

NH Emergency Medical and Trauma Services Coordinating Board

November 18, 2021

1:00 PM / Classroom 5 & 6

Meeting Minutes (DRAFT/Not approved)

**Quorum:** 12 members present of the 8 required (currently 15 positions filled & 7 vacant slots).

**Members present:**

Jeremy LaPlante (Chair), Chad Miller (Vice), Brian Allard, Sue Barnard, Jeanne Erickson, John Freese, Theresa Jarvis, Michael Kelley, Neil Meehan, Michael Newhall. Matthew Petrin, David Tauber (12).

**Members absent:**

Kristen Johnson, Ryan Hornblower, Joshua Morrison (3).

**NH FST&EMS Staff present:**

Bureau Chief Justin Romanello, Medical Director Joey Scollan, Capt. Vicki Blanchard, Capt. Kathy Doolan, Liza Burrill, Joseph Cartier, Elizabeth Goguet, Joanne Lahaie, Walt Trachim, Maria Varanka (10).

**Guests:**

Chief Eric Wilking (future Board member)

**Board Vacancies:**

3 Public Members, ACS rep., TMRC rep., Organ/Tissue Donor rep. & FST Commission rep. (7)

**I. CALL TO ORDER (1:05 PM) – J. LaPlante, Chair**

Item 1. Welcome & Introductions of Board Members, Staff and Guests

Chief Eric Wilking requested to sit with Board member instead of guest area as he will be appointed as a Board Member soon. Until appointed he cannot participate in voting.

Item 2. Membership

**Vacancies discussed:** 3 Public Members, TMRC Rep., ACS rep., Organ/Tissue Donor Org & FST Commission Rep. (Note: one of the public positions is in process of being filled)

**Expirations that need attention:**

- ☐ Mike Newhall – Expired 3/7/21
- ☐ Josh Morrison – Expired 5/2/21
- ☐ Chad Miller – Expired 2/21/21

**Upcoming Expirations:** None

**II. APPROVAL OF MINUTES**

Item 1. May 20, 2021

Motion made to accept minutes as written: J. Erickson

T. Jarvis seconded the motion. All approved / no opposition.

### III. DIVISION / BEMS REPORT

Item 1. Division and BEMS – J. Romanello

- Director & AD off campus today.
- 2 Open Captains positions with Fire responsibilities are in process of being filled.
- The open Executive Secretary position, which Hayley O'Brien moved on from, was posted and has just closed. Interviews will be set up for appropriate candidates.
- **REMINDER** to all Members: Please RSVP/respond to the Outlook invitations that are sent for the Board Meetings – this is how we can keep track of participation and make sure we have a quorum for upcoming meetings.
- GOFERR grant funds have been accepted and will be applied to upgrades to the Burton Facility in the North Country. Also 500 EMR slots will be made available in the next 4 years-time thru this grant funding as well. The programs will be 95% paid for via grant monies and will bring many new EMS providers to the field statewide.
- Covid protocols and “public health incident” are still in place, allowing for 1 EMS provider in a transporting ambulance if staffing situations are difficult. The rule has been made permanent and are recognized during a declared public health or public safety incident, or during a MCI but not for day-to-day operations.

Clinical Systems:

- Hospital designations are underway. Migration to ACS Level III still being worked out.
- Future funding (\$1.9 M) will be going toward chronic disease via the Critical Access Hospitals (CAH) and agreements they will have with EMS Services. MIH funding is a hardship and with this 2 years of funding for CAH / EMS partnerships, data will be produced that will show the benefits of MIH in NH communities.
- Rural Health (DHHS/\$400K) will also be able to fund 2 positions 1 FT & 1 PT to focus on MIH and IFT programs.

N. Meehan asked how “success” will be measured during the 2 year time-frame.

Chief Romanello explained that reduced re-admissions, diverting to other resources, assisting with prevention and the doubling of the MIH services that can be offered and a higher overall level of community health will prove the worth of this program. Discussion occurred that cost reductions to the hospitals will also be a benefit. It was asked if mental health will also be a part of this program, but unfortunately this is not a focus of the grant funds.

