

# OHIO RESPIRATORY CARE BOARD

LICENSING RESPIRATORY CARE PROFESSIONALS  
AND  
HOME MEDICAL EQUIPMENT FACILITIES



## FY 2014 ANNUAL REPORT



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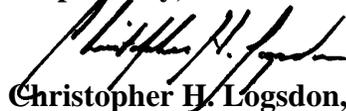
## **EXECUTIVE SUMMARY**

Pursuant to Section 4761.03 (H) of the Ohio Revised Code, the Ohio Respiratory Care Board (hereafter referred to as “the Board”) is required to file an annual report to the Governor and Ohio General Assembly. The annual report, by law, must list the official actions taken by the Board during the prior year and any recommendations for the improvement of the practice of respiratory care in Ohio. Although the statute only requires the Board to report on improvements to the practice of respiratory care, the Board believes recommendations on the improvement of home medical equipment regulation should also be addressed.

The Board’s annual report strives to inform the Governor, the Ohio General Assembly, and the public of all its activities and actions taken during the prior year. The report is written to cover all aspects of the Board’s operations: regulatory, financial, and judicial. The Board is committed to full public disclosure and accountability at all levels of operations.

On behalf of the Ohio Respiratory Care Board, I would like to thank the people of Ohio for allowing us to serve them.

Respectfully,



**Christopher H. Logsdon, MBA, RRT, RCP**  
Executive Director

# LETTER TO THE GOVERNOR AND OHIO GENERAL ASSEMBLY

Dear Governor Kasich and Members of the Ohio General Assembly:

It is my pleasure to submit, on behalf of the Ohio Respiratory Care Board, its annual report for Fiscal Year 2014. This report reflects the efforts made by the Ohio Respiratory Care Board to ensure that all respiratory care professionals and home medical equipment facilities licensed or registered by this Board are properly qualified to provide services to the citizens of Ohio. This report also summarizes the licensure and enforcement activities undertaken during fiscal year 2014, demonstrating the Ohio Respiratory Care Board's important influence on providing safe respiratory care and medical equipment services to Ohioans. This report will provide information about the practice of respiratory care and home medical equipment facilities, our methods of operation, the accomplishments and actions of the agency, and the dedication of the Board members and its staff. Finally, this report establishes the future goals of the Board and provides suggestions for improving the practice of respiratory care and improving home medical equipment facility licensure in Ohio.

The Ohio Respiratory Care Board would like to thank you and the Ohio General Assembly for supporting a budget that allows the Ohio Respiratory Care Board to meet its legislative objectives and address the many challenges faced by Ohio Respiratory Care Board to protect the health and safety of Ohioans through effective regulation of these practices.

Respectfully submitted,



Marc K. Mays, MSA, RRT, RCP  
President, Ohio Respiratory Care Board

## Board Members



Marc K. Mays, R.R.T., R.C.P., M.S.A.  
Board President, Professional Member  
Columbus, Ohio



Robert A. Slabodnick, R.R.T., R.C.P., M.Ed.  
Professional Member  
Ashland, Ohio



Maninder Singh Kalra, M.D., Ph.D.  
Physician Member  
Mason, Ohio



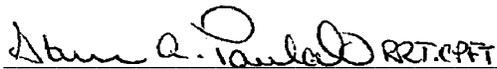
Carol A. Gilligan, A.T.P.  
HME Professional Member  
Bath, Ohio



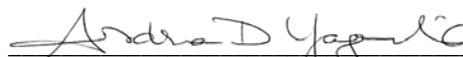
Joel D. Marx, B.S.  
HME Professional Member  
Pepper Pike, Ohio



Kenneth Walz, J.D., R.R.T., R.C.P.  
Professional Member  
Toledo, Ohio



Steven A. Pavlak, R.R.T., R.C.P., C.P.F.T., M.S.  
Professional Member  
Youngstown, Ohio

