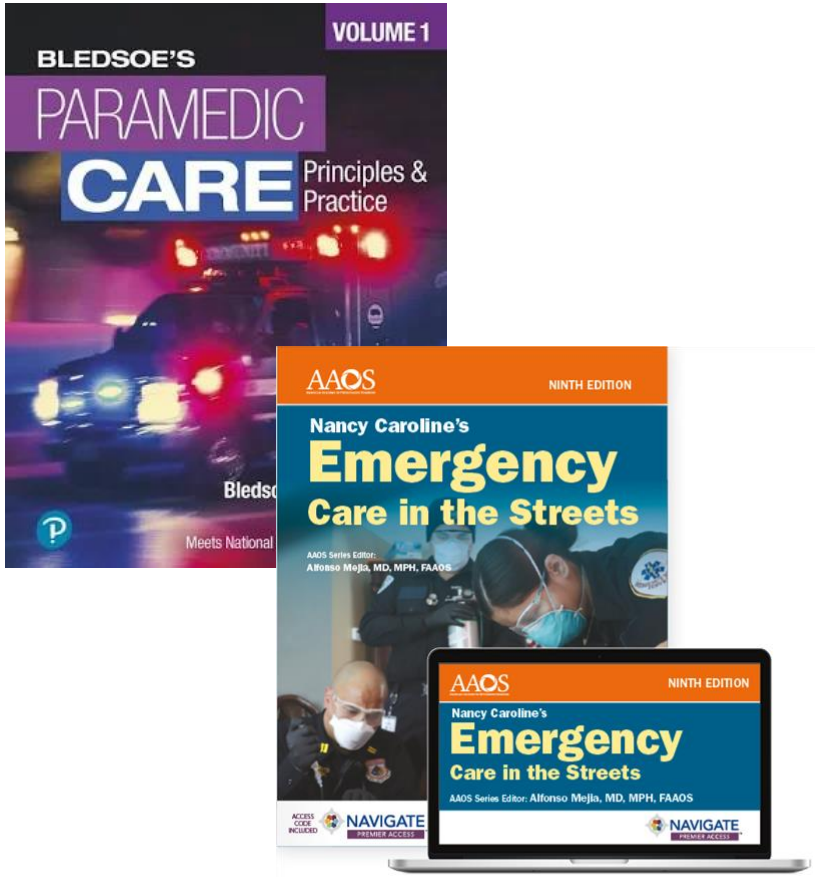
=

SOP

# Benefit

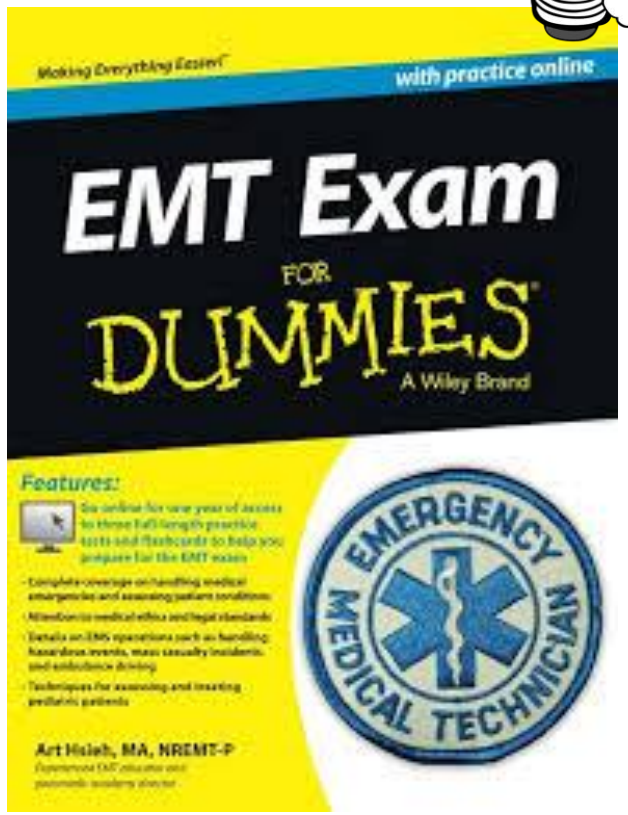
- **Streamlining Education for EMS Training Institutions**

  - **Unified Curriculum:** Adopting national standards eliminates the need for Ohio-specific additions, simplifying training programs.
  - **Efficiency in Education:** Schools and training sites benefit from a cleaner, more streamlined curriculum without state-specific modifications.
  - **Focus on Core Competencies:** Enables educators to concentrate on delivering comprehensive EMS education aligned with national benchmarks.



# Benefit

- **Standards in Testing**
  - **Consistent Testing Framework:** With national standards, testing excludes Ohio-specific scope/skills, aligning evaluations with a uniform benchmark.
  - **Relevance to Current Curriculum:** Ensures students are tested on nationally recognized competencies, not on Ohio-specific skills.
  - **Streamlined Student Assessment:** Students prepare for a standardized set of competencies, simplifying their study focus and examination preparation.



# Benefit

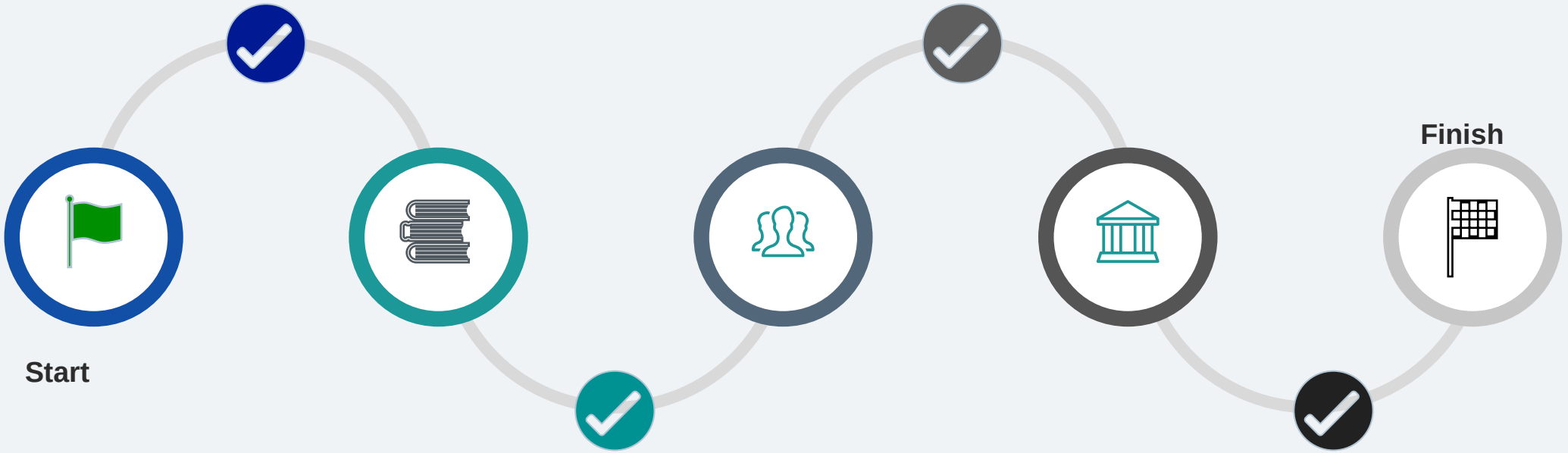
- **Facilitates Interstate Provider Transition to Ohio**
  - Adopting National Standards as the CORE
    - **Simplifies** the process for providers from outside Ohio to practice within the state.
    - **Streamlined Integration**
      - Ensures a smoother transition for external providers.

