

**N.H. EMERGENCY MEDICAL & TRAUMA SERVICES  
COORDINATING BOARD**

**Richard M. Flynn Fire Academy**

**APPROVED MINUTES OF MEETING**

**September 20, 2007**

**Members Present:** Steve Achilles (Chair), Al Burbank, Dave Dubey, David Duquette, Janet Houston, Doug Martin (Vice Chair), Rick Mason, George Patterson, Michael Pepin, Suzanne Prentiss, David Strang, David Tauber

**Members Absent:** Eileen Bartlett, David Hogan, Ken Howe, Don Johnson, Terry LeBlanc, Karen Lord, Joseph Mastromarino, Jackie Normile, John Sutton

**Guests:** Christopher Dubey, Jonathan Dubey, Fran Dupuis, Jeanne Erickson, Mark Lang, Doug McVicar

**Bureau Staff:** Vicki Blanchard, Kathy Doolan, Clay Odell, Eric Perry, Mike Schnyder

**I. CALL TO ORDER**

**Item 1.** The meeting of the EMS & Trauma Services Coordinating Board was called to order at 1:00 PM by Chairman Steve Achilles, on September 20, 2007 at the Richard M. Flynn Fire Academy in Concord, NH.

**II. ACCEPTANCE OF MINUTES – S. Achilles** asked for comments on minutes. **Corrections were noted as follow:** Correct location of July meeting to be Plymouth State University on the title page, remove Dr. Sutton’s name from the section regarding the Chairman’s meeting with the Commissioner, remove comment on page 3 under “Item 3.” concerning the Scope of Practice as a future agenda item, and a spelling correction in “Item 6.” A motion to accept the minutes with the noted corrections was made by G. Patterson and seconded by M. Pepin - all approved.

**III. DISCUSSION ITEMS**

**Item 1. NHEMS Medical Control Board Report: J. Mastromarino** was not present to give the report from the morning meeting. D. McVicar gave an

overview of the discussions and decisions that were made. A discussion about adding nitro to the list of medications that EMT-I's can administer took place and the agreement was made to wait until the 2009 Scope of Practice release for any changes to this level. Discussion took place on RSI and medication assisted intubations and a decision was made to send a memo to all Medical Directors from the MCB stating that medication assisted intubations were not an approved procedure for EMS.

The "wilderness protocol" discussion was brought back to the table and will continue. The Protocol Committee is working on the protocols and "evidence based" changes. The MCB was given a TEMSIS update and discussed seat belt use data. The Board received updates from the other two Boards (CB & Trauma Review).

(Please see the Medical Control Board Minutes of September 20, 2007 for complete details.)

**Item 2. NHBEMS Report: S Prentiss, Bureau Chief** –The Bureau Chief updated the group with community news; L. Burrill is out recovering from knee surgery and will be back next week; Sudden death of Mark Jarvis, husband of Terry Jarvis a longtime EMS Provider and past Bureau employee.

The **Program Specialist** position once held by Michelle Duchesne has been posted, applications received and reviewed, and an assessment center is scheduled.

**Licensing issues** concerning Providers not being appropriately licensed have come to light. The Bureau Chief made it clear that all Providers/Units must not assume that a Provider is licensed but need to verify it in one of the following ways – card-in-hand, verify with Bureau licensing data, TEMSIS administrator check by the Unit.

**EMS Awards 2007** – Recipients have been decided upon and the award ceremony is scheduled for October 10, 2007 at the Capitol Center for the Arts in Concord – 6:30 PM – all are welcomed, please notify K. Doolan if you plan to attend. This is a great way to recognize your peers in EMS.

**EMS Achievement Award** – Frisbie Hospital EMS

**EMS Unit of the Year** – Londonderry Fire Department

**EMS Educator of the Year** – Michelle "Mickey" Rudolph (Hudson FD)

**EMS Heroism Award** – Jason Ferns (UCVH Ambulance)

**EMS Appreciation Award** – Steve Achilles (Portsmouth FD)

**EMS Provider of the Year** – Karen Seelley (Souhegan Valley Amb.)

**Investigation Issues** – A team of Staff members are reviewing the process in order to improve upon it – the numbers of investigations are increasing and the process needs to be streamlined.

