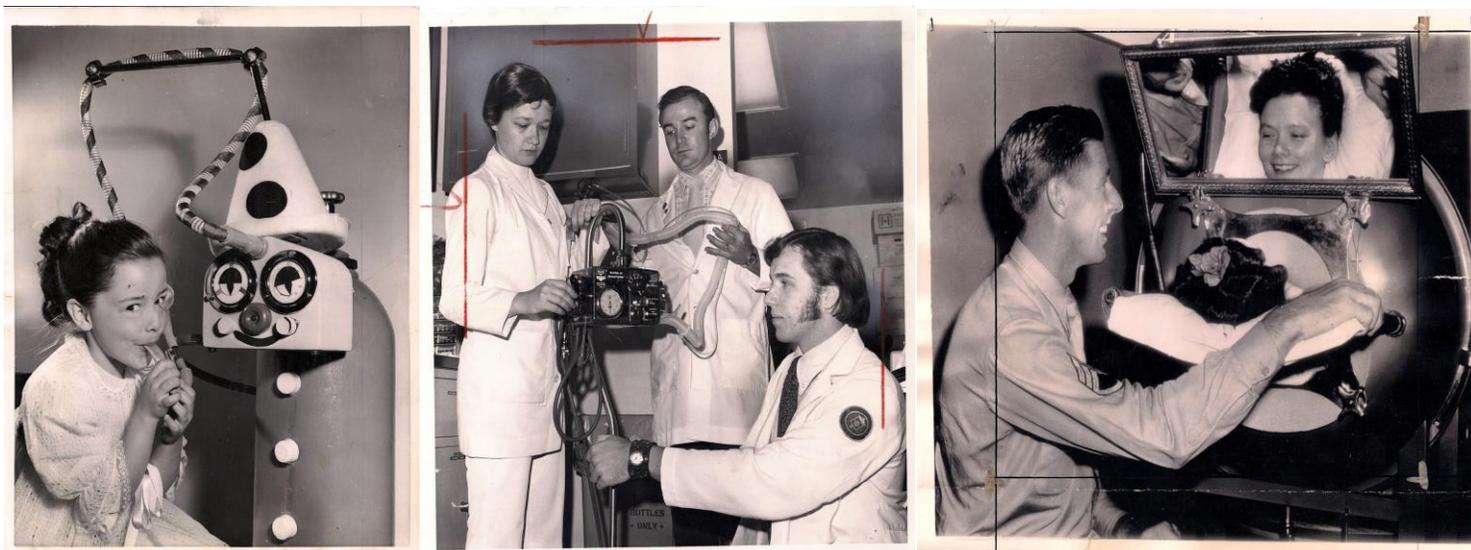


OHIO RESPIRATORY CARE BOARD



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.*

FY 2016 ANNUAL REPORT

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HISTORICAL PHOTOS ON THE COVER ARE FROM THE COLLECTION OF STEVE & MARY DEGENARO

EXECUTIVE SUMMARY

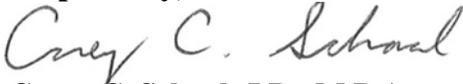
Pursuant to Section 4761.03 (H) of the Ohio Revised Code, the Ohio Respiratory Care Board (hereafter referred to as “the Board”) is required to file an annual report to the Governor and Ohio General Assembly. The annual report, by law, must list the official actions taken by the Board during the prior 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.

In Fiscal Year 2016, 7,450 Respiratory Care Professionals renewed their licenses to practice respiratory care. Of this number, 24.3% or 1,814 current active licensees have held an Ohio license for 25 or more years. RCP Licensure in Ohio began in 1990.

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

Respectfully,



Corey C. Schaal, J.D., M.P.A.
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 2016. 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 2016, 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 fiscally prudent budget that allows the Ohio Respiratory Care Board to meet its legislative objectives and address the many challenges faced by the Board and its staff to protect the health and safety of Ohioans through effective regulation of these practices.

