

N.H. EMERGENCY MEDICAL & TRAUMA SERVICES
COORDINATING BOARD

September 18, 2014
NH Fire Academy – Concord NH

Approved Meeting Minutes

Members Present: Jason Grey, Stacy Meier (Vice Chair), Susanna Ayers, Richard O'Brien, Peter Row, Michael Cloutier, Frank Hubbell, Eric Schelberg, Grant Turpin (Chair), David Strang, Michael Pepin, Jeremy Thibeault, Doreen Gilligan, Dennis Tobin, Eric Jaeger, Helene Zeilinski, Greg Placy.

Members Absent: Rosemary Durning.

Guests: Fred Heinrich, David Hiltz, Robert Johnson, Jeanne Erickson, Steve Erickson, Jeffrey Stewart, Aaron McIntire, Jameson Ayotte, Brian Nicholson, Pamela Drewniak, Mark Hastings, Christine Beres, Jason Preston, Richard Riley, Sue Prentiss.

Division Staff: Bureau Chief Mercuri, Deputy Bureau Chief Jon Bouffard, Vicki Blanchard, Chip Cooper, Shawn Jackson, Richard Cloutier, Kathy Doolan, Janet Houston.

Welcome/Introductions – Grant Turpin, Chair

The meeting was called to order at 1:00 p.m. by Chairman Turpin. Introductions were made.

Acceptance of 03/20/14; 05/15/2014; and 07/17/2014 Meeting Minutes

All minutes were accepted as amended and corrected.

NH EMS Medical Control Board (MCB) Report – F. Hubbell

F. Hubbell was present and updated from the MCB meeting that morning. A draft of those minutes is available for review on the website. Dr. Sweeney was unanimously appointed to the MCB.

NH Bureau of EMS Report

Bureau Chief Mercuri was present and had a few updates. The BEMS is working on the

Mobile Integrated Healthcare project. DHHS is willing to alter their rule and Homecare Association is okay with it. We went in asking for a waiver and came out with an exception. A waiver would have had to be renewed each year, the exception is multi-year. Once the rule exception is filed we will be moving forward. Keep an eye out for an e-mail to get the task force back together and talk about funding.

Chip has been working on the Narcan data and it is in the newsletter which is on the website. EMS in the warm zone is something we have been working on with multi-disciplinary groups. Discussions have centered around, casualty care and a rescue task force concept. Specifically, how to get the injured person out of the warm zone. We are not talking about tactical EMS. Hopefully, there will be a draft ready in December.

NCCP – moving forward with that and it has gone to the Instructor Cabinet. Refreshers as we know them now will be going away over the next couple of years. We are looking at an implementation of April 1, 2015. It is not for this refresher cycle.

Rules are not moving forward at this time. Other things have come up.

Updates on NCCP – Shawn Jackson

Shawn Jackson was present and had updates. He said we are coming into what will probably be the last refresher season. We are planning for the NCCP pilot program, which redefines how we deliver our refresher education. It has been discussed that if we release the information too soon everyone will be confused and think that they can use the NCCP this refresher season. They cannot. They can begin using it April 1, 2015. The ad-hoc committee on refresher training reconvened earlier this summer and is looking to modify the course auditing process to more of a peer review process. The term “refresher” will become defunct and we will need to look at our administrative rule to see how we are impacted by that. As it stands now, the rule references a refresher that will not exist.

Best Practices (Narcotics Diversion) – Chief Richard O'Brien

EMS for mass gathering events is on the website now. Please utilize it. Best Practices Committee has not met as they are waiting for a few things to finalize. One of those things is the drug diversion subcommittee and we are working through the details on the UCDC training and MRH reporting standards. They are hoping to get a Best Practices document ready soon. As soon as the committee reconvenes we will have additional information to report.

Data Advisory Committee Update – R. O'Brien

They met recently and are making progress. There is now inclusion of critical care and mobile integrated healthcare data points that are recognized. They will be looking at those as a group and determining what TEMSIS is going to look like.

Chip said they are trying to work out the timeline for the transition and there are some challenges connecting our licensing database with the new system. They have to make sure all parts are working properly. There will be a demo site starting in late October for people to go to.

Chief O'Brien said they want to give at least 30 days' notice prior to train everyone and make people aware of the new format. As soon as they have an elite product they will introduce it.

Equipment Sub-Committee Update – N. Mercuri

The group met and brought up the struggle of what do we license; how do we license; and what about the auxiliary units. Currently either get transporting or non-transporting licenses, which are renewed every 2 years. Ambulances are also every 2 years. Current Administrative Rule for us is licensing transporting vehicles at the basic, intermediate or paramedic level and each vehicle must maintain that equipment. Currently, paramedic transporting vehicles must have all their required equipment all the time. One of the questions that came up was could we, instead of licensing vehicles, license caches of equipment. That way, if you had a vehicle go out of service you could take your equipment that was licensed and move it to another vehicle. We are trying to reduce equipment duplication. Under current non-transporting vehicles there are really no equipment requirements. What is that requirement? We need more guidance. We are not looking at licensing people's private vehicles or non-traditional vehicles. This is what we are looking at for the future: services would have a Unit license; it would be a transporting or non-transporting service; and all vehicles would be at that basic level. There would be an active or auxiliary option. Right now there is no auxiliary option. Auxiliary would be more for reserve special units, disasters or an older vehicle within a fleet.

