

NH MEDICAL CONTROL Board

NH Fire Academy
Concord, NH

MINUTES OF MEETING November 15, 2012

- Members Present:** Tom D'Aprix, MD; David Hirsch, MD; Ray Kelly, MD; Patrick Lanzetta, MD; Joseph Leahy, DO; Mathurin Malby, MD; Jim Martin, MD; Douglas McVicar, MD; Jim Suozzi, MD; Thomas Trimarco, MD; Clay Odell, Bureau Chief
- Members Absent:** Kenneth Call, MD; Chris Fore, MD; Frank Hubbell, DO; John Sutton, MD; Norman Yanofsky, MD;
- Guests:** Mark Hastings, Michael Pepin, Richard Cloutier, Stacy Meier, Eric Jaeger, Janet Houston, Patrick Twomey, Steve Erickson, Jeanne Erickson
- Bureau Staff:** Vicki Blanchard, ALS Coordinator; Chip Cooper, Research and Quality Management Coordinator; Shawn Jackson, Education Coordinator; Perry Plummer, Director

Welcome

The meeting was called to order at 09:15.

Introductions/Disclosures

Introductions were made and no conflicts of interest were announced.

Approval of September Minutes

Discussion: None

Decision: McVicar moved to approve the September MCB meeting minutes. Lanzetta 2nd.
Vote passed unanimously.

1. Ratification of new members:

EMS Region 1 voted to appoint Dr. Thomas Tramico as their representative to the Medical Control Board. Tramico will be replacing Dr. Yanofsky, who will be retiring.

Discussion: None

Decision: McVicar moved to accept Region 1's nomination. Suozzi 2nd. Vote: Unanimously approved.

2. Bureau and Division Updates

Odell reported that the refresher programs were doing well; he has been out to 6 AEMT preparation courses and 5 out of the 6 were very well received.

National Registry Vouchers: The Bureau will be covering the cost of each EMT-Intermediate's first attempt at the National Registry Advanced EMT exam. The Bureau will be issuing vouchers to the providers once they arrive; we are waiting for them from National Registry.

Mobile Testing Lab: The Bureau received \$10,000 from Rural Health to equip a mobile testing lab. The Bureau has received the computers, trained individuals to use the equipment and proctor the exam, and are ready to go, however the Attorney's General office changed some wording in our contract with Pearson Vue so we had to send it back to them. At this time we are awaiting the contract back from Pearson Vue.

Administrative Rules: The revision of the administrative rules are working their way through the system, you can expect them to go to public meeting in December.

Trauma Conference: The Trauma Conference is tomorrow at the Mt. View Grand with a pre-conference workshop today discussing trauma registry and quality improvement.

Discussion: None

Decision: None

3. Trauma Systems: See above.

4. EMS Event Reporting Tool - Cooper

Cooper explained that there is website, www.emseventreport.com where EMS could go unanimously and put in near-miss events and safety reporting. Cooper circulated a report from the site. He comes before the board today, looking for their support to put their link on our website and TEMSIS. He emphasized that this was a site to report events to and not a place to complain. He further stated the people who manage the site will not use complaint item; instead they reply to the sender that they should go to their medical director.

Discussion: Small discussion on whether or not you could isolate NH data; which it was believe you could not. A suggestion was made to include the link in the protocols.

Decision: Support placing the link on the Bureau website, TEMSIS, and the protocols.

5. Preplanned Medical Standby Event Coverage

At the September meeting the board approved the Preplanned Medical Standby Coverage policy. Odell and Director Plummer presented it to the Fire Fighters' Union attorneys and they made a couple changes to the document. (See attached)

1. Change the title to "Plan" from "Policy".
2. Under the Operations section, they reworded the 4th paragraph regarding functioning without an affiliation.
3. Under the Insurance section, removed the Good Samaritan sentences, because it is not the Bureau's role or authority to interpret law.

Discussion: None

Decision: Board approved the changes.

6. Community Paramedicine

Odell reported that the interested parties continue to meet on a monthly and share information. There are 2 EMS agencies that are looking to start in January 2013 when the protocols go into effect. Additionally, Odell will be meeting with the Bureau of Healthcare Administration, the organization that licenses healthcare agencies, to ensure they understand EMS's role is to fill the gaps and not take away from other services.

Discussion: None.

Decision: None.

7. Pediatric Emergency Care Committee.

Houston reported that the National EMS for Children (EMSC) Program has teamed up with NPRP, AAP, ACEP, and ENA to produce a quality improvement program to ensure emergency departments are adequately caring for children. The first step is an assessment of where we stand Nationally. This assessment will be a survey; you can expect to see Houston rallying to get the NH hospitals to complete the survey. In the meantime, she will be sending out a tool to assist in the preparing for the survey.

