

**NH EMERGENCY MEDICAL & TRAUMA SERVICES
COORDINATING BOARD**

**Division of Fire Standards and Training & Emergency Medical Services
Richard M. Flynn Fire Academy
Concord, NH**

**MINUTES OF MEETING
(Approved)
July 16, 2015**

Members Present: Grant Turpin (Chair); Michael Cloutier, Doreen Gilligan, Jason Grey, Mike Harnois, Frank Hubbell, Eric Jaeger, Jeremy LaPlante, Stacy Meier, Richard O'Brien, Greg Placy, Eric Schelberg, David Strang, and Jeremy Thibeault (14)

Members Absent: Susanna Ayers, Chad Miller, Richard Montmeny (resigned 7/15/15), Richard Murphy, Peter Row, Helene Zielinski

Members Pending: John Seidner

Division Staff: Director Deborah Pendergast, Bureau Chief Nick Mercuri, Captains: Kathy Higgins-Doolan, Shawn Jackson; Administrative Assistant: June Connor

Guests: Pamela Drewniak, Jeanne Erickson, Steve Erickson, Fred Heinrich, Janet Houston, Aaron McIntire, Richard Riley, Scott Schuler, and Jeffrey Stewart

NOTE: "Action items" are in bold red.

I. Call to Order

Item 1. Welcome

The CB meeting was called to order at 1:00PM by Chair Grant Turpin. A quorum was present (14 voting members present).

Item 2. Introductions

Those in attendance introduced themselves.

II. Approval of the Minutes

Item 1. May 21, 2015

Motion made by Richard O'Brien; seconded by Stacy Meier: The CB approves the minutes, as written, from the May 21, 2015 CB meeting. The motion was passed unanimously.

III. Committee/Board Reports

Item 1. NH EMS Medical Control Board Report – F. Hubbell

Dr. Hubbell gave a summary of the MCB meeting this morning (July 16, 2015).

Here is the link to the draft of the minutes from that meeting:

<http://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html>

- One important date to remember is that there will be a public forum on the heroin epidemic at the Manchester Radisson Hotel at 5PM on July 28, 2015.
- The next MCB meeting will be on September 17, 2015 at 9AM.

Item 2. TMRC Report – J. Seidner

Dr. Seidner gave a summary of the TMRC meeting on June 17, 2015. Here is the link to the draft of the minutes from that meeting:

http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

- One important note from the meeting was that St. Joseph Hospital in Nashua will be reviewed next week for Adult Level III and Pediatric Level III.
- Doreen Gilligan also reminded everyone that the Trauma Conference is scheduled for November 5 & 6, 2015 at the North Conway Grand.
- The next TMRC meeting will be held on Wednesday, August 19, 2015.

IV. Report of the Bureau Chief of EMS – N. Mercuri

- **Law Enforcement, Investigation, and Mobile Integrated Healthcare (MIH)** rules are moving forward and will hopefully be finalized by JLCAR at the end of August. There will be a public comment session held on July 29th at the Academy; Nick will put this out over the list serve.
- The **2015 protocol roll-out** is up and running; initial issues (servers crashing, etc.) have been dealt with. Nick asked anyone encountering issues to log out and give it a bit of time and then log back on.
- **MIH:** the application for the pre-requisite protocol should be available by the end of July.
- **Warm Zone training:** Deputy Chief Bouffard traveled to Texas to take a 3-day active shooter training course which dovetails into our best practices document. The Fire Academy will be a pilot site for the course from August 26 – 28, 2015. Specific people will be asked to take the course in order to get feedback and develop a cadre of future instructors. This course will be grant-funded.