# Con

- Per www.ems.gov . . .
- " . . .national EMS Education Standards SHOULD be updated . . ."
  - Minor Updates 2-3 years
  - Major Updates 5-7 years

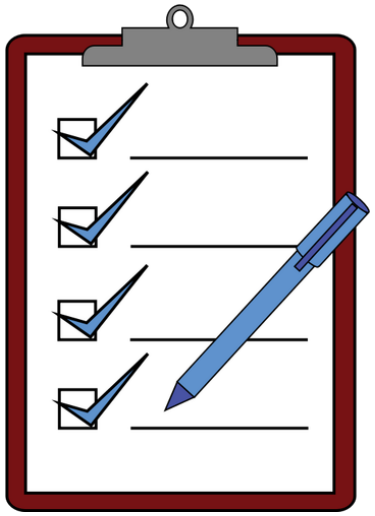
# TASKS

## SCOPE OF PRACTICE CHECKLIST



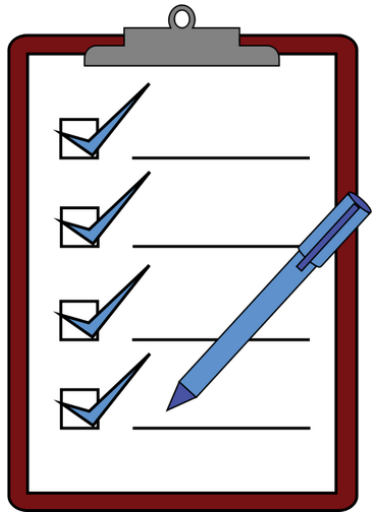
# To-Do List

- Language Clean Up
  - Ohio to Match National
    - *"Chest Compression Assist Devices" >> " Mechanical CPR device"*
    - *"OP Airway Adjunct" >> "Airway - Oral"*



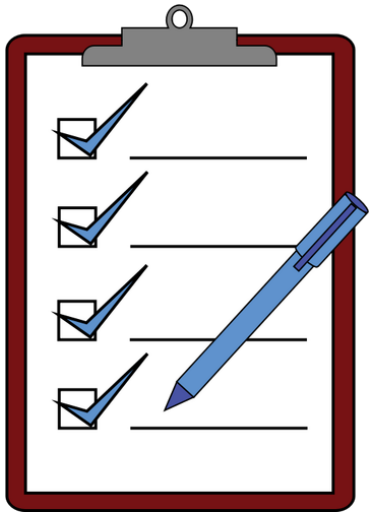
# To-Do List

- **Ohio SOP Dissection**
  - Moving OH 'extras' carefully to Added Competencies
    - Whole Skills - *Tracheostomy Tube Replacement*
    - Level Specific - *Oral Intubation - AEMT*
  - Medications
  - Add Skills to Added Competencies (Urinary Cath/Thoracostomy)

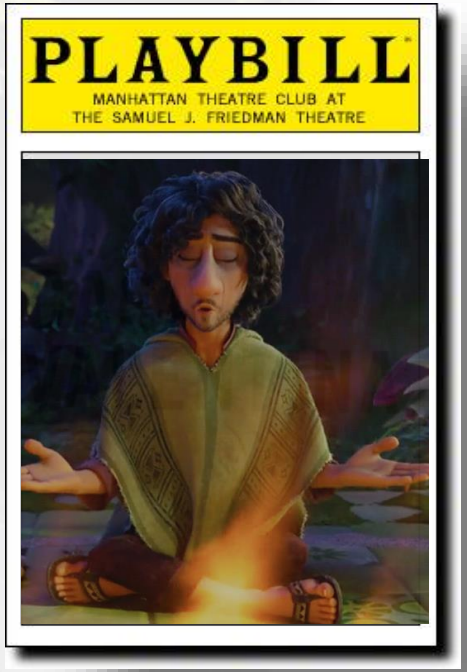


# To-Do List

- **Finalize Matrix**
  - Adopt by Reference "National SOP" ?
  - *(i.e. OAC 4765 (-6 -12 -15 -16 -17)*



# SCOPE




**BRUNO**

*...are going to talk about him?*

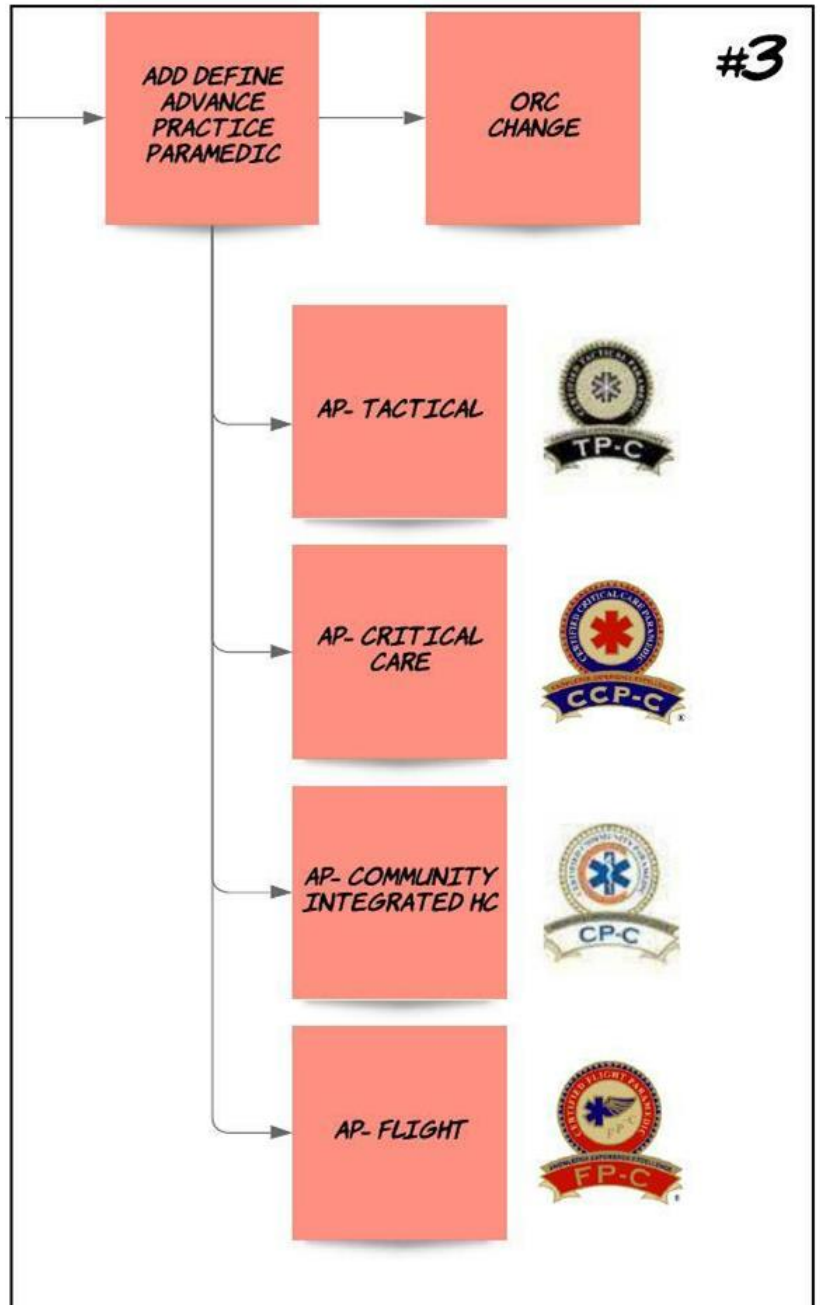
"The times, they are a-changin"

Bob Dylan

MED
EMS

LOT 45001
/EXP 2014/09

PARAMEDIC
PRACTICE LEADER


#3
ADD DEFINE ADVANCE PRACTICE PARAMEDIC
ORC CHANGE
AP- TACTICAL
TP-C
AP- CRITICAL CARE
CCP-C
AP- COMMUNITY INTEGRATED HC
CP-C
AP- FLIGHT
FP-C

**"A GOOD plan TODAY is better than a perfect plan tomorrow." -**

Gen. George S. Patton

ANY
QUESTIONS?

