

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

March 15, 2012

NH Fire/EMS Academy - Concord

Approved Meeting Minutes

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

Members Absent: Jason Grey

Excused: Michael Cloutier, Doreen Gilligan, Terry LeBlanc, Dennis Tobin

Guests: Jeanne Erickson, Steve Erickson, Mark Hastings, Brendan McNiff, Paul Robidas, Steven Robbins, Scott Schuler, Chris Stawasz, Grant Turpin,

Division Staff: Vicki Blanchard, Chip Cooper, Kathy Doolan, Clay Odell, Angela Shepard

Welcome/Introductions - D. Strang, Chair.

"Welcome and Thank You" by Chairman Strang and introductions by the membership was completed. Additionally all attendees introduced themselves.

Acceptance of 01/19/12 Meeting Minutes - D. Strang

With a few moments to review the document **A motion was then made by D. Johnson and seconded by S. Meier to accept the minutes as written. All approved.**

N.H. EMS Medical Control Board (MCB) Report – V. Blanchard

V. Blanchard gave a brief summary of the morning meeting;

Board of Pharmacy and Medical Control Board/Bureau representation meeting was held to discuss the issue of EMS medication exchanges in the field. After review of the situation at hand, the Board of Pharmacy felt that their really was not an issue and that the present processes of one-to-one replacement of meds from the transporting ambulance service to the first responder (non-transporting) unit could continue as it has been over the past many years.

Legislative updates were given to the Board (to be discussed later during the CB meeting).

The subcommittee concerned with EMS working at special events (outside the normal emergency realm) has been meeting and continues to have a great deal to discuss.

RSI reports were discussed and the 2011 statistics were reviewed.

Protocols brought forth by the Protocol Subcommittee were discussed and finalized – updates made and new protocols put forward: Airways (Combi/King/LMA), Shock, Smoke Inhalation, Stroke and the issue of waveform capnography as a required piece of equipment were discussed – rules vs. protocols.

[MCB Minutes are posted on website - draft and approved]

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

C. Odell referred to the poster presentation on ambulance safety in the hallway that was recently presented at a summit meeting and asked that all take a few minutes to look it over.

Bureau Bulletin was electronically circulated to the membership and is available hard-copy to the audience and summarized on-going Bureau projects and events:

Changes in terminology – The word “transition” program has been used in NH for years to designate the courses required of providers that cover skills contained in protocol that are above and beyond the information contained in the curriculum. National Registry is now using this term for the programs that will convert the current EMS level provider to the new National Education Standards (FR to EMR, EMT-Basic to EMT, EMT-I to AEMT and EMT-P to Paramedic). This has caused a great deal of confusion in the field and the Bureau has therefore decided to change our “transition” programs to “NH Scope of Practice Modules”.

Change in Staffing – E. Perry, after 7 years of great work and service to the Bureau has resigned. C. Cooper will be the acting Education Coordinator until such time that the position can be filled. The position posting will be advertised in and outside of the Department with the hope of attracting the right candidates. E. Jeager asked what type of timeline Chief Odell was hoping for, to which he replied “60 days”. Mr. Jeager also congratulated Chief Odell on the quality of leadership that he has been giving the AEMT conversion process, and hoped that Chief Odell would continue leading this group and not ask the new Ed. Coordinator to take over. Chief Odell acknowledged his comments. Chief Odell mentioned the interview committee that will be set up and hoped to include some Coordinating Board members. He also mentioned the change in the requirements for the position from Bachelor's degree, which was limiting, and will now include an Associates degree plus experience.

Education Standards – All EMS Instructor/Coordinators (I/Cs) will be required to attend the upcoming training being presented by the National Association of EMS Educators and Bureau staff. For those I/Cs that cannot attend one of the days in April, a “home grown” version will be made available in the near future. Until an I/C takes the required training they cannot teach any of the new courses.

AEMT – the status of this project is posted on the Division's website. Chief Odell stated that the anxiety over the upcoming changes to this provider level seem to be subsiding as more and more information gets disseminated. This is very positive.