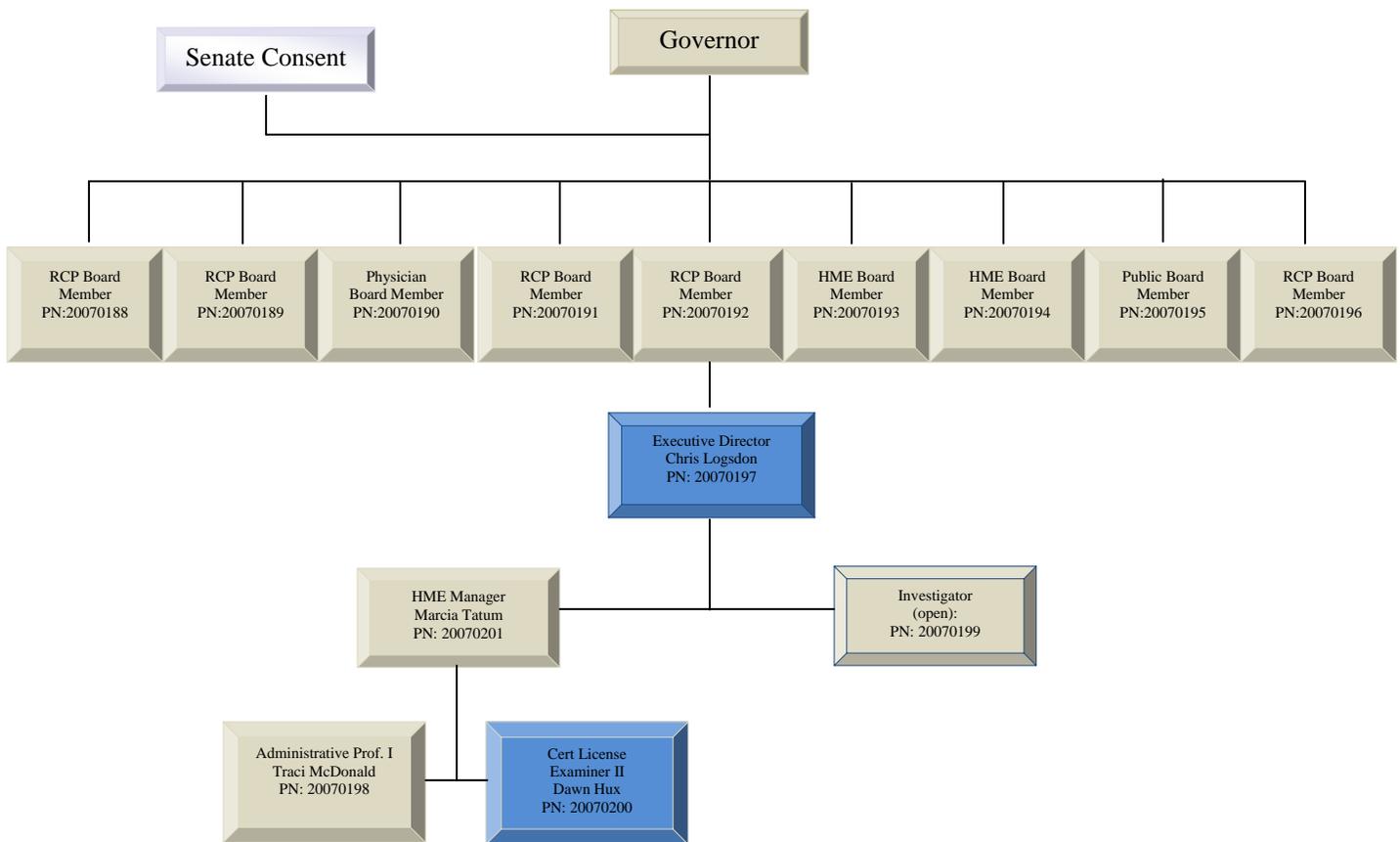


Andrea D. Yagodich, B.S., R.R.T., R.C.P.  
Professional Member  
Pickerington, Ohio



Verna Riffe Biemel, Public Member  
Public Member  
Walton Hills, Ohio

## BOARD ORGANIZATION



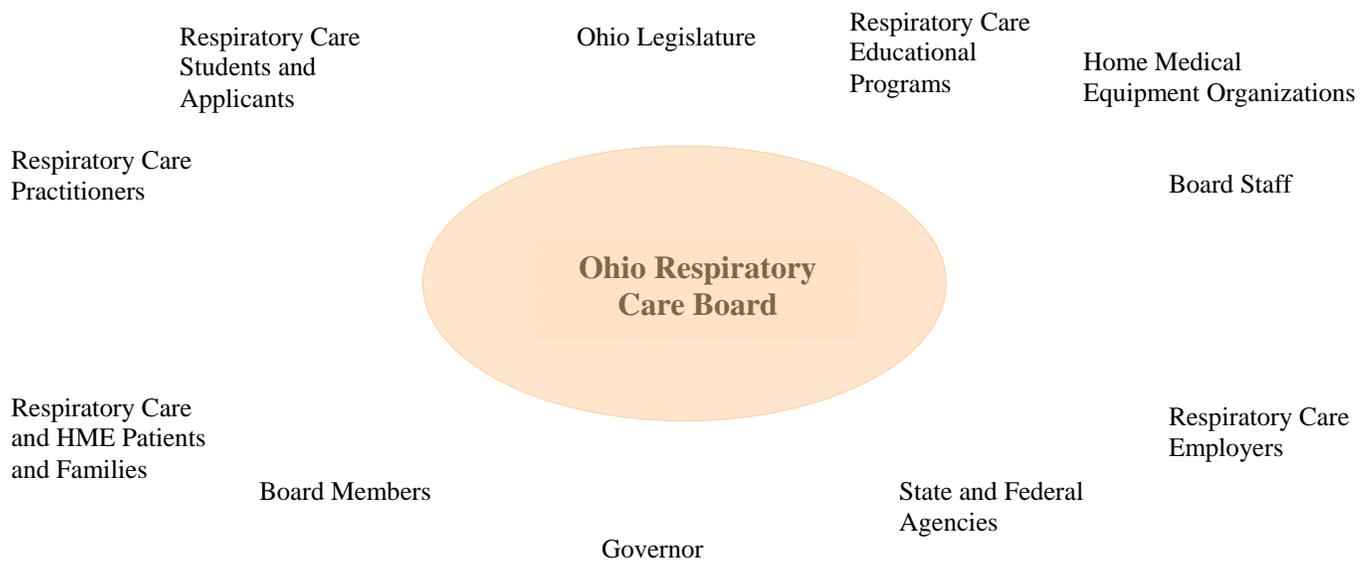
## MISSION STATEMENT

The mission of the Board is to protect and serve the public of Ohio by effectively and efficiently regulating Home Medical Equipment facilities and the practice of Respiratory Care in the State of Ohio through the licensing of qualified facilities and practitioners, the establishment of standards for respiratory care educational programs and home medical equipment facilities and the enforcement of the laws and rules governing these practices.

## VISION STATEMENT

Making a responsible difference for the citizens of Ohio --- by efficient and effective Licensing for Respiratory Care Professionals and Home Medical Equipment facilities, Enforcing Practice Standards and Promoting Professional Competency.

## STAKEHOLDERS



## BOARD BACKGROUND, AUTHORITY AND FUNCTIONS

### - Background

The Ohio Respiratory Care Board was established in 1989 under Sub. S.B. 300. The Board issued its first license on June 13, 1990, following a one-year startup, which required the agency to implement rules, develop forms, define processes and procedures and employ staff to fulfill the mission and daily functions of the Board. The Board was composed of five members: One physician with a pulmonary background, one public member and three respiratory therapists with five years of experience in the practice. The membership remained at five persons until 2004 when Sub. H.B. 105 was enacted, which added Home Medical Equipment licensure under the agency's authority. The Board membership was expanded to nine persons, adding two more licensed respiratory care professionals and two home medical equipment members.

### - Function

The Ohio Respiratory Care Board has dual functions: the licensing and regulation of respiratory care professionals under Chapter 4761 of the Ohio Revised Code and licensing and registration of Home Medical Equipment facilities offering to sell, deliver, rent, install, demonstrate, replace or maintain specified home medical equipment in Ohio under Chapter 4752 of the Ohio Revised Code.

The Ohio Respiratory Care Board's guiding principle in the regulation of respiratory care is to improve the quality of respiratory care delivered to the public by respiratory care professionals. The Board concentrates on effective, thorough and expedient licensure of Respiratory Therapists, investigating consumer and health organization complaints, and adjudicating matters that allege practitioner misconduct.

