

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

November 17, 2011

NH Fire/EMS Academy - Concord

Approved Meeting Minutes

Members Present: Doreen Gilligan, Eric Jaeger, Don Johnson, Terry LeBlanc, Rae Mello-Andrews, Stacy Meier, Richard O'Brien, Michael Pepin, Greg Placy, Peter Row, Eric Schelberg, David Strang (Chair), Mark Tetreault

Members Absent: Jason Grey

Excused: Michael Cloutier, Ron O'Keefe, Dennis Tobin

Guests: Dan Andrus, Kathy Bizarro, Christine Beres, Richard Cloutier, Jeanne Erickson, Steve Erickson, Mark Hastings, Mark Lang, Aaron McIntire, Jeffrey Stewart, Grant Turpin, Ted White

Division Staff: Vicki Blanchard, Chip Cooper, Kathy Doolan, Janet Houston, Clay Odell, Eric Perry, Perry Plummer, Angela Shepard,

Welcome/Introductions - D. Strang, Chair.

Welcome and introductions by the membership was completed. Additionally all members of the audience introduced themselves. A special welcome was given to Angela Shepard, EMS Trauma Coordinator, as this was her first meeting as the newest Bureau staff member.

Acceptance of 09/15/11 Meeting Minutes - D. Strang

One correction was made: Board member R. Mello-Andrews' name was moved from the "Absent" to the "Excused" listing. **A motion was then made by R. Mello-Andrews and seconded by D. Johnson to accept the minutes as written with the one update. All approved.**

N.H. EMS Medical Control Board (MCB) Report – J. Suozzi

Dr. J. Suozzi was not present to give the report. Discussion as to whom the new MCB representative to the Coordinating Board may be, took place. V. Blanchard then gave a quick summary of the morning meeting. She reported that Dr. David Hirsch from Concord Hospital was voted onto the MCB as a Region IV representative. Discussion on the issue of medical dispensing vs. medical restocking by ambulance crews to FAST/non-transporting squads was an interesting one. The Bureau and State EMS Medical Director will be talking with the Pharmacy Board about the concern that this is not an approved practice, which in reality has been going on for years. They will be asking all EMS Hospital Coordinators and Unit Leaders to speak with their hospital pharmacists and asking them to contact the Board of Pharmacy in support of the current practice.

Other discussions focused on the following topics: EMS Providers working in the non-traditional setting, new protocols, Research/Benchmarking project, Bureau Bulletin information.

[MCB Minutes are posted on website draft and approved]

N.H. Bureau of EMS (NHBEMS) Report – C. Odell

C. Odell referred to the Bureau Bulletin that was circulated to the membership; He recognized Angela Shepard as the new EMS Trauma Coordinator; Mentioned the EMT-I Conversion project and stated that a more detailed discussion would take place later in the meeting; Reported on the Course Audits that are currently taking place, the Education Staff responsible for the audits (PT and FT) and that 41 have been completed to date; EMS Survey results will be compiled and available in early to mid December; ALS PIFT audits are underway – 4 out of 33 have been completed; STEMI/Stroke Summit is in the planning stages – V. Blanchard and A. Shepard are taking the lead on this event. A committee is assisting with the many details, Summit to be held June 5, 2012; Coordinating Board Photos have been posted in the Academy, first floor hallway – please visit. C. Odell thanked the Director for the completion of this project, it has been a long time in coming. (E. Jaeger still needs to be photographed)

[Please see written Bureau Bulletin in folder for additional information]

Old Business:

Best Practices Update- M. Pepin

M. Pepin reported that the updates to the Best Practices (BP) document are moving along and should be on-line by the end of December. He is awaiting an updated letter from one of the insurance companies concerning lights and siren (L&S) usage, so as to include it in the BP document.

P. Row then reported on the issue brought up at last meeting about “preemption devices”. He presented a research paper on preemption devices that he had completed while in residency. The conclusion was that these devices make for a much more safe emergency response and transport of a patient that would normally be transported with L&S. A suggestion was made that if legislation was going to be proposed for the routine use of these devices by ambulances, that a liability shield be written into the proposal. Discussion ensued. Director Plummer will speak with the two main NH municipal insurance companies about the liability concern. He also stated that current State intersections have preemption systems. P. Plummer will also reach out to the Manchester and Nashua Fire Departments to acquire their policies on use of their preemption systems by out-of-town agencies. D. Strang thanked P. Row for bringing this to the Board as a safer option to L&S use. M. Tetreault suggested that standardized criteria for use of these systems be built into the BP guideline once created. E. Schelberg mentioned that in his community the system has a Fire Department priority built into the program. He then suggested that when in discussion with the communities about preemption use policies, that it be made clear that the concern is for out-of-town ambulances and not all the other emergency response vehicles. S. L'Heureux mentioned that he was one of the Legislators who proposed the current preemption device legislation and that it includes plow trucks and does not allow for preemption systems to be installed on personal vehicles.