# Reimagine Recertification Discussion

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Paramedic Recertification:  Option 4 – Mark Resanovich

# PARAMEDIC RECERTIFICATION OPTION FOUR

## Discussion

- What are the core competencies
- How are they determined
- How are measured
- Who has signature authority
- How do we verify
- Audits

# CORE COMPETENCY BASED

- Patient Assessment/Management
  - Medical / Trauma
    - New Grad vs. Current Practitioner
    - PI & QA Review Assessed by Medical Director
    - Simulation Based
    - Skills Check-off
    - Continuation of ABC courses

# NREMT
# VERIFICATION OF SKILL COMPETENCE

# VENTILATORY MANAGEMENT SKILLS / KNOWLEDGE

- Simple adjuncts
- Supplemental Oxygen Delivery
- Supraglottic Airways (Protocol Approved Devices)
- Endotracheal Intubation ( Adult / Peds)
- Chest Decompression
- Cricothyrotomy (Protocol Approved Devices)
- End-Tidal Capn. ( Protocol Driven)
  - Disclaimer- Only for protocol approved
  - This is not all inclusive

- Mega code / ECG Recognition
- Therapeutic Modalities
- Monitor / Defibrillator / Pacing / NIBP / Pacing (Per Agency Device)
- Pediatrics
- ACLS counts

# CARDIAC ARREST MANAGEMENT

- Tourniquet (Agency Device)
- Splinting (Agency Devices)
- Pelvic
  - ITLS & PHTLS counts

# HEMORRHAGE CONTROL SPLINTING PROCEDURES

- Medication Administration (Agency Protocol)

# IV THERAPY
# IO THERAPY

# OTHER

- OB/GYN Skills and Knowledge
- Other topics as assigned by Medical Director

- Application
- Selection of Option Four
- Audit Bin 30 Days

# RECERT PROCESS

# AUDIT PROCESS

- Medical Director Verification
- Agency Verification
- Provider verification of signatures
- Notarized through audit process

# Medical Transportation

Department of Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Medical Transportation Licensing

David Fiffick, Chief of MTLS

# Medical Transportation

## 2023 Annual Vehicle and Service Inspection

- 463 Services
- 383 Satellite Locations
- Vehicles and Aircraft
  - 1370 Ambulettes
  - 1270 ALS
  - 132 MoICU
  - 3 MSU
  - 78 BLS
  - 5 BLS-NEO
  - 105 Non-Transport
  - 3 Fixed Wing
  - 62 Rotor Wing

~ 4700 **Total inspections**

# Medical Transportation

## 2023 Annual Vehicle and Service Inspection

- 463 Services
- 383 Satellite Locations
- Vehicles and Aircraft
  - 1370 Ambulettes
  - 1270 ALS
  - 132 MoICU
  - 3 MSU
  - 78 BLS
  - 5 BLS-NEO
  - 105 Non-Transport
  - 3 Fixed Wing
  - 62 Rotor Wing

~ 4700 **Total inspections**

**2022 Inspections**

- 412 Services
- 440 Satellite Locations
- Vehicles and Aircraft
  - 1314 Ambulettes
  - 1340 ALS
  - 146 MoICU
  - 79 BLS
  - 95 Non-Transport
  - 9 Fixed Wing
  - 70 Rotor Wing

# Medical Transportation

| Transportation Service Type | # of Services | # of Vehicles | # of Satellite Locations | Out of State Locations |
|---|---|---|---|---|
| Air Medical | 14 | 65 | 47 | PA-12 KY-4 IN-1 WV-2 |
| Ambulance BLS / BLS-NEO | 23 | 90 | 5 | |
| Ambulance ALS | 72 | 1270 | 110 | KY-5 PA-1 |
| Ambulance MoICU / MSU | 28 | 135 | 111 | PA-1 IN-1 |
| Non-Transport Vehicles | | 105 | | |
| Ambulette | 326 | 1370 | 110 | IN-2 PA-1 WV-2 MI- 1 |
| **Total** | **463** | **3035** | **383** | |

# Medical Transportation

## 2023 EXPIRED SERVICES

| | Ambulance | Ambulette | Air Medical |
|---|---|---|---|
| January | | 5 | 1 |
| February | | 5 | |
| March | 2 | 7 | |
| April | 1 | 6 | |
| May | | 4 | |
| June | | 4 | |
| July | 2 | 3 | |
| August | 2 | 2 | |
| September | | 5 | |
| October | 2 | 7 | |
| November | | 10 | |
| December | 1 | 5 | |
| Total | 10 | 63 | 1 |

# Medical Transportation

## 2023 EXPIRED SERVICES

| | Ambulance | Ambulette | Air Medical |
|---|---|---|---|
| January | | 5 | 1 |
| February | | 5 | |
| March | 2 | 7 | |
| April | 1 | 6 | |
| May | | 4 | |
| June | | 4 | |
| July | 2 | 3 | |
| August | 2 | 2 | |
| September | | 5 | |
| October | 2 | 7 | |
| November | | 10 | |
| December | 1 | 5 | |
| Total | 10 | 63 | 1 |

## 2022 EXPIRED SERVICES

| | Ambulance | Ambulette | Air Medical |
|---|---|---|---|
| January | | 8 | 1 |
| February | | 9 | |
| March | 1 | 6 | |
| April | | 9 | |
| May | | 3 | |
| June | | 7 | |
| July | 1 | 2 | |
| August | 1 | 6 | |
| September | 1 | 7 | |
| October | 1 | 9 | |
| November | 1 | 5 | |
| December | 1 | 1 | |
| Total | 7 | 72 | 1 |

# Medical Transportation

## 2023 NEW SERVICES

| | Ambulette | Ambulance | MoICU | Air Medical |
|---|---|---|---|---|
| **Total** | 82 | 11 | 2 | 1 |

**BLS-NEO - 4**

# Medical Transportation

## 2023 NEW SERVICES

| | Ambulette | Ambulance | MoICU | Air Medical |
|---|---|---|---|---|
| **Total** | 82 | 11 | 2 | 1 |

**BLS-NEO - 4**

### 2022 NEW SERVICES

| | Ambulette | Ambulance | MoICU | Air Medical |
|---|---|---|---|---|
| **Total** | 103 | 10 | 2 | 2 |

# Medical Transportation

Committees:

Critical Care Sub-Committee:  Julie Rose, Chair

Medical Transportation Committee:  Tom Allenstein, Chair

# Non-emergent Transport

EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# EMFTS Board Retreat – April 16-18, 2024

- Non-emergent Transport – Kent Appelhans

# Initial Workgroup Tasks

- Identify opportunities for expansion of the BLS Non-Emergent Units
- Look at the feasibility of expanding the BLS NEO Unit to include ALS Non-Emergent transports
- Evaluate the role of the EMR

# BLS Non-Emergent Only

# O.R.C 4765.431

# July 2022

(A) As used in this section:

(1) "Emergency medical technician" and "EMT" have the same meanings as "emergency medical technician-basic" and "EMT-basic," respectively.

(2) "Advanced emergency medical technician" and "AEMT" have the same meanings as "emergency medical technician-intermediate" and "AEMT," respectively.

(3) "Nonemergency transport" means the transport of an individual who requires routine transportation to or from a medical appointment or service, is convalescent or otherwise nonambulatory, and, during transport to the destination facility, does not require medical monitoring, aid, care, or treatment.

(B) When an ambulance is used for the nonemergency transport of a patient, the emergency medical service organization operating the ambulance shall staff the ambulance as follows:

(1) One individual to serve as the driver who meets the requirements established in rules adopted under this section, but is not necessarily an emergency medical technician, advanced emergency medical technician, or paramedic;

(2) In addition to the driver, at least one EMT, AEMT, or paramedic.

(C) The state board of emergency medical, fire, and transportation services shall adopt rules necessary to implement this section. The rules shall be adopted in accordance with Chapter 119. of the Revised Code

# O.A.C. 4766-2-02

(1) May transport an individuals who requires routine transportation to or from a medical appointment or service if that person is convalescent or otherwise non-ambulatory and does not require medical monitoring en route to the destination facility, aid, care, or treatment during transport other than BLS care.

(2) May not transport an individual who:

(a) Is experiencing an acute condition or a sudden injury or illness;

(b) Has sustained an injury and has not yet been evaluated by a physician;

(c) Needs to be transported from one hospital to another hospital if the destination hospital is the same level or a higher level as the hospital of origin;

(d) Is being evaluated in an emergency room and for any reason must be transported to another hospital for diagnostic tests that are not available at the first hospital;

(e) Is being medically monitored at the sending facility and will continue to be medically monitored at the destination facility;

(f) Is being administered intravenous fluids.

