

Ohio Veterinary Medical Licensing Board Newsletter

December 2011

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Board Staff:

Theresa Stir, Executive
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Joseph McClain, Licensure
Coordinator

Darcy Griffin-Kamerer
Clerk

Email:
info@ovmlb.state.oh.us

Website:
www.ovmlb.ohio.gov

Phone No. (614) 644-5281
Fax: (614) 644-9038

Relief Veterinarians By: Dr. Lisa Mach, DVM, JD

The field of relief veterinary services has a unique set of challenges that may be encountered. Consequently, relief veterinarians should be mindful of complying with the code. Minimally, a copy of your veterinary license should be readily available. This can be accomplished by carrying a photocopy with you, or having it available via fax (from the corporate office). Try to verify whether you will be working with RVTs or not that day—this will enable you to delegate duties correctly. Despite the staff's responsibility to inform you of any hospitalized patients, it's helpful to inquire about this on **y o u r o w n**.

A fundamental aspect of providing relief services is to attempt to stay as consistent as possible with the hospital policy/procedures, however, to protect yourself, you should do your best to ensure that your records comply with the code. For instance, entering exam findings, conversations, and medication dosages help maintain compliance. This could be entered quickly and effectively with industry-known abbreviations (TPR, H/L, EENT, WNL...) and quick notes

on conversations (recommend spay, HW test declined...). Entering differentials and plans help the "regular" veterinarian follow your rationale. In paperless/semi-paperless facilities, it may be helpful to enter your data yourself to ensure information gets into the computer in an accurate and timely manner. At a minimum, written notes should be entered onto a "travel sheet" in these facilities to memorialize your entries.

Due to variation in hospital practices, relief veterinarians often rely on staff regarding vaccination schedules and other medical/surgical policies. Rabies requirements vary, and heartworm and flea products are numerous. Ideally the staff will inform you of any regulation regarding rabies in their health district. Additionally, clients may need to consider their choice of a variety of flea and heartworm preventatives, and often make their decision at the reception desk after the office call. In these cases, the doctor should minimally enter that these general products are recommended and notify staff to enter such a purchase and amount into the medical record. Staff should be informed that they need to enter into the

record answers to any questions they ask you about regarding phone calls or medication refills.

Some hospitals provide boarding and grooming services. These non-medical aspects of the hospital are generally not part of the relief veterinarian's service unless staff alerts you to a medical issue that needs attention. In this case, appropriate entries must be included in the medical record. Similarly, some shelters provide services to the animals they own or which they "quasi-own" (such as where an animal requires medical or surgical treatment as a condition precedent to the completion of the adoption contract, or where an animal is being legally confiscated). While shelters, boarding, and grooming facilities are not within the jurisdiction of the OVMLB, our actions as veterinarians are.

This article is not legal advice, but mere tips for relief veterinarians and hospitals that contract for relief services to be mindful of. Each Ohio veterinarian is required to comply with the Veterinary Practice Act (Chapter 4741). Knowing the code helps you to ensure proper actions are conducted in each situation.

Board Updates:

Provisional Licenses In November, 2010, the Board revised its policy to permit veterinary candidates to obtain a Provisional License despite having failed the NAVLE one time. Other considerations, such as the criminal background check results, still apply.

Animal Aide Duties: At the July 13, 2011 Board meeting, the Board reviewed an inquiry related to IV administration of medications by Animal Aides. After careful review of the Veterinary Practice Act and other state's law and rules, the Board made the determination that the Rules (Rule 4741-1-14 OAC) specifically permits administration of topical, oral, and subcutaneous medications by the Animal Aide. However, there is no mention of IV administration and therefore, the Board has taken the position that Animal Aides are prohibited from administering IV medications. The Animal Aide can attach and reattach IV tubing and solutions.

Another question was raised related to catheterizations and intubations by Animal Aides. Rule 4741-1-14 OAC permits the animal aide to "collect and prepare voided specimens..." Therefore, catheterizations are not permitted to be performed by an animal aide. Additionally, the Board determined that it is inappropriate for an animal aide to intubate due to the complexity of the skill required. [This information is also included in the "Important News" section of the OVMLB web site.]