**Respiratory Care is arguably one of three healthcare professions often seen working at the patient's bedside, the others being medical physicians and nurses. Respiratory therapists, under the prescription of a licensed physician or qualified certified nurse practitioner or clinical nurse specialist, provide many therapeutic, high risk and life-saving procedures to patients suffering from a variety of diseases and ailments affecting the lungs and heart. Persons suffering from emphysema, lung cancer, asthma, cystic fibrosis, and many other lung/heart ailments receive assessment, care, education and rehabilitation by respiratory therapists. The profession can be found providing care in nearly all health settings: hospitals, long-term care facilities, life-flight, ground emergency services, home care organizations, rehabilitation facilities, and physician offices. Today, forty-nine states and the District of Columbia and Puerto Rico require some form of licensure for respiratory therapists.**

**The Ohio Respiratory Care Board's guiding principle for home medical equipment licensure is to validate the quality and safety of facilities that provide home medical equipment services to Ohio consumers. The home medical equipment act requires facilities to hold a license or certificate of registration to engage in the sale, delivery, installation, maintenance, replacement, or demonstration of home medical equipment. Home medical equipment facilities that hold licenses are inspected by the Board to assure compliance with the quality and safety standards of the State of Ohio. Home medical equipment facilities that hold a certificate of registration are accredited by one of eight organizations recognized by the Ohio Respiratory Care Board as having accreditation standards that meet or exceed the standards used for licensed facilities.**

**The law defines home medical equipment as "equipment that can stand repeated use, is primarily and customarily used to serve a medical purpose, is not useful to a person in the absence of illness or injury, is appropriate for use in the home, and is one or more of the following:**

- (1) Life-sustaining equipment prescribed by an authorized health care professional that mechanically sustains, restores, or supplants a vital bodily function, such as breathing;**
- (2) Technologically sophisticated medical equipment prescribed by an authorized health care professional that requires individualized adjustment or regular maintenance by a home medical equipment services provider to maintain a patient's health care condition or the effectiveness of the equipment;**
- (3) An item specified by the Ohio respiratory care board in rules adopted under division (B) of section 4752.17 of the Revised Code.**

**The Ohio Respiratory Care Board may identify specific equipment by rule or add additional equipment through order of the Board. Currently rule 4761:1-3-02 of the Ohio Administrative Code lists the equipment meeting the definitions of HME under Ohio law. The Board has added some additional equipment to the list and regularly posts these updates to its website.**

**The Ohio Respiratory Care Board is responsible for validating the qualifications of facility applicants, investigating consumer complaints against licensed facilities and inspecting licensed facilities for compliance with established standards.**

## - Board Membership

The Board is composed of nine members (five respiratory care professionals, two home medical equipment facility managers, one physician who specializes in pulmonary medicine and one member of the public) who are appointed by the Governor, with the advice and consent of the Ohio Senate. The Board is a diverse group of persons, geographically representative of the home medical equipment industry and respiratory care profession. Members are paid for each day employed in the discharge of official duties. All members are reimbursed according to state travel rules for travel expenses.

In addition to regular board meetings, the Board has established several committees to improve efficiency and focus the board to address specific actions and recommendations. Among these are:

1. **Scope of Practice Committee – Scope of Practice Committee is established to address inquiries from hospitals, licensed therapists, insurance organizations, and home medical equipment facilities on the legal scope of service provided by respiratory care professionals and home medical equipment facilities.**
2. **Education Committee – The Education Committee is established to address educational quality and monitor ongoing accreditation. In recent years, the Committee has devoted its time to reviewing accreditation standards and proposed amendments to the standards.**
3. **Home Medical Equipment Committee – the Home Medical Equipment Committee is established to advise the Board on HME practices and regulatory policy. The Committee is regularly reviewing inspection standards, inspections compliance and policies unique to the providing Home Medical Equipment Services in Ohio.**
4. **Probable Review Committee – the Probable Review Committee is staffed by two Board members who work with staff and legal counsel to review complaints and investigations. The Probable Review Committee is charged with determining if the findings of an investigation warrant the issuance of a Notice of Opportunity for Hearing or if the matter should be dismissed as non-jurisdictional to the agency’s authority or unfounded.**

Name	Residence	Initial Appointment Date	Re-Appointment Date	Expiration Date	Employer	Term
Maninder Singh Kalra M.D.	Mason, OH	6/11/2013		3/14/2016	Sleep Disorders Center, Middletown, OH	1
Marc K. Mays, RRT	Grove City, OH	3/12/2004	3/28/2013	3/14/2016	The Ohio State University Hospitals, Columbus, OH	4
Robert A. Slabodnick, RRT	Grove City, OH	2/16/2012	3/15/2014	3/14/2017	North Central State College	2
Ken Walz, J.D. RRT	Toledo, OH	3/14/2009	4/03/2012	3/14/2015	Private Law Practice	2
Joel Marx, HME Member	Pepper Pike, OH	9/13/2004	4/03/2012	3/14/2015	President, Medical Services Companies	4
Andrea D. Yagodich, RRT	Pickerington, OH	1/29/2013	3/15/2014	3/14/2017	The Ohio State University Hospitals, Columbus, OH	2
Carol Gilligan, HME member	Bath, OH	9/13/2004	3/24/2014	3/14/2017	President, Health Aide of Ohio, Inc.	5
Steven A. Pavlak, RRT, CPFT	Youngstown, OH	4/03/2012		3/14/2015	St. Joseph's Health Center, Warren, OH	1
Verna Riffe Biemel	Walton Hills, OH	4/25/2013		3/14/2015	Public Affairs Consultant	1

## **- Funding**

The Board is self-sustained through fees generated from applications for initial licensure, renewal fees, fines, and other miscellaneous sources. Fees are deposited into a joint operating fund (called the "4K9" fund) consisting of fees from twenty-two professional licensing Boards. Each agency in the fund is required to generate sufficient revenue to meet its own expenses. Although the 4K9 fund serves as the funding source for the Board, it is not a rotary fund and the Board is funded through the standard biennial budget process. Hence, the Ohio General Assembly establishes the Board's biennial budget. Each year, the Board reviews licensure fees and budget requirements to determine if fee adjustments are necessary.

## **- Staffing**

Although the Board must provide the same services as larger agencies, it does so with a small staff. One full time Executive Director, 1 full time Home Medical Equipment Licensing Manager, one full time Investigator, 1.0 FTE License/Certification Examiner II position, and one full time Office Professional I position. The office is located at the Vern Riffe Center for Government and the Arts, 77 South High Street, 16<sup>th</sup> Floor, Columbus, Ohio. The core business hours are from 7:30 a.m. to 4:30 p.m., Monday through Friday.

## **- Duties**

In addition to its licensing duties, the Board investigates complaints and takes any necessary corrective action, investigates inquiries and performs home medical equipment facility inspections, holds rules hearings pursuant to Chapter 119 of the Ohio Revised Code, and monitors continuing education compliance.

