NH MEDICAL CONTROL Board

NH Fire Academy
Concord, NH

MINUTES OF MEETING
July 18, 2013

Members Present:	Kenneth Call, MD; Tom D'Aprix, MD; Frank Hubbell, DO MD; David Hirsch, MD; Ray Kelly, DO; Patrick Lanzetta, MD; Jim Martin, MD; Douglas McVicar, MD; Jim Suozzi, MD
Members Absent:	Joseph Leahy, DO; Mathurin Malby, MD; Thomas Trimarco, MD
Guests:	Jeanne Erickson, Steve Erickson, Janet Houston, Eric Jaeger, Sue Prentiss, Matt Greenston, Paul Leischner, Fred Heinrich, Aaron McIntire, Jason Preston, Stacy Meier, Mark Hastings, Grant Turpin, Jeff Stewart, Harry Wallus, Mike Foss, Mary Ellen Gourdeau, Scott Schuler
Bureau Staff:	Vicki Blanchard, ALS Coordinator; Richard Cloutier, Field Services; Kathy Doolan, Field Services Coordinator; Shawn Jackson, Education Coordinator; Perry Plummer, Director

Welcome:

The meeting was called to order at 09:00.

Introductions were made.

Approval of March 2013 Minutes:

Discussion: None

Decision: Martin moved to accept the minutes as corrected, Call 2nd. VOTE passed unanimously.

1. Bureau and Division Updates:

(See EMS Briefing from Chip Cooper at the end of these minutes)

Status of Bureau Chief and Director Positions:

Director Plummer explained the selection process for the Bureau Chief and Director's postions. The Bureau Chief is through the Division whereas the Director's position is chosen by the Commission and put to the Governor for appointment. The Division just completed an assessment on 3 Bureau Chief candidates and have chosen the top candidate. They have offered the position to that candidate and are awaiting to hear whether he accepts. The Director explained that the assessment was an all day process with an interview panel of 8, made up of various EMS boards, committees, and associations, including the MCB and Coordinating Board. The panel was broken up into 2 groups and the candidates went through 2 separate oral boards as well as perform for a customer service scenario and legislative scenario. In the end both panel groups had

similar scores for the top candidate and are very confident they have the best person for the job.

Discussion: Suozzi who was on the panel stated it was an impressive and rigorous process. Meier, also on the panel, stated that the panels each concluded independently a clear and definite top candidate.

Decision: None.

2. Membership:

D'Aprix informed the group that the following members have been reappointed to board:

Call, D'Aprix, Leahy, Malby, Martin, McVicar.

Fore was not re-nominated by regional EMS council

3. Coordinating Board Update – Hubbell:

No report as Hubbell was unable to attend the last Coordinating Board Meeting

Discussion: Blanchard stated she would send out a copy of their minutes for review.

Decisions: Minutes to be circulated to the board.

4. Trauma Systems:

(See EMS Briefing from Chip Cooper at the end of these minutes)

Discussion: None

Decision: None.

5. Trauma Medical Review Committee – Call:

Call reported that he attended his first committee meeting and is in the process of understanding the trauma system designation process. At the meeting, they reviewed SNHMC and Cottage Hospital, but have not finalized.

Discussion: None.

Decision: None.

6. Protocols – Blanchard/Suozzi:

- Hazardous Materials Protocol: Updated the Material Safety Data Sheets (MSDS) to Safety Data Sheets (SDS) to align with National verbiage.

- Mass Casualty Protocol: No change

- Radiation Protocol: No change

- Spinal Injuries:
  Suozzi explained to the board that NH and CT are the first states to look at this. It is a change in concept from spinal immobilization to "Spinal Motion Restriction" and ruling someone IN

to the protocol rather than ruling someone OUT, as the current Spinal Assessment Procedure does. Additionally, he pointed out that the protocol is missing a box for interfacility transfer, which will be added back in. It is being presented today for feedback and the committee expects to have a final draft for the September meeting.