# Recommendations

- Eliminate the prohibition of going to an equal or higher-level care facility and focus on the actual condition and needs of the patient
- Allow transports for higher level provided the patient is stable
- Remove terminology referencing “medically monitoring” and replace with “Cardiac monitoring”
- Continue to prohibit transports going for Intensive Care level services.
- Continue to prohibit transports of patients with acute injuries or illnesses

# Benefits

- Improve wait times of stable patients needing transferred from stand-alone EDs going for general admission to any level facility
- Frees up the fully staffed resources for the high acuity patients by not tying them up with these low acuity transfers
- Creates additional entry level positions of drivers in the industry, drivers which will hopefully move on to taking EMT or Paramedic classes

# Draft O.A.C. 4766-2-02 (J) (2) a - f

(2) May not transport an individual who:

(a) Is experiencing an acute condition or a sudden injury or illness that has not yet been stabilized;

(b) Has sustained an injury and has not yet been evaluated by a physician;

(c) Is being transported to any Intensive Care Unit for the purposes of Intensive Care treatment;

d) Is being evaluated in an emergency room for any reason and must be transported f or diagnostic tests and the patient has not yet been stabilized;

(e) Is on a cardiac monitor at the sending facility and will continue to be on a cardiac monitor at the destination facility;

(f) Is being administered intravenous fluids.

# Expansion of BLS NEO to Include ALS NEO

- Opinions vary greatly on this topic but it could assist with wait times on patient transfers
- This cannot be done by the Board in Rule
- Would require law changes to 4765 since 4765.431 only allows for BLS usage of the NEO units
- Will be reviewed further in the Medical Transportation committee

# Role of the EMR

- Many other states utilize EMRs as part of the standard ambulance crew
- Currently in Ohio, EMRs can only be utilized as part of the crew if the department "substantially utilizes" volunteers. Allowing the EMR to drive with an EMT in the back
- Any changes to this would require a law change to O.R.C. 4765.43
- In discussions with many Fire and EMS Chiefs we have found strong opinions for and against changes to EMR utilization. Most Urban departments feel that it is not necessary and is a step backwards in care, while many rural departments feel this is necessary for their survival

# Next Steps on EMR topic

- Review at upcoming Medical Transportation committee
- Obtain additional information on how surrounding states utilize the EMR
- Forward this topic to other pertinent committees for their input

# Psychiatric Transport

Department of
Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Psychiatric Transport – Mark Resanovich

# Psych Transport Workgroup

EMFATS BOARD RETREAT

UPDATE

# Psych Transport Challenges

- Increasing volume of Transports
- Number of in-patient facilities
- Distance of travel being provided
- Safety of crew
- Modes of Transport
- Who is responsible for the patient and transport
- Very limited payor source

# Stakeholders

- Behavioral Health Providers
- Hospitals
- Ohio Hospital Association
- Ohio Mental Health
- EMS Providers both Private and Public
- Law enforcement
- Medicaid
- Brokers

# Discussions

- Liability
- Safety of crew
- Mode of Transport
- Payor
- Medicaid and brokers
- Who is ultimately responsible!!!!!!

# Investigations, Discipline, & Criminal Conviction Reviews

EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# Investigations & Discipline

- Conducts investigations into criminal convictions, misconduct, and patient care issues involving certificate holders
- Conducts investigations into training issues at CE sites, Fire charters, and EMS schools
- Ensures compliance with CE Audits
- Coordinates 119 Hearings for the Division
- Enforces Board and Executive Director orders.
- Completes criminal conviction reviews pursuant to Ohio Revised Code 9.78
- Assists with background check reviews involving reciprocity applicants

# Investigations

| CASES | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| EMS Investigations | 370 | 330 | 376 | 418 | 482 |
| Fire Investigations | 245 | 117 | 120 | 147 | 109 |
| Dual Fire and EMS Cases | 126 | 132 | 95 | 144 | 137 |
| **Totals** | **741** | **579** | **591** | **709** | **728** |
| Medical Transportation Cases | 36 | 77 | 92 | 134 | 158 |

# Investigations

| EMS Case Classifications | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| Criminal Convictions | 106 | 97 | 85 | 89 | 102 |
| Audit Issues (CE) | 149 | 42 | 58 | 61 | 45 |
| Protocol/Patient Care | 39 | 47 | 62 | 63 | 102 |
| EMS school violations (Approved & Accredited) | 7 | 7 | 14 | 21 | 11 |

# Investigations

| Fire Case Classifications | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| Criminal Convictions | 53 | 46 | 40 | 51 | 59 |
| Audit Issues (CE) | 169 | 42 | 55 | 49 | 25 |
| Fire Charter Violations | 7 | 2 | 3 | 8 | 3 |

# Investigations

| Dual Case Classifications | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| Criminal Convictions | 110 | 93 | 61 | 103 | 89 |
| Audit Issues | 7 | 7 | 6 | 7 | 14 |

# Investigations*

| EMFTS Board Actions | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| Notices of Opportunity for Hearing | 129 | 102 | 95 | 79 | 56 |
| Chapter 119 Hearings | 15 | 7 | 12 | 10 | 14 |
| Cases Closed | 489 | 402 | 347 | 394 | 335 |
| Consent Agreements Approved | 112 | 72 | 59 | 91 | 81 |
| Goldman Hearings Completed | 33 | 46 | 39 | 38 | 28 |
| Summary Suspensions | 2 | 1 | 3 | 0 | 4 |

*EMS & Medical Transportation

# Investigations*

| FFFSI Training Committee/ Executive Director Actions* | 2019 | 2020 | 2021 | 2022 | 2023 |
|---|---|---|---|---|---|
| Notice of Opportunity for Hearing | 116 | 74 | 80 | 70 | 45 |
| Chapter 119 Hearings | 9 | 6 | 8 | 8 | 7 |
| Cases Closed | 317 | 214 | 193 | 202 | 223 |
| Consent Agreements Approved | 53 | 57 | 46 | 89 | 45 |
| Goldman Hearings Completed | 28 | 32 | 39 | 36 | 24 |

***Fire Investigations – Executive Director with Advice and Counsel from Firefighter and Fire Safety Inspector Training Committee**

# ORC 9.78 Criminal Conviction Review

- Potential applicants submit a fee payment, certified court records, and certified law enforcement records.
- During 2023, twelve (12) conviction reviews were initiated and completed.
- Six (6) requests found the convictions were not automatic disqualifiers.
- Six (6) requests found the convictions were an automatic disqualifier.
- Disclosed convictions included Grand Theft, Assault w/ Deadly Weapon, Aggravated Menacing, Petty Theft, Drug paraphernalia, and Assault.

# Points of Interest

- ORC 9.79
- Initial Applicants/Reciprocity
- Changes to ORC 119.05 (Service)

# Grants Program

Department of
Public Safety

# EMFTS Board Retreat – April 16-18, 2024

- Grants and EMS-C  – Johanna Burgess, Chief of Grants

# OEMS Grant Program

- The purpose of the Ohio EMS grant program is to improve and enhance EMS and trauma patient care in the State of Ohio by providing grant funds to eligible applicants.
- Section 4765.07 of the Ohio Revised Code defines the priority distribution of available funds for Ohio's EMS grant program.

