

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)
March 17, 2016**

Members Present: Grant Turpin (Chair), Michael Cloutier, Jason Grey, Mike Harnois, Eric Jaeger, Don Johnson, Jeremy LaPlante, Stacy Meier, Chad Miller, Richard Murphy, Richard O'Brien, Greg Placy, and Peter Row

Members Absent: Susanna Ayers, Doreen Gilligan, Frank Hubbell, Matthew Petrin, Eric Schelberg, David Strang, Jeremy Thibeault, and Helene Zielinski

Division Staff: Deputy Chief Jon Bouffard, Captains: Vicki Blanchard, Chip Cooper, and Kathy Higgins-Doolan; Richard Cloutier (compliance) and June Connor (administrative assistant)

Guests: Jeanne Erickson, Steve Erickson, Fred Heinrich, Janet Houston, and Todd Robinson

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 with 12 voting members present. Peter Row arrived at 1:35PM, increasing the quorum to 13.

Item 2. Introductions

Chair Turpin dispensed with formal introductions as no one new was present.

II. Approval of the Minutes

Item 1. January 21, 2016

Motion made by Richard O'Brien; seconded by Mike Harnois– *to accept the minutes, as written, from the Coordinating Board meeting held on January 21, 2016; passed unanimously.*

III. Report of the Bureau Chief of EMS – J. Bouffard for N. Mercuri

Legislative Update:

- **Licensed Alcohol and Drug counselor at the Academy** – This bill passed the House Committee but the Finance Committee voted 10-0 to “ITL” it (inexpedient to legislate); it will have to be brought forth again next year.
- **EMS Bill (modified locations where paramedics can work)** – passed all committees and is going to the House floor for a vote. A section specifying the list of different types of healthcare facilities was added to the bill.
- **Impersonation Bill** (illegal to impersonate an EMS provider or firefighter) – out of committee and is going to the House floor; it was voted “ought to pass” on April 9th.
- **Ambulance Marking Bill (HB 1131)** – This bill would have revoked last year’s bill of the same name. Last year’s passed law will stand, and ambulance markings will still have to be removed from ambulances that are sold for private use and no longer used as ambulances.
- **HB 1475 (Line of Duty Death Benefits for Teachers)** – This proposed bill failed (195-160 vote) in the House on March 9th.
- **EMS rules** – These have gone to the Commissioner’s legal counsel, which begins the rule-making process.
- **CPR in schools** – failed in the House

Grants:

- **Ambulance and OB mannequin** – Purchase orders have been issued. The bid process is the next step.
- **Infection control** – Details are being worked out with DHHS on how the money will be spent.
- **Narcan training** – We are continuing to work with DHHS to provide more law enforcement trainers. (NOTE: EMS providers do not need to take the trainer program in order to educate the public.)
- **User Management Module** – awaiting a funding letter. Thanks go out to Chip Cooper for all of the work he is doing on this.
- **NHTSA (National Highway Traffic Safety Administration) review for the EMS System** – The review will be moving forward now that a funding letter has been received.

Education:

- **Simulation Program Coordinator** – The job description is being expanded to include a specialist who will help to bring the program across the state.
- **Warm Zone training** – This should go out by March 23rd. Feedback has been favorable for this 45 minute program.
- **Video conferencing equipment** – This is now installed at the Academy as well as at the 45th Parallel; two events have been broadcast so far. The equipment will be installed in Gorham within the next couple of weeks with Bethlehem to follow shortly thereafter.

