

**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 19, 2015**

**Members Present:** Grant Turpin (Chair); Michael Cloutier, Doreen Gilligan, Jason Grey, Frank Hubbell, Jeremy LaPlante, Stacy Meier, Richard Montmeny, Rich O'Brien, Greg Placy, Peter Row, Eric Schelberg, David Strang, Jeremy Thibeault, Helene Zielinski (15)

**Members Absent:** Susanna Ayers, Eric Jaeger, Chad Miller

**Division Staff:** Director Deborah Pendergast, Bureau Chief Nick Mercuri, Deputy Chief Jon Bouffard, Captains: Vicki Blanchard, Chip Cooper, Kathy Higgins-Doolan, Shawn Jackson; Investigation Specialist: Richard Cloutier; Administrative Assistant: June Connor

**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 at the beginning of the meeting.

**Item 2. Introductions**

Members and guests introduced themselves.

**II. Approval of the Minutes**

**Item 1. January 15, 2015**

*Motion made by Jeremy Thibeault; seconded by Frank Hubbell: The CB approves the minutes from the January 15, 2015 CB meeting; 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 (March 19, 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>

Dr. Hubbell reported that the protocols are due out in May and that other states are looking at what NH has done.

#### **Item 2. TMRC Report – J. Bouffard**

Deputy Chief Bouffard gave a summary of the TMRC meeting on February 18, 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](http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html)

The next TMRC meeting is on April 15, 2015 at the NH Fire Academy.

Here are some of the highlights from that meeting:

- Portsmouth Regional Hospital – conditionally designated by the TMRC as a Level II Adult Center and a Level IV Pediatric Center as of Feb. 18<sup>th</sup>, 2015. (This is the last Level II that will be done by the TMRC; from now on, the American College of Surgeons (ACS) will be doing Level I and II reviews.
- A Level III application has been received by St. Joseph's Hospital.
- Legislative Subcommittee – the TMRC membership was reviewed by the committee, and it was agreed that no changes are required at this time.
- Deputy Chief Bouffard has been tasked with developing the following 6 subcommittees: Data, Education, Injury Prevention, EMS, Hospital, and Post-Hospital/Rehab
- Trauma Conference – Concord Hospital, May 7, 2015
- Trauma Registry – going out to the vendor for contract signatures and will be going to the G&C hopefully by April 22, 2015. It should be finalized by August, and the deadline is September 30<sup>th</sup>.
- Bureau Chief Mercuri added that the TMRC is looking at bringing in an organization, such as the American College of Surgeons or Abaris Healthcare, to do a statewide trauma assessment. A Request for Proposal (RFP) was put out on Monday, March 16, 2015. Hopefully, there will be a contract in place by the end of June.

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

**Draft of newsletter:** coming out this week

**Narcan for Law Enforcement Providers:** This rule is in effect, and a press release will be coming out next week (March 23 – 27). Chief Mercuri spoke to the Chiefs of Police on this topic, and it was well received.

**Mobile Integrated Healthcare (MIH):** The rule was filed, but it came back from the Joint Legislative Committee on Administrative Rules (JLCAR); they wanted some of the wording to be changed. That has been done, and the document is now in the hands of the Dept. of Health & Human Services (DHHS).

**Legislative update:**

- HB 130 – allowing a rear facing blue light on rescue vehicles: This has been adopted with some amendments. It has passed the House and will go over to the Senate.
- HB 196 – removing ambulance markings from vehicles no longer licensed: This has also passed the House. Ambulance vehicles that are no longer used as ambulances must have markings removed.

