

## NH MEDICAL CONTROL BOARD

NH Fire Academy  
Concord, NH

### MINUTES OF MEETING September 19, 2013

**Members present:** Tom D'Aprix, MD – Chair; Kenneth Call, MD; Ray Kelly, MD; David Hirsch, MD; Jim Martin, MD; Douglas McVicar, MD; Thomas Trimarco, MD; Jim Suozzi, DO; Joseph Leahy, MD.

**Members absent:** Mathurin Malby; Patrick Lanzetta; Frank Hubbell.

**Guests:** Mark Hastings; Steve Erickson; Jason Preston; Aaron McIntire; Bruce Goldthwaite; Jonathan Vacik; Michael Pepin; Kevin Blinn; Sue Prentiss; Stacy Meier; Eric Jaeger; Jeffrey Stewart; Jason Grey; Fred Heinrich; Richard O'Brien; Grant Turpin; Mary Ellen Gourdeau; Jeanne Erickson.

**Bureau Staff:** Vicki Blanchard; Richard Cloutier; Kathy Doolan; Shawn Jackson.

#### **Welcome:**

The meeting was called to order at 9:15 a.m.

Introductions were made.

Chair D'Aprix mentioned that Dr. Jon Vacik (CMC) was present because he has been nominated by the Region II for membership on the board. He will attend and participate in several meetings to allow time for other Board members to get to know him.

#### **Approval of the July 2013 Minutes:**

J Martin moved to accept the July minutes, Leahy 2nd.

Vote: Passed Unanimously.

#### **Coordinating Board Update – Hubbell:**

No update/report as Hubbell was absent.

Minutes had been distributed for the membership to read.

D'Aprix expressed concern as he had been informed that Hubbell had only attended 1 out of 3 meetings since his appointment. He will contact Hubbell.

#### **Trauma Medical Review Committee – Call:**

Call reported that at the standard bi-monthly meeting there was a subcommittee appointed by Dr. Gupta and they prepared a summary which Call read. The goal is to improve care for patients, not to make it difficult. The criteria for Level 4 Trauma Centers would be revised, there will be a website created, including checklists and spreadsheets for those wanting to gain certification at either level. The most significant motions were: as of January 1, 2015, designation reviews for the state will only be conducted for Level III & IV trauma centers. Those hospitals wishing to obtain Level I or II designation must have a successful verification visit by the American College of Surgeons – Committee on Trauma. Current

recommendation is to shorten the review cycle from 5 years to 3 years. The 3 year cycle will begin with each hospitals next reviewed.

### **Bureau Report – Mercuri: (via remote)**

New Bureau Chief Nick Mercuri participated via remote. He had an update on the Rules which have gone to the attorney and will be before the CB this afternoon. The Rules have had definition and formatting changes to bring them more in line with the AEMT and the changes they have had. There will be some changes regarding complaints and some consistency changes from one section to the other.

Trauma Conference is November 22<sup>nd</sup>. Eric Jaeger will have more on that.

As for web updates, Chief Mercuri said that it is the goal to have all license renewals available on-line. Also working with the Bureau of Hearings about investigations, hoping to be able to look back after an investigation is closed to see what went well and what did not.

Bureau Chief Phillips had an update regarding the Director's position. He said Deb Pendergast's name will be going before Governor & Council on Oct. 2<sup>nd</sup> and hopefully the process will move forward and thereafter Deb will be taking her place as Director of FST/EMS.....sometime later in October.

### **Trauma Conference Update**

Eric Jaeger updated everyone on the upcoming Trauma Conference as follows: the date is November 22<sup>nd</sup> at the Mountain View Grand Resort in Whitefield. He said it will only be one day and be more focused. He says they have some terrific speakers lined up and will have more information for EMS providers this time. Dave Mooney, from Children's Hospital, will be there to talk about the Boston Marathon Bombings and the preparation for that kind of event and also the events of that day. They will also talk about the new spinal trauma protocol. There will also be paramedics and nurses speaking.

### **Protocols**

Jim Suozzi went over the changes and updates. There was an insert in everyone's packet. There was a discussion and review of the drafts submitted.

