

NH MEDICAL CONTROL Board

**NH Fire Academy
Concord, NH**

MINUTES OF MEETING

January 20, 2011

Members Present: Donavon Albertson, MD; Kenneth Call, MD; Tom D'Aprix, MD; Chris Fore, MD; Frank Hubbell, DO;; Joseph Leahy, DO; Jim Martin, MD; Douglas McVicar, MD; Jim Suozzi, MD; John Sutton, MD; Norman Yanofsky, MD; Clay Odell, Bureau Chief

Members Absent:: Patrick Lanzetta, MD; Mathurin Malby, MD;

Guests: Michael Pepin, Jeanne Erickson, Aaron McIntire, Kevin Jenckes, Mark Hastings, Ted White, Sean Ellbeg, David Rivers, Steve Robbins, Sue Prentiss, Stacy Meier, Janet Houston, Steve L'Heureux, Patrick Twomey,

Bureau Staff: Vicki Blanchard, ALS Coordinator, Chip Cooper, QM & Research Coordinator,

I. CALL TO ORDER

D'Aprix called the meeting to order at 09:05.

Everyone in the room introduced themselves.

EMS Community:

D'Aprix for a moment of silence in memory of Harold Frey, who died in the line of duty on January 16 2011, while participating in water rescue training. Frey was a firefighter/paramedic with the Sandown Fire Rescue Department and a paramedic with CarePlus Ambulance.

II. ACCEPTANCE OF MINUTES

Item 1. November 2010 Minutes

Sutton pointed out an error on page 2 where the word "more" should have been "less."

D'Aprix found an error on page 9 where the word "credentials: should be "protocol".

Call moved to accept the minutes with the above mentioned corrections. Sutton 2nd.Vote: Passed unanimously

III. DISCUSSION AND ACTION PROJECTS

Item 1.911 Updated EMD Protocols

Steve L'Heureux, from the Bureau of Emergency Communications introduced himself to the board. He remarked that he had worked with the Medical Control Board (MCB) for 15 years to keep them updated with the 911 dispatch protocols. He is here today to introduce the major updates to the dispatch protocols, version 12.1.

The first major change was in the chest pain protocol question, "Do you have aspirin?" It was at the end of the algorithm and it was moved to the beginning, because it was senseless to go through the whole questioning for aspirin if they didn't have any.

Second, the stroke tool was updated after working with the American Heart Association and Stroke foundations.

Hubble asked if 911 advises stroke patients to take aspirin. L'Heureux responded that aspirin is only given for chest pain patients.

The third major change was in the call deterrents; they added some new ones, took out some old ones, and moved some around. This was in order to form groups for studies.

Lastly, L'Heureux stated that through the years he had worked with a number of physicians, starting with Dr. David Connors and in more recent years, Dr. D'Aprix. He stated to the board that 911 is seeking a physician to serve as its medical director.

Hubbell moved to continue to support NH 911 and the Bureau of Emergency Communications. Yanofsky 2nd. Vote: Unanimously passed.

MCB Chairman:

At this time, D'Aprix thanked Dr. McVicar for his 10 + years of service and for the guidance that he has given to him as the Chairman of the MCB. McVicar received a round of applause.

2011 Protocols:

Blanchard reported that the final draft of the 2011 protocols were sent out to each physician with an assignment to proof read a couple protocols each. Additionally, the protocols were placed on the website for public comment. She received a few actual medical errors and many grammatical and formatting corrections. She has sent the corrections to TMC Books.

Sutton inquired if she received his comments regarding anaphylaxis. To which she stated she did. He had concerns with clarity of the dose versus the volume of epinephrine. It was pointed out the protocol includes both the dose and the volume of epinephrine. Additionally, he had concerns for 3rd and 4th dosing, but thought it was a topic for the 2013 edition.

The American Heart Association (AHA) algorithms were discussed. Because of changes in the AHA's copyright policy the algorithms will not be in the printed booklet available from TMC Books. They will be available in the electronic PDF

version posted on the TEMSIS and NHOODLE websites, as these sites are user name and password protected. The electronic PDF version posted to our public home website will contain links to the AHA website of the algorithms.

