

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

July 19, 2012

NH Fire Academy – Concord, NH

Approved Meeting minutes

Members Present: Michael Cloutier, Jason Grey, Eric Jaeger, Terry LeBlanc, Stacy Meier, Richard O'Brien, Michael Pepin, Greg Placy, Peter Row, Eric Schelberg, Mark Tetreault

Members Absent: Doreen Gilligan

Excused: Don Johnson, Rae Mello-Andrews, Ron O'Keefe, David Strang (Chair), Dennis Tobin

Guests: Chris Beres, Richard Cloutier, Jeanne Erickson, Steve Erickson, Scott Schuler, Jeff Stewart

Division Staff: Vicki Blanchard, Kathy Doolan, Janet Houston, Shawn Jackson, Clay Odell, Perry Plummer, Angela Shepard

Welcome/Introductions – M. Pepin, Vice Chair.

Introductions were given by all present and M. Pepin gave "Welcome". Statement made that no quorum of the membership was present (17 active members, 11 required, 9 initially present). Discussion would take place until more members presented themselves. No vote would be requested for approval on the May or March meeting minutes.

By 1:25 a quorum was reached for Board Members present (11 out of 17) and the Board was able to proceed with the meeting and any necessary decisions/votes.

Acceptance of Meeting Minutes – M. Pepin – (moved to later in the meeting)

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

V. Blanchard gave a summary of the morning meeting – minutes can be viewed on the Division website once approved.

Discussion took place on the topic of excited delirium (from use of "bath salts") and a bulletin will be distributed on the approved method of increasing specific drug treatments given by EMS Provider to patients demonstrating this behavior and suspected of bath salt usage and overdose. Versed and Haldol treatments can be increased with medical control approval. The Bulletin will outline the details of treatment to be given. Concern was raised about the suggested approved dosage but experienced providers/physicians agreed that this still may not work on someone that has this in their system.

Additionally a bulletin will be created and distributed outlining the maximum dosage of Diltiazem to be given to patients by EMS. Discussion took place on various drug shortages and how the Medical Control Board (MCB) can be proactive on these situations. The MCB made the decision to review the approved drug list and, where necessary, come up with and add alternative drugs for those that are currently in a shortage.

A discussion on an "exception rule" took place. This would give ALS level providers the option of calling medical control for on-line direction and approval for treatments that are outside of

protocol but NOT outside of scope of practice. (Ex: requesting approval to give a life-saving drug prescribed to the patient that is not listed in the approved drug list but is available from the patient with dosage instructions). The Board approved of the concept and sent it back to the Protocol Committee for drafting of policy.

P. Row had questions/comments concerning the protocol "Exception rules" and felt that there are currently providers that don't completely understand what they can and cannot ask medical direction for, and thought that distribution of a notice of clarification could be helpful. V. Blanchard stated that the MCB put something like this out a few years ago. She will locate it and re-distribute it after review, and update if necessary. Further discussion took place about Massachusetts' "rule 13" that is an exception type rule currently in place. J. Stewart stated that it works very well. A. Shepard made a suggestion that possibly requiring a QA review of all "exceptions" would be in order for the initial time period of a new policy of this nature. More work will be done on this by the MCB and Protocol committee.

Community Paramedicine – the MCB was pleased to hear of some Unit interest in this program and recognized that positive PR and education will need to take place in order for some other allied health partners to be positive about this program. More information will be distributed as it becomes available. Non- 9-1-1 EMS is still under discussion in the sub-committee and more information will be coming to the Boards soon. The STEMI/Stroke Summit was very successful. Meetings of the subsequent work group will be held throughout the state in order to make the meeting more accessible.

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

[Quorum met – back to original agenda items]

Acceptance of 03/15/12 Meeting Minutes – M. Pepin

These minutes were not able to be approved at last meeting as no quorum was present in May. All members present today briefly reviewed minutes and no suggested changes were given. All present were in favor of accepting the minutes as written/presented.

Acceptance of 05/17/12 Meeting Notes – M. Pepin

All members present today briefly reviewed the May notes (not minutes as no official meeting could take place – no quorum). No suggested changes were given. All present were in favor of accepting the notes as written/presented.

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

C. Odell projected a photo of the NH EMS Honor Guard which presented colors during the past weekend race at the Speedway in Loudon. He listed the members in the photo and mentioned the other members that were not able to attend and thanked the members of the Guard for their efforts. He asked that the accolades be passed along to the team. K. Doolan made mention that at the last minute, because of work schedules, two of the 6 members were unable to attend and that D. Carrier stepped in to assist at a moments notice. This was greatly appreciated!