Spinal Trauma: Discussion on the particular sentence regarding, "Patients who have experienced a high risk mechanism..." Jaeger suggested language to re-word and will get the language to Blanchard. Protocol accepted with language change.

Adrenal Insufficiency: Brief discussion of possibly added Solumedrol to the protocol, however Protocol Committee had already investigated and evidence proves SoluCortef is the preferred drug. Protocol accepted as presented.

Anaphylaxis/Allergic Reaction: Lengthy discussion on whether diphenhydramine should be included at the AEMT level. The discussion evolved around role creep and remaining consistent with the National Scope of Practice versus allowing an over the counter medication to be administered by an AEMT. A vote was taken to not include it. Vote: Yes-3, No-6.

There was a request to include Solumedrol in the protocol; it was decided to send back to the Protocol Committee to produce evidence for or against Solumedrol for the anaphylaxis. This medication was removed for the 2013 edition of the protocols as there was no good evidence at the time that helps in the acute phase of anaphylaxis.

Apparent Life-Threatening Event: Accepted as presented.

Behavioral Emergencies: Returned to the Protocol Committee for literature review of IM dosing intervals of benzodiazepines and consideration of adding droperidol.

Fever: Accepted as presented.

Hypothermia: Asked that the Bureau staff inquire as to why the hypothermic thermometer was removed from the required equipment list. Accepted as presented.

Nausea/Vomiting: Short discussion if AEMTs could administer ondansetron ODT; in light of the diphenhydramine discussion, the board rejected the request. Protocol accepted as present, without the move of ondansetron to AEMT.

### **Critical Care Update**

Sue Prentiss gave a brief update. She said the Committee met late August and talked about potential data sources to help with any problem. It was decided to do three things: ambulance services that continuously do interfacility transport would be the best source of information. It was decided to have them complete a survey to find out the kinds of requests they are getting. Going forward, Chip Cooper is working with TEMSIS on a way to record the transfer requests and pull the records from TEMSIS. Additionally, gathering information from area hospitals as to what they are sending out and if they are able to keep track of this information. They would like to put the survey together with a letter signed by the Bureau Chief and get this out as quickly as possible.

### **New England Regional Protocols – Update**

Chair D'Aprix mentioned that Vermont has adopted NH protocols almost in their entirety; Maine is in process of putting theirs into the same format as ours, as well as is Massachusetts; Connecticut does not have statewide protocols, so will be starting off following something very similar ours; not sure where Rhode Island is in the process, but may also be adopting ours. There has been talk of adjusting the time schedule so that all of the five participating states are on the same rollout schedule. It could potentially be moved to March or April. The goal is to have this serve as a national model.

There was some discussion about adjustment of the timing schedule.

PEGASUS project – Chair D'Aprix said there is a grant to develop evidence based pediatric guidelines and how these are implemented throughout the New England states. They will be looking at the following protocols: pediatric shock; spinal immobilization; airway management; anaphylaxis. There is a workgroup being set up, which Eric Jaeger and Sue Prentiss are already involved in. If we are to participate we need to agree to share de-identified patient data both pre and post implementation.

More details to follow as the process develops.

### **Narcotic Diversion**

It was decided to discuss this in more depth at the next meeting (Nov. 21<sup>st</sup>). D'Aprix asked everyone to consider their own narcotic policies and bring ideas with them to the next meeting about ways to tighten up the process so as to minimize the potential for diversion.

### **Provider Safety**

There have been several recent incidents involving assault against EMS providers. This is a risk we have all merely accepted in the past. Should we simply accept as the cost of doing business? Or, is it time to consider the safety of the provider and as a system find ways to mitigate these risks? D'Arpax asked everyone to bring ideas for discussion to next meeting.

**Adjournment:** 11:50 a.m.

**Next Meeting:** November 21, 2013 – Fire Academy – Concord NH

Respectfully Submitted,

Tom D'Aprix, MD, Chairman

Prepared by:  
Denice McAdoo, Executive Secretary

DRAFT