Operations Section:

- Unit License renewal notices went out at the beginning of the week via the new RespondNH (electronic) management system. 24 Units have already taken advantage of this new system and have submitted their renewal applications.
- Emergency Services Reporting (**ESR**: the new name for TEMSIS) is also a part of this new management system – it is free and can take the place of the Fire Reporting known as NFIRS. Approximately 30 Fire Departments have been on-boarded and are using the new system. The Fire Marshals off ice will be collecting this fire data.

- This management system will be beneficial to Units, Departments and the Division by making reporting, data, tracking of education and licenses along with day-to-day operations more accessible.
- Emergency Medical Responder (EMR) program candidates will be participating in the BLS practical exam this coming weekend. These student came from the Division sponsored programs located in Sugar Hill, Walpole and Concord. In 2022 there are 4 additional EMR programs scheduled to take place. One goal of the programs has been that the students would not need to drive more than an hour to get to a class. Format was/will be livestream classroom and in-person skills training.
- Education Coordinator, Maria Varanka, is our newest employee and has begun to rejuvenate the con. ed. (CE) programs for EMS providers monthly. Introductions made. Note: the Coordinating Board members who wish to participate will also be asked for suggestions on topics and willingness to present at the CE sessions. The deficits in EMS training and the SIM program will be her focus to start with.

#### Compliance Section:

Elizabeth Goguet (Liz) has been upgraded to the fulltime Supervisory position in this section and replaces Rich Cloutier who moved over to the IPOC. The part-time position is currently in process of being filled. Approximately 15 cases are now open. A "Letter of concern" is being written into rule as an option to the licensure actions of "Suspended" or "Revoked". Liz took a moment to introduce herself and explain her vision into the future.

#### Item 2. Legislative report – Chief Romanello

Chief Romanello noted that as of Oct. 9<sup>th</sup>, REPLICA had been repealed.

EMS License plate decals (SB131) are in process of being created with the NH Association of EMTs, Paramedic Association and Ambulance Association as lead non-profit organizations. In order to obtain a decal plate and decal, a letter from the Chief/Director of the EMS Unit will be required. More to come.

Remote meeting participation is being worked on by Sen. Prentiss for certain Boards. Everyone understands that it is more efficient for a 3 hour meeting (EX: travel from 45<sup>th</sup> Parallel to Concord). Questions arose as to why municipal government could hold remote meetings with quorum present, and it was explained that actually 91-A does not allow for it at this time. It was suggested that all members advocate for this update through your organization. Hopefully changes will be made for efficiency purposes.

Discussion then ensued over "one provider in the ambulance" and if abuses have been observed? Chief Romanello commented that no abuses have been reported but that concerns have been raised and noted that the Division is paying attention. It is known that low staffing situations have elevated the use of this rule. For the Division, patient care is of utmost priority. Chair LaPlante mentioned that this Board can readdress this in the future as needed.

## IV. COMMITTEE/BOARD/WORK GROUP REPORTS

#### Item 1: Medical Control Board (MCB) – Dr. Freese reported that 3 members were approved.

A question was raised by Dr. Freese to find out if the Coordinating Board would rather receive the protocols for review one-by-one or in batches? Discussion ensued as to the efficiency of each option and to the focus that each Board (MCB or CB) has in the protocol "approval" process. Most agreed that smaller grouping were best. The CB will discuss this further at next meeting and make decisions at that time.

Dr. Freese stated that the MCB agreed to a “mid-cycle” release of protocols (version 8.1) and separately about the Critical Care Transport (CCT) scope of practice for existing services. The Pennsylvania program is being reviewed and seems to fit New Hampshire need very well for rotor and fixed winged medical transport. CCT and reporting to NEMSIS/TEMSIS was brought up, it was noted that DHART is currently meeting the requirements.

Chief Romanello took a moment to mention the past Narcan program which had not been as successful as planned, but that the ‘leave behind’ program could be and that modeling it after Massachusetts program may be the way to go. Currently the “Doorway programs” are the only access point for acquiring Narcan.