Respectfully submitted,



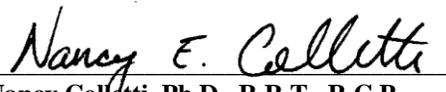
Kenneth C. Walz, J.D., R.R.T.-N.P.S., R.C.P.
President, Ohio Respiratory Care Board



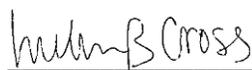
Board Members



Michael C. Aquillo
Public Member
Powell, Ohio



Nancy Colletti, Ph.D., R.R.T., R.C.P.
RCP Professional Member
Dayton, Ohio



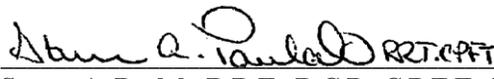
Melissa B. Cross
HME Professional Member
Port Clinton, Ohio



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



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



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

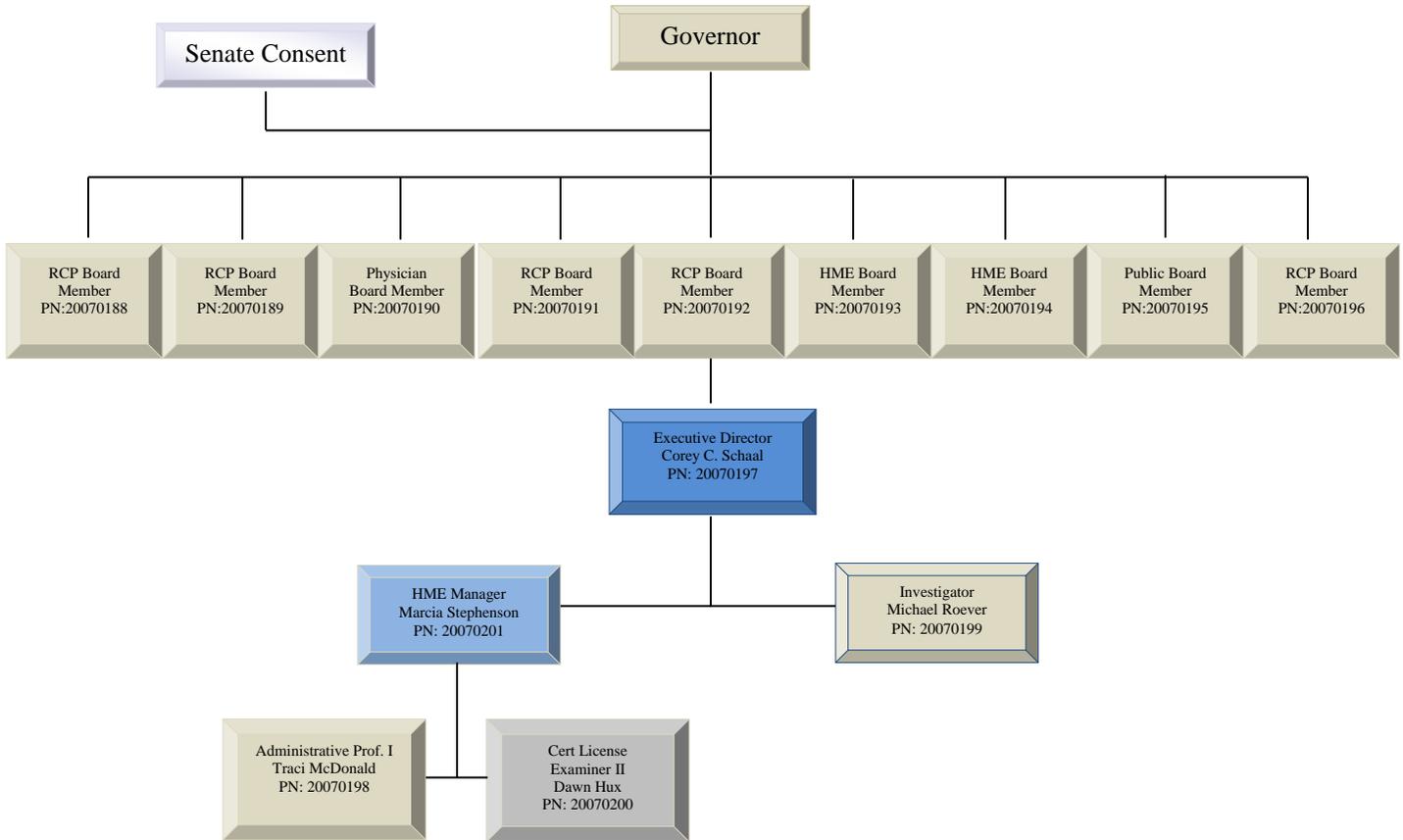


Dr. Madhu Sasidhar, M.D., F.C.C.P.
Physician Member
Pepper Pike, Ohio



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

BOARD ORGANIZATION



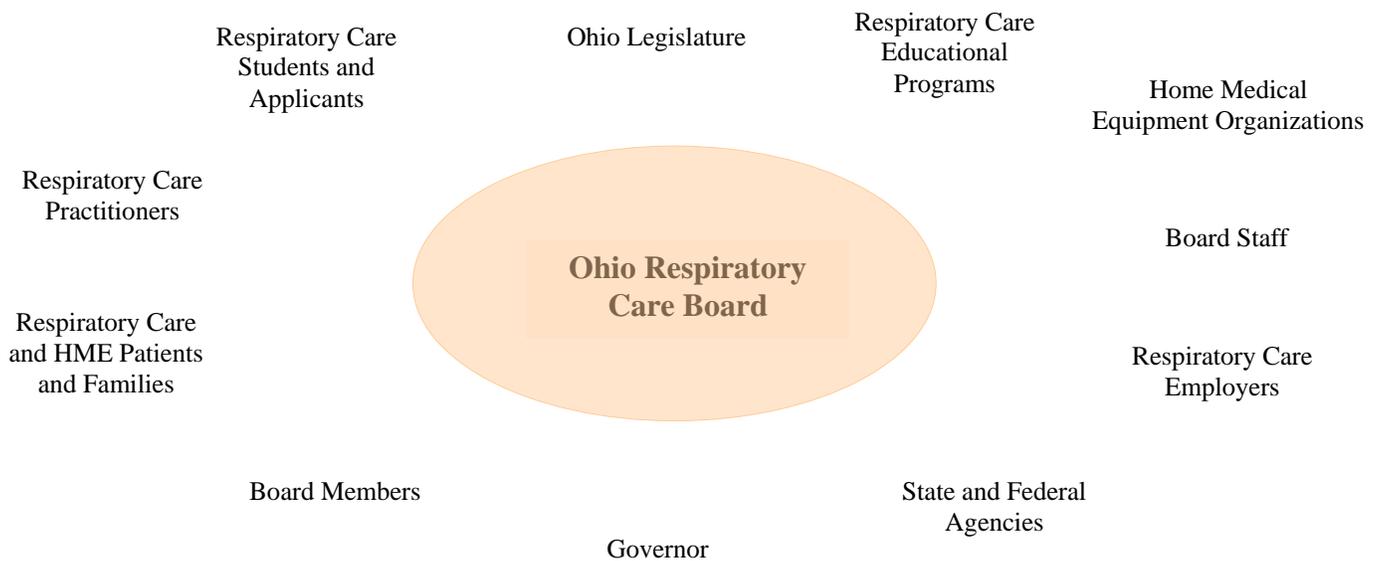
MISSION STATEMENT

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 Substitute Senate Bill 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 Substitute House Bill 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 physicians and nurses. Respiratory therapists, under the prescription or order of a licensed physician, a physician assistant, a qualified certified nurse practitioner or a 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, 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 a 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. Members may be paid for each day employed in the discharge of official duties and can be 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 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.**
5. **Rules Committee – the Rules Committee is established to review rules and statutes and to advise the Board on legislative policy.**

