State Medical Board of Ohio

30 E. Broad St., 3rd Floor
Columbus, Ohio 43215
(614) 466-3934
www.med.ohio.gov

Respiratory Care Advisory Council Minutes for November 13, 2018

The meeting was called to order at approximately 2:08 pm on Tuesday, November 13, 2018.

Council members present: Ronan Factora, MD; Amy Rodenhausen, RRT; Edward Warren, MD; Roy Neely, RRT; Margaret Traband, RRT and Robert Pelfry, RRT

Staff members present: Nathan Smith, Donald Davis.

Guests: Susan Ciarlariello, David Corey, Tammy Martin and Shereen Bailey

Approval of Minutes from the September 11, 2018 Council meeting

All council members present voted to approve the September 11, 2018 meeting minutes as presented.

Update on Chapter 4761 Ohio Administrative Code rules

Nathan Smith updated the council on these rules. The Chapter 4761 rules that were recommended for approval by the respiratory care advisory council (RCAC) were approved by CSI. There were two changes to the rules before they were submitted to CSI. In the definition of "Under Supervision" in proposed rule 4761-3-01, physician assistant was added to physician and nurse as an additional profession that may provide direction to respiratory care professionals. This is consistent with R.C. 4761.17 which is referenced in this rule. In addition, in 4761-9-05 (approved sources of RCCE) the Ohio Association of Physician Assistants was added to the list of organizations who are approved sources of respiratory care continuing education. These rules will be filed with the Joint Committee on Agency Rule Review (JCARR).

Update on approval of education programs required to qualify for licensure

Mr. Smith stated that the CoARC report has been put on hold indefinitely due to software issues. When more information is available through CoARC or the educational programs for 2018, or from the Respiratory Care Board's electronic files for 2016 or 2017 is located, this information will be shared with RCAC.

Discussion of relationship between NBRC and renewal of license in Ohio

Mr. Smith provided an update regarding the relationship between NBRC continued competency policy and renewal of licensure in Ohio. OAC rule 4761-10-02 was provided to the RCAC and it was noted by Mr. Smith that it may limit some misuse of respiratory care credentials.

Mr. Smith also shared that he contacted NBRC Vice President Robert Shaw who related that he was not aware of many states that tie NBRC registration to the renewal of a license. Also, Mr. Smith contacted AARC and they only knew of one state. Mr. Smith also provided the council with requested additional information on NBRC continuing competency program obtained from Mr. Shaw.

Inquiry related to completing the L1 limited permit verification education form

The RCAC discussed an email inquiry regarding the Education Verification form for the L1 Limited Permit holders. The inquiry stated: "Cincinnati Children's Division of Respiratory Care is trying to better

define the role of the student with a Limited Permit and what therapies they are allowed to administer based on that Limited Permit. When looking at the "L1 Limited Permit Verification of Education Form" located on the medical board website, we developed a list of questions we were hoping to get clarification on."

The council provided guidance on the list of questions, but most importantly gave the following general advice. The present Verification of Education form provides a snapshot in time of what a student holding a limited permit is capable of at the time the school completes the form. Students holding the limited permit should not practice beyond these verified competencies. Employers should perform competency testing on students practicing under the limited permit and communicate with the educational programs if they have questions on individual students. Employers must diligently supervise students holding limited permits. The safety of the patients being treated is of the utmost importance.

Due to the evolving nature of the practice of respiratory care including new technologies, procedures, and techniques, this form's categories in Section E Basic Skill Check List do not neatly fit every procedure. The employer's best recourse for questions is to verify a particular student's competency for a procedure with that student's educational program.

Update on scope of practice recommendations

Mr. Smith shared the Medical Board's official replies to the scope of practice inquiries regarding emergency room triage and changing a tracheostomy tube on which the RCAC had previously offered recommendations.

Presentations and discussion of respiratory protocols

Mr. Smith stated that the Respiratory Care Advisory Council would undertake a discussion of respiratory care protocols following a general presentation on respiratory care protocols and their history in Ohio by Sue Ciarlariello, as well as a brief summary of the legal landscape of respiratory care protocols by Mr. Smith. The purpose of this is to build a knowledge base for the RCAC as well as the Medical Board.

Ms. Ciarlariello, who has practical experience with the respiratory care protocol issue through her work at Dayton Children's Hospital and as a former member of the former Respiratory Care Board, provided an overview of the advantages of respiratory care protocols which include the ability of respiratory care professionals to more timely provide care to a patient to improve patient outcomes. Respiratory care protocols are physician initiated and almost always health care facility approved. Protocols do not require blanket participation by physicians and can be used selectively or not at all by a physician depending on the patient or situation. Further, students in respiratory care educational programs are trained to practice under protocols.

Ms. Ciarlariello also detailed the concerns that the former Respiratory Care Board had beginning in 2003 that the respiratory care statutes in the Ohio Revised Code do not explicitly authorize the practice of respiratory care by protocol and that licensees were practicing by protocol under weakly assumed authority. These concerns originated in part from interaction with the Pharmacy Board regarding respiratory care protocols that involved the administration of medications as well as from knowledge that some protocols had used overly broad language such as "assess and treat". As a result, the former Respiratory Care Board had since 2007 included in their annual report their desire to have a statutory change to include authority to provide respiratory care delivered pursuant to physician prescribed protocols.

Mr. Smith provided an overview of relevant statutes and various board statements related to the issue of respiratory care protocols in Ohio including the 2005 Practice Statement of the Respiratory Care Board. This Practice Statement articulated concerns regarding protocols involving medication administration by respiratory care professionals. The Practice Statement advocated either (1) re-writing protocols involving medication administration as patient specific pre-printed order sets to

comply with the Pharmacy Board regulations or (2) obtaining a patient, medication, dose, and frequency specific order from an authorized prescriber.

In addition, the Joint Regulatory Statement regarding the use of protocols to initiate or adjust medications written in 2014 by the Pharmacy, Nursing and the Medical boards articulated the Medical Board's general position that protocols involving the administration of medications could only be used in the very limited situations articulated in Ohio Administrative Code rule 4729-5-01(L). Also, Mr. Smith noted that the Pharmacy Board is presently in the process of revising this rule and a draft of the proposed rule 4729:5-3-11 was provided. This would replace current rule 4729-5-01. Lastly, Mr. Smith reviewed the language of current respiratory care statutes.

Following the presentations, the advisory council discussed the protocol issue. Mr. Pelfry noted that when he practiced in North Carolina that doctors would write very broad "assess and treat" protocol orders. Ms. Rodenhausen stated that protocols would enable quicker response to the changing conditions of patients. Mr. Pelfry agreed that in his practice in Ohio in certain situations respiratory care professionals are waiting on physician approval for the next step in treatment.

Dr. Warren noted that in his practice patient specific pre-printed order sets that are very detailed with decisions points are used. This replaced the use of protocols and required a lot of labor to change and fill in the level of detail required by the Joint Commission. Dr. Warren did not believe that it is necessary to incorporate the term "protocol" in the respiratory care statutory language due to the current workability of pre-printed order sets.

Dr. Factora was also not sure that a statutory change to include the term "protocol" was necessary because he believes that the statutory definition of respiratory care includes each of the elements of a protocol. He stated that a protocol just organizes these elements in a way that assures that care is delivered in a more uniform way to prevent variation. He observed that people are using the term pre-printed order sets instead of protocol.

The council discussed issues for possible future consideration including if a statutory change were considered, how would protocol be defined, and how have other states defined the term "protocol".

The Respiratory Care Advisory Council meeting was adjourned at approximately 4:05pm on November 13, 2018