PIFT Update – V. Blanchard

V. Blanchard reported that 4 of the 33 PIFT credentialed units have been visited for auditing purposes thus far. They have all gone very well. That the main focus has been on the QM processes and that suggestions have been made on how to improve upon their current system.

D. Strang asked that a report be given at the January meeting documenting how many, how often and for what reasons hospitals have been choosing the “Opt Out” clause. Are certain hospitals/regions of the state opting-out more frequently than others? He would like to make sure that people are not abusing this option. V. Blanchard stated that there have only been a few to date and that she would be pleased to report back in January.

Education Updates – E. Perry

E. Perry reported on the course audits that have been completed and the fifteen Staff

(PT and FT) that are fulfilling these functions. He also gave a quick update to the discussion at last meeting about providers that take the Exam-in-Lieu (E-i-L) and requirements for skills verification at some level. He stated that the National Registry reported to him that no other states that use this option require anything besides the exam itself. D. Strang clarified his concern which was, do any other states limit the number of opportunities/number of refresher cycles that can be completed using the E-i-L process. E. Perry stated that in order to know this answer we would need information directly from the states, not National Registry, and that with only two years of E-i-L behind us, there may be no numbers associated, just state policies or future policies. Discussion then focused on the question: Do we need to look into this any further or is this no longer an important question, is this a crack that people can slip through? The consensus was that this is not a large issue and if a provider's skills are in fact lacking, the Unit and/or Hospital will see/know this and take care of the necessary re-training/education locally.

EMS Survey Update – C. Cooper

C. Cooper reported on the status of the EMS Survey and presented a short PowerPoint presentation. The results from this survey will be compiled into a usable format and made available in December. He asked that the Board members take some time to review and comment on the results. Suggestions for formatting updates are welcomed (ex: if results would make more sense as a percentage rather than a bar-chart).

Benchmark Committee Update – C. Cooper

C. Cooper presented slides on the 5 benchmarks that the committee decided upon during their two meetings. 1) ASA for chest pain; 2) 12-lead performed on all chest pain pts.; 3) Blood sugar checks for all altered mental status, seizure and stroke pts.; 4) Stroke pts always having a stroke assessment completed; 5) Pain management for pain and trauma pts.

Next steps – complete the process, post/provide data to services, post guidelines, track results and establish means to report the data back. This is a long term process and the project is only in the beginning phases. R. M-Andrews stated that this should act as the equivalent to CMS reviewing benchmarks for hospitals. Concern was raised about posting results and the potential liability – requests made to provide the results under the cloak of QA/QI so as to not be discoverable.

Coordinating Board Email/Website Update – K. Doolan

K. Doolan reminded the group of the question posed at last meeting which was: Could the Division purchase a domain name so that the Coordinating Board (CB) members could have email addresses associated to it. The Director checked on this and was told that this could not be done.

At this time there are three options for CB members to consider in order to post email addresses on the Divisions website for communications with the public. 1) Any individual email address supplied by the Member will be posted under their name on the website; 2) One email address is chosen and posted as a link to ALL members as a group email. (**Note:** if this is the option chosen, and if a member responds to the email inquiry, the person being responded to will then have the email address of the Member who responded); 3) Gmail addresses can be created for individual members, and the Division will assist with this, if someone does not want their personal email address used for communication to the public. Discussion ensued. A list was sent around for all Members present to write down their address on or write "Gmail" which would show that an address needs to be created. (**Note:** A Gmail address will require the CB Member to check this additional address.) The group agreed that if the Gmail option is decided upon, a common format for each Members email address should be created (ex: last name, first initial "coordbd" @gmail.com") The group also felt that both a general email address and individual addresses should be posted so that

someone has the option to send a communication to the entire group, or directly to an individual member. K. Doolan will follow up on this by email to the Membership.

