

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)
January 21, 2016**

Members Present: Grant Turpin (Chair), Susanna Ayers, Michael Cloutier, Jason Grey, Frank Hubbell, Eric Jaeger, Don Johnson, Jeremy LaPlante, Richard Murphy, Richard O'Brien, Matthew Petrin, Greg Placy, Peter Row, Eric Schelberg, and Helene Zielinski

Members Absent: Doreen Gilligan, Mike Harnois, Stacy Meier, Chad Miller, John Seidner, David Strang, and Jeremy Thibeault

Division Staff: Bureau Chief Nick Mercuri, Deputy Chief Jon Bouffard, Captains: Vicki Blanchard, Kathy Higgins-Doolan, and Shawn Jackson; Richard Cloutier (compliance) and June Connor (administrative assistant)

Guests: Jameson Ayotte, Pamela Drewniak, Jeanne Erickson, Steve Erickson, Mark Hastings, Fred Heinrich, Janet Houston, Richard Riley, and Scott Schuler

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 16 voting members present.

Item 2. Introductions

Don Johnson is now an "official" public member.

II. Approval of the Minutes

Item 1. November 19, 2015

Motion made by Richard O'Brien; seconded by Eric Jaeger – to accept the minutes, as written, from the Coordinating Board meeting held on November 19, 2015; passed unanimously.

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

- **Ambulance Demo day – Jan. 20, 2016.** Eight vehicles were on display at the Academy's fire house. Approximately 60-70 people attended. The purpose of the event was so that Division staff could take a look at the vehicles as they decide which one to buy using AFG grant money. The feedback was excellent, and it is hoped that this can be done again in the future.
- **ACS Trauma evaluation – February 16 – 19, 2016.** Invitations were sent out to NH participants.
- **Mobile Integrated Healthcare (MIH) –** One application has been received so far, and we are talking to 6 – 8 others to advise them on the application process and provide information.
- **Video conferencing equipment –** 4 sets have been purchased with grant money. The master set will be installed at the Academy, and the other 3 sets will be installed at the 45th Parallel, the Gorham EMS field office, and the Bethlehem Training Facility. Classes held at the Academy will connect to these sites; the system is part of the "Connect UNH" system. Hopefully, hospitals that are also part of the Connect UNH system will be able to access BEMS conferenced programs.
- **Narcan Project – Phase II.** Approximately \$34,000 from a DHHS grant was received to continue this next phase of law enforcement training (CPR, Narcan, First Aid, and some train-the-trainers for around the state). The agreement goes through December, 2016, but the funding could run out before then.
- The **Warm Zone** program is progressing quickly; some of the videotaping has begun. Hopefully, by the next board meeting, some awareness training will have been beta tested with a small group.
- **EMS legislation:**
 - * A public hearing on the EMS Bill was held on Tuesday, January 19, 2016. Legislators had questions on background checks for EMS providers who are seeking initial licenses or who have let their licenses lapse or anyone who has had action taken on their license. The latter has to do with finding out about providers who have had issues/convictions in other states. Also discussed were changing the definition of the word "patient", ethics, and replacing the exemption

for the fire and police academies that was inadvertently removed during the last year.

- * It is important to note that the teachers have filed “**Line of Duty Death Benefit**” proposed legislation; the BEMS is in the process of getting more details about this.
- * **CPR in Schools** – This is another bill that has been filed. There will be a hearing on Tuesday, January 26, 2016. The general premise of this legislation is to have CPR as a graduation requirement for high school students, modeling what other states have done.