- “Elite” is still on track for the end of the year and will improve the current TEMSIS system in terms of data collection and user-friendliness.
- **TEMSIS:**
 - Chip Cooper is about to release a new update that will make destinations more visible; there will be better choices for hospitals. Also, some billing elements have been reduced in an effort to pare them down to what the billing companies are actually looking for.
 - The links between zip codes and town names are being cleaned up for better efficiency within TEMSIS. (Note for Chip: Littleton Hospital does not recognize its own zip code.)
- **Grants: (NOTE: Dollar amounts listed below were not given at the meeting but are listed here for clarification purposes.)**
 - AFG (\$439,000) – Thanks to Director Pendergast, more than half of this amount will be for EMS equipment such as an ambulance, a high-fidelity simulator, and an additional OB mannequin simulator. With the new ambulance, the Bureau of EMS will be developing a mobile program to take on the road!
 - DHHS (\$225,000) – This grant has been awarded for infection control (an expansion of what started out to be just Ebola control) – **The Bureau will be bringing on a part-time person to develop an infection control officer program and do some training with the services in the state.**
 - Trauma System Evaluation Grant (\$72,000) – approved by Governor & Council. This has been awarded to the American College of Surgeons (ACS). ACS will be working with Deputy Chief Jon Bouffard and Captain Vicki Blanchard over the next year to do a statewide trauma system evaluation. Though ACS will not be on site until spring, we anticipate March, 2016, a great deal of preparatory work needs to be done prior to their arrival.
 - \$35,000 has been requested to have the National Highway Traffic Safety Administration (NHTSA) come back in, after a 25-year hiatus, to do a statewide EMS system evaluation which will dovetail into what ACS will be doing. This should provide us with information which can be useful in developing a foundation for an effective strategic plan.
 - Trauma Registry (\$172,000) – well on the way to implementation! **ImageTrend will be coming in to do some training from August 11 – 13th. The Bureau of EMS will be working internally with ImageTrend in preparation for the new registry going live.**
 - User Management Module – We have received \$326,000 to develop a licensing and education module which will replace our outdated Access-based system. Eventually, customers will be able to check

their licensure status online, do renewals, look and register for classes, etc. Of particular importance will be an enhanced ability to communicate with all of our NH providers.

- 4 FREE Prehospital Trauma Life Support (PHTLS) classes! More are coming in August, so please keep checking for future dates on the [“Course and Exam Schedule”](#) under the “Seminars, Orientations & Training” sub-heading. The goal is to have the Bureau of EMS offer PHTLS classes several times a year; more teachers will be needed.

Safe Practice Alerts:

- **CAT knock-off tourniquet:** Bureau Chief Mercuri reported that he was contacted about a significant issue with defective CAT tourniquets and that a bulletin will be coming out shortly which will also go out on the list serve. An EMS service filed a report on [E.V.E.N.T.](#) (EMS Voluntary Event Notification Tool) describing the failure of 2 CAT tourniquets on two of their patients. As it turned out, the tourniquets were knock-offs, not actually manufactured by North American Rescue which has exclusive rights to the product. EMS agencies are urged to not purchase these items on E-Bay or Amazon.com. Bureau Chief Mercuri emphasized the importance of filing E.V.E.N.T. reports and reminded everyone that when these reports are filed, the Bureau of EMS is also alerted
- Bureau Chief Mercuri added that it is very important to let the Bureau of EMS know when there is an interesting event. For example, Chief LaChapelle from Franklin, wrote an email about an unresponsive Narcan patient who was a known drug-user. As it turned out, the heroin he purchased from a drug dealer in Massachusetts was delivered to him along with some Narcan reportedly to extend his high (this is not scientific). As he was being put into the ambulance, he was quizzing the EMT's as to how much Narcan they had to give him in order to revive him. Many drug users are becoming very skilled at knowing just how far they can go in terms of dosing, knowing that Narcan will rescue them. EMT's will have to begin to recognize when they are being used as a source for such information.
- News about Krokodil – This is an illicit synthetic heroin drug common in China and manufactured in Russia. It is being cut with gasoline and other harmful substances. Vicki Blanchard wrote an article on this subject, and it will be in the upcoming [“Bureau of EMS Newsletter”](#). Dr. Hubbell, who also wrote a report on the subject, stated that it is being manufactured in NH in at least 6 sites. It is a lethal drug and causes infarction.