**Trauma System:** The Trauma Conference is scheduled for November 28, 2007. A new “Sim Man” for use by pre-hospital providers is being researched. C. Odell to talk about Trauma Review Committee later in the meeting.

**Web site** – The Divisions web site will soon have a new section with bulleted information that is timely, of high priority and of an advisory nature. The Immunization Program requirements, RSI Prerequisites package, Paramedic Re-entry process and Venous Access via Central Lines are also now available on the web site.

**TEMSIS** reporting is taking just over 24 minutes on average. M. Schnyder will report in more detail further into the meeting.

**Instructor Program Update** – The program is now in a modular format and easier to schedule and complete for the applicants.

**Computer Based Testing** – Two additional sites are still in process – in the southwestern corner of the state, a site in Brattleboro, VT will soon be opened and for the Conway area a site contract is being finalized.

**Community Preparedness** – The programs have been well attended and all are being evaluated by M. Harrington.

**Continuing Education Programs** – sponsored by the Bureau will be held at LinWood Ambulance in Lincoln starting in October.

**Trauma Medical Review Committee** - C. Odell gave a TMRC Report stating that the Committee is revising the Trauma Plan and discussing using an alternative to the American College of Surgeons’ guidelines. Hospital resources have changed and not all can meet these strict guidelines. The Committee would like to see the hospital meet the new, to-be-determined levels and not see them drop from a current Level 2 to a Level 3 because they cannot meet the ACS guidelines. October 24, 2007 will be the next meeting and all comments are welcomed. S. Achilles made the suggestion for anyone who had major questions on this topic to attend the October meeting.

**(Please refer to the written report for complete EMS Bureau update)**

**Item 3. Institute of Medicine report status:** C. Odell reported that he was unable to get the links sent out to Board members since last meeting request. He will get them together for the next meeting

S. Achilles reported that everyone was invited to attend a “Pre-meeting Meeting” today from 10 – Noon to discuss the sub-committee’s suggestions from the IOM report. The meeting was held with a half dozen people in attendance. The group discussed organizing a “retreat” to pull the CB and possibly the MCB into a

strategic planning session and use the IOM recommendations in a goal setting session for the future of the EMS System in NH. Achilles stated that the last plan created by the Coordinating Board set the path for where the System/Bureau is today – most everything has been accomplished and a new plan is appropriate at this time.

D. Duquette made the suggestion that the retreat be a one day event – catered and focused on where we are and where we want to go – not committee based.

S. Achilles asked S. Prentiss if this format would work to which she reminded everyone how valuable the last goal planning sessions were and that she regularly reviews the spread sheets of goals to make sure that the Bureau is on track. She felt that a new planning session would not be too premature at this time and would give great direction. S. Achilles asked if the Board was comfortable with him discussing this further with the Bureau Chief and coming up with a plan. All in attendance agreed to this and will be looking for a status report.

**Item 4. Hospital Diversion Summit** – S. Achilles reported that there was good attendance at the Summit on September 5<sup>th</sup> including Hospital Administrators, EMS Unit leaders, Hospital Coordinators and Regional Council members. The discussion started with the question “What impact is diversion having on the system?” The suggestion was made that a policy be drafted that would answer the question “When is diversion appropriate?” The Seacoast area, where the issue is most intense, will lead a subcommittee of stake-holders to revise a policy and move it forward statewide. D. Tauber asked if diversion was mandatory or advisory – does an ambulance have to go to a different hospital if one is “on diversion”. S. Achilles stated that nothing mandates diversion and that it is an “advisory tool”. Discussion then took place on the levels of diversion and how it all fits into the system. S. Achilles will keep the Board updated on this issue.

**Item 5. TEMSIS report** – M. Schnyder referred to the Bureau report (page 5) and the data listed stating that the future goal is to drop the report completion time for a TEMSIS report from 24 min. to 20 min. on average. He also reported that the quality management section of TEMSIS is being rewritten, and that training for the EMS Units is on-going.