IV. Committee / Board Reports

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

- The MCB met this morning, January 21, 2016 at 9:00AM.
- The board discussed H.R. 4365, the Protecting Patient Access to Emergency Medications Act of 2016 which is intended to amend the original DEA rules written in the 1970’s, prohibiting paramedics from giving narcotics under standing order anywhere in the country.
- Protocol changes were also approved for bradycardia and tachycardia as well as for a wording change in the hypoglycemia protocol. A bulletin will be sent out from the bureau explaining these mid-cycle changes in more detail.
- Also discussed were the vented patient issue and re-entry for paramedics.
- The next MCB meeting is scheduled for Thursday, March 17, 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 TMRC met on December 16, 2015. It is organized into sub-committees.
- The Hospital Designation sub-committee is working on a standard operating procedure document for hospital reviews.
- The Education sub-committee will be looking into blending the trauma conference with others so that attendance can be improved and participants will have more opportunities to earn CEU’s.
- The Injury Prevention sub-committee is providing a great deal of information under the leadership of Debra Samaha.
- In addition, Matthew Petrin, the newest member of the CB, introduced himself to the group and a lively discussion took place about rehabilitation, particularly involving brain injuries.

- Alf Rylander, a new member of the TMRC from the Medical Examiner's Office, was welcomed and will be assisting the group with many of their questions, including those regarding the autopsy process.
- A new "Pre-Hospital" sub-committee was formed.
- Finally, a TMRC newsletter is in process.
- ACS Trauma Evaluation – February 16 – 19, 2016. Invitations were sent out.
- The next TMRC meeting is scheduled for Wednesday, February 10, 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 – Vicki Blanchard and Richard O'Brien

- The December meeting of this committee was cancelled. The committee completed a drug diversion reporting form, and it is ready for the MCB to approve.
- The next project is the UCDC's training; a Hospital Pharmacists sub-committee was formed under the wing of the Board of Pharmacy, and this group is taking a look at drug diversion and how hospitals account for medications; the process needs to be standardized. At the next meeting, the foundation should be laid for a best practices document.
- The next meeting is at 1:00PM, February 24, 2016, at the Academy.

V. Old Business

Item 1. NCCP update – S. Jackson

- This program is still in the pilot phase, and so changes continue to happen. NH providers who opt in cannot then opt out!
- The Registry anticipates going live in 2017.
- The deadline is looming for the intermediate transition to AEMT, and so the bureau is busy fielding phone calls. The Registry has announced that if someone wants to drop back, they can do so now and still have until March 31st of this year to keep trying the exam.
- The pass rate on the transition exam is the same as it has been for the past year (64% first time pass rate with a 76% overall pass rate).
- The last of the EMT Basics need to transition by March.
- With the removal of routine backboarding from the patient care protocol, it has also been removed as a testing station from the BLS practical exams and replaced with femur fracture until a medical assessment station can be fully developed to fill the void.
- Mike Kennard, our simulation program coordinator, has resigned. A supplemental job description (SJD) is being drafted for his position.

Item 2. Data Advisory Committee update – N. Mercuri for C. Cooper

- The Advisory Committee is looking at developing a best practice document; they had a conversation with 3 different billing companies on how the transition from TEMSIS to Elite was going to go. Please contact Chip Cooper with any questions.
- There is a viewer function for hospital coordinators and medical directors so that they can see calls. There will also be a hospital dashboard which will be more limited in information.
- **Elite** – This has been pushed back slightly so that a few remaining “bugs” can be corrected. The goal is to have several departments do some beta testing first before it gets rolled out gradually to everyone throughout the month of March.
- While Elite and TEMSIS have done a lot of training and the new system will be much easier to use, there are a few things that will not be possible:
 - * Repeat patients will be migrated, but their medical histories, including medications and allergies, will not be able to go in and will need to be re-entered.
 - * Bureau Chief Mercuri asked everyone to take a look at their ambulance and fire apparatus data for accuracy so that incorrect information will not go into the new system.
 - * Some of the default values are going to need to be re-entered.
- 2,100 LIN letters were sent out, and 100 came back with bad addresses.

Item 3. Board Membership – G. Turpin

The CB membership roster is full! Chair Turpin thanked everyone for their participation and urged everyone to stay in touch with their organizations and keep re-appointment letters up to date.

Item 4. Division offering EMS programs – N. Mercuri

No update is available at this time.