IV. Committee / Board Reports

Item 1. NH EMS Medical Control Board report – V. Blanchard for F. Hubbell

- The MCB met this morning, March 17, 2016 at 9:00AM.
- Highlights of the meeting:
 - * Dr. Patrick Lanzetta submitted his resignation from the MCB after 16 years of service. He will continue to be a resource of information on hospice and palliative care.
 - * Jim Suozzi gave an update on the Cardiac Arrest Summit – NH has not yet found a funding source as have other New England states. The states are considering collaboration in terms of resources and data collection.
 - * The following protocols were updated and approved:
 - 6.0 12-Lead ECG Acquisition
 - 6.1 Intraosseous Access
 - 6.4 Tasers (Conductive Electric Weapon)
 - 6.6 Vascular Access via Central Catheters
 - 4.2 DRAFT Eye & Dental Injuries, Adult & Pediatric
 - 4.3 DRAFT Musculoskeletal Injuries, Adult & Pediatric
 - 4.4 DRAFT Shock – Traumatic, Adult & Pediatric
 - 4.5 Spinal Trauma
 - 4.8 Traumatic Brain Injury (TBI) DRAFT, Adult & Pediatric
 - * A discussion was held over the draft language defining the requirements for operational medical directors. More work needs to be done in terms of gathering information from other states and consulting with the Board of Medicine.
 - * Deputy Chief Jon Bouffard presented the board with draft letters to be used as resources by EMS unit heads and physician medical directors supporting paramedic candidates for re-entry; the MCB voted in support of the letters.

- * MCB support of HB 4365 (Protecting Patient Access to Emergency Medications Act of 2016) was delayed until the effect of the bill on current rules is known.
- * The next MCB meeting is scheduled for Thursday, May 19, 2016 at the NH Fire Academy.

Here is the link to the minutes from MCB meetings:

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

Item 2. TMRC report – R. Murphy

- The last TMRC meeting was held on February 10, 2016, a week before the ACS review. Dr. Murphy gave the following information about the review:
- [ACS NH Trauma System Consultation Exit Summary](#) Click on this link to see the summary presented by the ACS review team on February 19, 2016. The “take home” message from the team was that although it was impressed with the high level of volunteerism in NH, if the trauma system in NH is to improve, people need to be hired to concentrate solely on this issue. They suggested a full time trauma coordinator and a full time data person. They also recommended that the ACS do reviews for hospitals seeking designation status for levels I, II, and III while the TMRC concentrates on hospitals that do not fall into these categories. The team will send a full report in 6-8 weeks.
- Other highlights of the meeting:
 - * The TMRC will be focusing on reaching out to the northern hospitals to seek designation status.
 - * The education sub-committee hopes to combine its trauma conference with other conferences in the future in order to ensure better attendance.
 - * There was also a discussion about how to re-engage hospitals in general in the trauma registry.
 - * A new “Pre-Hospital” sub-committee met for the first time and, amongst other things, set a goal of ensuring that pre-hospital providers get trauma patients to the most appropriate hospital. The group will be meeting 30 minutes before every TMRC meeting.
 - * Everyone is encouraged to take a look at Debra Samaha’s injury prevention report which gives information about many different conferences and events that are scheduled.
 - * Matthew Petrin presented the results of his questionnaire sent out to rehabilitation staffs in 10 NH hospitals. Most feel that their services are being used inappropriately in hospital emergency departments.
 - * Alf Rylander gave a presentation on the role of the Medical Examiner.
 - * The TMRC met just before the first issue of its newsletter was sent out to ED directors, nurses, physicians, and EMS coordinators.

- The TMRC will meet again on April 20, 2016 at 9:30AM.

Here is the link to the minutes from TMRC meetings:

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

Item 3. Drug Diversion – R. O’Brien

- The group met on February 25th and considered the MCB’s advice to change the name of the form; a decision was reached that the name is appropriate as it stands.
- The MCB voted in support of the drug diversion form ([see attachment](#)); the best practices document will soon be ready now that the form has been approved.
- The group reviewed its goals – Resources are still being collected. A location is needed for the living document. Best practice, UCDC, and EMS education are all in progress.
- The next meeting is at 1:00PM on April 28, 2016, at the Academy. Call-ins are welcome. (NOTE: December’s date for 2016 was changed to the 15th of the month.)

