



Mark Marchetta, Sr., Chair
Mark Resanovich, Vice Chair

Dr. Carol Cunningham, State Medical Director

STATE BOARD OF EMERGENCY MEDICAL, FIRE, AND TRANSPORTATION SERVICES

DIVISION OF EMERGENCY MEDICAL SERVICES

OHIO DEPARTMENT OF PUBLIC SAFETY

Meeting held at DAS, 4200 Surface Road, Columbus, Ohio

EMFTS BOARD RETREAT

April 19, 2023

FINAL MEETING MINUTES

Board Meeting Date and Location: Wednesday, April 19, 2023, Department of Administrative Services, 4200 Surface Rd., Columbus, Ohio.

Board Members Present: Tom Allenstein, Kent Appelhans, Dorothy Battles, Karen Beavers, Geoff Dutton, Patrick Ferguson, Jeff Fishel, Brian Hathaway, Ruda Jenkins, Mark Marchetta (chair), Mark Resanovich (vice chair), Darin Robinaugh, Dr. Hamilton Schwartz, Dave Viola, John Weimer and Dudley Wright

Board Members Absent: None

DPS and EMS Staff Members Present: Johanna Bugess, Robin Burmeister, Beverly Cooper, Dr. Carol Cunningham (State Medical Director), Joel Demory, Dave Fiffick, Deputy Director Aaron Jennings, Valerie Koker, Eric Mays, Ellen Owens, Joe Stack, Dan Swords, Executive Director Rob Wagoner, and Michael Wise

Assistant Attorney General: Thomas Puckett

Guests Present: Ray Mollears, Dr. Amy Raubenolt, Bill Seifert, and Diane Simon

EMFTS BOARD RETREAT

Welcome and Introduction

The meeting began at 8:33 a.m. Mr. Marchetta welcomed everyone to the second day of the Board Retreat.

Roll Call

Mr. Thomas Allenstein	Present	Ms. Ruda Jenkins	Present
Mr. Kent Appelhans	Present	Mr. Mark Marchetta (Chair)	Present
Ms. Dorothy Battles	Present	Mr. Mark Resanovich (vice chair)	Present
Ms. Karen Beavers	Present	Mr. Darin Robinaugh	Present
Mr. Geoff Dutton	Present	Dr. Hamilton Schwartz	Present
Mr. Patrick Ferguson	Present	Mr. Dave Viola	Present
Mr. Jeff Fishel	Present	Mr. John Weimer	Present
Mr. Brian Hathaway	Present	Mr. Dudley Wright	Present

Executive Director Wagoner welcomed the Board members back for day 2 of the retreat.

DEMS Annual Report – Rob Wagoner, Executive Director

Division Work Distribution

Education & Testing

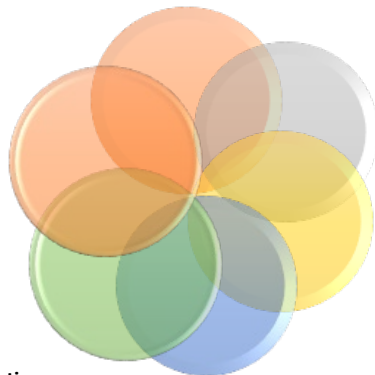
- Education
 - Fire Charters
 - EMS Accredited Programs
 - CE Approved Sites
- Examination Administration
 - Fire Service Providers
 - Instructor Methodology

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



Certifications

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

Investigations

- Compliance
- Enforcement

Grants

- EMS Grants (P1 – P5)
 - Supplemental Grants

Trauma & Research

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

ODPS DEMS Staffing Update

• Education

- AP 2 recommendation to hire sent to HR on 4/13/2023

• Certifications

- AP 3 recommendation to hire sent to HR on 4/10/2023
- AP 3 candidate in background process
- AP 2 testing is being scheduled
- Chief – retirement August 31, 2023

• Trauma & Data Analysis

- Human Services Program Consultant posted continuously

ODPS DEMS Staffing Update

- **Medical Transportation Licensing**
- **Investigations**
 - AP 2 retirement April 28, 2023
- **Grants**
- **Administration**
 - Deputy Director resignation effective April 21, 2023

Certifications

EMS

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)~~ Eliminated by HB 509 and 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)~~ Eliminated by HB 509 and 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 Provider Certifications (12/31/2022)