Home medical equipment facilities registered by the Board are required to follow standards of practice established by the organization that accredits the facility. The Board recognizes eight independent accrediting organizations for the purpose of registering home medical equipment facilities. Licensed home medical equipment facilities, on the other hand, are not accredited by a recognized entity. Licensed facilities must adhere to standards of practice developed by the Board through rule authority. These facilities are inspected at least once every four years, or upon cause, to ensure compliance with the Board's standards.

Following an adjudication hearing held pursuant to Chapter 119 of the Revised Code, the Board may take action against a licensed respiratory care provider or home medical equipment facility licensed by the Board. Within the parameters of the law for respiratory care, the Board may refuse to issue a license or a limited permit; issue a reprimand; suspend or revoke a license or limited permit; or place a license or limited permit holder on probation. Additionally, the Board may also levy fines. The only exception to this process is a summary suspension action. Pursuant to Chapter 4761.09 of the Revised Code, the Board may hold a teleconference to consider a summary suspension of a person's professional practice, if there is clear and convincing evidence that a person's continued practice would present immediate and serious harm to the public.

Similar authority exists for home medical equipment facilities licensed by the Board. Certificate of registration holding facilities are subject to the standards developed by their accreditation organization. The Board is obligated by law to take action against a certificate of

registration holder if the accreditation organization moves to revoke or suspend the facility accreditation.

If a person or facility is found practicing without a license, the Board may seek an injunction or appropriate restraining order for such practice. If imposed by a court of law, unlicensed practice of home medical equipment services can result in a substantial financial penalty. The Office of the Ohio Attorney General, upon the Board's request, may pursue appropriate relief through the court of common pleas in the county in which the violation occurs.

Official actions of the Board are journalized in the minutes of each meeting. In FY 2014, the Board held six regular meetings and one teleconference meeting. Board meeting minutes are available to the public by mail, e-mail, and a full year or more of minutes are maintained on the Board's website. The Board disseminates information concerning its activities, forms, notices, and Board member profiles on its state webpage: [www.respiratorycare.ohio.gov](http://www.respiratorycare.ohio.gov).

## **FY 2014 PROGRAM HIGHLIGHTS AND STATISTICS**

### **Board Meetings**

In order to conduct business, the Board must meet on a regular basis in an open, public meeting.

**The Ohio Respiratory Care Board met on the following dates in fiscal year 2014:**

- August 14, 2013
- October 16, 2013
- December 4, 2013
- February 19, 2014
- April 16, 2014
- May 13, 2014 (Teleconference)
- June 18, 2014

In an effort to reduce costs, the Board strives to consolidate its agenda and hold single day meetings; however, if business dictates, the Board will schedule a two-day meeting to meet the business needs of the agency. In fiscal year 2014, the Board was able to conduct its business during one-day meetings. Meeting dates are posted on the Board's website and meeting notices and agendas are posted no less than 10 days prior to a scheduled meeting. On May 13, 2014, the Board held a teleconference meeting pursuant to Chapter 4761.09 of the Revised Code to consider a summary suspension involving a matter of immediate and serious harm to the public. Matters involving immediate and serious harm to the public are the only instance the Board can hold a teleconference to consider the summary suspension of a license.

Following Board approval at each meeting, the minutes are posted to the agency's website for public review. Like most meetings, the Board's business agenda follows a regular process that includes approval of prior meeting minutes, officer and staff reports, committee meeting reports, new business, and old business. As required, the Board must also address administrative matters under Chapter 119 of the Revised Code, including administrative disciplinary hearings and rules hearings.

## Licensure and Certification

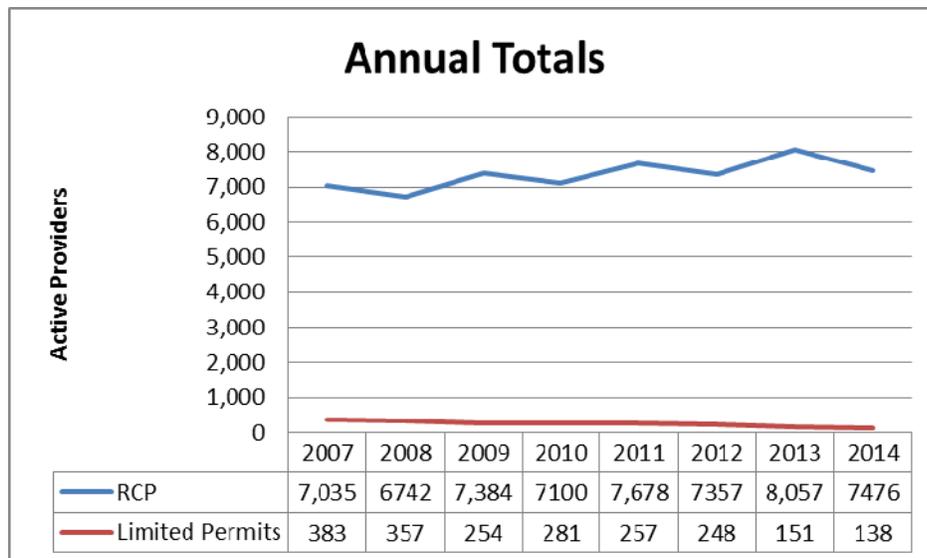
The Ohio Respiratory Care Board issues respiratory care professional licenses and student-based limited permits under ORC 4761.04 and 4761.05. HME licenses and certificates of registration are issued under ORC 4752.

The Ohio Respiratory Care Board continues to seek operational efficiencies in its licensure activity. In 2014, the Board implemented a policy change that allowed licensees to attest to continuing education compliance, rather than listing all continuing education activity. This change led to a very high satisfaction rating, decreased error rates and decreased employee hours.

### Respiratory Care Licensing

At the end of FY 2014, 7476 persons held an active license to practice respiratory care in Ohio. To accurately compare this number, it is necessary to consider the last even numbered year, since the Board renews licenses on a biennial basis. Using 2012 as a comparative, the number of active licensees increased by 114 persons. Active respiratory care licenses held continues to trend higher each biennium, ranking the state of Ohio the fourth largest state in the U.S., behind California, Texas and Florida. Since its inception, the Ohio Respiratory Care Board has issued nearly 13,899 total licenses to qualified respiratory therapists. Additionally, at the end of FY 2014, 138 limited permits remained active, primarily representing working students that are enrolled in recognized respiratory care educational programs.