For ALS intercept vehicles, they would have a minimum amount of BLS equipment that will be required. Right now there is no requirement. We will permit the BLS equipment and have a vehicle compliance and operational plan. There will be an affidavit from the Unit. Also, we are looking at having spot checks by the Bureau, as opposed to bi-annual licensing. That is a bit of a change. We are still working on the details.

Not looking at any changes in the Unit licensing. Licensed vehicles will still be ambulances or ALS intercept. They will have more of a status now; active in service or auxiliary.

Discussion took place.

Saf-C 5903.10 Update – D. Strang

Dr. Strang had a power point presentation and reviewed everything contained in it. He said it has been six months since the investigative subcommittee was formed. They are bringing some things forward for vote.

In January several CB members received a complaint about how the investigative process goes forward. As Board members we have a responsibility to represent those people in the EMS community. This was brought to the Bureau. The issues focus on the lack of clarity in the investigation letter to the provider and unit head and what the rights of the person being investigated are. There was a lack of specificity in the allegation and that came about as a result of the Bureau's interpretation of the requirement of confidentiality that meant that the complaint could not be released. Thirdly, there was the issue of the broadcast notification to all the Unit leaders, even those not involved in the incident that one of their EMTs was under investigation.

The subcommittee began meeting monthly beginning in April and the progress was slow. After three months they had only accomplished softening of the wording in the notification letter. Dr. Strang said that during that process he started talking with some of the other professional licensing boards, the Board of Medicine and the Board of Nursing. Specifically, speaking to the attorneys that represent them asking them what does your group do? How do you handle investigations? It was very clear that those two boards have very clear provisions for the release of the copy of the complaint or at least a description of the allegations. They both have a very clear practice of confidentiality unless the final investigation process allows for release of that information. Attorney Rose Wiant at the Board of Nursing was very helpful in guiding them. Dr. Strang said he also spoke with Senior Assistant Attorney General Mike Brown. Attorney Brown then met with Dr. Strang and Vice Chair Stacy Meier and informed them that he would be the legal counsel to the Coordinating Board. Attorney Brown said that the Bureau cannot withhold the allegation of a complaint from a licensee. He said licensees have a right to know what they are being accused of. Furthermore, confidentiality applies to the investigation information not to the release of the allegations to the licensee.

Many complainants do not mind if a copy of the complaint is released. Because of the narrow spectrum of a lot of EMS and even doctor/patient relationships the complainant will figure out who it is. Even if they mind there is no reason why a redacted version or a description of the complaint cannot be sent. Attorney Brown perceives two types of complaints; an incident specific complaint versus a broader public safety concern. Attorney Brown recommends drafting a rule that we notify only the Unit leader that their EMT is under investigation, unless the incident suggests a broader public concern. This advice was critical to initiating some movement within the subcommittee.

At the July meeting two documents were produced. One was a flow chart (copies were distributed) of what they envisioned the new investigation process will look like. From that they started to revise the current rules and worked on this more at their August meeting. Flow chart was reviewed. A copy of current rules with suggested revisions was also distributed and reviewed. Discussion followed.

Dr. Strang felt there was enough support to bring these concepts to the Board for review and to see if they can support these basic changes. They would like to have the Board vote on them and then take the changes to Attorney Brown for his review. Attorney Brown feels that he could get them back by the November CB meeting.

Dr. Row had an additional version of the rules with suggested revisions that was distributed for review. Dr. Row went over his revisions. Discussion followed.

Rules with revisions, item by item:

Saf-C 5903.10(a)(2)	in support – yes
(3)	in support – yes
(b)(2)	in support – yes
5903.10(c)	in support – yes
(f)	in support – yes
(f)(1)	in support – yes
(f)(2)	in support – yes
(g)(1)*	in support – yes
(g)(2)	in support – yes
(h)	in support – yes
(i)	in support – yes
(j)	in support – yes
(l)	in support – yes
(n)	in support – yes
(o)	in support of concept / need input from Atty. Brown
(p)	tabled/on hold
(p)(1)	tabled/on hold
(p)(2)	tabled/on hold
(p)(3)	tabled/on hold
(q)	tabled/on hold

*(g)(1) – get recommendation on certified mailing from Attorney Brown.

Chair Turpin suggested the attorneys be consulted as to what language works best in the rules. There will be a draft submitted to the attorneys.

Motion was made to clean up the draft of the revisions to the rules and forward that draft to Attorney Brown. Motion was seconded and passed. It was requested that the draft be distributed to all CB members. This was agreed to.

The meeting was adjourned at 3:45 p.m.

Next Meeting: Thursday, November 20, 2014

Location: NHFA, Concord