- Fire
 - Firefighter = **38,468**
 - 9,056 = VFF
 - 4,737 = FFI
 - 24,675 = FFII
 - Fire Safety Inspector = **9,899**
 - Hazard Recognition Officer = **191**
- EMS
 - EMS Providers = **41,411**
 - 1,893 = EMR
 - 18,848 = EMT
 - 1,673 = AEMT
 - 19,027 = PARA

Active Certifications (12/31/2022)

- Total Certifications = **103,957**
- Total Certificate Holders (Providers) = **52,600**
 - **14,132** = EMS Certified Only
 - **11,189** = Fire Certified Only
 - **27,279** = Dual Certified

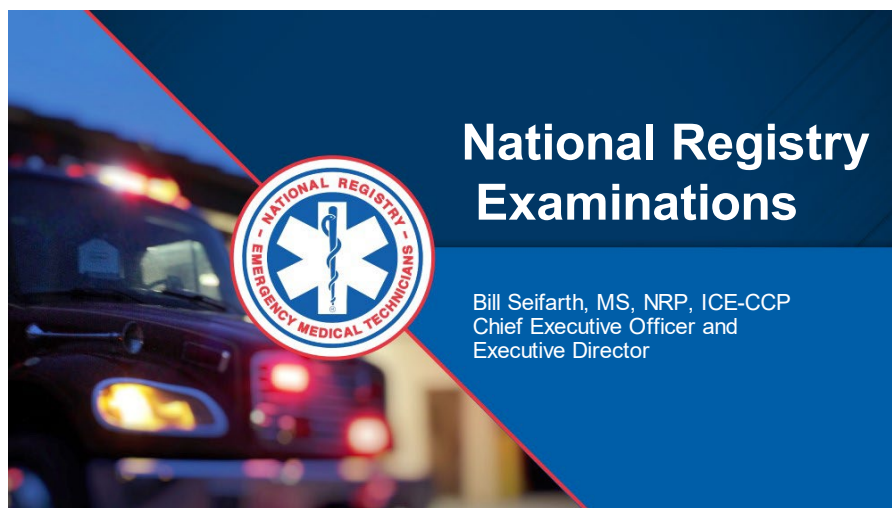
*****For additional graphs and additional statistics regarding certifications please refer to the Annual Report.**

EMS and Fire Service Providers Recruitment and Attrition

*****Please refer to the Annual Report for all of the graphs and information.***

NREMT Cognitive and Psychomotor Competency Discussion – Bill Seifarth, Executive Director

*****Please refer to the Annual Report for the entire slide presentation for additional information.**





Examinations Development Life Cycle



- +An assessment tool designed to measure a test takers knowledge, skills, and abilities
- +Examinations must be valid, reliable, and legally defensible
- +Examinations must be fair and clinically accurate
- +The National Registry Examinations Development Lifecycle establishes these concepts