V. Old Business

Item 1. NCCP update – J. Bouffard for S. Jackson

- AEMT transition – The current pass rate remains about 63% first time with 504 people taking the exam; overall, 629 people took the exam with a 79% pass rate. (NOTE: Pass rates have been decreasing as the deadline approaches.) There are 939 AEMT’s and 629 transition AEMT’s.
 - * PearsonVUE has a substantial backlog so a test lab has been set up at the Academy and also at S.O.L.O. The National Registry is sticking to their deadline of March 31st.
 - * Last week’s numbers: 20 people took the exam and 10 passed. Students who fail have 14 days before they can take it again.
- Initially, the Bureau of EMS was told that people had to transition before they could get in the NCCP, but as it turned out, the registry will allow people to enter the NCCP without a transition until March 31, 2016. As of April 1, 2016, they will have to take a transition before they can do NCCP.
- Those AEMT’s that fall back have 2 years to take an AEMT transition, a cognitive exam, and a psychomotor exam.
- After March 31, 2015, continuing education can be used at any point within a recertification period.

Item 2. Data Advisory Committee update – R. Cooper

- Elite – 6 services are doing live piloting. Chip passed around an ever expanding feedback log ([See attachment](#)) from the services listing a broad range of items that need to be fixed.

- * Challenge with picking a final date to move over – ImageTrend changed the format in which all users from the licensing database were being transported into Elite. With resource restrictions, the move over date will probably be at the end of April.
- * NOTE:
 - Everything about repeat patients will pull over except for their medications.
 - Previous EKG's will not be available.
 - Headers and footers will appear on every page if a report is printed out, but not if it is brought up on a screen as a pdf file.
 - The software has a lot of room for maturity which is understandable seeing as ImageTrend had to start from scratch.
 - It is difficult to set up service-defined questions.
 - Service ability to put in default values is not possible right now.
 - Hospital “Hub” – will allow hospital staff to see records from both systems.
 - For a while, it will take longer to fill out reports using the new system, as it would for any new system.
 - Once more of the bugs have been worked out, then it will be imperative to communicate with EMS services to teach them about the new system.

Item 3. EMS Rules update

(See III – Report of the Bureau Chief of EMS)

Item 4. H.R. 4365 – Protecting Patient Access to Emergency Medications Act of 2016

- Quick explanation: It is technically not legal for EMS to dispense narcotics.
- This is sitting in committee right now. At this time, a letter of support for this bill is on hold until more information is gathered concerning how the bill will affect current rules which require that EMS services get their narcotics from hospital pharmacies.
- Congressman Richard Hudson, from North Carolina, is sponsoring this bill.
- It is being endorsed by the American Ambulance Association, the American College of Emergency Physicians, the Association of Air Medical Services, the Association of Critical Transport, the International Association of Fire Chiefs, the International Association of Firefighters, the National Association of EMS Physicians, the National Association of Emergency Medical Technicians, the National Association of State EMS Officials, and the National EMS Management Association.

- **Members of the CB are urged to reach out to their organizations to find out where they “sit” on this issue. This information will be shared at the next CB meeting in May.**