EMT-I to AEMT Task Force – C. Odell (moved to later in the agenda)

New Business:

Adjudicative process update– C. Odell (topic added to agenda)

C. Odell distributed a handout showing a flowchart on how the Investigation/Hearings process will work into the future and explained the steps. He stated that initially the discussion was to create a Board of Peers using the Coordinating Board Members, to hear cases that had been appealed. This is still the goal for the future but until rules can be updated, and a new process created (possibly 5 years), we will need to have a process approved by the Commissioner that fits within current rules.

Two or three specific Hearings Officers will be assigned to sit on cases relating to EMS rules. They will be educated on EMS laws and rules, the profession of and standards in, emergency medical services. An additional change will be that if warranted, the “pre-hearing meeting” will be used to discuss special circumstances. Until recently, the Bureau was unaware of this option. The pre-hearing meeting is a forum to discuss options available to the license action initially decided upon.

K. Bizzaro, a member of the Ad. Hoc. Committee that assisted the Bureau Chief in crafting this process, spoke to the fact that the entire Ad. Hoc. Committee backed this proposal. **D. Johnson commended the committee for the work on this and made a motion that the Coordinating Board accept this proposal. S. Meier seconded the motion, and all members present approved the motion.** D. Strang also thanked the Ad. Hoc. Committee for their work on this issue.

EMT-I to AEMT Task Force – C. Odell (moved from earlier on the agenda)

C. Odell reported that there were about 45 people present (60-70 had expressed interest in the process) and that the first hour of the meeting was spent going over the history of the situation and road blocks that might stand in the way of the conversion process. The second hour was slated for brainstorming and was very productive; all ideas were put on the board for discussion. The Division realizes that there are many issues to address: test anxiety, costs associated, access to the courses and exam, along with others. The plan is that the EMT-I refresher program (24 hours) and 12 hours of ALS hours normally required, will be replaced with 36 hours of training in preparation for the National Registry computer based exam. It may possibly include 8-12 hours of “How to take a computer based test” along with necessary classroom hours presenting the information found in the gap between the 1985 EMT-I curriculum (recognized in NH) and the future AEMT curriculum. This does not mean that some EMT-I providers may not need additional study time. The Division is planning on assisting wherever possible during this move forward. The Bureau/Division recognizes that National Standards in EMS is a positive change in order to move the EMS profession forward and to enhance the quality of patient care. Some concerns were raised that some in the EMS community did not know this change was coming. Members commented that information on this topic has been circulating for years and that people stating that they were “unaware”, must not have been paying attention.

C. Odell stated that the Task Force will need to move quickly on this plan so that it can be implemented, and that the next meeting of the Task Force is planned for December 7th at a location to be announced. Discussion ensued, concerns were voiced and questions were answered. D. Strang asked that an update on this process be given at the January meeting.

P. Row asked if the Board should vote to support this process. **E. Jaeger made a motion that the Coordinating Board vote to support the National Scope of Practice/Education Standards, the proposed EMT-I conversion to AEMT, the Bureau Chief and his administration as they address issues this conversion process will create.** R. Mello-Andrews seconded the motion and all members present approved of this motion.

EMTs working in the non-traditional setting (topic added to agenda) - D. Strang mentioned that because of the late hour of the day an additional topic (EMTs working in the non-traditional setting) requested for addition to today's agenda be discussed in January. C. Odell gave a quick summary of the issue and stated that a committee needs to be set up to look into this (ex: EMT at a summer camp with no Unit affiliation, by rule is currently practicing without a license [EMS Providers in NH are not private practitioners]). It is not the goal of the Bureau to pull more people under the licensing of EMS but to make sure they are protected and that the public is safe. **Volunteers from the Board and EMS community are requested.** D. Strang volunteered to be on this committee along with G. Placy and D. Johnson, others that are interested are welcomed to notify the Bureau Chief.

Items of Interest:

J. Stewart brought up the fact that there is a new program in Massachusetts which is allowing "bystanders" to administer nasal Narcan to a person in need (overdose), that the program is distributing the medication and that NH may see these devices on the street. He wanted to make the NH EMS community aware. D. Strang thanked him for the information.

Special Note: Board Members who have terms on the Board expiring in the first quarter of 2012 will be notified of the term expiration date by K. Doolan via email.

Adjournment – All present agreed to adjourn

Next Meeting

**Thursday – January 19, 2011
Fire/EMS Academy – Concord, NH
1:00 PM (Board member lunch - 12 noon)**