

# NH EMS MEDICAL CONTROL BOARD

Division of Fire Standards and Training & Emergency Medical Services  
Richard M. Flynn Fire Academy  
Concord, NH

## MINUTES OF MEETING (*Approved*) September 17, 2015

- Members present:** James Suozzi-Chair; Kenneth Call, David Hirsch, Frank Hubbell, Patrick Lanzetta, Douglas McVicar, Joshua Morrision, Michelle Nathan, John Seidner, Brian Sweeney, Harry Wallus
- Members absent:** Trevor Eide, Joseph Leahy, Thomas Trimarco
- Bureau staff:** Bureau Chief Nick Mercuri, Captains: Vicki Blanchard, Chip Cooper, and Shawn Jackson; and Administrative Assistant, June Connor
- Guests:** Brian Allard, Joel Coelho, Jeanne Erickson, Steve Erickson, Christopher Gamache, MaryEllen Gourdeau, Janet Houston, Aaron McIntire, Scott Schuler, Jeffrey Stewart, Grant Turpin, Michael Kelley, Mitchell Gove, and Sean Ellbeg

**NOTE: “Action items” are in bold red.**

### Welcome

The meeting was called to order at 9:10AM. A quorum was determined to be present (8 voting members at the beginning of the meeting)

### Introductions

Introductions were made.

### May 21, 2015 Minutes

*Kenneth Call made a motion to approve the minutes from the July 16, 2015 MCB meeting; seconded by Frank Hubbell; motion passed unanimously.*

### Item 1

#### **Financial disclosures – Suozzi**

All members of the MCB have now submitted their RSA 15-A forms.

## **Item 2**

### **MCB Membership – Suozzi**

- Region I submitted its recommendation to reappoint Thomas Trimarco for another 3-year term.
- *A motion was made by Kenneth Call; seconded by Joshua Morrison – to approve the nomination of Trevor Eide as a representative of Region 3; passed unanimously.*
- *A motion was made by David Hirsch; seconded by John Seidner – to approve the nomination of Michelle Nathan as a representative of Region 4; passed unanimously.*

## **Item 3**

### **Bureau/Division Updates – N. Mercuri**

- The Bureau Chief directed the board’s attention to the [July-August BEMS Report](#) which is posted on the web. Some of the topics covered in his report to the board can also be found in these reports which come out every 2 months. The next issue should be out shortly!
- **Committee of Merit Awards ceremony – 6:30PM on September 28, 2015 at the Concord City Auditorium on 2 Prince Street.** Those getting awards include:
  - \* Mitchell/Connolly EMS Achievement Award – EMS Protocol Committee
  - \* Bound Tree EMS Unit of the Year Award – Dartmouth College EMS
  - \* Lawrence Volz Memorial EMS Heroism Award – Brookline Ambulance
  - \* EMS Educator of the Year – Chris Hickey from AMR/Manchester Fire Dept.
  - \* David Dow Memorial EMS Provider of the Year Award – Nick Varin (Stewart’s Ambulance)
- **Major project update:**
  - Specifications are being determined for the ambulance we will be getting from the AFG grant money, and the goal is to have it in the fire house at the Academy by next summer along with the high fidelity simulator and the OB mannequin simulator.
  - User Management Module – progressing nicely and will move the Division’s operations away from an Access database system. Licensing, amongst many other things, will be done electronically once this new system is in place. Shawn Jackson and Jon Bouffard are working diligently on process mapping everything that is done at the Division.