Community Paramedicine – The Chief has received communications from a few EMS units that are interested in implementing “community paramedicine” in their areas. The issues surrounding licensing, protocols and training will be discussed in detail and rules/policies will need to be created to cover the situations.

EMS Week is coming: May 20 – 26, 2012 – “EMS: More than a Job. A Calling.”

Pediatric SIM project – twelve instructors have been trained to run the simulation manikin and plans are in process for getting this training out to the field.

The Bureau is looking into the issue of bariatric patient transport especially in the rural areas, and what options exist. Common sense, practical approaches to these situations needs to be considered and a Best Practice should be created.

D. Strang asked about EMS Provider Recognition Day (first Saturday in May of each year) and the discussion surrounded the need for the three professional organizations to step up and speak out for EMS, and that the Bureau should not be leading this charge.

He also mentioned that if any member of the Coordinating Board wishes to be involved with the Education Coordinator interview panel they should contact the Bureau Chief directly.

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

Old Business:

Best Practices Update- M. Pepin

M. Pepin stated that the timing of the Best Practice (BP) Committee meetings was not working, as most BP members were also involved with the protocol subcommittee which met in the morning and the BP committee was scheduled to meet the same days, after noon. His plan is to reconvene the group on a different day of the week and to get things moving forward so that the website can be updated.

Dr. Strang suggested that a conference call might suit the purpose of this group and then travel is not needed. M. Pepin agreed that most topic materials can be emailed and that he will look into the conference call possibility.

EMS Survey Update – C. Cooper (moved to later in the meeting)

Benchmark Committee Update – C. Cooper

C. Cooper offered a short update on the Benchmark committee and R. Mello-Andrews stated that the group has been productive and looks forward to presenting additional information.

EMS Survey Update – C. Cooper

C. Cooper stated that the survey results will be posted soon for review by the Boards. He then pointed out a few data points (handouts) dealing with current staffing issues by EMS units (“Need for NH EMS providers”; “Scheduling Practices”; “2011 NH Staffing Deficits by Position Type”). E. Jaeger asked some questions concerning “in quarters” and “on duty” vs. “on call”. C. Cooper will have more statistics for the next meeting.

EMT-I to AEMT Task Force – C. Odell

C. Odell discussed the many “tools in the tool box” approach to assisting the current EMT-Intermediates ready for testing and upgrading to the AEMT level. Mobile testing capabilities, subsidized exam fees (voucher system), preparatory courses/mock exams, book purchases/lending library are all part of the plan. It was emphasized that this level of provider is important to NH’s EMS system and we need to work together to make this work. D. Strang was impressed by the possibility of one exam per provider being paid for by the Division, many other members agreed. D. Johnson asked if there was a fear for why some might not take the opportunity to upgrade, to which Chief Odell responded that in general test anxiety and some financial challenges might be a concern. C. Odell stated that the focus of the AEMT conversion programs will be on what is necessary to assist the provider in passing the NR exam, and that there will be an expectation for the providers to study and do research on their own if necessary, in addition to the “course”.

Some concerns were raised about this level of provider and the future need for hospital involvement for clinical needs. C. Odell stated that the Education Standards Committee needs to meet again and that this will be one of the topics discussed and researched. Additionally, the question of reciprocity/recognition of other AEMTs was brought forward. C. Odell stated that this was on the radar of the Bureau and working group and that it is an understanding that these applicants would need to still accomplish all “NH Scope of Practice Modules” that are required for licensure.

EMTs working in the non-traditional setting – C. Odell

D. Strang mentioned that the sub-committee has met twice and that the Legislation that had been put forth (HB 1631) had been ruled inexpedient to legislate based on the fact that the Bureau is working on the same issue within this subcommittee. If this committee does not come up with a viable plan, the Legislature may bring a bill back to the floor for consideration in the future. Much discussion ensued concerning the use of patient care protocols, EMS not being independent practitioners, unit affiliations, medical direction requirements, pre-requisite protocols and the difficulty of managing these people. In general, all agreed that a practical solution needed to be gained. S. Schuler suggested that the committee be allowed to work on the issue. D. Strang stated that the Board will be kept in the loop on the discussion.