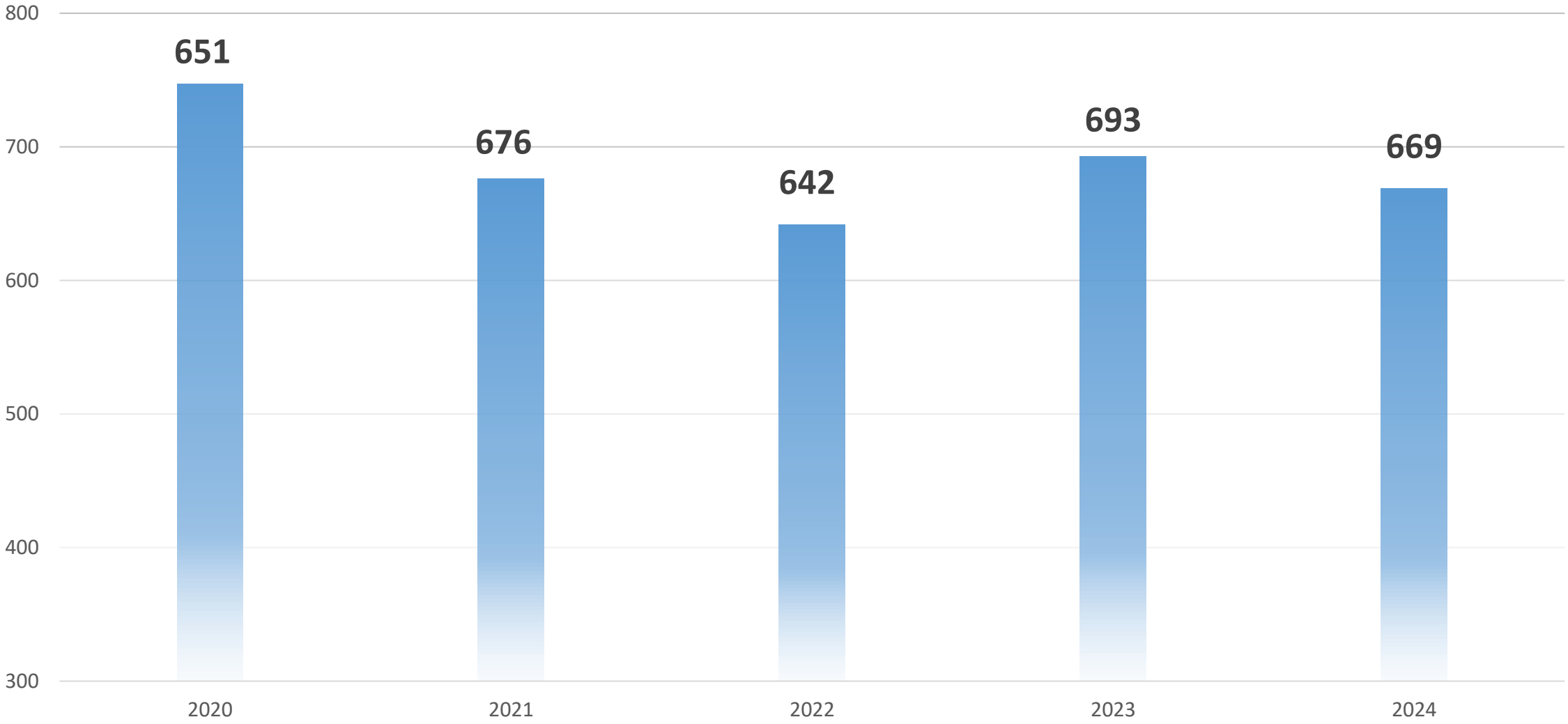
# OEMS Grant Program

## Grant Priorities

- Training & Equipment (Priority 1)
- Research Grants  (Priorities 2 – 5)
  - Priorities 2-5
    - Adult & Pediatric Trauma Care
    - Trauma Causes and Injury Prevention
    - Trauma Rehabilitation
    - EMS System Improvement
  - Priority 2-5 Trauma Research RFP's

# Priority 1 Grants

## AGENCIES FUNDED



# EMS Priority One Training and Equipment Grant (5 year overview)

| Grant Year | Number of Grantees | Total Award Amount ($) | Reimbursement Amount ($) | Remaining Balance ($) | Number of Agencies with $0 Reimbursement | Number of Agencies with Partial Reimbursement |
|---|---|---|---|---|---|---|
| *2019-2020* | 747 | 2,164,703.00 | 2,032,823.84 | 131,879.16 | 60 | 32 |
| *2020-2021* | 676 | 2,157,244.32 | 1,924,411.19 | 232,833.13 | 67 | 35 |
| *2021-2022* | 642 | 1,954,884.29 | 1,818,308.52 | 136,575.77 | 45 | 46 |
| *2022-2023* | 693 | 467,624.54 | 381,474.26 | 86,150.28 | 120 | 3 |
| *2023-2024* | 669 | 2,384,072.00 | 2,105,335.78 | 278,736.22 | 60 | 27 |

# Priority 1 Supplemental Funding*

## Economic Hardship

- 5 Awards = 128,191
- Average Award = $25,500

## Board Priority

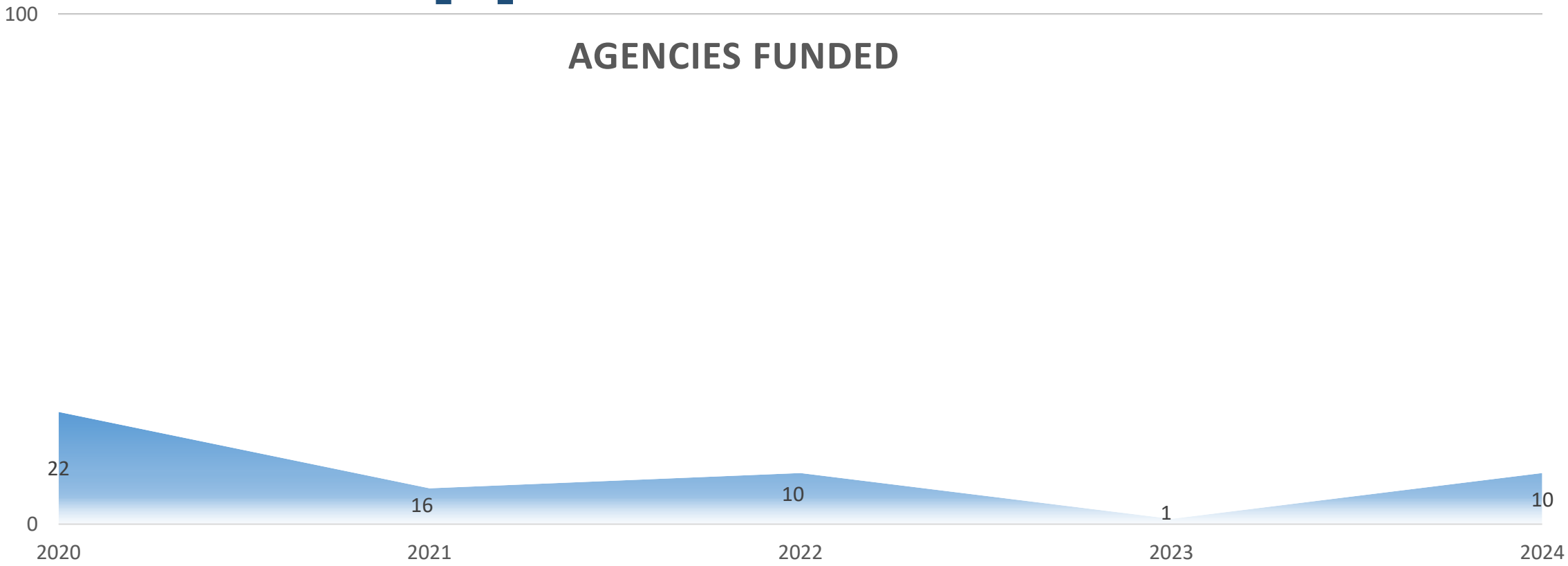
- 5 Awards = $30,000 for the first grant cycle
- Average Award = $29,200