V. Old Business

Item 1. NCCP update – S. Jackson / N. Mercuri

- The NCCP is moving forward; currently, NH is the only state in which this is optional. The Bureau of EMS is available to answer questions from those people who are hesitant. This is a pilot as far as the Registry is concerned, and so the more people who participate, the better the information we have.
- The opt-in process for all providers is active. The system has changed from a “2-bucket” to a “3-bucket” system in which providers can now drag and drop their hours into the following 3 categories: National, Local, and Individual. Providers have flexibility to put their hours where they want. (Example: Paramedics take a 48 hour refresher, but under the NCCP, 30 hours are needed in the National topics; the refresher will cover those 30 hours, leaving a balance of 18 hours that can be divided up between Local and Individual “buckets”.) Shawn is working on a guidance document to help people with the opt-in process, explaining more about the “bucket system”.
- Self-assessment guides are available for those levels that are eligible (EMT’s and Paramedics). There are none for EMR and AEMTs. The turn-around time is very quick; within a week.
- **Education section update (not on the agenda, but requested by Chair Turpin):**
 - The EMT Intermediate to AEMT transition rates remain stable with a 64% first time pass rate and a 76% overall pass rate.
 - March, 2016 – The first wave of EMT Intermediates need to transition or they will be dropped to the EMT level. The education section is working on getting out the message to the people who will be affected.
 - March, 2016 also marks the deadline for the second half of EMT Basics who have not transitioned to the EMT level. As long as they did a traditional refresher in NH, they can transition through the refresher training system.

Item 2. Data Advisory Committee update – R. O’Brien

At their last meeting, the Data Advisory Committee looked at the EMS Compass concept regarding pay-for-performance. They will be integrating data elements from the new Elite product so that if audited by Medicare, there will be no issues with compliance.

Item 3. Board Membership – G. Turpin

- Richard Montmeny, representing the NH Association of Rehabilitation Administrators, gave his resignation on July 15, 2015 because he has taken a job in another state. A letter has been sent out to that association to get a recommendation for his replacement.
- John Seidner's membership process is nearly complete.

Item 4. LODD update – S. Meier / N. Mercuri

- Bureau Chief Mercuri and Stacy Meier are still in the process of reviewing documents about what has happened with this topic in the past. He also spent some time speaking with Deputy Chief Mark Klose, an expert on line-of-duty-death benefits. There is a great deal to learn.
- Richard O'Brien added that there is a language glitch in the state LODD for public safety providers with regards to the definition of "dependent" coverage. State rules and laws will have to be amended and care will have to be taken to guarantee consistency in language. The NH Association of Fire Chiefs and the Division will work together on this topic.

VI. New Business

Item 1. Eric Jaeger – The Aging Population in NH and its Effect on EMS

Eric Jaeger, a member of the CB and the Protocol Committee and a paramedic at Exeter Hospital, gave a PowerPoint presentation entitled, "[The Coming Tidal Wave: The Aging of NH's Population and the Implications for EMS](#)". This will be a significant challenge in our future, so the time to start thinking and preparing is now. Cultural changes need to take place.

A suggestion was made that this would be a great topic to present to the NH ACEP chapter. Chair Turpin suggested a work group with members of the MCB and CB working together to prepare something before the next protocol roll-out. Several people volunteered to help out. Dr John Seidner volunteered to bring this up with NH ACEP.

Item 2. Division offering EMS Programs – N. Mercuri

- Bureau Chief Mercuri stated that many people have asked him why the Bureau does not offer initial EMT and EMR programs. He asked the Board for their input. Comments included the need for more EMT instructors and a more streamlined instructor program. Nick mentioned that with the hiring of Captain Scott Doherty, this problem should be addressed as the entire instructor process gets revamped, including the mentoring program. Shawn Jackson commented that out of the 150 – 160 licensed instructor/coordinators, less than 30 teach initial programs, preferring

instead to teach refresher programs. Concern was expressed about competing with privately run programs, and Nick emphasized that this would never be the Bureau's intention; rather, it is a matter of fulfilling a need that is not being met. A discussion ensued about the difficulties of running these courses in terms of expense and changing technology (online courses). Dr. Hubbell spoke about how this "battle" was fought in the past, and the state lost because of a grandfather law that said the state could not compete against for-profit agencies which pay taxes. It was agreed that the Bureau Chief will discuss this with Attorney Hilts for his input on this issue should before putting it to a vote by the CB.