In the past eight years, trending shows the number of licensed respiratory care professionals holding active licensure has gone up by about 6.2%. Interesting; however, is the number of persons seeking a limited permit to practice while enrolled. The trend for limited permit holders shows a dramatic decline. This decline is not reflective of the number of persons enrolled in respiratory care educational programs. More likely, the trend is reflective of the employment opportunities for students in the healthcare arena. Some employment data suggests that overall healthcare employment in 2013 and 2014 has declined. Anecdotal comments reported to Board staff by graduates and students seem to support this conclusion.



**- 2014 Licensing Activity**

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<b>Initial RCP Licenses Issued</b>	425	444	540	440
<b>RC Limited Permits Issued</b>	287	272	259	219
<b>Current Active</b>				
	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<b>RCP License Holders</b>	7,678	7,357	8,057	7476
<b>RC Limited Permit Holders</b>	257	248	151	138
<b>Total</b>	<b>7,935</b>	<b>7,605</b>	<b>8,208</b>	<b>7614</b>
<b>License Renewal *</b>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014(*)</u>
<b>RCP License Holders</b>	189	6,694	929	7231
<b>RC Limited Permit I Holders</b>	160	188	94	29

(\*) 2014 was a renewal year for RCP license holders and limited permit holders. Total renewed is based upon applications processed as of June 30, 2014. Fees paid may not match deposits on record with the Ohio Treasurer's office due to transfer delays caused by electronic transactions.

**- Respiratory Care Education**

Ohio has twenty-one 200 level Registered Respiratory Therapists (RRT) programs. The following are active programs:

1.       **Kettering College of Medical Arts, Kettering, OH**
2.       **Cuyahoga Community College, Parma, OH**
3.       **Sinclair Community College, Dayton, OH**
4.       **The Ohio State University, Columbus, OH**
5.       **University of Toledo, Toledo, OH**
6.       **Columbus State Comm. College, Columbus, OH**
7.       **The University of Akron, Akron, OH**
8.       **Lakeland Community College, Kirtland, OH**
9.       **Youngstown State University, Youngstown, OH**
10.      **Cincinnati State Technical Comm. College / Univ. of Cincinnati-Clermont, Cincinnati, OH**
11.      **Shawnee State University, Portsmouth, OH**
12.      **James A. Rhodes State College, Lima, OH**
13.      **Eastern Gateway Community College, Steubenville, OH**
14.      **North Central State College, Mansfield, OH**

15. **Bowling Green State University - Firelands College, Huron, OH**
16. **Stark State College, Canton, OH**
17. **Washington State Community College, Marietta, OH**
18. **Collins Career Center, Chesapeake, OH**
19. **University of Rio Grande/Rio Grande Comm. College/Buckeye Hills Career Center, Rio Grande, OH**
20. **Southern State Comm. College - Fayette Campus, Washington Court House, OH**
21. **Kent State University – Ashtabula, Ashtabula, OH**

### **Home Medical Equipment Licensing**

**At the end of FY 2014, 109 home medical equipment facilities held active licenses and 618 home medical equipment facilities held active certificates of registration, giving Ohio an active total of 727 licensed or registered home medical equipment service providers for Ohio citizens.**

**HME facilities holding a certificate of registration must be accredited by one of eight recognized organizations. These organizations have published quality standards that must be met to achieve and retain accreditation. By rule, the Ohio Respiratory Care Board requires each organization, except for the Joint Commission, to file an application and submit documentation providing proof that the organization meets ten standards required by rule. The organizations recognized by the Ohio Respiratory Care Board are:**

- **Accreditation Commission of Health Care, Inc. (ACHC)**
- **Board for Orthotist/Prosthetist Certification (BOC)**
- **Community Health Accreditation Program (CHAP)**
- **Committee on Accreditation of Rehabilitation Facilities (CARF)**
- **The Compliance Team (TCT)**
- **Healthcare Quality Association on Accreditation (HQAA)**
- **The Joint Commission**
- **American Board for Certification in Orthotics, Prosthetics, & Pedorthics, Inc. (ABC)**

**The Board believes application trends for licensed facilities will continue to decline each year as home medical equipment companies become accredited and then transition to a certificate of registration; however, in FY 2014 the rate of decline slowed. This was primarily attributed to persons and companies learning that transcutaneous electronic stimulation (TENS) devices were defined as HME equipment under OAC rule 4761:1-3-02. In June 2014, the Board amended OAC rule 4761:1-3-02, which in part included a redefinition of TENS devices. The new definition excluded over-the-counter devices from regulation under Ohio’s HME rules. Based on the new definition of TENS devices, the Board anticipated that the number of entities seeking to renew licensure for TENS sales and rental would decrease. Remarkably, many of the licensed entities engaged in the sale or rental of TENS devices chose to retain licensure.**

HME facilities holding a license are not accredited by any of the eight accrediting organizations recognized by the Ohio Respiratory Care Board. The Board, through contracted inspectors, routinely inspects these HME facilities. Inspection standards are designed to mirror accreditation standards for the HME industry on safety and quality. The Ohio Respiratory Care Board rates companies on cleanliness, organization and adequacy of the physical plant, care and maintenance of equipment, organization and maintenance of patient records, and training and qualifications of HME personnel. In FY 2014, the Ohio Respiratory Care Board completed 46 inspections of licensed HME facilities.

	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<b>Initial HME Licenses Issued</b>	32	30	47	113
<b>Initial HME Registrations Issued</b>	117	184	114	85
<b>Current Active</b>				
	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014</u>
<b>HME Licensed Facilities</b>	125	76	116	109
<b>HME Certificates of Registration</b>	<u>740</u>	<u>769</u>	<u>822</u>	<u>618</u>
<b>Total</b>	<b>865</b>	<b>845</b>	<b>938</b>	<b>727 (*)</b>
<b>License Renewal</b>	<u>2011</u>	<u>2012</u>	<u>2013</u>	<u>2014(**)</u>
<b>HME Facility Licenses</b>	8	59	33	68
<b>HME Certificates of Registration</b>	15	625	17	571

(\*) Total does not include license and certificate of registration holders listed in Active In Renewal – Incomplete or Hold statuses. These statuses indicate the holder filed a renewal application, but the application was incomplete or held pending addition information.

(\*\*) 2014 was a renewal year for HME license and Certificate of Registration holders. Total renewed is based upon applications processed as of June 30, 2014. Fees paid may not match deposits on record with the Ohio Treasurer’s office due to transfer delays caused by electronic transactions.