Item 5. EMS Rules Update – N. Mercuri

- Bureau Chief Mercuri sent out the **rule changes**. ([See attachment.](#))
- There is one outstanding issue with the National Registry on how to include their brochure by reference in our rule when the information in the brochure is apt to change; putting specific URL's in the rule does not work. (The CB supported the idea of having the National Registry's website URL in the rule rather than a URL for the specific brochure.)

- A question was asked as to how often rules have to be changed. Basically, rules can be good for 7 – 10 years. However, some rules have to be changed more often; for example, the protocol rules.
- The board will develop the concepts to be included in the rule, and the BEMS will draft it for presentation due to the fact that the exact wording may change after the legal review of the rule.

A motion was made by Richard O'Brien; seconded by Jason Grey – to accept the changes to the Administrative Rules, as amended; passed unanimously (Don Johnson abstained).

Discussion before vote:

Bureau Chief Mercuri clarified the I/C information on page 9 of the handout dealing with suspension and revocation of provider licenses. The concept is that right now, if you have a provider license and an I/C license, they are separate; this means that if your license gets revoked, you can still teach a course. The BEMS would like this to be changed. A discussion ensued about the wording of the proposed rule on pages 8 & 9, and the difference between suspension and revocation was clarified. (Suspension means you can get your license back; revocation means that you have to do something to get your license back.)

Item 6. LODD update –N. Mercuri

Work is still being done getting the background ready for the next legislative cycle.

VI. New Business

Item 1. H.R. 4365 (Federal legislation) (See attachment.)

- This bill amends the original DEA rules written in the 1970's when there was not a great deal of paramedic care. It is actually illegal for paramedics to give narcotics under standing order anywhere in the country, and so this has to be fixed. The basic bullet points of this act:
 - * EMS agencies can now deliver drugs via standing order
 - * They have to have a physician EMS medical director
 - * EMS agencies can license with the DEA directly rather than through the physician medical director.
 - * Storage regulations have been updated.
- This bill is supported by many associations.

Motion made by Peter Row; seconded by Frank Hubbell – to support a combined letter with the MCB to support passage of H.R. 4365; passed unanimously.

Item 2. Cardiac Arrest Summit follow up sub-committee – V. Blanchard

- Jim Suozzi, Chair of the Medical Control Board, is putting together a multi-disciplinary team to examine how cardiac arrest is approached in New

Hampshire. **The following Coordinating Board members volunteered: Susanna Ayers and Mike Cloutier.**

- Heart Rescue group in Seattle – This group has offered NH 6 positions in their “[Resuscitation Academy](#)”, being held in Seattle from March 21 – 23, 2016. All expenses will be paid except for lunches and dinners. **Please contact Nick Mercuri before January 29th if you are interested.** The group that goes to Seattle will be expected to help disseminate the information upon its return to NH. Topics covered will be team-focused CPR, and how to improve cardiac arrest care in our systems; there will also be some train-the-trainers on the third day of the program.
- **CPR in Schools** (Senate Bill 454) – There was a hearing about this bill on Tuesday, January 26, 2016. The general premise of this legislation is to have CPR as a graduation requirement for high school students, modeling what other states have done.
- **Seat Belt Law** – Vicki Blanchard stated that the injury prevention group is getting together to look into this.

VII. Good of the order / Items of Interest

- Paramedic Re-entry (Internal policy # 3-6-27B – [see attachment](#))
- Nick Mercuri stated that the Division came up with this policy in 2007. The National Registry has a 7-step process already in place, as follows, and #6 is of particular interest:

Paramedic (NRP) Re-Entry Policy:

Entry and/or re-entry into the National Registry may be granted to a previously state licensed or Nationally Certified Paramedic (NRP) provided you:

1. Officially document completion of a DOT Paramedic (NRP) Training Program after January 1, 1977. *
2. Show satisfactory evidence to the NREMT of prior state licensure at the Paramedic (NRP) level.
3. Have current ACLS provider or instructor credential.
4. Completed either PHTLS or ITLS as a provider or instructor within the past two (2) years.
5. Have completed a state-approved Paramedic (NRP) refresher or 48 hours of equivalent continuing education covering the mandatory and flexible core content topics specified within the past two years.
6. Have a letter of approval from the state EMS office in the state where you work or are to work. The letter should show the state's support for you to obtain state licensure through this process.
7. Successfully complete the NREMT Paramedic (NRP) cognitive and psychomotor examinations.