Name	Residence	Initial Appointment Date	Re-Appointment Date	Expiration Date	Employer	Term
Michael C. Aquillo	Powell, OH	4/28/2016		3/14/2018	Union Rural Electric Cooperative	1
Melissa B. Cross, HME Member	Port Clinton, OH	4/7/2015		3/14/2018	O.E. Meyer. Co.	1
Nancy E. Colletti, Ph.D., RRT	Dayton, OH	4/29/2015		3/14/2017	Kettering College	1
Carol Gilligan, HME Member	Bath, OH	9/13/2004	3/24/2014	3/14/2017	President, Health Aide of Ohio, Inc.	5
Marc K. Mays, RRT	Grove City, OH	3/12/2004	3/28/2013	3/14/2019	The Ohio State University Wexner Medical Center	5
Steven A. Pavlak, RRT, CPFT	Youngstown, OH	4/03/2012	3/24/2015	3/14/2018	St. Joseph's Health Center, Warren, OH	2
Dr. Madhu Sasidhar, M.D., F.C.C.P	Pepper Pike, OH	3/24/2016		3/14/2019	Cleveland Clinic	1
Kenneth C. Walz, J.D. RRT	Toledo, OH	3/14/2009	3/24/2015	3/14/2018	Sandusky County Prosecutor's Office	3
Andrea D. Yagodich, RRT	Pickerington, OH	1/29/2013	3/15/2014	3/14/2017	The Ohio State University University Hospital East	2

In FY 2016 – The following Member of the Board concluded his service

Name	Residence	Initial Appointment Date	Re-Appointment Date	End Date	Employer	Term
Dr. Maninder Singh Kalra, M.D., Physician Member	Mason, OH	6/11/2013		3/14/2016	Sleep Disorders Center	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 "4K90" fund) consisting of fees from twenty-five professional licensing Boards. Each agency in the fund is required to generate sufficient revenue to meet its own expenses. Although the 4K90 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, one full-time License/Certification Examiner II position, and one full-time Administrative Professional I position. The office is located at the Vern Riffe Center for Government and the Arts, 77 South High Street, 16th Floor, Columbus, Ohio. The core business hours are from 7:30 a.m. to 5:00 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 2016, the Board held six regular meetings. Board meeting minutes are available to the public by mail, e-mail, and minutes from several years 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.

FY 2016 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 2016:

- August 12, 2015
- October 21, 2015
- December 16, 2015
- February 24, 2016
- April 20, 2016
- June 8, 2016

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 2016, the Board was able to conduct all 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. 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 prior meetings 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, old business, and new 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.

Respiratory Care Licensing

At the end of FY 2016, 7,648 persons held an active license to practice respiratory care in Ohio. Active respiratory care licenses held continues to trend higher each biennium, ranking Ohio the fourth largest state in the U.S., behind California, Texas and Florida. Since its inception, the Ohio Respiratory Care Board has issued over 14,000 total licenses to qualified respiratory therapists. Additionally, at the end of FY 2016, 217 limited permits remained active, primarily representing working students that are enrolled in recognized respiratory care educational programs.

- 2016 Licensing Activity

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Initial RCP Licenses Issued	540	440	404	385
Initial Limited Permits Issued	259	219	135	290
Current Active				
RCP License Holders	<u>8,057</u>	<u>7,476</u>	<u>8,122</u>	<u>7,648</u>
Limited Permit Holders	<u>151</u>	<u>138</u>	<u>177</u>	<u>217</u>
Total	8,208	7,614	8,299	7,865

The biennial RCP License Renewal period was from March 15, 2016 – June 30, 2016. During this period, 7,450 Respiratory Care Professionals renewed their licenses.

- Respiratory Care Education

Ohio has twenty-two Registered Respiratory Therapists (RRT) programs – 21 200-Level Programs and 1 300-Level (Satellite) Program. The following are active programs and are listed in chronological order by date of accreditation by the Commission on Accreditation for Respiratory Care (CoARC):

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 Tech, 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**
22. **Bowling Green State University – Lorain Comm. College, Elyria, OH (satellite program)**

Home Medical Equipment Licensing

At the end of FY 2016, 85 home medical equipment facilities held active licenses and 593 home medical equipment facilities held active certificates of registration, giving Ohio an active total of 678 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)**

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.

	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
Initial HME Licenses Issued	47	113	88	38
Initial HME Registrations Issued	114	85	104	103
Current Active				
	<u>2013</u>	<u>2014</u>	<u>2015</u>	<u>2016</u>
HME Licensed Facilities	116	109	229	85
HME Certificates of Registration	<u>822</u>	<u>618</u>	<u>772</u>	<u>593</u>
Total	938	727	1,001	678

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 four 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. In FY 2016, Andrea D. Yagodich, B.S., R.R.T., R.C.P. served as the Ohio Respiratory Care Board’s supervising member for respiratory care based complaints and Carol Gilligan, HME member served 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).