C. Odell welcomed S. Jackson to his new role as Education Coordinator for the Bureau and stated his confidence in Mr. Jackson's abilities during these changing times in EMS education.

A work group meeting/conference call-in will convene on the 25th of July at 1:00 PM to discuss bariatric transportation issues. All are welcomed. Please RSVP to the Bureau Chief by July 24th so that plans can be made for the conference call or room size for the meeting. A

notice went out (7/19) over the list serve inviting all to participate. Discussion ensued on current resources available and what the needs are relating to this issue.

C. Odell mentioned that the group working on the curriculum for AEMT conversion is moving right along and the materials will be available to the ICs soon. A webinar will be held to inform the educators who will be teaching these programs.

C. Odell mentioned that the Field Services Representative position vacated by Mr. Jackson will soon be posted after some updates are made to the job requirements. It will include investigation responsibilities to the Bureau in the future revision.

The EMS Management Course sponsored by the Division, will be held November 2, 3, 4, 9 and 16th and is open to all unit leaders (or future leaders). The 2011 program was the first full program of this kind in New Hampshire and the plan is to present it annually.

Lastly, the EMS Trauma Conference is upcoming November 15 & 16th and will be held in Whitefield at the Mountain View Grand Resort.

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

Old Business:

Best Practices Update- M. Pepin

M. Pepin stated that he will be submitting his resignation as Chairman of this sub-committee and stepping down so as not to hold the project back, and so that he can focus on some other things. He will be staying on the committee as a member, and is very interested in the Best Practice (BP) mission. He then stated that the current plan is to move the already approved updated SOGs (limited access highway/safety vests, head injuries, family centered care and concerns for the elderly) along with the current SOG outlining Lights & Sirens (L&S) use, into an updated BP document. The letters received from the Local Government Center (LGC) [reviewed on screen] and Primex will be added to the current L&S SOG to help correct the myth that circulate in the field about the requirement to use lights and sirens the majority of the time. M. Pepin then asked if any member of the Board was interested in taking over as Chairman of this subcommittee. R. O'Brien stated that he was interested and the appointment was accepted. It was reiterated that all Board members and non-members are welcomed to participate in these meetings.

P. Row asked for clarification about the BP SOGs and making sure that they are guidelines only. The membership, Director and Bureau Chief assured the group that in fact these are suggestions/guidelines and not requirements.

EMS Survey Update – C. Cooper

C. Odell mentioned that C. Cooper is out-of-state at a conference and that he would report on the survey for Mr. Cooper who created some sample slides on survey results for the group's review. Hardbound copies of the survey results were distributed to all members present. Slides presented showed statistics on ambulances, the number of trucks per unit, ambulance types and ambulance manufacturers (brand) that are currently active in NH. Discussion ensued on what this type of information could be used for in the future. The example was made by the Bureau Chief that if the Coordinating Board thought the Bureau should look into the possibility of state bid/bulk purchases for certain equipment based on survey results, this could be one action taken. This example provoked discussion on making bulk purchasing a Bureau project to be researched further. S. Schuler mentioned that Virginia does a standard ambulance spec and all EMS services can purchase that type of truck for less than a custom vehicle. After additional discussion, **P. Row made a motion to request the Bureau explore the possibility of a group purchasing plan in order to assist units**

with EMS capital equipment and vehicle purchases. This was amended to add that the NH Ambulance Association will work in conjunction with the Bureau on this project. This was seconded by M. Cloutier and all present voted to uphold this motion.

Benchmark Committee Update – C. Cooper

C. Odell stated that no report was available.

EMT-I to AEMT Task Force – C. Odell

C. Odell mentioned that this project is moving along on schedule and mentioned that materials are available on the website.

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

C. Odell stated that the working group discussing this issue is making progress and has another meeting scheduled for August 16th.

EMS Legislation – C. Odell

C. Odell mentioned that there is an ambulance billing issue coming before the legislature that deals with reimbursement for services. S. Meier had more information and explained the issue to the membership describing future policies for a 24 hour window needed to gain approval before transporting a patient if the service is expected to be paid for their transport. The proposed rule changes seem to be difficult and it is felt that they will cause ramifications at all levels; patient, service and hospital. DHHS has organized a meeting in August on this subject. It was mentioned that a high turnout of interested parties would be helpful at this meeting. It was mentioned that if LGC and Primex (who represent the municipal departments) would speak out on this issue, Anthem and DHHS would listen. S. Meier will send the meeting notice to K. Doolan so that it can be distributed to the membership.