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Practicing Without a License

Please note that there is no capability for a veterinary technician or a DVM to practice in the State of Ohio without a valid license issued by the OVMLB.

There is a belief that graduating veterinarians and veterinary technicians can practice under the direction of another licensed veterinary practitioner.

To check the status of a pending license or renewal, please go to www.ovmlb.ohio.gov, then to licensure verification. Enter the last name of the practitioner, submit, and the status of the license will be provided.

Veterinary Student Loan Program

The student loan program was developed to provide large animal veterinary services in veterinary resource shortage areas. \$10.00 of each veterinary license renewal fee is deposited in the loan repayment fund. In June, 2011, the Board awarded Dr. Mark Burroughs, DVM and Dr. Justin Kieffer, DVM each \$10,000 for a one-year service commitment. Applications for 2012 can be found on the Board's web site and are due by May 1st to the Board office.

Diversity Matters **By Lisa Mach, DVM, JD**

As practitioners, we strive to improve the quality of life for animals and the people associated with them. We attend our CE courses, help animal shelters, speak at school career days, join local community organizations, and provide superior medical services. As a group, we constantly engage in a high level of community outreach. With this level of community involvement, in addition to the vast spectrum of animal patients and practice areas inherent in our field, embracing diversity and inclusiveness can be attained with minimal effort.

The extent of promoting and enhancing diversity in our profession is vast. Diversity encompasses attaining a significant representation of qualified members of inchoate groups; enriching and harmonizing workplace environments through the understanding of different personality types, lifestyles, and values; and improving our interactions with clients, hopefully gaining greater compliance and a sense of mutual respect and loyalty. Other professions and corporate America are actively addressing the topic of diversity. For instance, the Supreme Court of Ohio expressly promotes the need for the legal profession to become more diverse. The general professional climate is transpiring toward a standard where diversity is an inherent part of its existence.

There are multiple ways that you can personally increase diversity in your practice. Information about diversity can be found online and at seminars, both within and external to the veterinary field. The AVMA and OVMA both provide CE courses on the topics. The OVMA also has a Diversity Committee in which you may participate. By embracing diversity, we are better able to serve our staff, our clients, and our patients.

Common Sense **By Paul A. Stull, DVM**

Many of the complaints that come before the Board can easily be avoided by demonstrating a pleasant, caring attitude at all times toward clients and employees. Also, making sure that effective communication occurs will prevent or significantly diffuse most of the problems that do arise. Be sure to adequately document all communications, medical and surgical procedures, and follow-up efforts. In spite of the temptation to "fight fire with fire", rudeness, failure to listen and understand, lack of compassion, and sometimes an unwillingness to compromise rarely facilitate conflict resolution. It is not a violation of the practice act to be rude or discourteous but it is not good practice. Be honest, be fair, be sincere, and be involved. It is also important to remember that common sense so often forgotten or ignored can often be curative and cannot be overdosed. Patience, especially with difficult clients, may not always be easy but the rewards are exponential.

Another area that common sense comes into play involves the inappropriate use, disposal and maintenance of expired medications. "Expired medications cannot be used or donated. Once a drug is outdated, it is considered adulterated and must be disposed of." (*OVMLB Fall 2008 Newsletter*) Check your inventory regularly and appropriately discard expired medications. See the website www.fda.gov for information on appropriate drug disposal.

Veterinary Renewal

All regular veterinary licenses expire on March 1, 2012. Which means, that according to the Veterinary Practice Act, anyone who is practicing on an expired license on March 2, 2012 is in violation of the law. The Board realizes that sometimes things happen to delay a practitioner from renewing. A late fee of \$70.00 is charged in addition to the \$155 for the licensure fee until April 1st. On April 2nd, the fee increases by \$295 to make the total cost \$450. Therefore, please provide any changes of address in writing to the Board office by email, fax or via mail ASAP to make sure that you receive your renewal application in a timely manner. Renewal forms will be mailed out the end of December.

As a reminder, the name of the veterinarian must be on the check submitted when submitting the renewal by mail. This reminder is especially important for those entities that submit a check for multiple veterinarians.