Thirty (30) investigations involving the respiratory care professionals or persons seeking to become a respiratory care provider in the state of Ohio and eleven (11) investigations involving home medical equipment practice were opened during FY 2016. These figures do not include preliminary criminal background investigations regarding applicants which do not result in administrative action by the Board.

2016 Disciplinary Actions

2016 Respiratory Care Complaints

Criminal Issues	3
Deceptive Practices	2
Fraud/Misrepresentation	1
Patient Care Issue	8
Poor Standard of Care	1
<u>Statutory/Rules Violation</u>	<u>15</u>
Total Investigations	30

Adjudication Hearings Held:

RESPIRATORY CARE:

Name and Case Number	Complaint	Disposition
Aaron Matthew Pyke, Case #2015ORCB32	Failure to report criminal conviction on application	Denial of License
Kevin Lynn Steele, Case #2016ORCB12	Conviction of offenses involving moral turpitude	Issued license under probation X 1yrs
Wendy Marie Johnson, Case #2016 ORCB 02	Conviction of Felony Offense	Reprimand and probation X 3yrs
Dennis Warren Pope, Case #2016 ORCB 11	Unprofessional/Unethical Conduct; Gross Misconduct	Denial of License

Consent Agreements approved:

RESPIRATORY CARE:

Case Number and Name	Issue
2015-ORCB-17 (Adam Garlock)	Failure to timely achieve RCCE Hours
2015-ORCB-24 (Kristina Marie Lionberger)	Failure to timely achieve RCCE Hours
2015-ORCB-02 (Catherine Ann Krukemeyer)	Failure to timely achieve RCCE Hours
2015-ORCB-25 (Lee David Keasal)	Failure to timely achieve RCCE Hours
2015-ORCB-30 (Mary Louise White)	Unlicensed Practice
2016-ORCB-21 (Ashley Marie Parsley)	Obtaining a License/Permit by False and Misleading Representation
2015-ORCB-08 (Jessica Lynn Elliott)	Impairment
2015-ORCB-13 (Victoria Lynn Killian)	Failure to timely achieve RCCE Hours
2015-ORCB-23 (Lawrence Joseph Johnson)	Unlicensed Practice/ Failure to timely achieve RCCE Hours

2015-ORCB-26 (Timothy Patrick Kelly)	Failure to timely achieve RCCE Hours
2015-ORCB-27 (Denise Sue Kordack)	Failure to timely achieve RCCE Hours

HOME MEDICAL EQUIPMENT:

2016-HME-4002 (Freedman Clinic of Chiropractic)	Surrender of HME License
2016-HME-5002 (Walgreen Co.)	Non-Permanent Surrender of HME License
2016-HME-6002 (Frey Clinic of Chiropractic Inc.)	Surrender of HME License
2016-HME-8002 (Whole Body Health, LLC)	Surrender of HME License
2016-HME-9002 (Five Point Chiropractic Center)	Surrender of HME License
2016-HME-11002 (I Am Sleep)	Surrender of HME License

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 2016. All meetings were held at 77 South High Street, Columbus, Ohio. Kenneth Walz, J.D., R.R.T., R.C.P. was re-elected as Board President and Steven A. Pavlak, M.S., R.R.T., R.C.P.,C.P.F.T. was re-elected as Board Secretary. Corey C. Schaal, J.D./M.P.A. serves the Executive Director of the Ohio Respiratory Care Board

Rules

Rule promulgation:

The Ohio Respiratory Care Board did not promulgated any new rules during FY 2016. However, the Board did review 88 rules which were up for five-year rule review.

Fiscal

FY 2016 Final Disbursements and Budget Balances as of 6/30/2016.

EXPENSES	FY 2016
Payroll (Account ID 500)	\$403,661.76
Purchase Service (Account ID 510)	\$35,759.14
Supplies & Maintenance (Account ID 520)	\$79,116.91
Total	\$518,537.81

Funds encumbered from FY 2016 to FY 2017: \$24,835.42

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.