Discussion: Odell asked if there would be any issues with score cards, Houston replied, no a hospital will only be able to see its own score and the National score for comparison.

Decision: None.

9. Protocols

Shock:

Format changes only.

Acute Coronary Syndrome:

Added a time expectation for 12 lead ECG acquisition of less than 10 minutes.

Air Medical Transport:

Added a bullet to address children.

Discussion: There was some discussion regarding stroke centers and the fact that we do not have stroke center designations in NH.

Decision: Add, "per local plans" to the STEMI and Stroke bullets. This will address the concern of stroke or STEMI designations, as it will refer the provider to their local plan.

Routine Patient Care:

Rewrote the bullet regarding immobilizing infants and children with suspected cervical/spinal injury.

Discussion: The question arose regarding the transport of neonates, specifically those infants born prehospitally. Should the infant be transported in mother's arms or in a child safety seat?

There was a discussion on the pros and cons of transporting a newly born infant in a child safety seat considering it would be swaddled and the difficulties in strapping them in correctly versus the safety concerns of not securing the infant at all.

Decision: Add a bullet to the Newborn Care protocol that states: “When possible, transport the infant in a child safety seat.”

LVAD

This is a new and lengthy protocol. It was found to be necessary due to the increasing number of LVAD patients in NH and the fact that there is not national training for EMS on them.

Discussion: Jaeger offered revised language to the section that referred to CPR and LVAD.

Decision: Accepted Jaeger’s revised language.

Quantitative Waveform Capnography:

The protocol committee identified procedures performed by EMS that did were not addressed in protocol and developed some new procedures, one of which is the Quantitative Waveform Capnography. These are intended to be best practices.

Ventilators:

This procedure is meant for patients intubated in the prehospital environment and not interfacility transport.

Discussion: The ventilation rate was discussed and decided to change to 8 – 12 to be consistent with Routine Patient Care. Odell did not like the bullet that would allow the provider to adjust the ventilator based on their experience.

Decision: Change the ventilation rate to 8 – 12 and change the bullet allowing providers to adjust settings based on their experience, to “Further adjustment in ventilator settings may be done in conjunction with on or off line medical control.”

Police Custody:

New guidance for providers addressing patients in protective custody versus police custody.

Restraints:

This was pulled out of Behavioral Emergencies and made its own procedure.

Tasers:

A procedure to give guidance on the removal of taser probes.

Discussion: D’Aprix did research and found no studies or physician consensus statements that support the routine dispatch of EMS for a person tased. He worked with the Manchester Police Department to develop a policy that the police remove the probes and only initiate EMS if something else is going on. He proposed to add to the opening statement the following, “In most circumstances probes can be removed by law enforcement without further medical intervention.”

Decision: Accept D’Aprix suggested statement, as written above and add a bullet to obtain a refusal if the patient refuses to be transported to the hospital.

Refusal

This protocol was reformatted and rewritten with a section identifying high risk patients.

Exception Protocol

This is a new protocol to address occasions that present themselves where the needs of patient care may not be authorized in protocol, but it is within a provider's scope of practice. It is similar to the Massachusetts's with some modification.

Discussion: McVicar would like the sentence that states this may not be used to circumvent protocol... to be bolded.

Decision: Bold the sentence suggested by McVicar.

Interfacility Transfer

Revisions were done to the PIFT section of the IFT protocol to address stable long term vented patients, which allow them to be transferred to and from facilities and home regardless of the ventilator settings. Additionally, the section regarding those patients on vents who are not long term vented patients was reworded to clarify complex versus noncomplex ventilators.

Discussion: There was a lengthy discussion regarding ventilator settings. All agreed if a patient was stable their settings should not be changed, the question that arose was what defines stable versus unstable and what defines complex versus non-complex. It was suggested that the board and/or protocol committee work with ventilator experts to tease this out a little more.

Decision: It was decided to change the ventilator bullet to: "Intubated/ventilated patients on Assist Control, or SIMV with non-complex settings..." and move BiPap to its own bullet.

Final Protocol Decision:

The board approved the changes set forth today and approved the protocols for 2013.

1. Other Business – No other business.

Adjournment: 11:55

Next Meeting: January 17, 2012 – Fire Academy – Concord, NH

Respectfully Submitted,

Tom D'Aprix, MD, Chairman

Prepared by Vicki Blanchard, ALS Coordinator