EMS Legislation – C. Odell

Bureau Chief Odell gave the status on the following Bills:

HB 1441: regarding EMS reporting requirements to the Division (TEMSIS) – the Bureau/Division opposed this bill, the next step will be a “town meeting” in April or May to discuss the issue further.

HB 1179: regarding increased penalties for anyone physically assaulting hospital medical staff, was “killed” and voted inexpedient to legislate. The three Boards were in support of the bill and it is believed that the joint legislature won’t kill it but will not move ahead with it either.

HB 402: is a bill concerning school sports and returning children to play after a possible head injury (concussion) – the assessment being made by a “licensed medical professional”. The Bureau will look at this bill but is holding neutral until further involvement becomes necessary. J. Houston is at this hearing as we speak.

New Business:

Video recording of patient interactions – C. Odell

The Bureau Chief is looking for input to this discussion, and wishes to know if interest exists for video taping patient encounters (no audio-against the law). This question came out of a question from DHMC who has been challenged because they hoped to video tape resuscitations in order to learn from the experiences, but were told they could not. The discussion went on and cited the worth of this media for QA purposes, that legislative changes may need to take place in order to make this a possibility, concern about the tapes being discoverable were voiced, questions about where this could take place, statement that currently that the 2nd attendant was the witness to patient interactions and finally that the topic was worth looking into further and that EMS should be involved if this starts moving forward through hospital channels. Members that have contacts that may have insight into this topic offered the information to the Bureau Chief.

Items of Interest:

D. Strang – Accomplishments mentioned: D. Johnson was recognized to speak about recent accomplishments of Board Member G. Placy. The Boy Scouts of America, New England Region recognized Mr. Placy for exemplary service and presented him the Silver Antelope Award for volunteering with the youth of America.

R. O'Brien – mentioned that there may be some legislation coming – Anthem Bill/Jan. 1, 2012 dealing with payment of claims and a different way of paying than in the past. S. Robbins stated that a percentage of the reimbursement/payment will go directly to the ambulance service that transported and treated the patient and the rest will go to the patient. It will then be up to the ambulance service to track down the rest of the reimbursement from the patient themselves.

A. Sheppard – stated that the Bureau will be conducting a short survey (handout distributed) to gather information from EMS Providers on their use of K.E.D.s (short boards) in the field. The concern is that it is truly not the gold standard of treatment, that it is not used in the field, that it can actually cause further movement of a potentially injured spine (during “proper” application) and that we are still testing the skill in one of the practical examination stations (BLS) and requiring it as a piece of equipment on a licensed ambulance – the question is why?

The answers will give us evidence based responses to go forward. There will be no punitive response to the submissions.

The survey will be distributed at the upcoming Central NH EMS Conference (Mt Sunapee) and the I/C seminar in April along with the North Country EMS Conference in October. This will start the dialogue. The Bureau will look at and report the feedback received.

Some suggestions were made to improve the questions/format. Overall the membership agreed that the survey should be completed. **R. O’Brien made a motion to support the survey, P. Row seconded the motion and the membership was in agreement.**

E. Jaeger – asked that next meeting’s agenda continue the discussion of the waveform capnography issue. The deadline date, and the equipment requirement are not currently in rule but are required by 2011 protocols at the Paramedic level.

D. Strang – Chair/Vice Chair positions: Dr. Strang stated that each of these positions are two year positions that have fragmented expiration dates because the Vice Chair is fulfilling a time span held by a past member. They should both be re-appointed/voted on at the May 2012 meeting to get them back on schedule. **All agreed and their will be nominations accepted and voted on at the May 2012 meeting.**

Adjournment – S. Meier made a motion to adjourn, seconded by R. Mello-Andrews - All present agreed to adjourn – 3:30 PM

Next Meeting

**Thursday – May 17, 2012
Location TBA - Seacoast**