.The Impaired Professional
By Dr. Tim Kolb, DVM

Since the early 1980's the veterinary profession has dealt with the problem of impairment on several fronts. The AVMA formed a committee which created a Model Program to assist the Impaired Veterinarian. State VMA's were encouraged to form their own programs and the OVMA's Confidential Assistance and Support Committee has served DVM's, RVT's, veterinary students and families since the mid-1980's. A cooperative working relationship between the OVMLB and the OVMA Confidential Assistance Committee has benefitted numerous licensed professionals for more than 20 years.

Complaints to the Licensing Board may come in a variety of ways that raise the possibility of impairment. A client complaint may include accusations of smelling alcohol on one's breath, slurred speech, or erratic behavior. An employee may report irregularities in the controlled drug log, or hoarding of expired controlled drugs. The pharmacy board may detect unusual ordering of controlled substances. An individual may be reported to the board by a concerned colleague who is protected under section 4741.31: "In the absence of fraud or bad faith, no person who reports to the board a veterinarian with a suspected substance abuse problem shall be liable to any person for damages in a civil action as a result of the report."

The Veterinary Medical Practice Act addresses impairment in four different sections. If substance abuse is suspected, ORC 4741.221 empowers the OVMLB to refer the individual for evaluation and treatment prior to or after conducting a hearing. ORC 4741.22 outlines the grounds for which the licensing board "may refuse to issue or renew a license,....may issue a reprimand, or suspend or revoke the license..." 4741.22(C) applies to individuals "found to be physically or psychologically addicted to alcohol or an illegal or controlled substance...to such a degree as to render him unfit to practice veterinary medicine." And 4741.22(V) applies to individuals who self-medicate or divert drugs to others: "Makes available a dangerous drug....to any person other than for the specific treatment of an animal patient."

Along with the OVMA Confidential Assistance Committee, the OVMLB has had an excellent working relationship with the Ohio Physicians Health Program, which is financially supported by the OVMA. OPHP provides assistance through evaluation and treatment referral, recovery documentation, education, support and advocacy for healthcare professionals. For further information on the physical signs and behavioral symptoms of impairment, please visit their website www.ophp.org or call 614-841-9690.

The risks and serious consequences of facing suspension or revocation of one's license should be obvious. For the individual who seeks treatment and enters recovery, protecting your license is paramount. The advantages of including OPHP in the treatment plan are numerous. First and foremost, health care professionals whose treatment includes monitoring (periodic, random drug/alcohol tests to verify sobriety) and recovery documentation have the highest success rates of recovery. OPHP can provide advocacy and support if the recovering professional must face the Licensing Board.

Some alcoholics or addicts seek treatment or enter self-help programs after hitting bottom, and may not have any apparent legal consequences. The anonymity of these programs is of the utmost importance since addiction is a shame-based disease. Most people entering recovery are very concerned that their problems could become public knowledge or fodder for gossip. Herein lies the potential problem for the licensed professional. If there is a complaint to the OVMLB stemming from the individual's actions when impaired, will they be able to document their recovery? Have they been treated by one of the Board's approved treatment providers? Once again, seeking help and advocacy through the Ohio Physicians Health Program greatly enhances the odds for a successful recovery from a fatal disease, and is the best "preventive medicine" if you ever have to face the OVMLB.

Board Updates (continued)

Euthanasia: At the September, 2011 Board meeting, the Board discussed the issue of whether an animal presented for euthanasia must have a physical exam performed prior to the euthanasia. The Veterinary Practice Act requires a valid veterinary-client-patient relationship in order to perform the euthanasia. (Section 4741.04 ORC) Therefore, a veterinarian must have established a valid VCPR prior to performing or authorizing euthanasia. Whether a practitioner charges for the exam prior to euthanasia is up to the veterinarian.

Rules: The Board members are in the process of reviewing the Veterinary Rules for possible revisions. One rule that is being reviewed is the Medical Records rule (4741-1-21 OAC). An issue being considered in this rule is what office staff or a practitioner needs to do in the event the veterinary office closes. The Board members are seeking any ideas which may be helpful. Please submit your concerns or suggestions to info@ovmlb.state.oh.us for board member consideration.