D'Aprix completed the adrenal insufficiency training and test questions for the Intermediates and Paramedics is complete. It will be posted on NHOODLE for providers to complete before practicing. D'Aprix sent it out for comment from the board, having heard none, the Bureau will move forward in moving it up to NHOODLE.

Dr. Suozzi has accepted the position of Chairman of the Protocol Subcommittee. He is planning to get the committee together in March to discuss the 2013 protocols. He solicited for more physician involvement.

Rapid Sequence Intubation (RSI) Update:

Dr. Fore presented the board with an 8 hour curriculum for the RSI program that Chuck Hemeon and he had worked up. The program followed a format of simulation demonstrations and student participation along with power point lectures mixed in between to keep the monotony of continuous lecturing down. Additionally, he explained that they created a number of critical thinking simulations for the students.

Fore stated that with the curriculum done, the question is, who is going to run it? He added that it takes at least a team of 3 to put on the program. He stated that for his catchmen area, he will do it for free, but for outside agency there would probably be a fee involved. The board identified at least 4 simulations labs, Concord Hospital, Dartmouth Hitchcock Medical Center, Parkland Medical Center, and Exeter Hospital. Yanofsky stated that he did not know the fee, but to use Dartmouth would require a fee. Fore stated that he structured the curriculum in such a way that others could take it and use it.

D'Aprix inquired about copyright issues and Fore stated that he would not copyright it but make it available to anyone.

In addition to the curriculum the subcommittee of the MCB looked at the prerequisites and proposed the following update to the RSI prerequisite: (The board was provided with a copy prior to the meeting for review)

ENTRY Requirements

Experience:

≥ 2 years as a paramedic

≥ 5 un-proctored endotracheal intubations on human, non-cadaver tissue.

INITIAL TRAINING

Completion of the required NH RSI Training modules including Simulation Lab

RENEWAL:

≥10 successful prehospital RSIs (no further recertification required)

<10 successful prehospital RSIs (two options)

- 1 - Challenge SimLab final practical and exam with approval from program Medical Director.
- 2 – Complete NH RSI training modules/SimLab

Odell asked if the scenarios would be changed every two years. Fore answered that it made sense to update the program on a 2 year cycle with the protocols and change up the scenarios. Sutton stated that over time they could build a library of scenarios and switch it up.

Leahy moved to accept the recommending update to the RSI prerequisites as above. Yanofsky 2nd. Vote: Passed unanimously.

H2 Blockers and Allergic Reaction

Retracted in Malby's absence

Direction for the Future

D'Aprix stated that with the completion of the 2011 protocols, he would like to hear from the board what they would like to work on in the future.

D'Aprix stated he would like to see us continue to work with Coordinating Board on the lights and sirens guidelines. Other items he would like to look at include air medical transport triage and the Cyanokit. The Cyanokit is very expensive and would like to look at regional plans of distribution and perhaps grant funding.

D'Aprix then went around the table and asked each member for their input.

Fore stated that he would like to see regional strategies for Stroke and STEMI and increase provider awareness of capabilities.

Albertson stated that about 10 years ago there was a lot of discussion on quality management/improvement. He does not have a good sense of what is going on out there. Do people need support? What can the board or Bureau do to help? Cooper responded that the survey he is sending out in a month or so asks some of those questions. Cooper also mentioned a site Pennsylvania is using for reporting adverse event anonymously. He will send the board the website address for them to review.

Leahy stated that he would like to look at healthcare reform and what its impact is on EMS. In addition he would like to see the board have recognize EMS Units when they do a good job.

Suozzi requested the board look at a medical directors' list serve and a cardiac arrest statewide registry. D'Aprix stated we could pull data from TEMSIS, to which Suozzi replied, yes but not all the data is inputted correctly and it did not have outcome data.

Hubbell expressed interest in the Extended Care Protocols.

