NH MEDICAL CONTROL BOARD

Richard M. Flynn Fire Academy
Concord, NH

MINUTES OF MEETING
November 20, 2014

Members present: James Suozzi-Chair; Kenneth Call, Thomas Trimarco, Joshua Morrison, John Seidner, Frank Hubbell, Mathurin Malby, Harry Wallus, Brian Sweeney, Douglas McVicar

Members absent: David Hirsch, Patrick Lanzetta, Joseph Leahy, Jonathan Vacik, Nick Mercuri

Guests: Jeffrey Stewart, Aaron McIntire, Paul Leischner, Richard Riley, Jason Grey, Pam Drewniak, Janet Houston, Andrew Merelman, Chris Gamache, MaryEllen Gourdeau, David Rivers, Fred Heinrich, Eric Jaeger, Mark Hastings, Kevin Blinn, Patrick J. Twomey, Steve Erickson, Jeanne Erickson, Richard Cloutier, Joel Coelho, Sue Prentiss

Bureau staff: Jon Bouffard, Vicki Blanchard, Chip Cooper, Shawn Jackson

Welcome:
The meeting was called to order at 9:00AM, and introductions were made.

Approval of the September, 2014 Minutes:
John Seidner moved and Frank Hubbel seconded the motion –passed unanimously.

Membership:
The following membership nominations were ratified:

- Region II: John Seidner, new member, Elliot Hospital
- Region III: Harry Wallus, new member, Parkland Hospital and Portsmouth Regional Hospital
- Region IV: Joshua Morrison, new member, Lake Region General Hospital
- Region IV: Dave Hirsch, renewal, Concord Hospital

Frank Hubbel moved to accept, and the motion was seconded by Thomas Trimarco – passed unanimously.

Bureau/Division Updates – Deputy Chief Jon Bouffard
Committee of Merit Awards – appreciation was expressed to all who attended. This year, awards were presented to the following:

- Kathy Higgins-Doolan – Connor Honor
- Tony Maggio – Achievement Award
- John Snow – Educator of the Year
- Rob Atwater – EMS Provider of the Year
- Waterville Valley Public Safety - Unit of the Year

MIH – planning meetings are being held with DHHS and other partners. The protocol and application are basically complete. There will be a stakeholders' meeting on Nov. 25, 2014. The next step is to review documentation and discuss further the education that will be involved. The launch date should be not too far after the start of the new year. Work still remains with DHHS on a rule change.

EMS in the Warm Zone:
The final draft is almost complete for the ACEPS group, and we anticipate publication after January 1 for the best practices document.

Investigations:
There will be an update at the Coordinating Board this afternoon. There are some misconceptions with the process in the community. Richard Cloutier has a program that he presents out in the public; people are encouraged to contact him. The education slides are available on the website. Points of emphasis:

- Your license as a provider means that you act safely and you are a patient advocate.
- The public expects that anyone with a license must be competent.
- Your license is tied to your employment.

Governor's Task Force on Opioid Addiction; recommendations have been completed. EMS, Police, Fire, people from the Attorney General's Office, and some addiction specialists were on the task force.
Ebola:
Protection is paramount. Infection control processes should be the focus rather than on specific diseases.
We are working with DHHS to come up with some NH EMS specific guidelines and more train-the-trainer classes for infection control equipment and the utilization of such.

Coordinating Board Update – Frank Hubble

The Board has passed a best practice for mass gathering events and this has been posted on the web.
Work continues on updating the rules regarding provider notification when under investigation. The chair has consulted lawyers about the language used and will be reporting back to the committee during this afternoon's meeting.

Trauma Medical Review Committee – Kenneth Call

Dr. Rick Murphy, from Concord Hospital, is the new Chairperson, and Gary Curcio is the Vice Chairperson.
The first order of business for the committee is in removing the "dead wood".
A subcommittee was put together to look at our RSA and the make-up of the committee. The current RSA membership is dated.
The committee approved Cottage Hospital for a Trauma Level IV status. In addition, all of the hospitals in NH have now received the guidelines required for designation.
The Trauma Conference in Whitefield was held on Nov. 7, 2014 and was a success with 160 attending.

TEMSIS Update – Chip Cooper

Manish Shah, from the PEGASUS Project, spoke about the pediatric project at the Maine EMS Conference. He will be at the next protocol meeting on Dec. 12th (Webex meeting) and also at the January MCB meeting in person. The New England data managers met to look at the New England data and how protocols are implemented. VT and ME have rolled out the spinal motion protocol, and they talked about looking at data between all three states in the spring. Shaw will look at one year retrospective data and one year going forward as the states begin to implement the new protocols based on HRSA.
Chip has been setting up data quality reports for EMS units, and those reports will show up as emails. He has also been working on a narcotic use report regarding the use of fentanyl and Narcan use and has most of the kinks worked out; towns that want the data should contact Chip.
There was a discussion about TEMSIS and Aspirin "garbage in/garbage out", specifically that of the patients who had chest pain. Only about 50% reported giving aspirin, for example, but when the narratives were read, it was found that actually 70% were giving aspirin. 25% are not getting anything, or it is not getting documented.

