

NH Medical Control Board

**NH Fire Academy
Concord, NH**

Minutes of Meeting

January 19, 2012

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

Members Absent: None

Guests: Doug Martin, Jeff Stewart, Jeanne Erickson, Steve Erickson, Paul Leischner, Richard Cloutier, Mark Hastings, Chuck Hemeon, Sean Ellbeg, Ted White, Patrick Twomey, Grant Turpin, Aaron McIntire, Ray Kelley, DO, Ray Leavvitt, Jr., David Rivers, Fred Heinrick

Bureau Staff: Vicki Blanchard, ALS Coordinator, Richard Cooper, QM & Research Coordinator, Kathy Doolan, Field Services Coordinator, Perry Plummer, Director, Angela Shepard, Trauma Coordinator.

I. CALL TO ORDER

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

EMS Community:

None

II. ACCEPTANCE OF MINUTES

Item 1. November 2011 Minutes

Sutton moved to approve November 2011 minutes as written, Hubbell 2nd.

Vote: Passed unanimously.

III. DISCUSSION AND ACTION PROJECTS

Item 1 Medication Exchange

D'Aprix reported that he, Blanchard, and Odell met with the Board of Pharmacy yesterday to discuss RSA 318:42 in regard to transporting ambulances replenishing medications that had been used by non-transporting units in the care of their mutual patients. The Board of Pharmacy was very receptive and recognized the unintended hardship that its interpretation of NH statute has caused. They agreed to work with Odell in finding a mutually agreeable solution.

Discussion: The group was pleased with this progress
Decisions: None

Item 2 Legislation:

Odell reported on a number house bills effecting EMS.

HB 1441: An act removing the requirement for the reporting of incidents by emergency medical services providers and units.

The Department of Safety and the Bureau of EMS opposes this legislation, as it would eliminate units' requirement to report to the Bureau of EMS. The hearing is next Tuesday, January 24th at 10 AM in the LOB. Odell encourages members and guests to contact the committee members and voice your opposition. The NH Association of EMTs has a template letter on their website along with contact information.

Discussion: McVicar inquired if this board should send a letter in opposition. It was answered yes. D'Aprix agreed to pen the letter from the MCB.

Sutton asked who brought this forward and Plummer stated Proulx sponsored the bill. Plummer spoke with Proulx and told him he did not have any problem with the state having data, but that he thought it was ominous and unnecessary. Plummer added that the Fire Chief's Association thought TEMSIS was a good thing, but not against it going to committee to study and educate people on it. The Profession Fire Fighters are neutral on the topic.

McVicar stated that there is a division between the people who put the data in versus the people who take the data out. In his emergency department the staff understands the value of the data but also see the EMS providers laboring to input the information. As he explained, "labors in the mine, so we can burn the coal."

Decision: Hubbell moved that the MCB write a letter in support of TEMSIS and opposed to HB 1441.

Vote: Passed unanimously.

HB 1250: An act allowing designated persons to provide emergency medical treatment to another person.

The Bureau of EMS was opposed to this bill. This bill was in inexpedient to legislate.

HB 1631: An act allowing persons licensed to provide emergency medical services to work public gatherings and events.

The Bureau of EMS opposes this bill. Odell explained that this meant anyone holding a National Registry card could practice in NH without any medical oversight. Odell added that the Bureau of EMS has a committee studying this very subject. He would like to see this bill be beaten or let them know we are working on it and give us some time to come forward with a more thorough bill.

HB 1179: AN ACT imposing an extended term of imprisonment for assault against a health care worker.

The Bureau of EMS supports HB 1179.

Finally, Odell stated that he, Plummer, and Chris Pope went to speak to the Joint Legislative Committee and Emergency Management regarding combining EMS's advisory boards with Emergency Managements board. When they arrived at the meeting the committee did not have a quorum so they were unable to testify against the combining. They will be rescheduling and Odell stated it would be useful to get letters from each of the boards in opposition.

Discussion: None.

Decisions: No further.

