

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

September 20, 2012

NH Fire Academy – Concord, NH

Approved Meeting Minutes

Members Present: Doreen Gilligan, Rae Mello-Andrews, Stacy Meier, Richard O'Brien, Ron O'Keefe, Michael Pepin, Greg Placy, Peter Row, Eric Schelberg, David Strang (Chair), Dennis Tobin

Members Absent: Jason Grey, Mark Tetreault

Excused: Michael Cloutier, Eric Jaeger, Don Johnson, Terry LeBlanc,

Guests: Richard Cloutier, Steve Erickson, Mark Hastings, Scott Schuler, Jeff Stewart, Grant Turpin

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

Welcome/Introductions – D. Strang, Vice Chair.

The Chairman welcomed everyone and introductions were given by all present. Because there was not a quorum present the agenda was rearranged so that any issues needing a vote would come up a bit later leaving time for late arrivals to be counted on the attendance roster.

Acceptance of 7/19/12 Meeting Minutes – D. Strang – (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 “pre-planned medical stand-by coverage” and a plan was put forth by the subcommittee. The membership voted unanimously for the proposed plan. It will now go to the Coordinating Board and then on to the Commissioner.

A Pediatric Emergency Care Committee will be established as a new subcommittee of the Board.

Other discussion:

- The future of community paramedicine and the need for prerequisite protocols
- Medication shortages will be dealt with as they come up
- Exclusion rules/”Rule 13”
- Protocols – the Board approved the changes/no big changes.

C. Odell spoke about the “Eagles” – an EMS report by leaders of the 50 largest EMS agencies in the country, who are innovative, progressive thinkers and are very energizing. A disc of information and their discussions were made available and he suggested that people take time to listen to them.

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

[Quorum met – back to original agenda items]

Acceptance of 07/19/12 Meeting Notes – D. Strang

All members present today briefly reviewed the July minutes. No suggested changes were brought forward. Motion was made by R. O'Brien and seconded by E. Schelberg, to approve the minutes. All voted to accept the minutes as written/presented.

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

C. Odell suggested that, in consideration of heavy topics on the agenda, the membership refer to the "EMS Bulletin" and mentioned that the description of the newly approved RTP process was the first pass at trying to clarify things for field providers and unit leaders. He was not sure if this was accomplished or not, as it is a complicated process to lay out. He also explained how "audits" will occur if a provider re-licenses in NH without completing a NH RTP. This will raise an alert to the Education Section and contact will be made with the provider, requesting documentation of continuing education or out-of-state course/process. The providers, educators and units will be accountable for appropriate documentation when requested. Providers should be aware of this as they seek out continuing education (CE) for their RTP option. There is more information of the website about this new process. It should be noted that all providers upgrading to the new levels must take a conversion program as this cannot be completed by CE alone. The Bureau Chief asked that everyone pass this information forward.

C. Odell made mention, and was pleased with the fact that 180 classroom audits were accomplished this year by the Bureau's Education staff (FT & PT).

D. Strang asked about the PIFT (paramedic interfacility-transfer) subcommittee, its status since last year and asked how many self-reporting incidents have been submitted? C. Odell and V. Blanchard stated that very few reports have been submitted and that there is nothing new from the subcommittee. PIFT audits are on-going, many have been completed and more are scheduled with each of the PIFT approved units.

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

New Business:

Consideration of proposed Administrative Rule changes – C. Odell

Handouts were made available for anyone who did not print off the materials emailed prior to the meeting. C. Odell mentioned that a complete version of the final document will be sent to each member once it is in its final format, currently it is with the department's legal council. He also explained to the membership that the role of the Coordinating Board is to offer support, or not, for the proposed document to the Commissioner.

C. Odell presented the larger changes/updates to the membership – the majority being related to the national education standards changes (language/title changes). The handout pointed out the need for the proposed wording changes in yellow comment boxes (see document).

Discussion took place on many sections of the proposed rules as the review went along. Suggestions were made and noted if the membership felt a change was required depending on whether the suggested change would be allowable by the Joint Legislative Committee on Administrative Rules (JLCAR). An example would be the suggestion to take out document dates (EX: "2013 protocols") but the reality is that JLCAR will not allow generic references to specific documents.