THE NATION'S EMS CERTIFICATION™



Examination Details



ALS vs. BLS Examinations

THE NATION'S EMS CERTIFICATION™



ADA Accommodations



Allowances

THE NATION'S EMS CERTIFICATION™



ALS Redesign



ALS Redesign

Performance Component of ALS
Examination

THE NATION'S EMS CERTIFICATION™



Student Minimum Competency

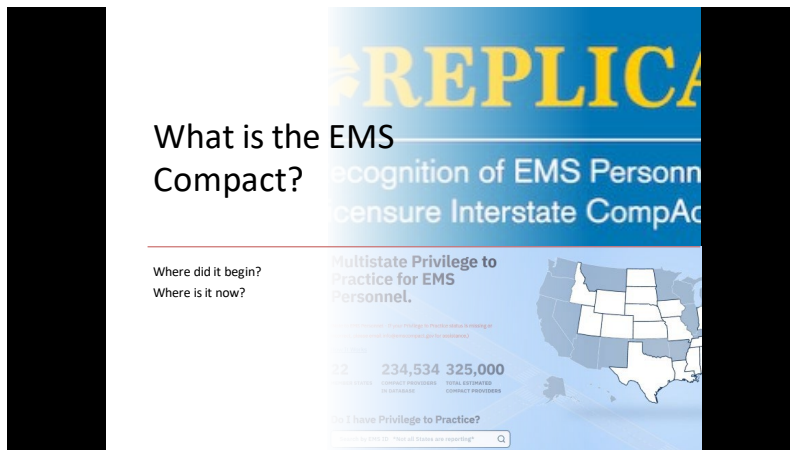


Psychomotor Competency Register

THE NATION'S EMS CERTIFICATION™

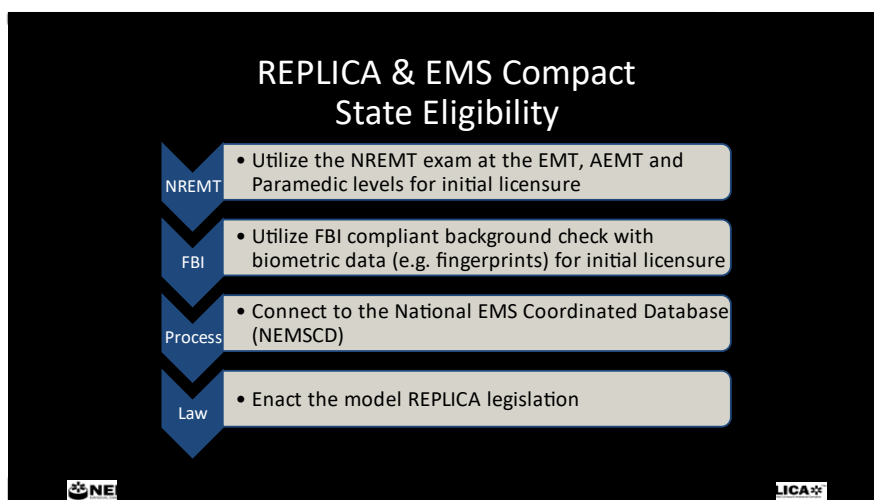
*****Please refer to the Annual Report for the entire slide presentation for additional information.**

EMS Compact Presentation – Ray Mollers, Executive Director



The EMS Compact (REPLICA) began around 10 years ago with the DHS contract with NASEMSO for the model language. October 17, 2023 marks the 6 year anniversary of the inaugural meeting after the 10th State, Georgia joined the compact. March 2023 completes more than 2 years of the “activation” of the compact during COVID-19 response. September will be two years since being hired as the first Executive Director to manage the day to day administrative duties of the EMS Compact and the Commission.

Ten states had to pass REPLICA to “come into effect”, “on the date on which the compact statute is enacted into law in the tenth member state” On July 7, 2022, Governor Tom Wolf signed Senate Bill -861, which makes Pennsylvania the twenty-second state to join the Recognition of Emergency Medical Services (EMS) Personnel Interstate Compact, known as the “EMS Compact”, the law was effective immediately. There is current legislation in four states to include Nevada, Kentucky, Oregon and Oklahoma.



- Currently requires the use of the National Registry of Emergency Medical Technicians (NREMT) examination as a condition of issuing initial licenses at the EMT and paramedic levels;
- Has a mechanism in place for receiving and investigating complaints about individuals;
- Notifies the Commission, (via Coordinated Database) in compliance with the terms herein, of any adverse action or significant investigatory information regarding an individual;

- No later than five years after activation of the Compact, a criminal background check of all applicants for initial licensure is required.

There are 7 & ½ states that are not connected to the National EMS Coordinated Database (NEMSCD). The challenges within the states vary from contracting, IT capacity, IT capability, data elements (SSN) as required data element for licensure. Without the connection, there is no real Privilege to Practice across states. The NEMSCD licensure and disciplinary database is the repository of the data provided directly from each state EMS license office. All EMS license data is managed by the State EMS Office, and that data is securely transmitted, most generally on a daily basis to the NEMSCO.

The NEMSCD Quick Verify tool on www.emscompact.gov provides EMS providers and the general public the ability to validate an EMS Provider's privilege to practice status and home state(s) license status.

The left slide features a red arrow pointing down with the text "PTP+ in all EMS Compact Remote States:" and a green arrow pointing down with the text "It is not Reciprocity". A box lists requirements: "At least 18 years of age", "Have a current, unrestricted license issued by a compact member state as an EMT or above", "Practicing for an 'authorized agency' in remote state", and "Under a physician medical director".

The right screenshot is titled "Multistate Privilege to Practice for EMS Personnel." and includes a note: "(Note to EMS Personnel - If your Privilege to Practice status is missing or incorrect, please email info@emscompact.gov for assistance.)". It lists statistics: 22 MEMBER STATES, 234,567 COMPACT PROVIDERS IN DATABASE, and 325,000 TOTAL ESTIMATED COMPACT PROVIDERS. Below is a search bar "Do I have Privilege to Practice?" with the text "Search by EMS ID *Not all States are reporting*" and a search icon. At the bottom, it says "I accept the terms and conditions" and "What's an EMS ID?"