- Bariatric training – Thanks to Bill Wood and Aaron McIntire for giving onsite training at the 10 caches located throughout the state. We are still looking for additional money so that we can have 20 caches.
- PHTLS classes – 144 of the 150 slots were filled. Unfortunately, there was an issue with “no-shows”; **it is very important for those registered for classes to alert the Division if they cannot attend so that those on the wait lists can be seated. Please stress this to all providers!**
- ATIRC (Active Threat Integrated Response Course) – 42 participants from EMS, Law Enforcement and Fire participated in a pilot program at Daniel Webster College. Once the course has been certified, it will be available nationwide. The difficulty is that it is a technician-level course that is very costly (\$30,000 in equipment). We are looking into doing an awareness/operations level course that will be shorter and not be as costly. The point of the course is to teach people from the different services how to integrate their jobs during an active shooter event in order to save more lives.
- Narcan kits – the Dept. of Health and Human Services used grant money to purchase Narcan kits which will be made available to at-risk populations. The Bureau of EMS will be providing training to some of the medical reserve corps groups throughout the state who, in turn, will teach local citizens how to use the kits. Some communities prefer to have EMS units do the training. The important thing is to get the training out there!
- **EMS rules to JLCAR on August 20<sup>th</sup>:**
  - Investigative rules – some wording changes were suggested; David Hilts is still working on this.
  - The Mobile Integrated Healthcare and “Year” rule (changing from 2009 to 2015) and Law Enforcement all passed and should become active very shortly.
- EMS Rule set: There is a potential for this to go to JLCAR at the beginning of 2016. **Please contact Bureau Chief Mercuri if you want any non-controversial changes made before October 16, 2015.** (Examples: Drug Diversion wording regarding medical director notification; EMS I/C responsible for a program changed from 1 person to 2)
- Speaker from the Information and Analysis Center, a DOS agency which is connected with Homeland Security and run by a state trooper – on the topic of including EMS input, utilizing a formalized mechanism, when an incident happens (“see something – say something”). **(Put this on the November agenda.)**

- **EMS legislation update:**
  - Removing an exemption so that EMS I/C's will not fall under the Dept. of Education; this appears to have been an oversight last year.
  - Patient definition – remove the word “imminent” so that it will be more specific to what EMS providers deal with and also more in line with Mobile Integrated Healthcare.
  - Location where EMS providers can work – change to “licensed healthcare facility”.
  - Nursing RSA's – make EMS RSA's more in line with those in the nursing profession (example: definition of “ethics”)
  - EMS investigations – adding penalty or disciplinary action for those who lie during an investigation
  - Background checks – Do we start doing these? (Concern was expressed regarding how this will affect volunteer services, and a discussion ensued.)
- Division teaching EMS programs – in a holding pattern right now while research is being done. Chair Turpin also wants Attorney Brian Buonamano to get involved to make sure we are not missing anything legally.

#### **Item 4**

##### **Coordinating Board update – F. Hubbell**

Dr. Hubbell summarized the last meeting, held on July 16, 2015; here is the link to the minutes from that meeting:

<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

- Highlights of the meeting:
- CAT tourniquet knock offs
- Eric Jaeger's presentation on the aging population in NH
- The Bureau of EMS offering of EMS programs

The next meeting of the Coordinating Board is this afternoon at 1:00PM (September 17, 2015).

#### **Item 5**

##### **Trauma Medical Review Committee update – K. Call**

Dr. Call summarized the last meeting, held on August 19, 2015. Here is the link to the minutes from that meeting:

[http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma\\_minutes.html](http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html)

Of particular interest during this meeting was the injury prevention report given by Debra Samaha (Item 5 on the minutes)

The next TMRC meeting is on October 21, 2015, from 9:30 – 11:00AM at the Richard M. Flynn Fire Academy, Classroom 2. The focus of the meeting will be the St. Joseph Hospital review.