Martin added that he would like to see discharge instruction for sign off patients. D'Aprix stated that at one time we had some examples Doug Martin had given us from Frisbie, we will look for them. Additionally, Martin wanted follow up to ski patrol supervision. D'Aprix responded that he had been in contact with Ski Patrol and they have no desire to be under EMS and we have no authority.

Yanofsky was also interest in the cardiac arrest registry or a study. He reminded the board that they had done a study in the past and should look at it again. He was interested in the list serve idea too, adding that Vermont had one and it was a nice system. He also supports the refusal of care instructions.

Call stated that he supported many of these ideas.

McVicar echoed Call's remark and added he would like to see a uniform data set that could link to TEMSIS and to be able to have outcome data. Outcome data such as did they die or live. If they lived where were they discharge too? He suggested talking to the Hospital Association. Finally, he would like to hear from the other medical directors who are not on the MCB what they would like from the MCB.

Sutton would like to tighten up the prehospital protocols by being more specific and giving better direction. Additionally he was interested in a statewide trauma registry. Finally he solicited the board for emergency physician representation to the Trauma and Medical Review Committee.

Odell state that he thought everyone had terrific ideas. He would like to see the board look at the CPR feedback devices, he had read/heard good things about them. Additionally he would like the board to closely monitor the new Paramedic Interfacility Transfer (PIFT) prerequisite and to form a PIFT subcommittee to deal with issues as they come up in between board meetings. D'Aprix stated he would be sure to make it a reoccurring agenda item.

D'Aprix then asked the audience if they had any additional items. Cooper stated that the board should be aware that there are EMTs working in schools. That we have one SAU license as a non-transporting EMS unit, but not sure we wanted to oversee schools. It is something to keep an eye on. Albertson added that he has been involved with industries with EMT. Prentiss stated that part of the EMS Strategic Plan is to look at who should or should not be licensed, traditional versus non-traditional. Odell reinforced Prentiss statement and added that he would be addressing the strategic plan with the Coordinating Board.

Jenckes spoke in regards CPR and cardiac arrest registries; stating that it was his experience that most the out-of-hospital cardiac arrests did not have successful return of spontaneous circulation due, in part, to the delays in arrival to a patient based on NH geography. (I think we can delete this - added little)

Jenckes stated he would like the board to consider looking at not only EMS air medical transport, but, also the hospital use of AMT. As an example, he recently observed a stable patient with an open tib/fib be flown out of a hospital.

Hastening stated that he would like to see more prehospital recognition for good work and an opportunity to share that recognition. He acknowledged Suozzi newsletter and stated that we would be working on something similar from his hospital and encouraged others to do so.

D'Aprix summed up that an overall theme was linking data from 911 to TEMSIS to hospitals.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

ACEP: Fore reported that ACEP would be having a ski day at Sunapee on February 8th. It is \$25 for the day with a meeting in the afternoon from 12:30 – 2:00.

Bureau and Division Update:

See attached.

D'Aprix commented that the board needed to get a new 2011 protocol exam up. There was discussion of how to best swap from the 2009 to 2011 protocol exam. It was agreed that the board should each write a couple questions from the protocols they reviewed and get them to Blanchard. Cooper stated once they had the new questions; it would take about a day or two to get up and running.

Odell recognized Rick Mason, Director of Fire Standards and Training and Emergency Medical Services, who recently announced his retirement plans. Odell congratulated him, commenting that he would be sad to see him go. Odell stated that the recruitment process for a new director is ongoing and it is expected that the Commissioner will be interviewing candidates until the first week of February.

Legislative Updates:

Odell stated that the Bureau is supporting HB58 which will repeal the interfacility transfer exception language in our rules. He explained that current language in the rules allowed for a nurse to be the 2nd provider an ambulance, which is an unsafe practice. When the rules were originally revised to include them, the Bureau of charged with developing a training program and credentialing the nurses. Since that time only 7 nurses took the class, which was good for 2 years; none of them renewed, and only 2 transports were recorded.