Discussion took place on the issue of all responding units (non-transport and transport) needing to complete an EMSIR for their response. The concern was over "patient refusals" and whether all units involved need to do paperwork. In conclusion, it was felt to be a training/education issue for the field providers and not an issue that could be well defined in rule. If there was no patient contact after the response – then that is what should be documented. (EX: If a non-transporting unit has a refusal signed, the responding transporting

unit does not need to track down the patient for a refusal. They were told by licensed (non-transporting) providers that a refusal was signed and the second set of providers (transporting) had no patient contact, they should document that.)

A new date for license expiration is being proposed. Currently, for nationally registered providers licenses expire 3/31 of a particular year. The suggestion is to allow an additional 30 days after National Registry expiration to allow for license application submissions. Thus the proposed date would be April 30th of a specific year. S. Meier stated that the unit administrators need to be on top of this and not allow unlicensed providers to be on the schedule for work. It is the responsibility of the provider and unit leadership to adhere to a “No cert. – No work” policy. All agreed with the fact that this will lessen the need for so many “waivers”, and the Bureau Chief stressed that the waiver process will be made more stringent with this new license expiration date in place. D. Gilligan made mention that there are no “waivers” for nursing licenses (or other healthcare providers).

The issue of auditing provider documentation for continuing education requirements if used for the refresher training process was discussed. C. Odell mentioned that a high number of audits will be conducted if providers apply for licensure, with no formal NH refresher training program (RTP) being documented in the Division’s transcript database. The Education Section will be requesting documentation from the applicant and possibly from the instructors that conduct the continuing education (CE) modules. It was noted that the remaining sixty (+/-), “grandfathered” / existing, non-nationally registered NH EMTs will not be allowed to complete an RTP process via CE. They must complete a NH RTP presented by a licensed NH EMS Instructor/Coordinator.

One item that the membership felt needed further discussion and follow-up was that of the ambulance equipment list and child safety restraint systems. A committee will be organized by A. Shepard to research what other states require and they will make appropriate changes to this requirement, if necessary.

The specific reference to the required capnography equipment for paramedic level vehicles was clarified in the proposed rules. The Bureau staff had conducted a phone poll of paramedic level services and found that all had already planned to meet the December 2012 deadline because the patient care protocols required this equipment. This addition to rule clarifies this requirement.

D. Strang made a motion to accept the proposed rules with changes as noted. A concern was raised by R. O’Brien about the pending sub-committee research and discussion on child restraint systems in the equipment list. D. Gilligan suggested an amendment to the motion to remove the child restraint section until the committee had met and reported back to the Board. R. Mello-Andrews seconded the amendment. This suggestion was accepted and the proposed rules were supported by all present, with the noted changes and the removal of the child restraint equipment section which will be voted on after the sub-committee report at November’s meeting. All approved.

[short break – 3:20 pm]

Review proposed policy for Preplanned Medical Standby Coverage – C. Odell

D. Strang reminded the Board members that the proposed plan was sent electronically to each member prior to the meeting, for review. D. Strang discussed the work done by the task force and summarized the plan for the membership. The licensed providers working in these situations would not need to be sanctioned by their affiliated EMS unit, they would not be using NH patient care protocols for patient care and would basically be doing “first aid”. Anything that elevates to a higher level of care would require the provider to call 9-1-1 and hand off care to the responding service. They may use NH EMS Pt. Care Protocols until the

transporting service arrives. They will not be considered “Good Samaritans” because it is a pre-planned situation. The Division is taking this route because oversight only extends to EMS and this is not traditional EMS, it is first aid care. C. Odell added that if in fact a situation occurs where one of these individuals works outside of the outlined area, or is negligent in their care, action can be taken against their EMS license.

A. Shepard asked how this plan interacts with the newly created head injury legislation. C. Odell responded that each provider should complete the appropriate training for this and if they don’t have the training and are asked to make decisions on a possible head injury, the licensed provider should say that they can not weigh in on the situation.

A great deal of discussion took place about the other areas these type of first aid providers may work such as summer camps and schools. Questions arose about these individuals dispensing medications to which the consensus was that they should not be handing out any medications – it is not in the scope of first aid practices or EMS Provider practice. C. Odell mentioned that these providers should be presenting the league leaders or summer camp directors with a memo explaining that they are not doctors, cannot dispense meds, cannot make return-to-play calls and can only perform basic first aid skills. All higher level circumstances will be handled by the 9-1-1 responding unit.