## Total Supplemental Grant Disbursement

***$277,191***

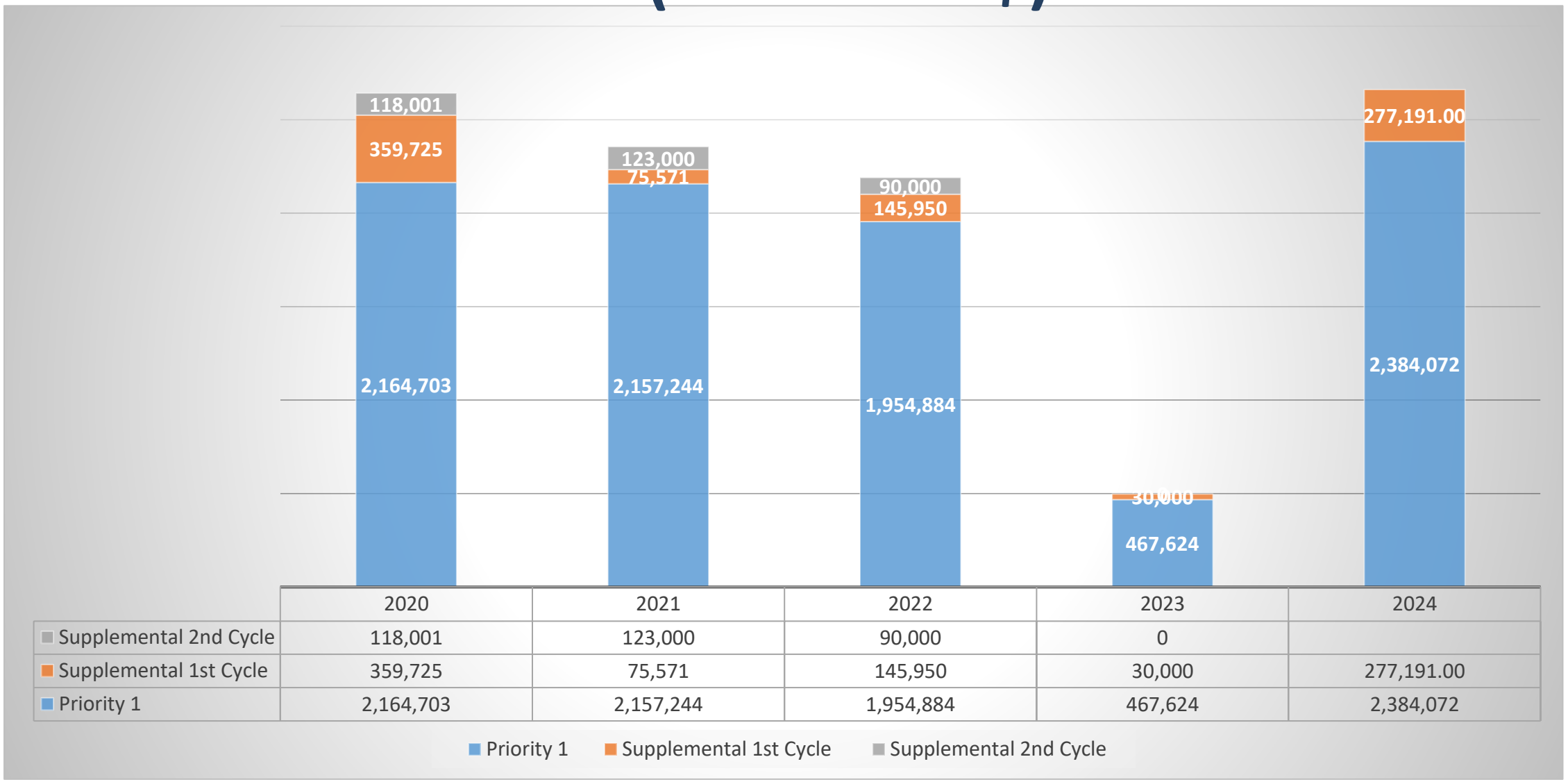
*Second grant cycle excluded

# Supplement Grants




*Excludes 2024 Second Cycle Funding

# P1 & Supplemental Grants (Awards in $)




| | 2020 | 2021 | 2022 | 2023 | 2024 |
|---|---|---|---|---|---|
| Supplemental 2nd Cycle | 118,001 | 123,000 | 90,000 | 0 | |
| Supplemental 1st Cycle | 359,725 | 75,571 | 145,950 | 30,000 | 277,191.00 |
| Priority 1 | 2,164,703 | 2,157,244 | 1,954,884 | 467,624 | 2,384,072 |

# Priority 2-5 Research Grants Overview

| Priority 2-5 Research Grant | | | | | | |
|---|---|---|---|---|---|---|
| **Grant Year** | **Number of Grantees** | **Priority 2** | **Priority 3** | **Priority 4** | **Priority 5** | **Total Award Amount** |
| ***2021-2022*** | 1 | $75,000.00 | 0 | 0 | 0 | **$75,000.00** |
| ***2022-2023*** | 1 | $67,500.00 | 0 | 0 | 0 | **$67,500.00** |
| ***2023-2024*** | 0 | 0 | 0 | 0 | 0 | **$0** |

| P 2-5 Research Grant Details by Year | | | |
|---|---|---|---|
| **2021-2022** | | | |
| 2021-2022 | $75,000.00 | **Store It Safe Adolescent Suicide Preventive Project** | Nationwide Children's Hospital |
| **2022-2023** | | | |
| 2022-2023 | $67,500.00 | **Impact of Community Paramedicine Program on Geriatric Fall Readmissions** | Mount Carmel Health System |
| **2023-2024** | | | |
| **No awarded projects** | | | |

# Priority 2-5 RFP Research Grants Overview

## Priority 2-5 RFP Research Grant

| Grant Year | Number of Grantees | Priority 2 | Priority 3 | Priority 4 | Priority 5 | Total Award Amount |
|---|---|---|---|---|---|---|
| ***2021-2022*** | 1 | 0 | 0 | 0 | 0 | **$25,000.00** |
| ***2022-2023*** | 1 | 0 | 0 | 0 | 0 | **$0** |
| ***2023-2024*** | 0 | 0 | 0 | 0 | 0 | **$0** |

## RFP Research Grant Details by Year

| | | | |
|---|---|---|---|
| **2021-2022** | | | |
| 2021-2022 | $25,000.00 | **Evaluating Palliative Care Practices in Trauma Patients: A Regional Collaboration** | Northern Ohio Trauma System/MetroHealth |
| **2022-2023** | | | |
| **No awarded projects** | | | |
| **2022-2023** | | | |
| **No awarded projects** | | | |

# Ohio EMS for Children

- **In January 2023, the Ohio EMS for Children's grant was released from the Ohio Division of EMS and transferred to Nationwide Children's Hospital.**

- **The Ohio Division of EMS continues to provide support to the EMSC grant by co-managing the EMSC committee.**