Another bill the Bureau is looking to support is one Representative Hower (SP?) is sponsoring that would require CPR be taught in public schools. The bill has not come out yet, but Odell said it made sense and would look at once it was out.

Meier spoke about HB31 which would cause Anthem to pay providers for EMS services as apposed to patients. Under current practice Anthem is paying patients directly for the EMS bill sent by the EMS providers. The patients are in turn supposed to pay the EMS provider, which is not happening much of the time.

Coordinating Board Update:

Suozzi stated that the Coordinating Board continues to look at the best practice documents and where they can be placed for greater access. They continue to work on the lights and siren guideline. Pepin explained that some of the push back is coming from Chiefs stating that insurance companies are requiring them to use lights and siren if there is a patient in the ambulance. D'Aprix stated he worked with Manchester on their policy and there is data to support. Meier stated that if folks could see the data and the decision was fact based, it would be easier adopt. Jenckes added it was not just the insurance companies, in his circumstance; it was the Town's lawyer requiring them to use lights and sirens on all transports. All appreciated that they continue to work on this.

Suozzi continued to state that the Coordinating Board is looking at their RSA and membership. There were associations who longer exist on the books.

Critical Care Paramedic Task Force:

Blanchard reported that the dates for PIFT train-the-trainer are finalized and she is just waiting for one confirmation on a classroom and then a notice will go out. She added that Scott Schuler is the program coordinator for the program and would providing the training for the EMS clinical supervisors responsible for the interfacility transfer section of an EMS Unit. The Bureau plans on holding the trainings through to the end of March and then give EMS Units until June 30th to train their providers and complete the prerequisite criteria.

Cooper presented a transfer form, Suozzi, Rob Deluzio, and Cooper developed to be used in conjunction with the new PIFT/CCT protocol. (This form was sent to the board prior to the meeting for review.) D'Aprix commented that he liked it and thanked them for their work. He questioned the DNR section. There was discussion regarding DNR and advanced directives and it was decided to change that section with the title "Advance Directives" and then selection of: Full care, comfort care, or DNR, no defib, no ACLS drugs.

Stroke/STEMI Development:

Blanchard reported that the DHHS has hired a person, Lia Baroody Program Coordinator, Heart Disease & Stroke Prevention NH DHHS, DPHS, to develop a workgroup to look at Stroke systems in NH. Blanchard will be a member of the workgroup. They will be meeting next week and Blanchard will report back in March.

TEMSIS Update:

Cooper reported that whole state was now using the new TEMSIS form. There had been a 2 updates that fixed some issues and made it more stable and it seems as though we are collecting better data. J Erickson stated that some feedback she heard was people would like to have time to settle into this form before introducing anymore updates.

Trauma System:

Sutton reported the 2011 site visits are starting up. The questionnaire developed for pre-visit questions are out and are coming back and they will go out for site visits soon.

The spinal mattress project continues to move forward. Odell stated that 14 EMS Units have been trained and 7 are using it now. They will begin collecting data approximately March 1st. Additionally, a video was created for the ED staff on proper remove of the device.

Other Business:

Director Mason spoke to the board in regards to his retirement. He recalled when EMS came to the Division in 2002 and that he was apprehensive, not knowing all the people and players. He was happy to see Albertson on the board as he was his medical director! He now is happy to say he has made many EMS friends.

Mason stated that his decision to retire was a difficult one but certain things recently lined up and he will move on to be the National Fallen Fire Fighter's Training and Education Coordinator. He joked that he realized it was time to move on, he had climb a mountain and accomplished what he wanted and though it best to have climbed the mountain but not fallen off!

D'Aprix thanked Mason for all his work and help. Mason received a round of applause.

Other new business: Fore asked if anyone had any experience with the impedance rescue device (rescue pod). None did.

ADJOURNMENT

Meeting adjourned at 11:50

VI. NEXT MEETING

March 17, 2011 NH Fire Academy, Concord, NH.

Respectfully Submitted,

Clay Odell, EMTP, RN, Bureau Chief

Prepared by Vicki Blanchard, ALS Coordinator