

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

**Richard M. Flynn Fire Academy**

**APPROVED MINUTES OF MEETING**

**November 15, 2007**

**Members Present:** Steve Achilles (Chair), Dave Dubey, David Hogan, Janet Houston, Terry LeBlanc, Doug Martin (Vice Chair), Rick Mason, George Patterson, Michael Pepin, David Strang

**Members Absent:** Eileen Bartlett, Al Burbank, David Duquette, Ken Howe, Don Johnson, Karen Lord, Joseph Mastromarino, Jackie Normile, Suzanne Prentiss, John Sutton, David Tauber

**Guests:** Kevin Drew, Christopher Dubey, Jonathan Dubey, Fran Dupuis, Jeanne Erickson, Steve Erickson, Marta Modigliani, Kelson Mucahy Doug McVicar

**Bureau Staff:** Vicki Blanchard, Kathy Doolan, 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 November 15, 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:** D. Strang asked that the spelling of “ensured” be corrected on page five. A motion to accept the minutes with the noted correction was made by J. Houston and seconded by D. Martin - 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. Martin gave a summary of the discussions and decisions that were made. A discussion on various protocol updates that are needed was held. The Congestive Heart Failure protocol was discussed and changes will be made. The National Scope of Practice Model was discussed and an agreement was made by the Board that the protocols should

stay as close to the National standard as possible – NH could exceed the standard if necessary but should not strive for that.

S. Achilles made mention that the National EMS Scope of Practice Model books are available for members interested, and made comment that lining up with national standards is a smart way to go.. D. Dubey will bring copies of the book to the NH Ambulance Association meeting

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

**Item 2. NHBEMS Report: R Mason reported** that S Prentiss, Bureau Chief had to leave early in order to catch a flight to Florida for a Press Conference with AAA on the “Slow Down, Move Over” law. R. Mason stated that a full report is in each Members folder. He then emphasized the changes at the Division with regards to e-mail addresses, the phone system and the street address of the Academy. The General phone number to the Academy will now be 223-2400 and the extension to reach D. McAdoo for the Bureau Chief’s or Director is ext. 4220. As for e-mail, the Staff members first name and last name separated by a “.” @ **dos.nh.gov** is now the correct address to use. The physical address of the Academy is now 98 Smokey Bear Blvd. for any shipping that needs to happen. The Director reported that a new initiative of “Chief Medical Officer” (CMO) is being created by the Center for Public Safety Excellence. It is a portfolio program, with peer review, credentials for Officers of EMS Agencies. S. Prentiss will be finishing her program in the near future as one of the first candidates enrolled.

As for Legislative issues, the Director reported that Senator Burling has submitted an LSR to add EMS to the Public Safety Death Benefit. This is an appropriate way for this to be accomplished. At the Federal level, there is an initiative to add EMS to the Fire Act Grants but it is meeting with some resistance.

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

**Item 3. Coordinating Board Planning Retreat – moved on agenda below Item 4.**

**Item 4. Hospital Diversion Summit – S. Achilles** reported that he has been working with Kathy Bizarro from the Hospital Association on this and the discussion has been to use small groups from EMS Region 3 (Seacoast) to create better Diversion Guidelines with the understanding that some hospitals may never use diversion.. S. Achilles said that he will keep the Board up to date on the issue and mentioned that the Board may be asked for input once the draft is released.

**Item 3. Coordinating Board Planning Retreat – S. Achilles** reviewed the discussion from last meeting concerning the Bureau’s Goals for the past six years and how the future should be sculpted in much the same way with the Boards gathering to brainstorm on the Bureau’s future direction. The discussion was based on the thoughts of a day long meeting including members from all three

advisory Boards. The spring time seemed to make the most sense to people, with the National Scope of Practice Model, the Institute of Medicine Report and the EMS Agenda for the Future reference documents being used.

G. Patterson stated that the process is valuable and that the Boards have a responsibility to this process. M. Pepin felt that it is important and that NH will be ahead of the curve with this action. D. Hogan made comment that April would be better than any of the summer months and that a weekday might see the highest attendance from the Boards.

S. Achilles mentioned that the group should review the RSA's to understand what EMS and the Boards are charged with and further discussion will be had at the next meeting. He will work with S. Prentiss on details and site specifics. He also suggested that each representative should speak with their constituents about the Retreat concept so as to receive input. Three dates will be proposed for a vote.

**Item 5. TEMSIS report** – M. Schnyder handed out a report (dated 11/14/2007) including charts of various TEMSIS statistics. “Average Time to Complete a Report” was stated as approximately 26 minutes. M. Schnyder then discussed future changes planned for TEMSIS by Image Trend following requests made by the Bureau and other users.