### **Hearings and Disciplinary Actions**

The Ohio Respiratory Care Board is authorized under ORC 4761.09 and 4752.09 to impose disciplinary action against a licensed respiratory care professional, limited permit holder, or a home medical equipment facility holding a license or certificate of registration. Hearings are held in accordance with Section 119. of the Revised Code. Alternative settlement agreements (Consent Agreements) are regularly offered in lieu of hearing. Once approved by the Ohio Respiratory Care Board, Consent Agreements are entered upon the Board’s journal as an Order of the Board.

The Ohio Respiratory Care Board employs one investigator who, under the supervision of the Executive Director, investigates complaints for both the respiratory care and home medical equipment service sections of the Ohio Respiratory Care Board. The investigator is responsible for statewide coverage. The Ohio Respiratory Care Board also contracts with five home medical equipment facility inspectors. Inspections are performed on licensed home medical equipment companies every four years. The use of contract inspectors allows the Ohio Respiratory Care Board to be flexible with scheduling and efficiently complete mandatory facility inspections at a reduced cost to the agency.

The Executive Director reviews and assigns complaints to the investigator based upon the Ohio Respiratory Care Board’s jurisdictional authority found in Sections 4761.09 and 4752.09 of the Revised Code. When an investigation is complete, the Ohio Respiratory Care Board’s Probable Review Committee then reviews the case. Robert Slabodnick, M.Ed., R.R.T., R.C.P. serves as the Ohio Respiratory Care Board’s supervising member for respiratory care based complaints and Carol Gilligan, HME member serves as the Ohio Respiratory Care Board’s supervising member for home medical equipment based complaints.

All disciplinary actions are reported to the federal National Practitioner’s Data Bank (NPDB).

Fifty-eight (58) investigations involving the respiratory care professionals or persons seeking to become a respiratory care provider in the state of Ohio and nineteen (19) investigations involving home medical equipment practice were opened during FY 2014.

**2014 Disciplinary Actions**

**2014 Respiratory Care Complaints**

Criminal Issues	43
Fraud/Misrepresentation	2
Drug/Alcohol Impairment	2
Patient Care Issue	3
Unlicensed Practice	1
Poor Standard of Care	1
Statutory/Rules Violation	3
<u>Licensure Issue</u>	<u>3</u>
Total Investigations	58

**2014 Home Medical Equipment Complaints**

False advertising	1
Using unlicensed personnel	3
Patient harm	1
Standard of care	10
Unlicensed practice	2
<u>Unprofessional conduct</u>	<u>2</u>
Total Investigations	19

**Adjudication Hearings Held:**

**RESPIRATORY CARE:**

Case Number and Name	Complaint	Disposition
2013ORCB54/Stacy, Kristen	Impairment in practice	Indefinite Suspension
2013ORCB09/McCandlish, Jeannette	Violation of Board Order	License Revoked
2013ORCB68/D’Amico, Rebecca	Felony conviction	License Revoked – on appeal
2014ORCB24/Hicks, LaDonna	Violation of Professional Code of Conduct	Fine \$100.00

2014ORCB24/Hershiser, Angela	Violation of Professional Code of Conduct	Fine \$300.00
2014ORCB39/Murphy, Caroline	Impairment in practice	Summarily Suspended
2014ORCB36/Wilcox, Aaron	Conviction of offense involving moral turpitude	Issued limited permit under probation X 2yrs

**Consent Agreements approved:**

**RESPIRATORY CARE:**

Case Number and Name	Issue	Disposition
2013ORCB69/Armitage, Theresa	Violation of Professional Code of Conduct	Reprimand & Fine \$400
2014ORCB48/Hayward, James	Obtaining license with false or misleading representation	Probation X 2yrs
2014ORCB11/Flynn, Christine	Unlicensed practice	Reprimand & Fine \$200
2014ORCB14/Gebreberhane, Mesmer	Conviction of offense involving moral turpitude	Probation X 2yrs
2014ORCB05/Fisk, Amy	Falsifying patient records	Probation X 6 mo. with conditions
2014ORCB02/Beck, John	Violation of Professional Code of Conduct	Reprimand & 4 hours Ethics

**HOME MEDICAL EQUIPMENT:**

Somnetics, LLC	Surrendered license
SilverNet Stores, Inc.	Surrendered license
True Health Chiropractic, Inc.	Surrendered license
Solon Spine & Wellness Center	Surrendered license

**Respiratory Care/HME Practice Issues**

The Ohio Respiratory Care Board regularly receives and addresses respiratory care and home medical equipment practice issues. The Ohio Respiratory Care Board provides individual direction on issues or if an issue is universally relevant, the Ohio Respiratory Care Board will publish a practice statement to clarify appropriate practice and/or promulgate rules.

**The Board reviewed fourteen scopes of practice inquiries for the practice of respiratory care and home medical equipment services, resulting in one new published position statement and eight independent scope of practice clarification letters. The position statement developed addressed vaccine administration authority for respiratory care professionals. Other practice clarification responses by the Ohio Respiratory Care Board included answers to the following:**

1. Clarification of scope of practice – the role of respiratory care professionals in the insertion of PICC lines.
2. Clarification of practice – addressing the role of unlicensed persons in the collection and downloading of pulse oximetry data.

3. Clarification of scope of practice – determining if a respiratory care professional could manage a cardiac rehabilitation program.
4. Clarification of scope of practice – determining if inserting PICC lines, arterial lines, and intravenous lines are in the scope of practice.
5. Clarification of scope of practice – determining if a respiratory care professional can run an Extracorporeal Membrane Oxygenation system when a Continuous Renal Replacement Therapy system is inline.
6. Clarification of prescription requirement for Home Medical Equipment – addressing if a new prescription is required from a physician for a Pulse Dose Oxygen Conservation device installation.
7. Clarification of prescription requirement for Home Medical Equipment – addressing if a prescription is required for oxygen delivered to a hospice facility.
8. Clarification of scope of practice – determining if inserting arterial lines, performing unassisted bronchoscopy for mucous plug removal, performing bronchoscopy assistance, and administering medications for minimal sedation are in the scope of practice.
9. Clarification of scope of practice – determining if administering wound packing procedures and administering topical ointments to tracheostomy sites that show erosion are within the scope of practice.
10. Clarification of scope of practice – determining if respiratory therapists can accept and write verbal orders for chest radiographs.
11. Clarification of scope of practice – determining if respiratory therapists can administer alcohol breath testing.
12. Clarification of practice – addressing the role of medical assistants performing pulmonary function testing in a physician office.
13. Clarification of rule 4761-5-01 – addressing if OAC rule 4761-5-01 will require active credentialing through the National Board for Respiratory Care, Inc.
14. Clarification of scope of practice – determining if respiratory therapists accept and write verbal orders for medications and treatments related to the treatment of cardiopulmonary conditions.