Capt. Vicki Blanchard noted that Benzodiazepines were discussed for sedation versus seizure, and the standardization of dosing. It was also mentioned that the new protocols will have a list of changes in the front of the document.

Item 2: Trauma Medical Review Committee (TMRC) – no meeting held / no report – tabled

Item 3: Work group reports

- a. EMS physician level license – no meeting held / no report
- b. IC Renewal & EMS Education – reported further into meeting (see below)
- c. Recruitment and Retention – see notes from Bureau /Division report re: North Country/Burton Building funding / plans for future AND comments later in meeting.
- d. EMS rules – rule changes will be coming in the near future.

Item 4. Stroke care – S. Barnard reported that there is a symposium on 12/3 which is a collaboration with St. Anselm College. Stroke protocols for the Tri-state area (ME/VT/NH) are in place and updates are being made to add Pearls regarding posterior circulation strokes. FAST-ED data shows numbers and positive screens are up. Stroke activation numbers are steady. Many of the non-conclusive finding are documented in PCR narratives as positive findings, and this needs to be addressed. V. Blanchard mentioned that hospitals that have done the education with their EMS providers are all doing very well.

(From earlier in meeting):

IC Renewal & EMS Education - D. Tauber / L. Burrill

D. Tauber reported that Committee has completed their work and that rules are in process of being finalized.

L. Burrill gave overview of the Educational Training Agency (ETA) project and reported on the Committees dedication to the details of the newly crafted program was exemplary. The Committee looked at the “whole” - EMR to AEMT programs will be included in ETA’s. The history of how we got to this point was reported: prompted by NH Dept of Education’s need for FST&EMS to take on the licensing of the EMS education groups and set the standards and regulations for said licensing.

Points:

- 1 - One time approval for like level course type.
- 2 - License for one year initially, and then three years upon renewal.
- 3 - “Practical exams” – will become portfolio based for each student.

Chief Romanello mentioned that National Registry is also moving to “portfolio based” testing in 2023. This licensing will be for the initial programs only, no approval for CE at this time. Existing individual EMS IC licenses will sunset a year after the rules are adopted.

(ETA cont.)

Liza reported that the administrative packet is in its final rendition and coming soon.

T. Jarvis asked if an ETA Medical Director were to leave a program, would they need to be replaced in order of the programs to continue. Rules will reflect the need to report the replacement within 30 days, and the replacement must meet the requirements.

Chair LaPlante commented on the great product produced by this group thought that it should be the goal of all committees/work groups to take on a task, focus and move the issue forward like this group had done.

A motion was made by Mike Kelley to accept the ETA model as presented. Second made by Chad Miller. All present members approved of the motion.

(From earlier in meeting)

Recruitment & Retention - Chief Romanello reported that a new grant funded position through Rural Health (DHHS) will be coming to the Division and will focus on this critical topic.

New Business / Good of the order:

Schedule for Board Meetings in 2022 (handout) – Motion made to accept; by C. Miller and Seconded by T. Jarvis – all approved.

Chair LaPlante asked that for next meeting the Board members think about what they want to accomplish over the next year. He would like everyone to look back at past (2016) report and 2018 NHTSA report (which will be sent to members by Chief Romanello) and see where we stand and what still needs to be accomplished from objectives listed within those reports. Priorities need to be identified.

Next three - Chair LaPlante:

- a. Fallout / data exchange
- b. MCB discussion re: cardiac arrest registry
- c. Carry overs to others (e.g. cancer, trauma)

Dr. Freese reported on the CARES registry – that here is no financial backing at this time and that the CB may want to “assess EMS” and the statutory requirements.

C. Miller noted that the workgroups successes are due to the extensive involvement of the Bureau staff.

S. Barnard noted that Feedback to the EMS community was a part of the ACS review.

Motion to adjourn (2:50 PM) – made by T. Jarvis and seconded by M. Kelley – all approved.

**Next meeting January 20, 2022 – 1:00 PM**