The EMS Compact is financially stable and has not been a fiscal burden on any member state. The EMS Compact provides a controlled extension of a member state EMS license – in the form of a privilege to practice in other member states - that assists the public. Criminal background checks of EMS personnel seeking a state license is the expectation of the public and should be required by all states. Access to the National EMS Coordinated Database greatly enhances public safety and is an essential resource utilized by each of the Compact member states to ensure only safe and qualified EMS personnel are providing patient care in their state.

The left slide is titled "Relationship to the Emergency Management Assistance Compact" and lists a bullet point: "Once a Governor declares a disaster and EMAC is activated, EMAC applies, and no terms or provisions of REPLICA shall supersede the terms of EMAC on NAC with respect to any individual practicing in the remote state in response to such declaration".

The right side shows the EMAC logo, which features a blue handshake and the text "EMAC" and "Emergency Management Assistance Compact". Logos for "ONE" and "LICA" are visible at the bottom.

What does it do for my State?

- Qualified EMS personnel licensed by Kentucky are extended a privilege to practice in other Compact member states, under authorized circumstances
- Qualified EMS personnel licensed by other Compact member states are extended a privilege to practice in Kentucky under authorized circumstances
- The EMS Compact promotes multistate uniform licensure standards, transparency, and collaboration to ensure the highest level of public protection while supporting cross border EMS practice
- State EMS Offices gain the ability to collaborate on multistate investigations, and share critical information between Compact states



Conditions: Authorized Use of the Privilege to Practice

- EMS Personnel may practice in a Remote State under a Privilege to Practice only in the performance of the individual's EMS duties as assigned by an appropriate authority, as defined in the rules of the Commission, and under the following circumstances:
 - The individual originates a patient transport in a Home State and transports the patient to a Remote State
 - The individual originates in the Home State and enters a Remote State to pick up a patient and provide care and transport of the patient to the Home State
 - The individual enters a Remote State to provide patient care and/or transport within that Remote State
 - The individual enters a Remote State to pick up a patient and provide care and transport to another EMS Compact member state
 - Other conditions as determined by rules promulgated by the commission

For more information please contact EMS Compact, Ray Mollers, Executive Director, rmollers@emscompact.gov

*****Please refer to the Annual Report for the entire slide presentation for additional information.**

Scope of Practice – Dr. Hamilton Schwartz

Reimagine Recertification Discussion – Mark Resanovich

The current requirements have three options for continuing education:

1. Maintain National Registry
2. Retest
3. Perform required number of hours with sub-categories

The fourth option to be approved by the EMFTS Board includes:

1. Quality vs. Quantity
2. Core objectives
3. Reduced hours
4. Local flexibility
5. Personal choice

Re-Imagine CE

- What is truly needed
- Medical changes
- EMS call volume
- Full-time
- Part-time
- Volunteer
- Challenges
- Political pressure
- Recruitment
- Cost
- Student learning styles
- Convenience: Online, self-paced with 24/7 access
- Interactive and “gaming proof” to periodically verify participant engagement with the material

What is the Objective of Continuing Education

- Maintain proficiency
- Medical changes
- Current medical trends
- Technology
- Equipment development
- Maintain educational professionalism
- Remediation
- Increase quality patient care

Thinking Outside of the Box

- Are hours the qualifier?
- What is competency?
- Who is responsible?
- Provider, employer, medical director
- Are all providers equal?
- Quality control vs verification
- LMS utilization, mandated education

Medical Transportation – Dave Fiffick

Medical Transportation

Annual Vehicle and Service Inspection

- 462 Services
- 385 Satellite Locations
- Vehicles and Aircraft
 - 1300 Ambulettes
 - 1247 ALS
 - 144 MoICU
 - 66 BLS
 - 94 Non -Transport
 - 9 Fixed Wing
 - 70 Rotor Wing
- ~ 4500 **Total inspections**