**System grants:**

- The State has received \$1 million for **Ebola and infection control**. 30% of the total is earmarked for EMS (about \$300,000 over 5 years). A needs assessment has already been done by the Department of Health and Human Services (DHHS). The Bureau of EMS will work with DHHS to determine how the money will be spent.
- **EMS system evaluation** – This was done by the National Highway Traffic Safety Administration (NHTSA) back in 1990, and some of the grant money could be used to have NHTSA come back. Finding out what has and has not been done in the last 25 years could be beneficial in helping with a future strategic plan. This is a project for next year.
- **Bariatrics** – This protocol has been approved, and the Bureau will get Phase II going by getting out some training and guidance so that everyone will know what to do with the equipment. Point of clarification: The Bureau of EMS will **not** dictate how this gets dispatched locally because it is a local decision; the Bureau will be available to assist with any issues that come up regarding local concerns. The Bureau will also work on a way to track the use of the equipment.

**V. Old Business**

**Item 1. Investigation Subcommittee / Saf-C 5903.10 update – G. Turpin**

A copy of the document was submitted to the Commissioner's Office, and some changes were made. (Click on the links below.)

[IPC Rules Draft - annotated](#) (with tracked changes)

[IPC Rules Draft - fixed](#) (easier to read)

**NOTE OF CLARIFICATION:** Notification for unfounded complaints was discussed. The CB interprets the IPC Rules to read that if a complaint is founded or unfounded, a letter will be sent to all units that were notified.

**Section (q)** – A discussion ensued regarding the wording in this section regarding the investigation policy of the National Registry.

*Motion made by Dr. Strang; seconded by Jason Grey: Re-visit the language in Section (q) to address the concerns of the CB; specifically, replace the word “action” so that it will read: “In the case of a founded complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, the division shall also notify the National Registry of Emergency Medical Technicians, National Practitioner’s Data Bank and the Center for Medicare, Medicaid Services of any license revocation, suspension, or limitation.”; passed unanimously.*

Saf-C 5908.11 – A discussion of this section took place. Rather than make changes in this section, it was decided to further revise the language in Section Q.

*Motion made by Grant Turpin; seconded by Peter Row: Add the word “provider” to the language in Section Q; passed unanimously.*

*Motion made by Dr. Strang; seconded by Grant Turpin: Revise the previous motion regarding Section Q; adding the words, “unit or provider” rather than just “provider”; passed unanimously.*

*Complete motion, as amended; “In the case of a founded complaint, if no hearing is requested, or following the conclusion of the requested hearing and any timely appeal, the division shall also notify the National Registry of Emergency Medical Technicians, National Practitioner’s Data Bank and the Center for Medicare, Medicaid Services of any unit or provider license revocation, suspension, or limitation.”*

Nick Mercuri added that the whistle blower proposed rule was removed because it was a duplication of another RSA, as well as the rule stating that anonymous complaints would not be accepted, and a discussion ensued. The Department of Safety’s concern is that we are missing complaints. The Commissioner based his decision on his many years accepting these types of complaints in law enforcement. The Bureau of EMS conducted a poll of practices in other states and found out that the majority of states accept them. This is a best practice in healthcare, and other certification bodies also accept anonymous complaints. The Bureau also feels the addition of the rule to dispose of these complaints early if they do not contain the necessary information is very helpful in this situation.

***Motion made by Grant Turpin; seconded by Jeremy Thibeault: Accept the draft as amended today. Those in favor:*** Turpin, Cloutier, Gilligan, Grey, Hubbell, LaPlante, Montmeny, O'Brien, Placy, Row, Schelberg, Thibeault, Zielinski.  
***Opposed:*** Strang and Meier

Director Pendergast thanked everyone for their hard work on this document.

**Item 2. NCCP update – S. Jackson / N. Mercuri**

The stakeholders' group has met several times. Mandatory content has been identified under the local portion as well as flexible content (suggestions for services to do).

Proposed mandatory content:

- Documentation
- Skills reviews (i.e. IO, ECG, CPAP, glucometers, IV pumps, other service-specific equipment, etc.)
- Advanced spinal assessment/spinal motion restriction, and
- Trauma system triage/trauma team activation/air medical activation

**Item 3. Warm Zone update (Best Practices) – R. O'Brien**

The Best Practices document is finished. Chief O'Brien gave a synopsis of the contents. He also emphasized that this is not "tactical EMS"; EMS personnel will not carry weapons.