- The question was asked as to why there was a disproportionate allocation of funds into fire versus EMS courses at the Fire Academy. It was argued that those people who can afford to take private programs will continue to do so, but there is a need for the Bureau of EMS to provide education as well in order to accommodate the needs of the many. Caution is required, however, because the fact remains that the Bureau is a government agency, and there will be political ramifications. Thought also needs to be given as to what kinds of programs/instructional support given by the Bureau will be most beneficial.
- **Chair Turpin summarized the discussion by making the following points:**
 - 1. David Hilts needs to do the legal review of this issue.**
 - 2. Data needs to be provided about initial course offerings in the state (# of instructors and classes offered, pass rates of instructors, etc.) so that conclusions made by the CB can be supported.**
- On another note, workforce retention and volunteerism are going to be significant factors affecting course offerings. The aging population up north, for example, is affecting the number of people who are willing to volunteer to participate in emergency services. There may not be enough people who will actually want to take classes. On the other hand, the Bureau's participation in holding EMS programs may help in promoting EMS volunteerism.
- Bureau Chief Mercuri concluded by stating that RSA 21-P; 12-A states that the Director shall establish training programs and offer instruction in emergency medical services. If these programs are offered, there will have to be commensurate changes at the Academy in order to ensure that there are no conflicts with other Division responsibilities. After much more discussion, **The Bureau Chief suggested that a survey focusing on problems, needs and retention be sent out to the licensed EMS units and over the list serve.** The survey results should be able to be broken out demographic information.

Item 3. Rule update: protocol version date change from 2009 to 2015 – N. Mercuri (actually presented out-of-order, under IV – Report of the Bureau Chief of EMS)

A copy of the proposed EMS rule update was passed around which changes the 2009 dates to 2015. This date change is the only change and is needed in order to move MIH forward.

Motion made by Richard O'Brien; seconded by Jason Grey – to amend the rules under Saf-C 5902.01; 5902.04(e); 5904.08(d)(9)(ah); 5904.08(e)(2)(a); 5920.01(b); and 5921.02(b)(5) as presented; passed unanimously.

Saf-C 5902.01 Adoption of NH Patient Care Protocols. Pursuant to RSA 153-A:5 III (d) and RSA 153-A:7 II and RSA 153-A:20, III, the NH patient care protocols, approved by the EMS MCB, dated [2009]2015, as set forth in Appendix II, shall hereby be adopted as the statewide protocols for prehospital patient care.

Saf-C 5902.04 (e) A request for dispatch of air medical transport to the scene of an emergency may be made by providers licensed pursuant to this chapter and in accordance with the NH patient care protocols, dated [2009] 2015.

Saf-C 5904.08(d)(9)(ah) One printed or electronic copy of the [2009] 2015 NH patient care protocols.

Saf-C 5904.08(e)(2)(a) Medications approved by the NH board of pharmacy pursuant to the [2009] 2015 NH patient care protocols

Saf-C 5920.01(b) The procurement, storage and security of non-controlled prescription drugs shall be defined by the unit's MRH, in accordance with the NH patient care protocols, dated [2009] 2015.

Saf-C 5921.02 (b)(5) The name of the medications approved for use under the NH patient care protocols, dated [2009] 2015;

VII. Good of the order / Items of Interest

- Eric Schelberg asked if there were any results from the questionnaire that went around to instructor/coordinators about the 60% requirement. Bureau Chief Mercuri answered that the results showed overwhelming support for allowing 2 people, but this would require a rule change.
- **Chair Turpin reminded CB voting members to complete their RSA 15-A forms and hand them in to June Connor.**

VIII. Adjournment

Motion made by Jason Grey; seconded by Stacy Meier – to adjourn the meeting at 3:00PM; passed unanimously.

**Next meeting: Thursday, September 17, 2015
1:00PM to 3:00PM
Richard M. Flynn Fire Academy,**

Future meeting: November 19, 2015

Respectfully submitted,
Grant Turpin, Chair

Prepared by:
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