NH MEDICAL CONTROL Board

NH Fire Academy
Concord, NH

MINUTES OF MEETING
March 21, 2013

Members Present:	Tom D'Aprix, MD; David Hirsch, MD;, Frank Hubbell, DO; 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; Ray Kelly, DO; Patrick Lanzetta, MD; John Sutton, MD
Guests:	Steve Erickson, Stacy Meier, Brian Nicholson, Grant Turpin, Jeffrey Stewart, Aaron McIntire, Paul Leischner, Micheal Pepin, Dave Rivers, Michael Foss, Sue Prentiss, Eric Jaeger, Janet Houston
Bureau Staff:	Vicki Blanchard, ALS Coordinator; Cooper, Research and Quality Management Coordinator; Shawn Jackson, Education Coordinator; Angela Shepard, Trauma Coordinator

Welcome

- The meeting was called to order at 09:10.
- Introductions were made.
- At the call of the meeting the quorum was short by one member; the Chairman moved to reports until a quorum could be reached.

1. Bureau and Division Updates:

Odell referred to the EMS Bulletin. (See attached)

- Resignation: Odell announced that he was leaving his position as the NH Bureau Chief of EMS. He stated he has been Chief for 2 ½ years and with the Bureau for 10 years. He has enjoyed working with a great staff and Division Director and in that time has learned much of this difficult job. He will continue to work in EMS and hopes to see us all in the future. D'Aprix thanked him on behalf of the EMS Community and the Medical Control Board for all his work.
- AEMT Status: Announced that that they will be working with the instructors on teaching techniques for anatomy and physiology at the cellular level. Additionally, it was pointed out that the AEMT pass rate to date was about 60%.
- Simulation Program Coordinator: A program coordinator's position has been posted for our Simulation Program. A number of high quality candidates have applied; interviews will be in the next few weeks. In addition the Bureau took delivery of an adult high fidelity wireless manikin to add to our Simulation's Program.
- Preplanned Medical Standby Coverage: As reported in January, the plan has been approved and signed by the Commissioner. The plan and an introductory statement has been posted on the list-serve as well as NHOODLE for providers. Clay and Blanchard will be working on a short video to assist in the introduction.

- Legislation: Senate Bill 81 which originally had EMS included to draw blood for persons suspected of DUI, was amended to remove EMS. D'Aprix inquired if the survey sent out to EMS was helpful to which Odell replied it was; he was able to testify that 75% of the 113 people who responded to the survey were not in favor of EMS drawing blood for DUI.

Discussion: There were questions regarding the AEMT testing and how many took the exam cold versus those who took a preparation course. Jackson answered, due to the low numbers (only 185 have taken it so far) it was difficult to evaluate, however he felt the greatest influence was student motivation.

Decision: None

Arrival of two more board members – Quorum achieved.

Approval of January Minutes
J Martin Moved to approve the January 2013 Minutes, Hirsch 2nd

Discussion: None

Decision: Vote passed unanimously.

2. Trauma Systems - Shepard:
Odell acknowledged that the Trauma Section was now more than trauma and they are looking into changing the title to reflect systems of care.
Shepard reported the following:

- Trauma: 3 hospitals are to be reviewed in the near future. At the last Trauma Medical Review meeting one hospital was reviewed with favorable results. Dr. Roger Gupta will be replacing retiring Committee Chair Dr. Sutton
- Stroke Conference: April 16, 2013 from 9:15 – 3:45 at Church's Landing in Meredith with a 4:00 PM optional meeting to follow for those interested in defining a Stroke Advisory Council. The Conference is free; there are 23 hospitals, 2 rehabilitation facilities, and 170 people have registered to date.
- E911 Stroke Protocol: Updated software is allowing E911 operators to assist callers in performing the Cincinnati Stroke Scale if there is a 2nd party available. This enables them to update local dispatch especially if the onset of signs and symptoms are less than 3 hours for earlier hospital notification.

Discussion: Pepin inquired about PSAP times missing in TEMSIS. Cooper explained it was still available and had to do with syncing abilities. He will talk to Pepin after the meeting.

Decision: None.

Protocols – Blanchard and Suozzi:

- Protocol Errors: Errors found in the protocols have been corrected and reposted to the Bureau's website. Providers are reminded that the most current version of the protocols is that which is posted on the website. Corrections of note are:
    1. In the Adult Medication Reference Appendix 1, the midazolam CPAP dose was listed as 22.5 mg and should be 2.5mg.

2. The fentanyl dose in the Pediatric Color Coded Appendix 2 was incorrectly calculated; the appendix has been corrected and updated.
3. The Intraosseous 2% lidocaine dose is correct at 20 – 50mg but the volume was incorrectly listed at 2 – 5mL and should be 1 – 2.5 mL.

- Needle Decompression: Providers have come forward with training in both 2nd ICS MCL and 5th ICS AAL placement for needle decompression, they are looking for guidance for the preferred location.

  Discussion: The majority concurred that both locations could be used; however catheter length should be 3.75 – 4.5 inches. It was revealed that EMS required equipment list states that an ambulance must have a commercial decompression kit but does not indicate catheter length. Additional discussion included the presence or lack thereof of pre-hospital studies. It was noted Wang has a study that is soon to be released which may give evidence-based indications for catheter location.