### **Board Administration**

Administration responsibilities covered by the Board include fiscal, personnel, legal, information technology and communications.

### **Board Governance**

The Ohio Respiratory Care Board met six times during FY 2014. All meetings were held at 77 South High Street, Columbus, Ohio. Marc K. Mays, M.S., R.R.T., R.C.P. was elected as Board President, Robert Slabodnick, M.Ed., R.R.T., R.C.P. was appointed as Vice-President, Steven A. Pavlak, M.S., R.R.T., R.C.P. was elected as Board Secretary, Kenneth Walz, J.D., R.R.T., R.C.P. was elected as Hearing Officer. The Ohio Respiratory Care Board re-appointed Christopher H. Logsdon, M.B.A., R.R.T., R.C.P. as Executive Director.

### **Rules and Legislation**

#### **Rule promulgation:**

The Ohio Respiratory Care Board promulgated a number of rule amendments during FY 2014.

August 14, 2013

**Home Medical Equipment Services ORC 4752 rules adopted amendments:**

OAC Rule	<u>4761:1-5-02: Application form requirements.</u>
OAC Rule	<u>4761:1-6-02: Application form requirements to apply for a certificate of registration.</u>
OAC Rule	<u>4761:1-9-02: Standards for maintaining a facility.</u>
OAC Rule	<u>4761:1-15-03: Transfer of authorization to new facility or new ownership.</u>

**Home Medical Equipment Services ORC 4752 rules adopted as “no change” rules:**

OAC Rule	<u>4761:1-6-01: Qualifications to obtain a certificate of registration.</u>
OAC Rule	<u>4761:1-9-03: Standard for maintaining equipment.</u>
OAC Rule	<u>4761:1-9-04: Client records.</u>
OAC Rule	<u>4761:1-15-04: Requirement to provide board contact information to clients.</u>

December 4, 2013

**Respiratory Care Licensing ORC 4761 rules adopted amendments:**

OAC Rule	<u>4761-1-01 Public hearings on adoption, amendment, or rescission of rules: methods of public notice.</u>
OAC Rule	<u>4761-3-01 Definition of terms.</u>
OAC Rule	<u>4761-4-01 Approval of educational programs.</u>
OAC Rule	<u>4761-4-02 Monitoring of Ohio respiratory care educational programs by the education committee of the Ohio respiratory care board.</u>
OAC Rule	<u>4761-10-01 Ethical and professional conduct.</u>

**Respiratory Care Licensing ORC 4761 rules adopted as “no change” rules:**

OAC Rule	<u>4761-1-02 Notice of board meeting.</u>
OAC Rule	<u>4761-2-03 Board records.</u>
OAC Rule	<u>4761-2-05 Personal information systems.</u>
OAC Rule	<u>4761-5-04 License application procedure.</u>
OAC Rule	<u>4761-5-07 Criminal background check.</u>
OAC Rule	<u>4761-7-01 Original license or permit and identification card.</u>
OAC Rule	<u>4761-8-01 Renewal of license or permits.</u>
OAC Rule	<u>4761-9-01 Definition of respiratory care continuing education.</u>
OAC Rule	<u>4761-9-05 Approved sources of RCCE.</u>
OAC Rule	<u>4761-11-06 Continuance of hearing.</u>
OAC Rule	<u>4761-11-15 Exchange of documents and witness lists.</u>

**Home Medical Equipment Licensing ORC 4752 rules proposed amendments:**

OAC Rule	<u>4761:1-5-01 Qualifications for licensure.</u>
OAC Rule	<u>4761:1-9-01 Standards of practice for license holders.</u>

OAC Rule 4761:1-13-01 Continuing education standards.

**Home Medical Equipment Licensing ORC 4752 rules proposed as “no change”:**

OAC Rule 4761:1-1-02 Notice of board meetings.

OAC Rule 4761:1-2-03 Board records.

OAC Rule 4761:1-2-05 Personal information systems.

OAC Rule 4761:1-9-05 Personnel.

OAC Rule 4761:1-12-07 Exchange of documents and witness lists.

**Feb 19, 2014**

**Respiratory Care Licensing ORC 4761 rules adopted amendments:**

OAC Rule 4761-2-05: Personal information.

OAC Rule 4761-11-06: Continuance of hearing.

OAC Rule 4761:1-2-05: Personal information.

**April 16, 2014**

**Respiratory Care Licensing ORC 4761 rules adopted amendments:**

OAC Rule 4761-3-01: Definition of terms.

OAC Rule 4761-8-01: Renewal of license or permits.

OAC Rule 4761-9-02: General RCCE requirements and reporting mechanisms.

OAC Rule 4761-9-05: Approved sources of RCCE.

OAC Rule 4761-12-01: Initial application fee.

**Respiratory Care Licensing ORC 4761 rules adopted new:**

OAC Rule 4761-4-03: Recognition of military educational programs for active duty military members and/or military veterans.

**Home Medical Equipment Licensing ORC 4752 rules adopted amendments:**

OAC Rule 4761:1-13-01: Continuing education standards.

OAC Rule 4761:1-3-02: Home medical equipment defined.

**Fiscal**

**FY 2014 Final Disbursements and Budget Balances as of 6/30/2014.**

<b>EXPENSES</b>	<b>FY 2014</b>
Payroll (Account ID 500)	\$406,975.58
Purchase Service (Account ID 510)	\$22,908.11
Supplies & Maintenance (Account ID 520)	\$93,294.47

Equipment (Account ID 530)	\$1,307.43
Subsidies & Shared Rev. (Account ID 550)	\$0
Transfers & Non-Expense (Account ID 595)	\$0
<b>Total</b>	<b>\$524,485.59</b>