Item 3. NAEMSP:

D'Aprix, Hirsch, & Suozzi recently returned from the annual meeting of the National Association of EMS Physicians (NAEMSP). D'Aprix reported on numerous topics that were discussed there such as linking 911 data with ePCR data to evaluate dispatch decisions and ultimately being able to link 911 data with hospital diagnosis. There is work being done to link 911 data with crash data from systems such as OnStar so that providers have an idea of the dynamics and force of impact that could also help in resource allocation, predicting injury etc. D'Aprix was able to network with many other state and regional medical directors gaining insight into other systems and came away with the impression that many systems were envious of NH having statewide protocols. He spent time with the medical directors of Maine and Connecticut beginning discussions about trying to create regional protocols that could be used in all New England states and which could ultimately be used as a model for a national protocol.

Discussion: None

Decisions: None.

Item 4. Protocols:

Acute Coronary Syndrome:

The phrase, "and it does not delay transport", was removed from the 12 lead ECG bullet. In the rollouts we will encourage providers to obtain ECGs earlier rather than later. Fentanyl: increased the dose to maximum of 300 micrograms and removed the phrase "for patients with a morphine allergy or known/suspected right ventricular infarct. For the STEMI team activation removed "new left bundle branch block (LBBB)".

Discussion: Suozzi referred to a study that concluded new LBBB did not predict new STEMIs; however the AHA guidelines are still recommending it. Fore stated that we should leave it out; Yanofsky also stated that it should be left out. J Martin added that in the field they may not know if it is a new LBBB or not, so no harm in taking it out. D'Aprix stated they could leave it out.

D'Aprix stated that he would like the red flag box to be expanded to include IV forms of phosphodiesterase inhibitors that are used for pulmonary hypertension and carry the same risks as sildenafil of refractory hypotension if nitrates are used

Decision: except as presented and expand the red flag box to include IV forms of phosphodiesterase inhibitors.

At this point McVicar brought up the word, "consider" and its use in the protocols. He thinks it is very vague and would like it to be removed. He added that in the Preface it explains that the orders do not all need to be followed but are there for the providers

discretion. Malby argued that his providers tend to read the protocols that if it does not say consider, then it must be done.

P Leischner stated that whole document is a consider, the that having the word in there only confused matters. D Martin stated that he didn't think it mattered if it came out or stayed in because you will always have two sets of providers, those with critical thinking skills and those who use the cookbook approach.

Fore read the phrase verbatim from the Preface,"... the standing orders listed in this document are not orders that must be carried out. They are orders that may be carried out at the discretion of the EMT without the need for on-line Medical Control." And asked, how do we increase awareness of the Preface? McVicar stated in the protocol exam.

D'Aprix added that the word, "consider" gave some legal protect to them as well. Lanzetta agreed, further stating that it was not too hard to grasp the concept that it did not have to be done.

Decision: McVicar moved to remove the word, "consider" from the protocols. Call 2nd. Vote: Failed Yes 4, No 9.

Bradycardia – Adult & Pediatric

Adult & Pediatric: The decision was made to move all references to "Administer oxygen to keep SpO₂ ≥ 94%" and place it in Routine Patient Care.

Removed the referral to the poisoning protocol because it was not necessary.

Removed the flumazenil per an earlier vote.

Under the pediatric only expanded on the slow IV push for the calcium channel blocker and added the dose in ml/kg.

Discussion: Sutton questioned why ≥ 94% instead of if ≤ 94% give oxygen. It was explained that is was direct language from the AHA.

Decision: approve as presented.

Congestive Heart Failure- Adult

Removed furosemide and bumetanide.

Discussion: McVicar questioned the studies referring to the removal of furosemide. There was discussion for and against the change and it was decided to table this protocol as this is a hot topic in research and look at it later when the research has further conclusions.

Decision: table until there is more research on furosemide.

Break: At this time the board took a 15 minute break.

Meeting resumed: D'Aprix noted that introductions were overlooked at the beginning of the meeting, so introductions were made.

Antemetic shortage:

D'Aprix stated that during the break he was approached with a request to the board to consider approving the oral form of ondansetron due to the shortage of the IV version.

He stated that it is not a practice of this board to change protocols mid-cycle but they did have the liberty to issue an interim guideline and because all other parenteral antiemetics currently listed in protocol are also on national backorder that it seemed reasonable to make an exception.

Discussion: There was a brief discussion as to the dose and it was agreed 4 mg PO every 10 minutes for a total of 2 doses for both adult and pediatric was appropriate given the very wide therapeutic range and very safe side effect profile.

