

NH EMS MEDICAL CONTROL BOARD

Division of Fire Standards and Training & Emergency Medical Services
Richard M. Flynn Fire Academy, 98 Smokey Bear Blvd.
Concord, NH 03305

MINUTES OF MEETING (Approved) March 16, 2017

- Members present:** James Suozzi-Chair; Kenneth Call, David Hirsch, Frank Hubbell, Joey Scollan, Brian Sweeney, Thomas Trimarco, and Harry Wallus (8)
- Members pending:** Patrick Lee (membership confirmed during meeting)
- Members absent:** Trevor Eide and John Seidner (2)
- Bureau staff:** Chief Nick Mercuri, EMS Deputy Chief John Bouffard, Captains Vicki Blanchard and Chip Cooper, and Administrative Assistant, June Connor (5)
- Guests:** Craig Clough, Nathan Denio, Jeff Dropkin, Jeanne Erickson, Steve Erickson, Louis Fischer, Christopher Gamache, MaryEllen Gourdeau, Thomas Greig, Mark Hastings, Stephanie Locke, Aaron McIntire, Andrew Merelman, Tim Monahan, Rick Murnik, Brian Nicholson, Richard O'Brien, and Grant Turpin (17)
- Guest Speaker:** Christina Swanberry, Concord Hospital Stroke Program Manager

I. Welcome

The meeting was called to order at 9:00AM. A quorum was present with 8 members present when the meeting began.

A. Introductions / Disclosures / Membership

Dr. Hubbell brought along a medical student, Louis Fischer, who is doing a medical rotation.

Dr. Patrick Lee's letter from Region II arrived during the meeting. His term will expire on March 16, 2020.

II. Approval of the January 19, 2017 minutes:
Motion made (Hubbell/Call) – to approve the minutes from the January 19, 2017 MCB meeting; passed unanimously.

III. Division/Committee Reports

A. Bureau of EMS and Division Updates – EMS Deputy Chief J. Bouffard

Clinical Systems:

- 2 Trauma reviews are completed and there are 4 more to go.
- Protocol update will be combined with the Scope of Practice modules.
- The Governor just approved the hiring of a Simulation Coordinator; the start date for the new person is slated for March 31, 2017.
- By April 1st, all of the new equipment should be here for the sim program.

EMS Data:

- Todd Donovan will speak at the ImageTrend Conference for his “Todd’s RODS” project (**R**evised **O**ver**D**ose **S**core).
- Todd is also working on a 12-Lead PI report.
- The data analyst position has been offered and is in process.

Operations:

- 1,517 licensees yet to renew
- About 200 people are currently in the queue; background checks are holding up about 49 people right now. On the BEMS end of the process, people are waiting about a week up front and a week at the end. Lapsed providers are getting pushed to the top; as soon as their background checks come in, their temporary licenses will be out by the end of the day.

EMS in the Warm Zone Operations:

- In production; close to beta testing.

B. Coordinating Board Update – Frank Hubbell

- The CB will meet this afternoon, March 16, 2017 at 1PM.
- The most recent CB meeting was held on January 19, 2017.
- Highlights of the meeting:
 - * The CB members voted to approve the EMS Diversion Best Practice Guide and make it available as an EMS resource.
 - * The “Informed Consent” sub-committee was re-formed, and a discussion ensued about college towns being most affected by

this topic involving protection/liability issues for providers who encounter patients who refuse to be transported.

- * The “Instructor/Coordinator” sub-committee will be reconvened.
 - * The CB members discussed the roles of the EMS regions and their new involvement in the QA process, which is going to be very important going forward in terms of the reimbursement process.
 - * The CB members decided that an EMS employment reporting system to track those who leave one employer and go to another when they are under investigation has no traction at this point in time.
- After this afternoon’s meeting, the next CB meeting will be held on Thursday, May 18, 2017.
 - Here is the link to the minutes from the CB meetings:
<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

C. Trauma Medical Review Committee – K. Call

- The last TMRC meeting was held on February 15, 2017.
- Highlights of that meeting included the following:
 - * A “Reviewer” workshop was held on Feb. 1st and will be held annually.
 - * The group stressed the importance of updating the 2010 Trauma Plan. The task was divided up amongst the sub-committees.
 - * The Pre-Hospital sub-committee reported that trauma system training modules will be released along with the protocol roll-out.
 - * “Knowledge Center” will be used to keep the hospital capabilities matrix up to date.
 - * Debra Samaha presented a lot of information during her Injury Prevention report; please see the minutes for details.
 - * The Process Improvement sub-committee is experimenting with how best to wade through data and also recognized the importance of state involvement.
 - * The TMRC voted to recommend to the DOS Commissioner that Dartmouth Hitchcock be officially designated as a State Level One Adult and State Level II Pediatric until January 30, 2018 due to their successful completion of an ACS verification.
- The TMRC will meet again on April 19, 2017 at 9:30AM.
- Here is the link to the minutes from the TMRC meetings:
http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

D. Drug Diversion – R. O’Brien for Jeffrey Stewart

Now that the Best Practices document is completed, the next task for the Drug Diversion sub-committee will be to start working on the training program for the UCDC’s and the providers, in general.

IV. Protocol Committee – Blanchard/Suozzi

A. Stroke Collaborative/Stroke Protocol guest speaker – Christina Swanberry

Please see the attached document about Ms. Swanberry’s presentation.