**Funds encumbered from FY 2014 to FY 2015: \$36,879.94**

**FY 2014 Revenue Collected as of 6/30/2014.**

<b>Name of Fee or Revenue Source</b>	<b>Current Fee (as of 06-30-13)</b>	<b># Paying Fee in FY 2014</b>	<b>Total Fees Collected FY 2014</b>
Respiratory Care Prof. Initial Fee	\$75	441	\$33,525.00
Limited Permit 1 Initial Fee	\$20	225	\$4,500.00
Respiratory Care Prof. License Renewal	\$100	6527	\$652,775.00 (*)
Limited Permit 1 Renewal	\$10	41	\$410.00
Limited Permit 2 Renewal	\$50	22	\$1,100.00
Respiratory Care Prof. Late Renewal	50% of renewal	38	\$1,900.00
Limited Permit 1 Late Renewal	50% of renewal	2	\$10.00
Limited Permit 2 Late Renewal	50% of renewal	0	\$0.00
Miscellaneous Fees	N/A	62	\$600.11
RCB Fines	N/A	8	\$1,786.95
HME Facility License- Initial	\$300/\$400 if > two year license.	42 - \$400 73 - \$300	\$38,400.00
HME Facility Certificate of Registration – Initial	\$150/\$300 if > two year registration.	52 - \$300 50 - \$150	\$21,700.00 (**)
HME Facility License Renewal	\$400	84	\$33,600.00
HME Facility Certificate of Registration Renewal	\$300/\$150 < six mo.	584	\$175,050.00 (***)
HME Facility License Inspection Fee	\$350	42	\$12,600.00
HME Facility Fines	N/A	0	\$0.00
HME Miscellaneous	\$10	42	\$570.05
HME Facility Certificate of Registration – Renewal Late Fee	Variable	1	\$400.00
HME Facility License – Renewal Late Fee	Variable	0	\$0.00
<b>Totals</b>			<b>\$978,927.11</b>

(\*) RCP Renewal fee of \$75.00 paid, but remaining \$75.00 due.

(\*\*) HME Facility Certificate of Registration Initial – One applicant overpaid \$100.00, which is credited to account.

(\*\*\*) HME Facility Certificate of Registration Renewal – One provider paid \$150.00 fees based upon a \$150.00 credit on record.

## **Communications and Performance Measures**

**The Ohio Respiratory Care Board believes the public and the regulated businesses and professionals are best served through informative, open, and transparent communication. During FY 2014, the Board promoted the following activities:**

- **Email accessibility:** The Board added three contact links to its website. One was established to address inquiries concerning application issues, one to direct complaint intake directly to the Board's enforcement staff, and one to direct communications to the agency director.
- **During FY 2014, the Board published its winter Newsletter.** Notification of the newsletter was emailed through a list serve to all active respiratory care providers and home medical equipment companies. The newsletter provided an update on recent rule adoption and amendment, renewal information and FAQ's, news on the new minimum data set project for healthcare professionals, new Board member appointments, and information on Governor Kasich's Human Trafficking campaign.
- **Online satisfaction survey:** This survey was implemented in 2010 and has continually collected data on customer satisfaction. The information gathered is reported to the Board on a period basis and used to establish new strategic initiatives directed at improving service. While service satisfaction can be difficult to measure, because not all persons choose to complete the online survey, it does provide helpful information to assist the agency with meeting its goals and objectives in an efficient and user-friendly manner. During 2014, 37 persons answered the following question: How would you rate your experience with the Ohio Respiratory Care Board and its staff? 49% rated Excellent, 24% rated Above Average, 11% rated Average, 11% rated Needs Improvement, and 5% rated Poor.
- **Common Sense Initiative Outreach:** The Board held four rules hearings: August 14, 2013, December 4, 2013, February 19, 2014, and April 16, 2014. Rules requiring five-year review and new rules and/or rule amendments to include rule requirements of H.B. 488 were addressed during FY 2014. The Board treated all licensed entities as stakeholders in the rules drafting and hearing process. Draft material was emailed via list-serve to all active license holders and interest groups. Comments were collected and used to finalize rule language. Prior to hearing, the draft rules were again emailed via list-serve to all active license holders and interest groups.

**The Ohio Respiratory Care Board's website is a single website with two web addresses: [www.respiratorycare.ohio.gov](http://www.respiratorycare.ohio.gov) and [www.hme.ohio.gov](http://www.hme.ohio.gov). This allows users to easily identify with the website and find information needed. The website is regularly updated. It contains application instructions, FAQs, forms, position statements, newsletters, meeting minutes, news items, and important links.**

**The Ohio Respiratory Care Board provides users a customer service survey. Information gathered from the survey has resulted in improvements to the website.**

## RECOMMENDATIONS FOR IMPROVEMENT

- **Respiratory Care regulation:**

*Recommendation #1: Add “Respiratory Care Driven Protocols” to the scope of respiratory care practice under Section 4761.01 of the Revised Code.*

The current law regulating the practice of respiratory care does not include “protocol” based care within the scope of practice, as it is defined under Section 4761.01 of the Revised Code. The practice of respiratory care has long supported the use of “respiratory care protocols” that allow a respiratory care professional to follow a pre-determined set of physician orders. Protocols provide instructions or interventions, in which the licensed respiratory therapist is permitted to initiate, discontinue, amend, transition, or restart procedures based upon a patient’s medical condition as evaluated by the respiratory care professional. Protocols improve efficiency, patient outcomes and allocation of health resources. Protocol-based respiratory therapy is specifically addressed in the definition of the respiratory care scope of practice in 28 states.

*Recommendations #2: Add clarifying language to Section 4761.09 (A) (8) of the Revised Code.*

The current law regulating the practice of respiratory care permits the Board to sanction a licensee if the person uses a dangerous drug or alcohol to the extent its use impairs an individual’s ability to practice at an acceptable level of competency. The Ohio Respiratory Care Board believes this language leads to variable interpretation and should be clarified by the legislature. It is the Board’s belief that intent of Section 4761.09(A) (8) was to make rendering respiratory care while under the influence of a dangerous drug or alcohol a violation of the law.

- **Home Medical Equipment regulation:**

*Recommendation #1: Amend Section 4752.15 of the Revised Code to permit the Ohio Respiratory Care Board with authority to independently investigate certificate of registration holders, rather than relying upon a private accreditation process.*

Section 4752.15 of the Revised Code allows the Ohio Respiratory Care Board to revoke or suspend a certificate of registration holder whose accreditation is no longer valid. The Ohio Respiratory Care Board, under law, must forward complaints to the home medical equipment provider’s accrediting organization and await the outcome of the accrediting organization’s process. The Ohio Respiratory Care Board is concerned that this process is a potentially conflict of interest since the home medical equipment provider pays the accrediting organization for accrediting services. The Ohio Respiratory Care Board is not implying that any specific instance of conflict of interest exists, but that the appearance of a conflict of interest is sufficient to warrant a change in the law to allow the Board to independently act upon complaints and, if warranted, to hold administrative hearings pursuant to the provisions of 119. of the Ohio Revised Code. This would allow the Board to render decisions independent of the accrediting organization.