* All candidates for NREMT's National EMS Certification at the Paramedic level whose Paramedic program began on or after January 1, 2013 must have successfully completed Paramedic education from an accredited program sponsored by the Commission on Accreditation of Allied Health Education Programs (CAAHEP) or one who held a valid Letter of Review (LOR) issued by the Committee on Accreditation of Educational Programs for the Emergency Medical Services Professions (CoAEMSP).

- This policy is for paramedics who have been previously licensed, who have let their certifications lapse and who want to get back into the system. (This does not include physicians, etc. who would follow another process to get back into the system.) The Division internal policy is basically telling candidates in this situation to go back to school. **Bureau Chief Mercuri asked the CB for input** as the Division is looking to change what it considers to be an overly restrictive policy given the existence of the NR process. A discussion ensued on the topic. Length of time away from practice was of particular concern. A suggestion was made that perhaps the state could send out guidance to medical directors and agencies as to what to look for when signing off for someone to re-enter. Bureau Chief Mercuri also stated that people can get their cards in nearby states that follow the NR process without adding any of their own state requirements. Questions were asked about requiring background checks; at this time, the bureau does not have the legal authority to require them. Clarification was asked for on the issue of those who go to school and get their paramedic licenses but are not affiliated with EMS services. Bureau Chief Mercuri explained that the school would then be in the role of the “service” and would have to vouch for the students.
- A question was asked about **state required ambulance standards**. Bureau Chief Mercuri said that there is no rule regarding ambulances to be licensed. Ambulances do have to have certain items on them. Richard O'Brien added that if an ambulance is being purchased with grant money, it has to follow NFPA or KKK standards.
- **I/C renewal dilemma** – I/C's are finding it difficult to get their required 20 hours of teaching in a cref'd program (programs with “course reference” numbers that are assigned by the BEMS). With the transition to NCCP, not as many RTP and initial programs are being done. Chair Turpin asked the CB if it would support the concept of I/C's submitting paperwork for NCCP courses as counting towards their 20 hour requirement instead of having an all cref'd course requirement. Bureau Chief Mercuri is looking for input on this issue, but cautioned that the BEMS will not be able to approve continuing education. Are there other options? Should the 20 hour requirement be lessened or should we widen the definition of what can count? Opinions were stated that because the NCCP is still in pilot, this

might not be the right time to be making this change. Deputy Chief Jon Bouffard clarified that the pilot phase is coming to an end, and the NCCP program will not be going anywhere. He also explained that other states have different requirements that include taking educational methodology courses. Shawn Jackson spoke about the difficulty of tracking how many hours were actually taught by an I/C; there is no way of actually telling. Other questions were asked as to how the 20 hour requirement came about in the first place and how this requirement relates to the improvement of teaching. **Chair Turpin concluded the discussion by encouraging CB members to contact Bureau Chief Mercuri with their concerns and opinions so that a presentation can be prepared for the next CB meeting in March.**

- Richard Murphy suggested that the CB do more discussions of this nature within a **sub-committee framework**. Chair Turpin stated his interest in this concept. He feels that the CB sub-committees should only be formed when a discussion goes too long without coming to a group consensus.

VIII. Adjournment

Motion made by Jeremy LaPlante; seconded by Michael Cloutier – to adjourn the meeting at 2:50PM; passed unanimously.

**Next meeting: Thursday, March 17, 2016
1:00PM to 3:00PM
Richard M. Flynn Fire Academy,
Dormitory Building / Classrooms 5 & 6**

**Future meetings: May 19, 2016, July 21, 2016,
September 15, 2016, November 17, 2016**

Respectfully submitted,
Grant Turpin, Chair

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