Medical Transportation

2022 NEW SERVICES

	Ambulette	Ambulance	MoICU	Air Medical
Total	103	10	2	2

2021 NEW SERVICES

	Ambulette	Ambulance	MoICU	Air Medical
Total	80	15	1	2

Medical Transportation

Annual Vehicle and Service Inspection

- 462 Services
 - 385 Satellite Locations
 - Vehicles and Aircraft
 - 1300 Ambulettes
 - 1247 ALS
 - 144 MoICU
 - 66 BLS
 - 94 Non-Transport
 - 9 Fixed Wing
 - 70 Rotor Wing
 - ~ 4500 **Total inspections**

2021 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	15	79	47	PA-12 KY -3 AL -1 IN- 1 WV -2
Ambulance (BLS)	19	66	4	
Ambulance (ALS)	73	1247	97	KY-5 PA -3
Ambulance (MoICU)	31	144	123	PA-1
Non-Transport Vehicles		94		
Ambulette	267	1314	127	IN-1 KY -1 PA -2 WV -3
Total	405	2944	398	

Mobile Stroke Units and EMSIRS Reporting – Ruda Jenkins

OhioHealth Mobile Stroke Treatment Unit – Established May 2019

Inception to Date Data

May 2019–April 2023

✓ Total runs: 6,914

✓ Total transports: 1,106

✓ Total treatment with thrombolytics: 202

✓ Total hemorrhages: 114

Total patients treated:

>400

(seizures, nausea/vomiting, RSI, BP control, thrombolytics)

Daily Staffing

5 Associates:

- ✓ Advanced Practicing Provider
 - Nurse practitioner or Physician assistant
- ✓ CT Technologist
- ✓ 2 Columbus Fire Paramedics
- ✓ Telehealth Neurologist



Vehicle Operations



- ✓ 7 days a week, 0700 to 1900
- ✓ Dispatched with the Columbus Division of Fire FAO
- ✓ **911 services only**- only responds to 911 calls; no private ambulances, Dr. offices or clinics/hospitals
- ✓ Dispatched EMS crews transfer care to the MSTU “hospital”
- ✓ Respond daily with 7+ central Ohio fire/EMS agencies

28

BELIEVE IN WE  OhioHealth

Charting + Data Tracking

- ✓ SOLO
 - Online charting system to connect the on-scene MSTU crew to the Virtual Health Neurologist seamlessly
- ✓ EPIC- Care Everywhere
 - Inter-hospital electronic health record documenting software.
 - MSTU transports to closest, most appropriate hospital
- ✓ RedCap
 - Internal charting within MSTU to track all data; From run times to socioeconomic patient information

28

BELIEVE IN WE  OhioHealth

Challenges to EMS Data Submission

- Faster Care equals care on scene
 - Subsequently eliminating the transport in the eyes of charting
 - All patient care is charted within EPIC, hospital system
- To produce complaint EMS Data submission
 - Costly investment to convert hospital charting to align with submission system
 - Massive time investment to allocate IT resources to implement

28

BELIEVE IN WE  OhioHealth

University of Cincinnati Mobile Stroke Unit

Air Care & Mobile Care



Inception to date data

- August 20, 2020 through March 18, 2023

	Total
Dispatches	1,840
Transports	405 (22% of dispatches)
tPA/TNK	41 (10% of scene transports)
EVT	28 (7.4% of scene transports)

291



Daily Staffing

5 Associates:

- ✓ UCH Critical Care Transport Nurse
- ✓ UCH CT Technologist
- ✓ UCH Paramedic
- ✓ UCH EMT
- ✓ Telehealth Neurologist



292



Vehicle Operations

- ✓ Operation Hours-Sunday thru Saturday 0700-1900
- ✓ Dispatched by Hamilton Co Communications
- ✓ 911 Services, can also do interfacility neuro-emergencies for hospitals in primary service area if no other resources available
- ✓ Simultaneous dispatched with 911, care transferred to MSU
- ✓ Dispatched with over 30 EMS services.
 - ❖ Green Township
 - ❖ Springfield Township
 - ❖ Colerain Township
 - ❖ Forest Park

293

Charting and Data Tracking

- ✓ EPIC
 - Patient registered into EPIC upon entry into MSU. All RN charting and MD orders and charting.
- ✓ emsCharts
 - Paramedic completed emsCharts ePCR for current data reporting and ambulance billing
- ✓ Data submitted to PRESTO
- ✓ Data displayed via Tableau

296



Overview

Cleveland Clinic was 4th in the world (2nd in the United States) to start a mobile stroke unit for pre-hospital stroke treatment. Since 2014, the Cleveland Clinic Mobile Stroke Treatment Unit (MSTU) has provided pre-hospital thrombolysis for acute ischemic stroke.