EMSC
Emergency Medical Services for Children

# EMSIRS

## Emergency Medical Incident Reporting System

# NEMSIS

## National Emergency Medical Services Information System

EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# EMSIRS Status

**Historical**

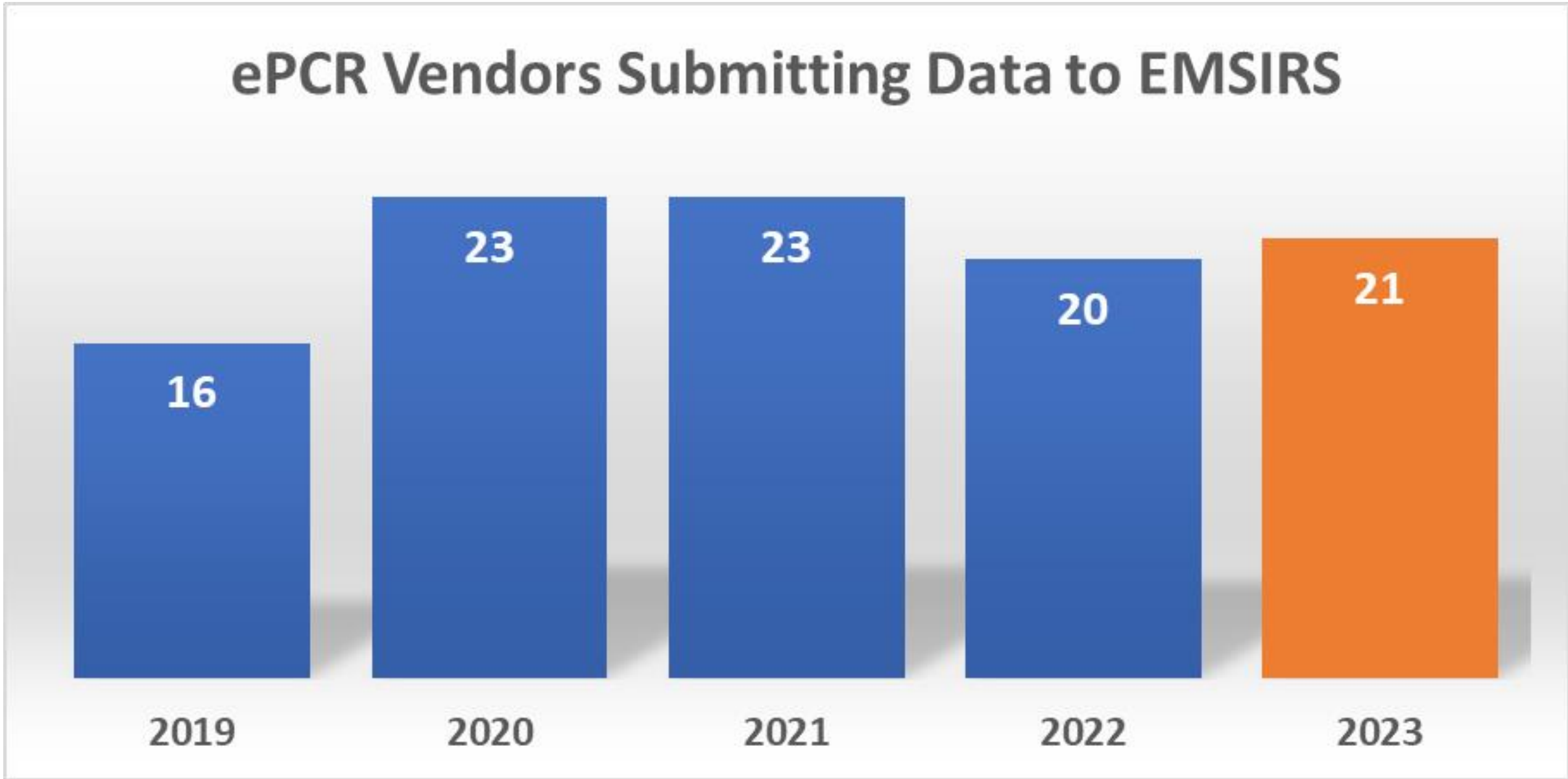
- New DPS managed EMSIRS goes live (12/2019)
- Vendor Digital Innovations (old EMSIRS) services end as planned (7/2020)
- NEMSIS Provisional Approval Received (10/2020)
- Regular Data Submissions to NEMSIS began (early 2021)
- Retroactive Submission of 2020 data to NEMSIS (early 2021)
- In 2023, there were 21 ePCR vendors reporting to EMSIRS and 887 agencies.

**Current**

- Regular Data Submissions to NEMSIS continued (2023)
- EMSIRS received NEMSIS 3.5 Approval in December of 2023.
- DPS IT Development is almost ready to allow agencies to submit data using NEMSIS v3.5 standards.

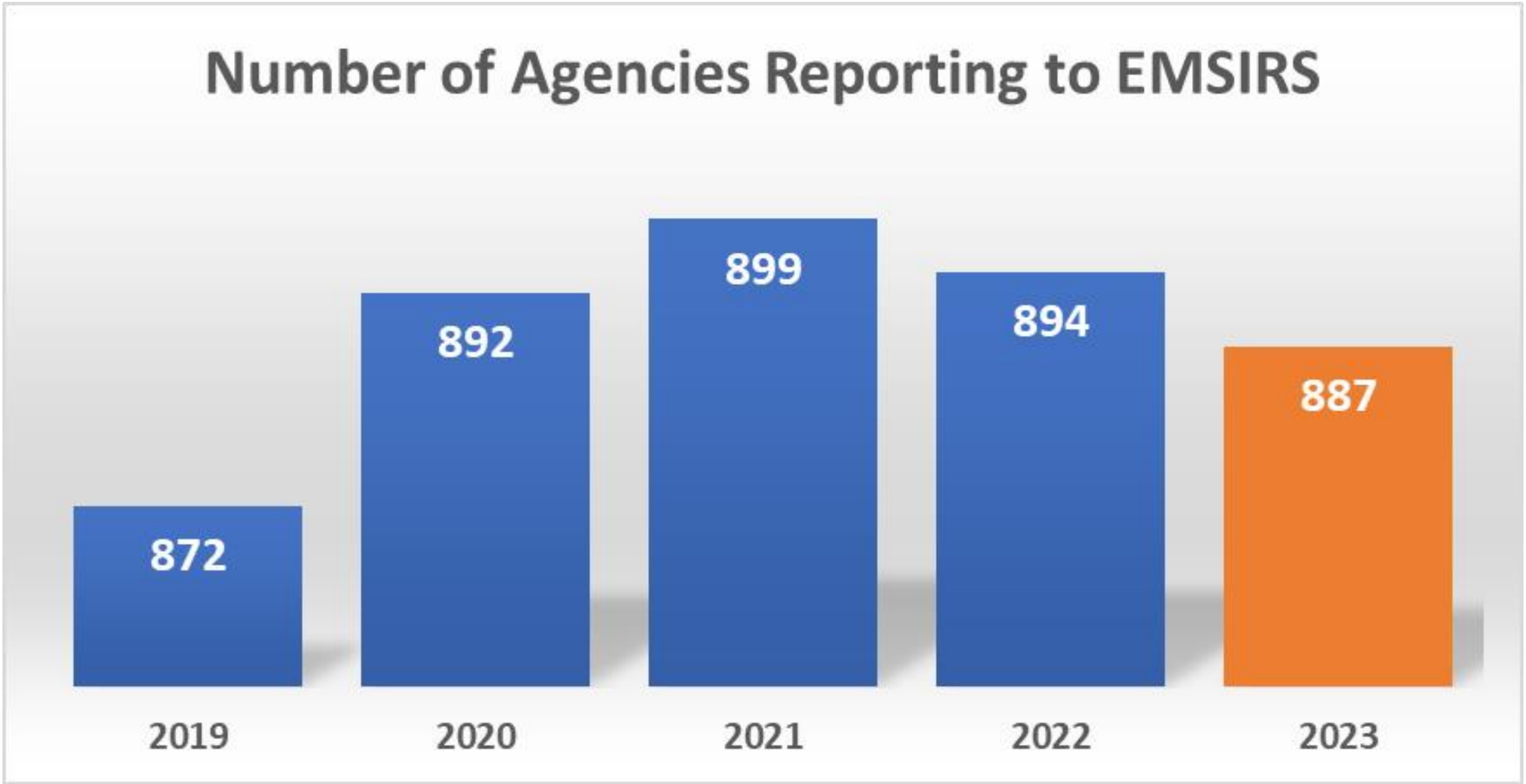
**Future**

- Cardiac Arrest Registry Enhanced Survival implementation of State level reporting to the national CARES registry.
- Consideration of a partnership with Biospatial.