Equipment Update process – K. Doolan

K. Doolan asked that the membership discuss and define the process by which equipment changes will be approved and forwarded for rules changes. It was felt that equipment has been left out in the past (ex: capnography). The group acknowledged that the Protocol committee keeps a running list of equipment that will be required in order to fulfill the needs of a new protocol and that this list will be brought to the Coordinating Board for approval and rule inclusion. V. Blanchard is keeping the matrix of protocol vs. equipment needs.

E. Jaeger then mentioned the recent example that was brought to the Protocol Committee of ventilators being required for inter-facility transfers if the patient requires it, rather than the practice of “bagging” a patient for a two-hour transport. Everyone felt that the practice of BVM use in this scenario was unacceptable but did not think it was necessarily an EMS problem. Typically it is because the hospital doesn’t have the proper equipment available to send on a transfer. Note: Ventilators were never being discussed as a required piece of equipment for ambulances. Lengthy discussion took place on the availability of ventilators in the state, and the possible use of the grant purchased machines through Emergency Management and the Metropolitan Medical Response System (MMRS). It was mentioned that this particular issue should be discussed further during the upcoming Interfacility transfer committee meeting.

New Business:

“NH Process” RTP discussion at the 5/12 work session – C. Odell

C. Odell gave the history of the topic and explained what the work group came up with at the lunch meeting prior to the May Coordinating Board meeting. In summary, the proposal from this work group and the EMS Staff would do away with the “NH RTP” requirement and accept any method by which a provider can re-certify with the National Registry, including by

continuing education alone. Many examples were given and questions asked. **C. Odell asked that the Board consider endorsing this proposal. At this time E. Jaeger made a motion to accept the proposal as described and S. Meier seconded the motion.**

M. Pepin raised the question concerning the 60 New Hampshire EMT-Basic providers that are still in the system and are not currently required to be nationally registered. C. Odell stated, and the Director agreed, that no changes would be required in the process by which NHEMTs currently re-certify and re-license.

Discussion then focused on the question of who can teach continuing education and the fact that you do not need to be a NH IC to teach CE but that providers can be audited by the Registry and/or Bureau at any time, and that proper documentation and credentials are expected. The point was made that unit leaders/training officers and providers need to understand that the responsibility for the professionalism of their chosen field lies in their court and that this needs to be emphasized. It was also stated that unit leaders and medical directors need to closely review documents for accuracy prior to signing-off on providers Registry paperwork.

E. Jaeger mentioned that this will be a welcome change to providers. S. Meier wanted to thank the Bureau for reviewing this policy and backing this proposal, and also recognized that this will give the Staff more time to focus on other responsibilities and less on paperwork.

Once the discussion ended, the motion was voted on and all present members voted in favor of this change to procedures, to remove the requirement for a NH specific RTP for the Nationally Registered providers. It was clarified by C. Odell that this would take effect for this coming refresher season (2012-2013).

J. Erickson asked if this was a prelude to the Division being able to accept electronic/on-line licensing process, to which the Director responded that it is currently being researched.

Election of Officers – M. Pepin

The membership was reminded of the letter sent by D. Strang, currently vacationing, to express his interest in the re-appointment as Chairman to this Board. Also, on page three of the May meeting notes, the three members interested in the Vice Chairman's position were listed for the members present, in order to vote. A hand vote is required and majority will rule.

Nomination for D. Strang as Chairman – all approved.

Nomination for: S. Meier – 7 hands raised.
 E. Jaeger – 1 hand raised.
 M. Pepin – 3 hands raised.

S. Meier by show of hands is appointed as the Vice Chairman of this Board.

Items of Interest:

J. Grey asked that the Board look at its Board membership and see what currently listed representation might need to be changed, and stated that the Hospital EMS Coordinators should truly have a position on the Board. Discussion ensued about the concern over changing the RSAs and the reality that any group be allowed to speak and bring forth information to the Board, but that unless a "member", no voting power would be allowed. C. Odell will work with the Department legal council on this matter and the attendance records will be reviewed to verify involvement.

This topic will be added to the September agenda for further discussion.

C. Odell mentioned that a review of administrative rule changes will be brought before the Board at the next meeting. The agenda will need to be prioritized in order to accommodate this review.

The next meeting (September) will be held at the Academy, as will all future meetings unless a specific request is made. With several years of data, it has been proven that the "on-the-road" meeting concept has not boosted attendance.

Motion to adjourn was made by R. O'Brien and seconded by S. Meier.

Adjournment: 3:50 PM

Next Meeting

Thursday – September 20, 2012

Location: Fire/EMS Academy - Concord