The Cleveland Pre-Hospital Acute Stroke Treatment (PHAST) study group is part of the international mobile stroke unit collaboration—Pre-Hospital Stroke Treatment Organization (PRESTO). The research group has been studying the time efficiency, patient outcomes, and health economics of this novel mode of stroke treatment.

297

What's the Ask?

To be exempt from required EMSIRS data reporting due to the following:

- ✓ Primary use of EPIC charting system which is not configured to pull needed data points
- ✓ Increased expense to have second charting system compatible for EMSIRS reporting
- ✓ Increased expense of personnel to manually input EMSIRS data

298

Investigations – Joel Demory

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	2018	2019	2020	2021	2022
EMS Investigations	409	370	330	376	418
Fire Investigations	237	245	117	120	147
Dual Fire and EMS Cases	98	126	132	95	144
Totals	744	741	579	591	709
Medical Transportation Cases	39	36	77	92	134

Investigations

EMS Case Classifications	2018	2019	2020	2021	2022
Criminal Convictions	109	106	97	85	89
Audit Issues (CE)	207	149	42	58	61
Protocol/Patient Care	30	39	47	62	63
EMS school violations (Approved & Accredited)	9	7	7	14	21

Investigations

Fire Case Classifications	2018	2019	2020	2021	2022
Criminal Convictions	40	53	46	40	51
Audit Issues (CE)	188	169	42	55	49
Fire Charter Violations	4	7	2	3	8

Investigations

Dual Case Classifications	2018	2019	2020	2021	2022
Criminal Convictions	87	110	93	61	103
Audit Issues	5	7	7	6	7

Investigations*

EMFTS Board Actions	2018	2019	2020	2021	2022
Notices of Opportunity for Hearing	67	129	102	95	79
Chapter 119 Hearings	8	15	7	12	10
Cases Closed	460	489	402	347	394
Consent Agreements Approved	100	112	72	59	91
Goldman Hearings Completed	39	33	46	39	38
Summary Suspensions	7	2	1	3	0

*EMS & Medical Transportation

Investigations*

FFFSI Training Committee/ Executive Director Actions*	2018	2019	2020	2021	2022
Notice of Opportunity for Hearing	63	116	74	80	70
Chapter 119 Hearings	7	9	6	8	8
Cases Closed	324	317	214	193	202
Consent Agreements Approved	50	53	57	46	89
Goldman Hearings Completed	24	28	32	39	36

*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 2022, eight (8) conviction reviews were initiated and completed.
- Seven (7) requests found the convictions were not automatic disqualifiers.
- One (1) request found the convictions was an automatic disqualifier.
- Disclosed convictions ranged from Weapons-related charges to OVI.

Points of Interest

- ORC 9.79
- Uncertified Practice: Firefighters
- School Issues
 - Test environments, qualifications for entry into courses, pass rates.

Grants Program- Johanna Burgess

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

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
20182019	515	2,237,256.00	2,137,273.21	99,982.79	15	11
20192020	747	2,164,703.00	2,032,823.84	131,879.16	60	32
20202021	676	2,157,244.32	1,924,411.19	232,833.13	67	35
20212022	642	1,954,884.29	1,818,308.52	136,575.77*	45	46
20222023	693	467,624.54	381,474.26	86,150.28	120	3

Priority 1 Supplemental Funding*

Economic Hardship

- No awards for 2023
- Average Award = \$0

Board Priority

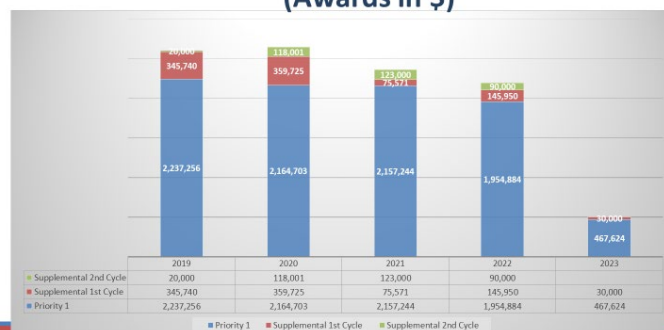
- 1 award = \$30,000 for the first grant cycle
- Average Award = \$30,000

Total Supplemental Grant Disbursement

\$30,000

*Second grant cycle excluded

**P1 & Supplemental Grants
(Awards in \$)**



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.