  Decision: Hubbell moved the following:
  1. The protocol remain the same and reconsidered after the release of Wang's report,
  2. An advisory go out to the EMS community regarding catheter length, and
  3. A recommendation to the Coordinating Board to change the required equipment list from a commercial decompression kit to 2 - 14 gauge 3.75 inch catheters for chest decompression." Leahy 2nd.
  Vote: Unanimously passed.

Community Paramedicine - Odell

Curriculum: The Community Paramedicine Task Force will meet next week to work on the curriculum requirements. The curriculum is available for task force members to review at the Fire Academy and the Southern EMS Field office.
Review Committee: The Task Force will work on the prerequisite approval process and discuss a review committee.
Homecare and Board of Nursing: Odell met with the Board of Nursing who invited DHHS home healthcare. Home healthcare stated they didn't oppose nor were they in favor of Community Paramedicine and pointed out that our licensing language did not allow for homecare and they did not feel there was a need for community Paramedicine because VNAs were covering the community needs. Odell reminded the board that our licensing language is over 30 years old and will need to be updated, as it limits us at this time.

Odell has a meeting with the Emergency Nursing Association next week and has tried for months to meet with the Nursing Association but thus far they have not returned any calls. He expressed frustration as he believes community paramedicine will be a major initiative for EMS in the future and would like to bring them to the table on this.

Discussion: None

Decision: None.

TEMSIS - Cooper
Copper brought before the board potential data elements for the new NEMSIS 2.0 dataset that will be adopted at the beginning of 2014. He was looking for specific feedback about current and new airway elements. (See attachment)

Discussion: There was a lengthy discussion regarding the airway elements and questions asked for providers to document. The Medical Directors felt that what was recommended to be documented in the protocols was good. This included:

- Pre/post vital signs, SPO2, and capnography.
- Procedures performed and the number of attempts and successes.
- Size of the device, and depth of placement.
    - They felt that we didn't need another field to identify where the tube depth was measured (e.g. teeth or lips), but it should become protocol standard.
    - Midline at the teeth was recommended as the standard.
- Airway Grade for intubations should be captured.
- Placement confirmation using auscultation, tube misting, symmetrical chest rise and quantitative waveform capnography if available.
    - Currently, we are collecting each of these items separately. These are all custom elements that can't be used by any service not documenting directly into TEMSIS. There is a standard NEMSIS field that can be used by these services that collects all these values in one place. We will look to convert to this element, as it also closely matches what will be available in Version 3 in January.
- The MCB also wanted to see complications documented. This has been available, but probably isn't clear enough to providers, so the BEMS will look to relabel/package this so it is more obvious to providers.
- MCB also wanted to see indications for airway. This is often hard to figure out. There is a question for this in Version 3 that everyone can use. In the mean time, a custom question for this has been found that any TEMSIS users can use.
- MCB agreed to discard use of Esophageal Detector questions, "Tube Secured with" and "Name of provider verifying placement" in the current version of the software.
- In the next version of the software the MCB discarded several fields including: date and times for deciding to use and stop using airway, Airway being confirmed (already identified in procedure), type of individual confirming placement and crew confirming placement.
- MCB agreed to collect next year: airway grade, tube size, tube depth, indications for invasive airway, airway confirmed method, airway complications encountered, suspected reasons for airway failure.
    - Also suggested we might want to look at question asking if video or blade laryngoscope was used for intubations.

Will look at adding validations and reorganizing airway confirmation fields to make it easier for providers to realize they need to fill this stuff out.

Decision: Agreed to recommendations, see above.

EMSC – Houston

- Houston presented the board with an updated EMS Quick Reference Guide.
- A Child Restraints Instructor Course will be next Friday from 08:30 – 12:30 at the Fire Academy.
- The grant for car seats has 9 applicants so far, Houston will be reviewing them soon.

Discussion: It was asked if the EMS Quick Reference Guide would be available on the internet and was replied, yes the Bureau would be putting up on their website.

Decision: None

PIFT - Blanchard

- The PIFT group met and agreed on the following PIFT renewal requirements:
  - The PIFT Renewal training will be updated to reflect 8 hours of continuing education in the field of interfacility transfers.
  - The PIFT renewals will be cycled to renew on December 31st to allow for continuing education to be built into Paramedic refreshers, if needed.

Bedside In-service: Recently it was brought to the Bureau's attention that there are devices not covered in the PIFT training that, with bedside in-servicing, could be safely managed by a PIFT paramedic. The Committee was seeking the board's advisement on how such could be worded.

Discussion: Hirsch suggested modifying the language used for medication to something similar for devices; this would allow for not only bedside in-service but also for the paramedic to look up the device before transferring. Odell countered and stated Paramedics had drug guides to refer to for medications, but there is not anything similar, that he is aware of, for unforeseen devices. Paramedics from the audience support Odell's statement and feared this could push one to work outside their scope of practice.

Decision: Table until May and work on suitable language which is safe for the Paramedic to receive bedside in-service on simple or low risk devices.

Other Business - None

Adjournment: 11:15

Next Meeting: May 16, 2013 – Fire Academy – Concord, NH

Respectfully Submitted,

Tom D'Aprix, MD, Chairman

Prepared by Vicki Blanchard, ALS Coordinator