## **Item 6**

### **TEMSIS – Chip Cooper**

- Elite is on schedule and should be ready for a soft roll-out in January, 2016. Old data will not be directly accessible in the new system, but it will be available in a data warehouse function that can pull from both the old and new system.
- **Medication list – distributed by Chip. There are 218 items on this list, and Chip would like feedback on it.** Only transfers will be able to see it on TEMSIS.
- Chip gave a PowerPoint presentation of TEMSIS statistics that will be posted on NHOODLE within a month. This will be called the “Graphs gallery”.
- Concern was expressed about quality assurance data being open to misinterpretation. Chip clarified that information put out has to be based on NEMSIS values, which can be requested by any public member from NEMSIS. Chip and Todd will be looking at adding NEMSIS national data to the NH data displayed for comparison to avoid any issues.
- EMS participation in TEMSIS has increased since 2010 when it became mandatory. Between 16,000 and 18,000 runs per month are getting into TEMSIS with a total of 1,573,906 records entered as of the end of August.
- At this time, there is no practical way to give copies of these reports to individual services. Perhaps they can be done on an annual basis, but they are very labor intensive.
- A discussion ensued as to the various ways ELITE data can be utilized.
- Bureau Chief Mercuri stated that after the ACS and hopefully, NHTSA come in, the plan is to have all of the EMS boards meeting for a strategic planning session to determine a 5-year plan.
- A question was asked as to whether or not Computer-aided Dispatch (CAD) systems could supply useful information. The stumbling block is that we paid for a CAD system on TEMSIS that is only being used by 2 services because of the cost the CAD vendors to make their data available. The CAD vendor costs are the responsibility of the services and can run between \$6000 and \$10,000 and may include ongoing maintenance costs as well.

## **Item 7**

### **Education Section update – S. Jackson**

- There has been a seasonal uptick in the number of refresher course requests and Shawn predicts that we will see a drastically reduced number of traditional refresher programs due to the NCCP.
- Trauma Registry – process maps are being created to account for everything we do. One of the problems is the number of databases we have that do not communicate with each other. We will probably be going live internally by next September, and this will revolutionize the way we do business.
- Intermediate to AEMT transition rates have plateaued.
- NCCP – the online self-assessment guide has been removed because it was not producing good data. In addition, they increased the amount of distributive education.
- Buyers are cautioned to beware of online courses that are bogus.
- PHTLS classes – thanks to Lebanon Fire which acted as the fiscal agent.
- ATIRC (Active Threat Integrated Response Course) – 42 participants from EMS, Law Enforcement and Fire participated in a pilot program at Daniel Webster College. Once the course has been certified, it will be available nationwide. The difficulty is that it is a technician level course that is very costly (\$30,000 in equipment). A discussion ensued about the fact that there are many qualified people in NH who could teach an awareness/operations level version of the same thing. The point of the course is to teach people from the different services how to integrate their jobs during an active shooter event in order to save more lives.

## **Item 8**

### **Drug Diversion Meeting – J. Stewart**

The following report was submitted:

Last meeting was August 27, 2015

- Low attendance due to summer vacations
- Presented to MCB for comments and edits a [fillable PDF for the reporting of drug loss / diversion](#) – **please submit comments/edits to J. Stewart**. Plan is to have final version for MCB at their Nov. mtg. Taskforce is working on a “Best Practices” document to go along with the PDF. Purpose was to create some consistency amongst agencies at least in terms of the reporting form. Of course the ultimate goal would be to have the EMS Agency adopt / implement the best practice policy to go along with the form.
- Training module in progress for educating UCDC on scope, roles – responsibilities, regulations, and impact of being UCDC. Also a training module for all EMS regarding Diversion in general is being worked on.
- The Board of Pharmacy meeting that Dr. McVicar and Vicki attended and concerns raised from that meeting were discussed at the Aug. Taskforce meeting. There are 2 pharmacists who sit on the Taskforce, one of which was at the Diversion meeting. He will make some phone calls to a few of the Board of Pharmacy Members to ensure they are aware of the scope and breadth of the Taskforce. Also J Stewart will complete and submit to Dr. Souzzi an updated progress of the Taskforce document similar to the one done last January 2015.
- Next meeting of the Taskforce is October 22<sup>nd</sup> 1300 hr. at the Fire Academy

## **Item 9**

### **Controlled Substances par values – V. Blanchard / McVicar**

Vicki Blanchard and Dr. McVicar met with the Board of Pharmacy which approved all requests that were made at the July MCB meeting. A [New Hampshire EMS Controlled Substances Quantities memo](#) will be distributed to EMS leaders and hospital pharmacies. The board made the following suggestions:

- Specific enumeration should be made on the maximum quantities drug list.
- BOP concerns about drug diversion were expressed to the Drug Diversion Task Force.
- While understanding its necessity due to drug shortages and pharmacy contracts, the Board of Pharmacy members expressed concern over standardization versus flexibility with drug concentrations.