Nick Mercuri added that there will be training on this subject. There may be some Homeland Security funds that can be leveraged to accomplish this. An already existing training program will be used. Overtime/backfill will be involved.

***A motion was made by Richard O'Brien; seconded by Stacy Meier: The CB accepts the "Warm Zone Best Practices Guide" as a final document; passed unanimously.***

A discussion ensued as to whether or not the phrase "Active Shooter" should be removed from the title. Director Pendergast explained that this common terminology phrase ties in with grant funding. Jason Grey made a motion, but there was no second, and he 'withdrew' it.

Richard O'Brien thanked everyone who was involved in the creation of this document.

#### **Item 4. Data Advisory Committee update – R. Cooper**

##### **Quality improvement:**

Click to see a copy of the [CQI Projects Presentation](#) given by Captain Cooper and Todd Donovan. Continued improvements in data collection will lead to improvements on a much broader scale.

##### **Other items of interest:**

- We will not be able to participate with CARES, a cardiac arrest registry, because there is no money available to pay the \$15,000/year cost. Other tracking means will be examined.
- The Elite transition will not occur until the end of this year.

There was a discussion about collecting data from hospitals regarding outcomes so that conclusions can be made as to just how successful Narcan is. The Bureau has been in contact with DHHS regarding how to utilize their discharge data, but no action has been taken at this time. **Bureau Chief Mercuri expressed an interest in working with a representative from a hospital to work towards this goal. Doreen Gilligan volunteered to help.**

#### **Item 5. Board Membership – G. Turpin**

##### **New members of the Coordinating Board:**

1. Mike Hamois – NE Organ Bank
2. Jeremy LaPlante – PFFNH
3. Richard Montmeny – NH Assoc. of Rehabilitation Administrators

##### **Issues:**

- American College of Surgeons representative – Dr. Rynhart was never actually nominated, so Dr. T. Ponn is writing a letter to nominate Dr. Rick Murphy (TMRC Chair) as the ACS representative to the CB.
- Public member – one more needed (Don Johnson was suggested; he was a public member in the past and is interested in coming back.)

The addition of these new members will help solve the problem of making a quorum for future meetings.

New attorney for the CB – Brian W. Buonamano, from the Dept. of Justice

#### **Item 6. Strategic Planning – N. Mercuri**

There is nothing new to report other than the 3 board chairs are going to meet next week (March 27) to discuss where the 3 boards are going and how they actually connect together. **(This item will be on the agenda at the next meeting if new information is available for discussion.)**

## **VI. New Business**

**Line of duty death benefit for EMS providers** – Stacy Meier: Discussions are on-going about whether or not this is the appropriate time to be dealing with this issue. Stacy spoke about the difficulties that were encountered when this issue came up in 2007. She is waiting for more input from legislative contacts to determine the possibility for success. Commissioner Barthelmes has expressed his support. Support from fire and police will be essential. Two things that will have to be addressed are EMS risks and the private/municipal issue. In addition, the definition of “line of duty death” will have to be clarified. **Stacy asked that anyone interested in helping with this issue contact her. Chair Turpin asked Stacy to chair a sub-committee and enlist the help of Nick Mercuri.**

## **VII. Good of the order / Items of Interest**

*Motion was made by Dr. Strang; seconded by Peter Row: The CB will now move to Executive Session; passed unanimously (NOTE: “move to Executive Session” was changed to “adjournment” on advice of counsel at the end of the public session.)*

## **VIII. Adjournment**

The public session closed at 3:15.

**Next meeting: Thursday, May 21, 2015  
Richard M. Flynn Fire Academy,  
Dormitory Building / Classrooms 5 & 6  
Future meetings: July 16, September 17, and November 19, 2015**

Respectfully submitted,  
Grant Turpin, Chair

Prepared by:  
June Connor  
Administrative Assistant I  
[june.connor@dos.nh.gov](mailto:june.connor@dos.nh.gov)