Jaeger added that the protocol committee has much enthusiasm over the protocol and recognize it will require a huge education component. Additionally, the committee's recommendation to the board is that once the protocol is accepted, to roll it out mid-protocol-cycle, so that it is a stand alone rollout and not part of the 2015 rollout.

Discussion: D'Aprix, referring to the penetrating injury bullet, which states, not to immobile patients with penetrating trauma such as gunshot wounds or stab wounds, questioned why it was under the section on patients requiring spinal motion restriction. The committee will rework that bullet into the PEARLS section.

Heinrich questioned the language that talks about minimizing movement, but then says to remove them from the board. He stated it was confusing to him, and asked if that meant they should evolve to only using a scoop? Jaeger reassured that they would rework that sentence to make it less confusing.

Leischner agreed that education was going to be key component to the success of this protocol, and not only with the providers but also the nurses and physicians. D'Aprix agreed, but added that he hears people talking about it now, and does not think it will be an uphill battle.

Martin expressed concern in educating the Boston Hospitals, as his providers already get flack when they bring trauma patients down who have been cleared before transport. Suozzi stated that with the addition of the interfacility transfer box, it will help support the providers when going to Boston.

Decision: Accept the Mass Casualty, MCI, and Radiation Protocols as presented and send the Spinal Injury back to committee to rework the penetrating trauma, add an interfacility box, and clarify the limiting movement bullet.

7. EMS-C – Houston/Jaeger:

Houston reported on the Hospital Pediatric Readiness Assessment, stating the process was winding down and NH was 88% complete, with just Cheshire and Speare left to complete. She added that NH is scoring as one of the highest states with percentage of participation, and is very happy.

Jaeger introduced the new EMS-C webpage: http://www.nhpediatricems.org. The site was projected and navigated shortly for the board and audience to get a flavor of its content. Jaeger also explained that they have started a Twitter account which can be accessed by clicker on the Twitter icon. Houston also handed out postcards with additional information on the site.

Discussion: All liked the site and complimented Houston and Jaeger. Jaeger stated they would welcome input and feedback.

Decision: None.

8. Critical Care Update – Blanchard/Prentiss:

Prentiss reported that since the May MCB meeting the CCT group has met twice. At the first meeting they discussed the ventilators and have a recommendation to send to the protocol committee. At the second meeting they discussed the critical care level in NH. The group has a sense that there is a problem, but we do not have the data to prove it one way or another. The plan is to do a survey to get data. If the data shows there is a need, do we expand PIFT, do we make it a licensure level? The committee then put together a straw man to outline what CCT might look like.

Hirsch, the MCB representative to the committee, added that the intent was not to replace DHART, but an alternative when they are not available, but what it will look like, we do not know yet.

Discussion: D'Aprix stated that hospitals do not want to send staff and we need to do what is best for NH, and feels PIFT is maxed out.

There was further discussion regarding staffing, partnerships and consortiums. It was agreed the next step was for the committee collect data to define the need.

Decision: Committee to move forward and develop a survey for data collection.

9. Update on New England Regional Protocols - Suozzi:

The New England Regional Protocols are adopting the NH formatting. Vermont will soon be releasing their protocols using our format and Massachusetts is also looking at our design.

Discussion: None

Decision: None

8. Community Paramedicine – Schuler

Schuler, a member of the Community Paramedicine subcommittee, reported that the subcommittee has been spending their time researching the traditional course curriculum versus a non-traditional, modular approach for the Community Paramedicine Prerequisite. The thought process, at least to get off the ground, is to form a multi-disciplinary group to review programs and begin to build some modules, such as for COPD or CHF readmission reduction. Then as the program grows and our modules grow, see how they fit into a traditional course.

Discussion: There was discussion surrounding the need to identify gaps in the communities and how to work with the other home health agencies to fill those gaps and not compete.

Decision: MCB supports the subcommittee to move forward and look at a multi-disciplinary group and modules.