D. Strang asked if the “average” completion time for a report was surprising to the Bureau to which Schnyder responded that it was not a surprise but that in the future, with the planned changes, the time should be shortened, the goal is 20 minutes. Members of the Board stated that they were pleased to hear that streamlining of the process was in the works. Interest was raised in seeing the difference in completion times between critical patient calls and less emergent which would seemingly have fewer treatments and procedures. Also of interest is the difference in completion time between Providers having few calls per year to that of a very experienced TEMSIS user because of call volume. Questions came up on how the laptops changed the statistics because the report would be completed off line and then uploaded to the system, potentially changing the averages. M. Schnyder will look into this further.

Various comments were made about the number of reports being received and that once Rockingham Ambulance and others come on line that the numbers will increase greatly. The Units currently not reporting via TEMSIS are planned to wait until the new changes are complete, training will then be scheduled and they can come on-line more effectively.

M. Schnyder will keep the Board informed on progress.

**Item 6. What is a Patient** – S. Achilles reminded the group why this question had come before this Board. At past meetings during discussion over a fire scene rehabilitation guideline, and when the question was raised on “when does

paperwork have to be completed” there were questions on what constituted a “Patient”. Input was received from many State EMS Directors and the NH statutes and EMS rules were consulted. The Department of Safety legal council was asked to attend this meeting and assist the group in clearing up this question.

M. Modigliani referred to RSA 153-A which provides a pretty comprehensive definition, and stated that if there is a question by EMS as to if a person is a patient, then it is prudent for paperwork to always be completed.

Many scenarios were presented to the group by Board members along with comments concerning the legal definition being different if Provider skills are being questioned. D. Strang observed that probably only 20 percent of the patient’s that EMS encounters fully fit the definition of ”Patient” as written in the RSA so the rest should be the ones to be documented completely, why no treatment was given. There was discussion on what the “standards” would be for treating a person and that that is what a Provider would be judged on. D. Dubey mentioned that if a person calls and is appropriate to be transported that is one thing but what about the person who calls EMS and in the opinion of the Provider, they do not need to be transported by ambulance – that they are using the ambulance as a taxi – then who holds the liability?

After much discussion, S. Achilles asked if possibly the RSA’s definition needed to be updated? M. Modigliani agreed that it might be time for changes or that “policies” might need to be written like that of E-911 that deal with “misuse of the system”. She further stated that the Bureau would work with the Commissioner’s Office to propose such a change.

Various concerns were raised about the many scenarios that are out there, maybe changing the RSA is not what is needed but a better tool for 911 to screen calls or that protocols may need to define expectations by Providers more clearly.

S. Achilles stated that it may be more of a procedural issue than a law change issue – that possibly with the upcoming “transport protocols” and TEMSIS form changes information can be added to help direct the Providers. It may be time for a “Best Practices” policy on this issue. M. Modigliani asked that if further research is needed by her office to please be in touch. S. Achilles asked that if any Board members are working on committees where this may intertwine to keep potential changes that could help in mind.

#### **Item 7. Items of Interest –**

D. Martin mentioned the Scope of Practice document and E. Perry stated that these are the current changes and not the final document. The discussion went to the possible changes that will be needed in equipment requirements on an ambulance once the final National Scope of Practice is adopted. A Powerpoint handout was given to the membership for review and E. Perry stated that it would be further discussed at the next meeting.

J. Houston mentioned two items that need to be updated in the equipment requirement list in order to meet the ACEP guidelines for pediatric patients. A portable suction unit “with regulator” (which some do not currently come with) and, “access to protocols” as a requirement on a licensed vehicle. The group did not have issue with the addition of protocols to the list but was concerned about not having all the facts about the potential costs of the suction units. More research will be done and it will come back before the Board. There was also concern that equipment list changes should all be made at once, not piecemeal. Board members also thought that an implementation date for these changes may need to be considered.

G. Patterson moved to table the discussion until next meeting, and to research the options a bit further. S. Achilles seconded the motion. Seven voted in favor and one opposed. Board members said that they would find out from their local Squads what they had on their vehicles currently. D. Martin offered to talk with manufacturers about the suction unit issue. S. Achilles will follow up with the Bureau Chief to check on appropriate timing for suggested rule changes.

J. Houston asked that if there is a window of opportunity to add equipment to the next set of proposed rule changes that these two updates could be considered to get onto the document.

S. Achilles stated that the next meeting agenda will include an item specific to the suction unit updates.

D. Dubey asked for a breakdown of “transported” vs. “non-transported” patients from TEMSIS records completed, for the next meeting. M. Schnyder will be informed of request.

K. Doolan mentioned the date and time of the upcoming Trauma Conference and stated that brochures were available for anyone that was interested.

#### **IV. ADJOURNMENT**

**Motion** was made by D. Martin and seconded by G. Patterson to adjourn the meeting. Unanimous agreement was found - meeting was adjourned at 3:20 PM.

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

The next meeting will be on **January 17, 2008 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)