Item 5. I/C renewals

- Many instructor/coordinators are finding it difficult to get the required 20 hours of teaching due to a lack of “CREF’d” programs and the switchover to NCCP. The Bureau would like to see the emphasis put on the quality of education rather than the number of hours.
- We currently have a “checklist” recertification system that can be thought about in the following two ways:
 1. The NCCP is removing refreshers, which will impact approximately 16% of the pool of I/C’s (22 people pulled fewer CREF numbers this year.) This does not include Scope of Practice.
 2. This checklist does not prove or measure quality; just hours. Deputy Chief Bouffard urged the CB members to think about how quality can be measured.
- Quality is a problem because NH is 29th in the nation and our pass rates are around 63%. This statistic only measures about 38 of our instructors, so we have no way to measure quality on the other end. As for the other 100 instructors, some are just doing refreshers and some are teaching within someone else’s CREF number.
- Chair Turpin asked if the CB is the appropriate body to handle this issue; should it first go to the instructor cabinet? A lengthy discussion ensued about many aspects of the EMS education system in NH, including re-defining the role of the I/C.
- Deputy Chief Bouffard stated that Louisiana, one of the top states, deregulated its EMS education and made all of their primary instructors take exams. Their rates went from 60% to 83% in one year.
- **A motion was made by Don Johnson; seconded by Peter Row – to build an EMS Education sub-committee to define and then find a solution to the I/C issue and develop a plan for what EMS education should look like in the state of NH; passed unanimously.**
- The committee should include representatives from the Bureau, 3 members of the CB, 2 members of the Instructor Cabinet, EMS providers, and service chiefs. **Those interested should contact Chair Turpin via email.**
- **Deputy Chief Bouffard will send out an explanation of the instructor renewal process to all of the I/C’s.**

Item 6. Paramedic re-entry input

- **Paramedic Re-entry (Internal Policy 3-6-27B)**

- * Jon Bouffard reminded the board that at its last meeting, there was a discussion about letters to be sent out by physician medical directors and NH-licensed EMS unit heads to support candidates for paramedic re-entry. Deputy Chief Bouffard passed out draft letters to the CB members for their perusal. (See attachments) These letters would go in the policy as “best practice”; it would be up to the service head and medical director whether or not to use these letters or write something themselves. Once the Bureau of EMS receives these letters, a final letter of support from the bureau will go to the National Registry.
- * **A motion was made by Eric Jaeger; seconded by Michael Cloutier – to accept the letters for physician medical directors and EMS unit heads to use as a resource to support candidates for paramedic re-entry; passed unanimously.**
- * (NOTE: The letters will be sent out with an explanation as to their purpose.)

VI. New Business

Item 1. Roles of regions – J. Bouffard

- The issue is that the 5 EMS regions in the state of NH are going through an “identity crisis”. Historically, their purpose was to deliver AED’s and radios to their specific geographic areas, but this is no longer necessary.
- The CB’s responsibility is to give the regions direction.
- According to RSA, EMS regions are supposed to nominate MCB members, but the problem is that they do not meet regularly. In addition, some want medical directors to attend council meetings that do not necessarily have a purpose.
- Jeremy LaPlante expanded this issue to include an identity crisis for the entire EMS system. There is a loss of focus.
- Chair Turpin stressed the need for all of the EMS boards to convene and talk about vision. The boards need to clarify what they are supposed to be doing and what the vision is for EMS and the Trauma System in New Hampshire. In essence, this will be a strategic planning session. **A “PRQ” will be sent out as a way of preparing for the retreat. In addition, an agenda will be prepared and sent out. Input from EMS region directors and other stakeholders will be welcomed.**
- **A list of EMS districts will be sent out to CB members.**

VII. Good of the order / Items of interest

- A letter was received from Region 2 asking how an EMT is protected when a patient in an “altered” state refuses to be transported. Chair Turpin will email the letter for the board members to read and think about; it will also be sent to legal counsel.
- Kathy Doolan reminded the group that nominations are being accepted online for [annual awards](#). The deadline is June 1, 2016.

VIII. Adjournment

Motion made by Jeremy LaPlante; seconded by Michael Cloutier – *to adjourn the meeting at 3:30PM*; passed unanimously.

**Next meeting: Thursday, May 19, 2016
1:00PM to 3:00PM
Richard M. Flynn Fire Academy,
Dormitory Building / Classrooms 5 & 6**

**Future meetings: July 21, 2016,
September 15, 2016,
November 17, 2016**

Respectfully submitted,

Grant Turpin, Chair

Prepared by June Connor, Administrative Assistant I, Office of the Director, NHFSTEMS
june.connor@dos.nh.gov