EMSIRS & NEMSIS Update – Eric Mays

EMSIRS Status

Historical

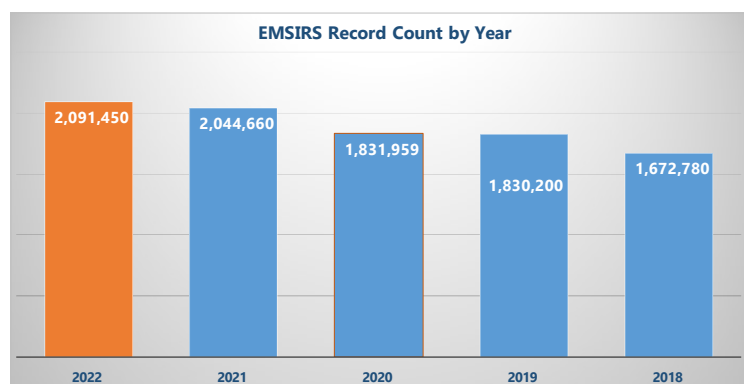
- New DPS managed EMSIRS goes live (12/2019)
- Vendor Digital Innovations (old EMSIRS) services end as planned (7/2020)
- NEMSIS Provisional Approval Received (10/2020)
- Regular Data Submissions to NEMSIS began (early 2021)
- Retroactive Submission of 2020 data to NEMSIS (early 2021)
- In 2022, there were 884 agencies reporting to EMSIRS, and 21 ePCR vendors submitting.

Current

- Regular Data Submissions to NEMSIS continue (2023)
- Development is underway by DPS IT staff to upgrade EMSIRS to allow NEMSIS v3.5 submissions.
- Estimated implementation of NEMSIS 3.5 end of Q3 or early Q4 of 2023
*As part of the update, the web portal for manual submission of data will be discontinued.

Future

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



Ohio Trauma Registry – Trauma Acute Care Registry

• Trauma Registry Data Reporting

• Update of Manual Record Submission Site

- GEN6: Due to the sunset of Adobe Flash products a new product was needed to replace the existing DI product. The new product is called GEN6 and does not require Adobe Flash. Manual submitters were moved onto the new platform during 2022 and vendor hosted training for facilities was provided.

• Reporting

- The vendor is currently working on a patch after it was discovered that the data validations performed by the GEN portal did not match the Central Site. This is causing GEN6 records to be rejected during their nightly export from the GEN6 repository to the master central repository used for analysis and reporting.
- Rel-Pop: Implementing directly access to our data within the Central Site without the need for the vendors browser based reporting tool. The Relational-Populator will allow DEMS staff to directly connect to the repository using their own tools such as SAS and Tableau.

- **Trauma Registry Data Reporting**

- **Update of Manual Record Submission Site**

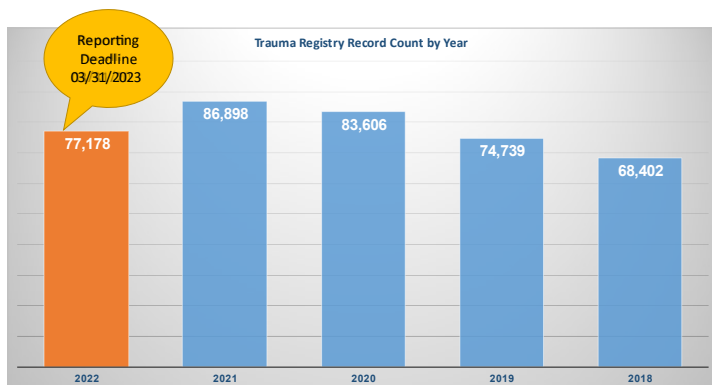
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- **American College of Surgeons (ACS) Site Visits**

- Due to travel and meeting restrictions in 2020 the ACS extended all Trauma Facility verifications an additional year.
 - The 1 year extension was also applied to provisional approvals.
 - All existing trauma facilities were “frozen” at their current verification level for an additional year.
 - The ACS successfully piloted “Virtual” verification site visits in 2021. They continue to perform these scheduled verifications virtually.



*****Please refer to the Annual Report for the entire slide presentation for additional information.**

These minutes were approved at the EMFTS Board meeting on June 21, 2023.