M. Schnyder reported that the patient care report survey sent to each of the Hospital Coordinators for distribution and collection after completion by ED Staff members, was moving along and more were coming in. He also mentioned that he had just presented at the NH Seat Belt Commission and gave EMS data that had been linked to hospital data showing cost and length of stay of patients involved in crashes with/without seat belts.

The Research and Quality Management Section is currently leading the Investigation Improvement team forward in process improvement. The section is also working with the Protocol Committee and the Falls Prevention group using

TEMSIS data for various projects. D. Strang commented on the seat belt law and that it is a personal choice but a public responsibility and societal cost when not used and injuries occur. The Bureau Chief stated that the Department supports the Seat Belt Law. A question was raised about a helmet law and J. Houston stated that the Seat Belt Coalition had no intent of combining the seat belt and helmet use issues. Discussion ensued.

D. Martin expressed appreciation for M. Schnyder's abilities and work on the various projects.

S. Achilles mentioned that one topic that was discussed at the morning "pre-meeting" was the issue of "what is a patient" and the group felt as though more research was needed, besides the Department's legal Council coming to the November meeting to discuss this, possibly we could ask M. Schnyder to research this topic further and how we need to document this.

**Item 6. National Registry Re-Entry Process – Exam-In-Lieu – E. Perry**

A handout regarding the exam-in-lieu policy was distributed along with an outline of the First Responder Transition/Bridge process. Discussion ensued on each.

E. Perry then discussed the notice recently sent to all Providers expiring in 2008. He mentioned the clarification in the notice to Paramedics who in the past have used the continuing education (CE) method to refresh and that it was not an option by rule. NH EMT-P's must complete a state approved EMT-P refresher training program (RTP) and receive a "certificate of completion" from the Bureau in order to document a completed RTP for the National Registry.

Questions were raised as to when this process had changed and the group was made aware that since rule changes in 2002, the option of CE as the RTP for EMT-P's was gone, but that this does not stop "modular" RTP training from being approved. EMT-P's experiencing problems as they proceed into the 2008 refresher time period because of this issue should be in touch with the Bureau Education staff for assistance.

E. Perry also mentioned that Instructors have approached the Bureau with options for "alternative RTP's" and they are being reviewed. D. Tauber asked if RTP's "on-line" are being approved, to which E. Perry responded that "parts" are being reviewed for approval and that the "Instructor Cabinet" was looking at this for the future – in all cases it must meet the requirements laid out in rule.

J. Houston asked if the 40 percent pass rate being reported since the computer based testing implementation was "normal"? E. Perry mentioned that 62 percent at the EMT-B level is close to the same pass rate from the days of written exams and that "I & P" pass rates are higher than in the past – NH pass rates overall are higher than the national averages.

V. Blanchard then described the finalized Paramedic Re-entry process policy and mentioned the amount of time and research put into the policy. She notified everyone that it is available on the Division's web site. Discussion ensued and D. Tauber mentioned that ALSI has been the only one assisting with the "Nurse Challenge" process because the clinical issues are so time consuming and he felt that the Paramedic Re-entry process will probably be looked at by most Institutes' in the same way.

**Item 7. Items of Interest** – D. Duquette mentioned that at noon on October 10, 2007, a celebration of the 60<sup>th</sup> Anniversary of the NH Fire Marshal's Office will take place.

S. Achilles notified all Board members that he had discussed the need for the EMS Boards photos to be displayed in the Fire Academy like that of the Fire Commissioners with the Director and that they agreed for it to be completed. **NOTE: All Board Members will have photos taken at the November 2007 meeting – please make sure to attend.**

#### **IV. ADJOURNMENT**

**Motion** was made by D. Duquette and seconded by G. Patterson to adjourn the meeting. Unanimous agreement was found - meeting was adjourned at 2:35 PM.

#### **V. NEXT MEETING**

The next meeting will be on **November 15, 2007 at 1:00 PM** in Concord, NH – at the Academy.

Respectfully Submitted,

Suzanne M. Prentiss, Bureau Chief, EMS  
(Prepared by K. Doolan, Field Services Coordinator)