Topics ad libitum:

None

Adjournment: 11:25

Next Meeting: September 19, 2013 – Fire Academy – Concord, NH

Respectfully Submitted,

Tom D'Aprix, MD, Chairman

Prepared by Vicki Blanchard, ALS Coordinator

EMS Briefing from Chip Cooper, Acting Bureau Chief

July 18, 2013

I apologize that I was unable to be at this meeting today. I am in Minnesota at the Image Trend User's conference. They are unveiling their vision and some software mockups for our transition to the NEMSIS version 3 dataset next year. I am also getting a chance to network with EMS leaders from other states, especially the New England states, and that always helps to strengthen our relationships.

Director and Bureau Chief: Jeff Phillips or Perry Plummer will be talking about both of these issues, if they haven't already.

EMS Bulletin
In progress, working on this long-distance with our pinch-hit editor means this may be done today some time. I apologize that I didn't have this printed for you, but we will email it out as soon as it is ready.

Trauma Programs:
The Trauma Coordinator position is open as most of you know. We won't begin looking at filling this position until after a BC is in place. After that, we need to evaluate whether the position description will be modified to include Stroke and STEMI to become a systems-of-care coordinator. There are statutes that define the oversight of the trauma system, but obviously not STEMI and Stroke. Additionally, there are not yet clearly defined national criteria for Stroke and STEMI designation-although we seem to be getting closer to having these criteria. These factors need to be considered in changing the position description, because there will be no statutory authority for any over sight for STEMI or Stroke.

The Statewide Trauma Registry is still in progress. We are trying to finish shoe-horning our 2 pages of requirements into the 80 plus pages of legalese required by DOIT and the state to be able to post the RFP. Once that has been done and one of the two possible vendors have been chosen, We will need to turn the RFP and more legalese into the contract, and then get that approved by multiple people in DOIT, then get it reviewed by the business office and AGs office (twice). After that it can go to Fiscal Committee to accept the grant funds before finally going to the Governor and Council to have the contract approved.

Trauma Designations: There is one active trauma designation review in process. The TRMC has created a designation sub-committee that is working on scheduling the site review. The trauma designation system will be reviewed again starting in January after ACS comes out with their updated designation system, which is expected to include criteria for level four facilities.

Trauma Conference: the date and location has been scheduled and some speakers have been contacted. We will be identifying a part-time person to coordinate the conference.

Sporting Events with large numbers of participants. Recently, we had an event in NH called Tough Mudder. This event had between 12,000-15,000 participants, plus spectators. The Tough Mudder group had a contracted safety and medical support agency from out-of-state whose primary mission seemed to be to make money. They had a medical support plan that looked good on paper, but was really just a straw-man. The agency also appears to work on the principal of asking for forgiveness, rather than permission when it came to coordinating

with states and local medical resources. Unfortunately, when we looked at the recently developed Preplanned Medical Standby Coverage plan, the criteria didn't really fit this type of event. The PPMSC plan was intended for small sporting events like baseball and football games, or fairs or camps. In these events, there could be a relatively large number of people in attendance, but there is a relatively small number of people doing something risky. However, in an event like Tough Mudder, or a triathlon, the opposite is true, where you tend to have a large number of people doing risky activities and a small number of people watching. These type of events require a different plan of response that includes a triage and tracking system, minor and major treatment capability and ability to expand for catastrophic events. This plan would require a defined medical director and relationship with a hospital. We will be working on this plan with the Coordinating board starting today.

Line of Duty Deaths: The police and fire in NH have defined statutes for a response plan to line-of-duty death. These plans augment the federal Public Safety Officer Benefits plan and are well developed. Due to a recent event, we have discovered that EMS has no such plan in place. We have begun working with the Fire Marshals office, medical examiners office and other agencies to create legislation language to bring forward for adoption. Governor Hassan's office has already been informed about this issue and the Governor has promised full support in working on this legislation.