Decision: Malby moved that the MCB approve an intra-cycle protocol interim guideline for the use of oral ondansetron; Suozzi 2nd.

Vote: Passed, unanimously.

Overdose/Poisoning/Substance Abuse Adult & Pediatric:

Added a bullet referring to Hazardous Materials when appropriate.

Added a section for suspected sympathomimetic/stimulants and placed midazolam at the top of the list of benzodiazepine, as studies have shown it is the preferred treatment.

Added signs and symptoms for various toxidromes.

Discussion: Odell questioned the use of the work “ordered” by poison control. It was agreed to change the word to "advised."

Decision: accept as presented and change the word “ordered” as it pertains to poison control to “advised.”

Seizure – Adult & Pediatric:

Expanded on the explanation of assisting caregivers with vagal nerve stimulators.

Discussion: It was noted that the pediatric version indicated for a glucose check but the adult did not. Also the pediatric glucose check was in the Paramedic section and should be in the EMT section

Decision: accept as presented, move the glucose check up to the EMT level in the pediatric protocol, and add a glucose check bullet, same as pediatric, to the adult protocol.

Tachycardia – Adult & Pediatric:

Moved some bullet items into PEARLS for the underlying causes.

Removed flumazenil.

Discussion: It was noted there were several bullets that did not have the medication route. There was also a request to expand on the red flag box regarding WPW, it should be more explicit.

Decision: add medication routes and expand the WPW box.

Burns – Adult & Pediatric:

Parkland formula box added

Discussion: Suozzi noted that he talked to Shawn Fagin from MGH’s burn center and was told that he liked our burn protocol and was advised to stay away from the Parkland

formula. There was discussion of the pros and cons of the Parkland formula and the accuracy in determining % of burns and patient weight. Hirsch recited from Massachusetts protocol regarding administration of fluids in set boluses dependent on transport times less than an hour versus more than an hour.

D'Aprix stated that rather than be concerned with the Parkland formula in the prehospital setting it seems more important to keep track of the total IV fluid administered so that it could be accurately included when the receiving facility performs the calculations.

Sutton didn't like the rule of 9 chart, and McVicar suggested to take out the graphic and place the %s in the PEARLs.

Decision: remove the Parkland formula, add fluid administration that Hirsch recited (Hirsch to email to Blanchard), and place the Rule of 9 percentages in a PEARL and remove the graphic.

Leahy moved to accept all changes to the protocols as discussed. Hubbell 2nd.

Vote: Passed unanimously.

IV. INCUBATING PROJECTS & SUBCOMMITTEE REPORTS

ACEP: No report.

Bureau and Division Update:

See attached.

Odell reported that at the Region 3 Council meeting, last week, he present Dr. Albertson with a plaque expressing our gratitude for his many years on the board. He was very pleased with the gift.

Pediatric simulation manikin train-the-trainer applications have been accepted, they will review the candidates and make selections soon.

Advanced EMT: Teaching the new standards. The Bureau will be hosting training with instructors from the National Association of EMS Educators to update our instructors to the new standards. Additionally, Odell stated that he has 8 or 9 sub projects in the works for the Intermediates successful conversion to Advanced EMT.

Legislative Updates: See above.

Coordinating Board Update: No report.

Stroke/STEMI Development:

Save the date: June 5, 2012 for the STEMI/Stroke Summit

TEMSIS Update:

See within the Bureau Bulletin.

Cooper added that he recently received the survey results. He is going to have the staff go through it and then make it available.

Trauma System:

Shepard reported that Southern New Hampshire Medical Center and Cottage hospitals are currently renewing for Adult/Pediatric Level 3 Trauma Centers and Wentworth-Douglas Hospital will be joining the system and will be reviewed for Adult/Pediatric Level 3.

The trauma coordinator meeting which used to follow the Trauma Medial Review Committee meetings will be reconvened next month.

Other Business:

Hubbell described a smart phone application that the Department of Defense is using for disasters, where the user can sign themselves in and the app will follow you.

ADJOURNMENT

Meeting adjourned at 11:30

VI. NEXT MEETING

March 15, 2012 – Fire Academy, Concord, NH

Respectfully Submitted,

Tom D'Aprix, MD, Chairman.

Prepared by Vicki Blanchard, ALS Coordinator