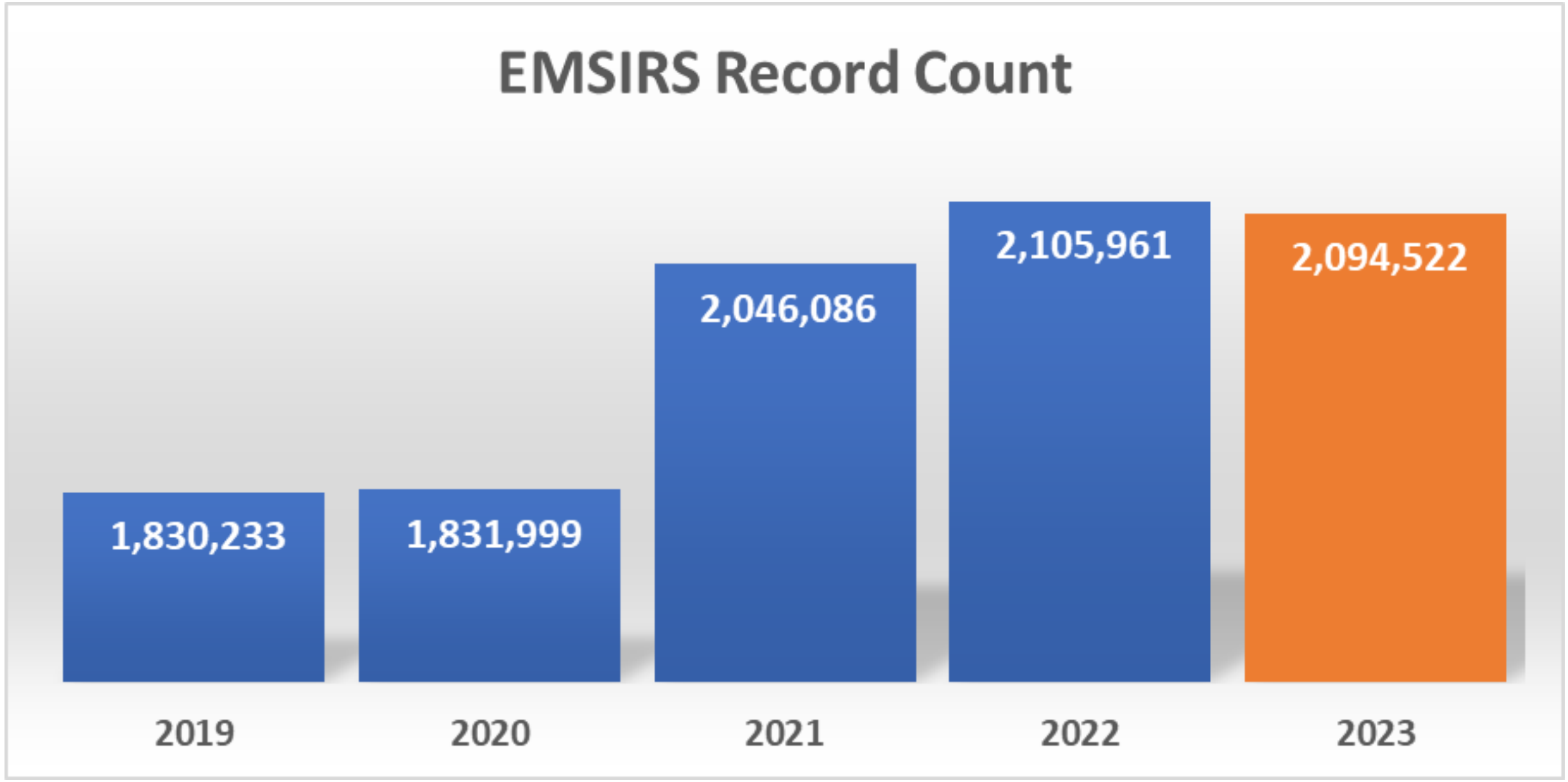



As of 2/15/2024

# Number of Agencies Reporting to EMSIRS




As of 2/15/2024




As of 2/15/2024

# Ohio Trauma Registry

## Trauma Acute Care Registry

Department of
Public Safety

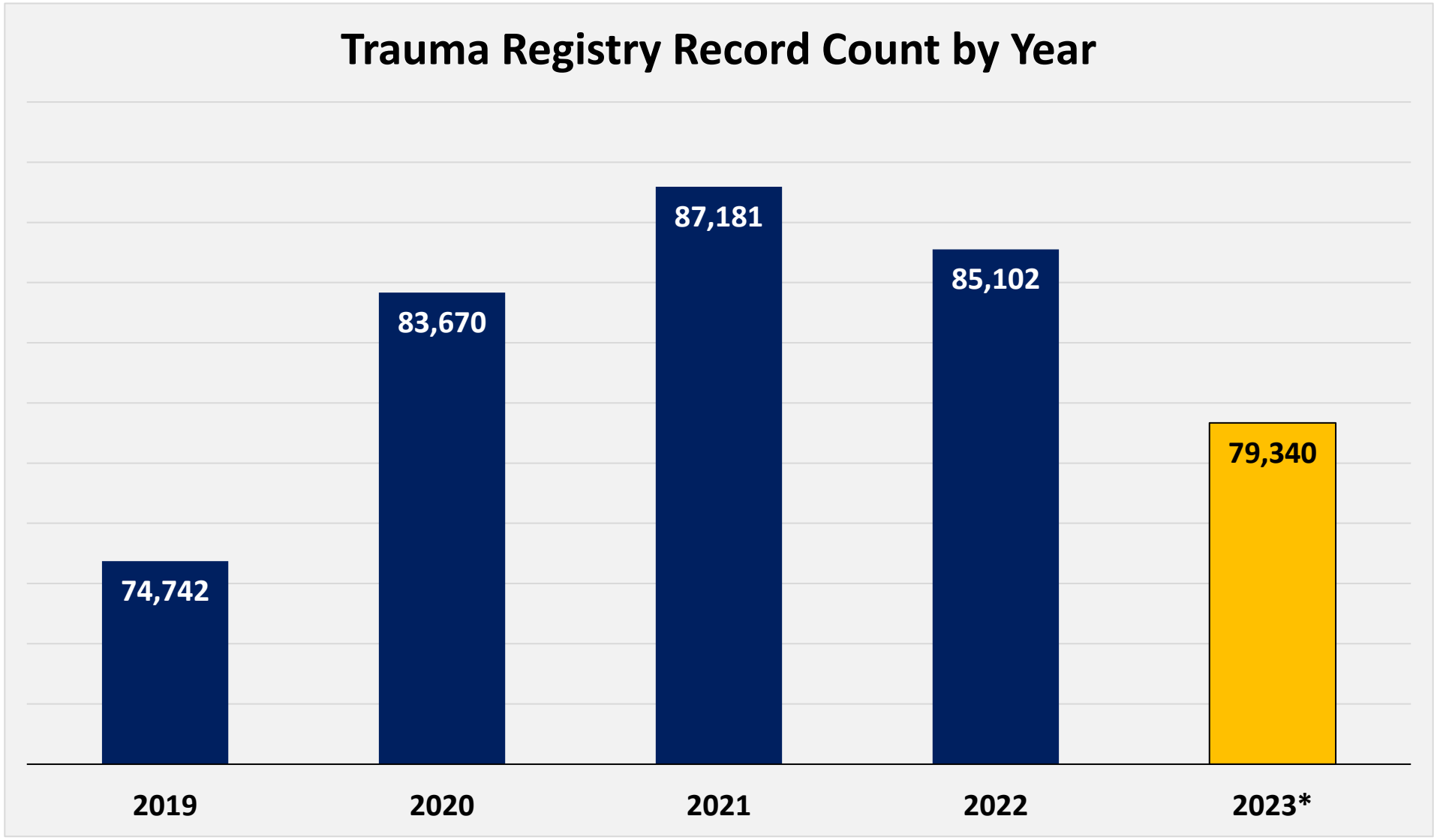
- **Trauma Registry Data Reporting**

  - The vendor (ESO) experienced a data breach in late September of 2023. This breach effected data from multiple states. When the intrusion was detected, ESO shut the system down and moved it to a different hosting platform. Data was then restored from a validated backup and all user accounts reconstructed to ensure no other compromised credentials were restored with the backup.

  - They engaged a security vendor trace the cause of the breach and ensure the new environment was secured. No data appears to have been altered or lost.

  - To date, the vendor has been cooperative and not attempted to shift accountability. ESO has notified all potentially impacted facilities and individuals who have also been offered complimentary credit monitoring.

  - We continue to work with the vendor, agency and state data security personal.




*Data current as of 4/11/2024

# Questions?  Parting comments?
# Thank you for your participation and attendance.
# Safe travels and see you tomorrow morning!

EMS Ohio Emergency Medical Services

Ohio Department of Public Safety

EMFTS BOARD

# State Medical Director

CAROL A. CUNNINGHAM, MD, FAAEM, FAEMS

OHIO DEPARTMENT OF PUBLIC SAFETY

DIVISION OF EMS