Education Update – Shawn Jackson

House Bill 1603, the EMT-I grandfathering bill, has been abandoned.
Our AEMT's continue to test higher than the national average, with a 66% pass rate the first time and 77% overall.
NCCP – and I/C and training officers update was given last week. NCCP began on October 1st for those providers expiring on March 31, 2015. They will take a self-assessment between now and March 31, 2015; then, their next refresher cycle will begin on April 1, 2015 with continuing education competencies as outlined by the National Registry of EMT's. It will include national, local/state, and personal material. The Bureau will be setting up a task force to see what should be included in the local material. Currently, this is a pilot program, and administration has decided that this will be an optional program for NH providers; however, it will probably become mandatory by 2017 or 2018.
Ad Hoc Committee: The Commissioner put together an ad hoc committee to look at the refresher scandal that occurred about 4 years ago. At that time, they decided to audit all courses. After reviewing the audits, the committee decided to put the scandal behind them. They will move from an audit process to a peer review process.

Pearson Vue Mobile Exam: This is going well; more than15% of the AEMT students are using it. Maine is now looking at our model.

Protocol Updates – Vicki Blanchard

Acute Coronary Syndrome (ACS):

Paramedic: Switched fentanyl before morphine and made the fentanyl dose the same as pain. No discussion.

Bradycardia – Adult:

Under Paramedic heading, added Norepinephrine as the first line infusion medication; then reordered dopamine and epinephrine infusion so that epinephrine was before dopamine. A discussion ensued as to whether or not adding norepinephrine was following the AHA guidelines. Dr. Suozzi stated that they wanted to keep the pressor infusion consistent in the protocols; Dr. Trimarco agreed, adding that norepinephrine is the medication of choice for sepsis and this would allow a unit to only keep one pressor in their drug box. Further, it was discussed that the new AHA guidelines would not be out until the Fall of 2015, after the protocols were released; if there was a significant change they could discuss a mid-cycle change at that time.

Vote: Dr. Seidner moved to add norepinephrine as the first line pressor infusion medication followed by epinephrine infusion, then dopamine. Dr. Hubbel seconded the motion. Passed: Yes 9 No 1.

Under Paramedic calcium channel blocker overdoses, the medication, calcium gluconate, was added. No discussion.

A member of the audience asked if under the atropine dosing we should add IV "push" or "rapid push"; it seems some providers are pushing it slowly over a couple of minutes. It was decided to address this during the Protocol rollout.

Congestive Heart Failure (CHF):

At the AEMT level, sublingual nitroglycerin was moved from the paramedic level to AEMT and saline lock was added.

In the Paramedic heading, the nitro drip was increased from 5 mcg/min q 3-5 min up to 20 then 10-20mcg/min up to 400, to 20 mcg/min and then increasing 10-20mcg/min up to 400.

The furosemide, PEARL, was removed as it has been out of the protocols for 2 cycles now.

Asthma, COPD, RAD - Adult

In the EMT section, "additional doses of MDI after first 4 doses with medical control" was added.

AEMT: Before it was 3 DuoNeb followed by either albuterol or Duoneb 4 times. Now, it is 3 DuoNeb followed by albuterol only without a maximum dose.

No discussion.

Bougie Assisted Surgical Cricothyrotomy – Adult

This is a new protocol; the paramedics will have to take an online training in order perform. No discussion.

Left Ventricular Assist Device (LVAD)

Section 6 – Vitals: there was clarification regarding how unreliable the blood pressures were; also removed the reference to mean arterial pressure.

Under "Treating the LVAD Patient", number 3, sentences were added to explain that if the pump stopped, the patient would revert back to their underlying rhythm and not into immediate asystole.

It was noted there were some grammatical corrections where "an LVAD" was written but should be "a LVAD". Vicki Blanchard will correct. No other discussion.

Patient Status Determinants

The language was updated in accordance with The National EMS Core Content and ACEPs' Model of Clinical Practice of Emergency Medicine.

There was a small discussion on changing Status IV from a deceased patient to a non-transport call.

Immunization

Protocol committee recommended moving from the Paramedic level to the AEMT level.

Vote: Douglas McVicar moved to add AEMTs to the Immunization Prerequisite Protocol, Brian Sweeney 2nd; vote passed unanimously.

Bariatric Project – There is a bariatric online education module that is being put in the education technology queue for development. This is the only update available at this time.

Critical Care Update – Vicki Blanchard and Sue Prentiss

The committee met and went over the Interfacility Transfer Protocol. Updates were made that will be presented to the Protocol Committee in January, 2015.

Drug Diversion Meeting – Jeffrey Stewart

The committee has been meeting every other month and is currently working on language to be added to the Medical Resource Agreements (MRH), including notification of a Medical Director if drugs are missing or have been tampered with. In the long run, the committee would like to see a rule change, but in the interim, they are working on an addendum to the MRH.
UCDC (Unit Controlled Drug Coordinator) Training is also being planned.
Mr. Stewart showed the Board a matrix that outlined the committee plan for the whole drug diversion project. It included prevention, intervention, treatment, and supportive services at various levels, including the state, MRH, local unit, as well as the individual.
The next committee meeting is on December 11, 2014.

Topics ad libitum

There was a discussion on the naloxone (narcan) shortage in Manchester; specifically a shortage of the prefilled syringes for the intranasal (IN) administration. It was suggested that EMR's and EMT's be trained to draw up narcan from a vial. It was argued that this was outside of their scope of practice and in order to make it happen, another training module would need to be made. Looking at data regarding narcan use, all agreed that Manchester had the highest volume. Manchester also has advanced life support available to them, and so it was suggested that they reserve the prefilled syringes for IN administration to the EMR's and EMT's; when ALS is on the scene, they can use the vials and draw it up.

Adjournment: 11:00AM

Next meeting: Thursday, January 15, 2015

Respectfully submitted,

James Suozzi, DO, Chairperson

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