## **Item 10**

### **Cardiac Arrest Summit – Blanchard / Suozzi**

The [Cardiac Arrest Summit](#) will be held on Friday, October 30, 2015 at the Fire Academy. We are looking for financial support. It costs \$15,000 for a state to join the Cardiac Arrest Registry to Enhance Survival (CARES).

Representatives from the [HeartRescue Project](#) will also be present at the summit. Pennsylvania adopted this program which involves making available to the public 5 minute “classes” on the subject of how to save a life. As a result, the survival rate increased in the state by 22%.

## **Item 11**

### **EMS Diagnosis in TEMSIS - Cooper**

Chip Cooper passed around a [sheet listing all of the reasons why EMT's administered Narcan](#), and a discussion ensued about a disconnect between patient symptoms and the provider impressions documented to support administration of the Narcan. The Narcan data was simply an example to demonstrate the disconnect or misunderstanding EMS providers have about the difference between symptoms and impressions. The provider impressions are heavily relied upon for reimbursement and type of call statistics from the service level on up to the national level. If providers incorrectly enter the impression, then services may have incorrect billing, and it significantly skews the types of runs to which EMS responds.

Part of the problem is that the use of the word “diagnosis” has long been discouraged in EMS and filters down to EMT training programs. As a result, EMT's feel hesitant to make a “diagnosis”, even though it is quietly acknowledged that doing so is how EMS providers determine what treatments are necessary. This

flaw in EMS education must be addressed, especially as we move closer to a “pay for performance” system.

There are things that can be done on TEMSIS to help. The primary effort will be to re-label the impression fields to include the word “diagnosis” in order to make this more easily understood. The issue of using the word “diagnosis” was discussed with the board. Chip also provided information from a legal opinion by Steve Wirth from Page, Wolfberg and Wirth, a nationally recognized EMS law firm, who basically confirmed that EMS providers do diagnose, regardless of what it is called. Mr. Wirth further stated that no EMS provider has ever been sued for “diagnosing” a patient, but they have been sued for “misdiagnosing” patients, so there is no legal barrier to using this term with EMS.

*Motion made by David Hirsch; seconded by Frank Hubbell – to support the use of the word “diagnosis” to be used in TEMSIS to re-label the provider impressions field; passed unanimously.*

### **Item 12**

#### **Trauma Registry**

All but 2 of our critical access hospitals are registered. Sue Barnard was very inspirational in convincing hospitals she visited to join in. At this point, participation is voluntary. Some hospitals have concerns about the burden this will put on staffs which are already overworked. In addition, some hospitals have their own registries. The goal is to have at least half of the hospitals in NH be participants in the trauma registry, including 13 of the larger hospitals and 13 critical hospitals.

### **Item 13**

#### **Topics ad libitum**

- The **2016 MCB/CB schedule** was distributed:
  - January 21, 2016**
  - March 17, 2016**
  - May 19, 2016**
  - July 21, 2015**
  - September 15, 2015**
  - November 17, 2015**
- A concern was expressed about law enforcement being allowed to do wound packing with hemostatic dressing which led to a discussion about where the lines need to be drawn now that law enforcement providers can perform some emergency care.
- Another concern was expressed about liability when patients refuse transport.

**Adjournment**

*Motion to adjourn at 12:00PM, made by Dr. Seidner and seconded by Dr. Hubbell; passed unanimously*

**Next meeting: Thursday, November 19, 2015 at 9:00AM  
Richard M. Flynn Fire Academy,  
Classrooms 5 & 6 in the dormitory**

**Future meeting: January 21, 2016**

Respectfully submitted,

James Suozzi, DO, Chairperson

Prepared by June Connor, Administrative Assistant I, Office of the Director, NHFSTEMS