It was agreed that this plan established guidelines and a line that can not be crossed. This policy was reviewed and approved by the Medical Control Board at this mornings meeting.

R. O’Brien made a motion to accept the policy as written. This was seconded by R. O’Keefe. When a vote was called: Eight members approved. Two members opposed and one abstained from the vote. The policy is approved.

A request was made to post the policy on the web site and add a frequently asked question section to the end of it. C. Odell acknowledged the request.

Equipment “Group purchase plan” project update (moved down on the agenda)

Board membership/attendance discussion – D. Strang

D. Strang reviewed the situation with the Board regarding times when there is a lack of quorum and voting can not take place, and recapped the attendance records for the meetings in 2011 and 2012 to-date. A verbal list of the organizations that currently have no representation was delivered to the group. The plan will be to contact the organizations and give them a deadline for response. They will also be told that if the Board does not hear back, legislation may be drafted to remove their representation from the Coordinating Board roster of required members. An explanation of why this action is being taken will be outlined for the organizations involved. R. O’Keefe made a motion to have the Chairman write a letter to these organizations requesting a response of commitment within 30 days. P. Plummer asked that they also be requested to state if the organization is no longer interested in having a seat on the Coordinating Board. P. Row seconded this motion with amendment. All were in favor.

Note: If anyone has a suggestion for a person to fill the third “Public Member” seat, please bring the suggestions back to the next meeting.

Equipment “Group purchase plan” project update – (from previous agenda location)

C. Odell stated that there was not an update at this time.

Ambulance Medicaid Reimbursement – C. Odell

S. Meier explained Medicaid’s interpretation of payment requests for scheduled transfers. She feels that the NH Ambulance Association’s request was misunderstood as they

really wanted recurrent, scheduled transfers to be preauthorized. This is still under discussion and the NHAA suggests modifications to the current form. Some feel that it is an attempt to increase the denial of payments. C. Odell stated that third-party payments are decreasing and this will hurt the EMS System. Legislator Hardy has been contacted and asked to support the necessary changes. The Bureau wants to assist in any way possible and hopes to partner with the NHAA and Fire Chiefs to bring about appropriate changes. R. O'Brien stated that the Chief's would be at the table. P. Plummer stated that there are now two issues combined into one meeting: the Medicaid issue and Anthem payment issue, and mentioned that the Division would be pleased to host a seminar on billing practices in the future. J. Stewart mentioned that there was a similar seminar in Boston this past March and that the information is public.

Old Business:

Best Practices Update - R. O'Brien

The committee has had a couple of conference calls to regroup and make a plan to proceed. An updated document will be produced and will be available on the web site. R. O'Brien opened the committee to anyone that would like to get involved and asked that they get in touch with K. Doolan and supply contact information.

EMS Survey Update – deferred

Benchmark Committee Update – deferred

EMT-I to AEMT Task Force – deferred

EMS Legislation – deferred

Items of Interest:

C. Odell – stated that beginning in 2013, the Division will be posting the names of providers and units that have had EMS disciplinary licensure action taken against them.

D. Strang – mentioned that the Committee of Merit awards ceremony will be taking place on September 24th at the Capitol Center for the Arts in Concord. Only three of the six EMS awards are being presented this year as some nominations were not exemplary but appeared to represent standard work responsibilities. The committee did not want to lessen the significance of awards by giving them out just to give them. K. Doolan stated that we need more nominations in the future. D. Strang thought that if there was a way to make notification of a significant event an easy, at the moment process to the Bureau (maybe on the web site), it could then be followed up before the nomination deadline with detailed specifics. The feeling is that many things happen throughout the year that deserve recognition, but are forgotten because everyone is so busy. This will be researched by the Bureau. D. Gilligan suggested that people may need some guidance on how to write a nomination similar to the training given for grant writing, and this may help the process be successful. D. Strang thought that at either the November or January meeting the Board could possibly discuss how to improve on the nomination/awards process.

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

All approved - **Adjournment:** 4:20 PM

Next Meeting

Thursday – November 15, 2012

Location: Fire/EMS Academy - Concord