B. Protocol report below provided by Vicki Blanchard:

Orotracheal Intubation: Re-written to include more detail and the post tube placement care updated to include Ketamine as the first line medication or the patient may be given fentanyl and a benzodiazepine.

Bougie/Flexguide: Additional detail added to the procedure.

Ventilator: No change

Surgical Cricothyrotomy Bougie Assisted: Additional detail regarding provider location and use of their dominant hand.

Trauma Triage and Transport Decision: This protocol was updated to add in the transport decision that if the patient cannot be transported to a Level I or II trauma, the patient then they should go to the nearest trauma center (preferred) or acute care hospital with an emergency department. Additionally the protocol was update to remove the term to notify a “trauma alert” and was replaced with “contact destination hospital and activate the trauma system in accordance with local guidelines”. Finally, there will be link to a website with additional information regarding hospital demographics and capabilities.

Childbirth and Newborn Care: the Childbirth protocol and the Newborn Care protocol were combined into one. More detail regarding if umbilical cord is wrapped around infant’s neck, to slip the cord over the head prior to delivery. If after multiple attempts you are unable to slip cord off the neck, clamp and cut the cord between the clamps. There will be additional education in the protocol rollout on this procedure as well as how to secure a patient in the knee-chest position.

Nerve Agents Organophosphate: Added language regarding the activation of the local CHEMPAKS and updated the pralidoxime administration to an infusion over 15 – 30 minutes.

Nausea/Vomiting: Studies show inhaling isopropyl alcohol can relieve nausea. A new bullet was added to the EMT section stating, “for nausea allow patient to inhale vapor from isopropyl alcohol wipe 3 times every 15 minutes as tolerated.” And IM was added to a route of administration for ondansetron in the paramedic standing orders.

Newborn Resuscitation: No changes

Septic Shock: Title changed to Sepsis. To align with the CMS core measurement of sepsis, in the Sepsis identification box: Updated the upper temperature range from 100.4 to 101, changed the serum lactate level from > 4 to > 2 and added ETCO2 < 25 mmHg.

Smoke Inhalation: Added a symptoms box.

Syncope: No changes

Motion made (Hubbell/Scollan) – to approve the protocols, as discussed; passed unanimously.

V. Old Business

A. MRH Credentialing

- This topic is not mentioned in the current rules, and the debate is whether or not it should be. In the National Scope of Practice Model, used by most EMS systems, certification is obtained from the Registry, the state issues a provider’s license to practice, and the medical director credentials the provider to practice under their supervision.
- **Please see the attached position statement from NAEMSP and NREMT “Clinical Credentialing of EMS Providers”.**
- Chair Suozzi explained that if a medical director sets up a provider credentialing process it should involve clear guidance on remediation and re-education; it is not as if someone’s credentials can be removed easily. Dr. Hubbell added that the pre-hospital community is not employed by the MRH, and this is where lies part of the difficulty. Dr. Trimarco clarified that medical directors can only decide credentialing based on someone’s medical skill level of practice (paramedic, for example); the EMS agency gets to decide everything else; this is where the entanglement often happens.
- The problem we are trying to solve – This issue has been coming up more and more and needs clarification. There can be conflicts as a result of existing contracts that agencies/departments have with towns. Many towns/agencies fear that their decision making capabilities will

be usurped by MRH's. Chair Suozzi commented that taking away someone's credentialing opens up a medical director to potential law suit. Additionally, MRH's are not legally required to credential providers but EMS agencies have to have agreements with MRH's. If an MRH cannot have any control of any kind in the arrangement, why should they bother?

- Dr. Hubbell commented that if EMS providers were required to go before medical directors every 2 years as part of their credentialing process, this would result in some push back from the EMS community. Others stated that it is a matter of how it's done and that medical directors should know about the skills of the EMS providers within their purview.
- Jon Bouffard commented that a number of years ago, the Coordinating Board voted to support EMS education in the future; credentialing is a piece of that. The question is one of how it can be done and how it can remain local. It is being done on various levels currently; now it is a matter of how it gets formalized.
- Chief Mercuri suggested that a sub-committee be formed to delve into this matter. He added that whatever we come up with and incorporate into the rules has to have a clear cost benefit, per Governor Sununu. The sub-committee should determine what the problem is or the problem to be avoided, what the cost benefit is, what is happening nationally, and what the process should be when there is a problem.
- Dr. Trimarco expressed hesitation as to just how prescriptive the state should be in this matter; perhaps it would be better to have agencies/union shops work things out amongst themselves. Chief Mercuri agreed that the more that can be done at the local level, the better; however, the state could play a facilitation role that could help when problems arise.

Motion (Hirsch/Trimarco) – *for the MCB to recognize, approve, and support the position statement for New Hampshire that is stated in the National Scope of Practice Model that defines the roles of medical directors and their interaction with EMS providers; passed unanimously with one abstention by Frank Hubbell.*

The members of the MCB decided against forming a sub-committee to work on this topic, feeling that there is already guidance available in the existing National Scope of Practice Model.

B. Cardiac Arrest / CARES update – Blanchard/Suozzi

- Kevin Cox, from the Dartmouth Institute, is the CARES coordinator.
- On the state level, a CARES data committee is needed to be able to manage the data.
- HHS uses the Wisdom Dashboard and is interested in having some of the data on that as a state metric.
- The other piece being worked on – Because Kevin Cox is not an employee of the BEMS, we need to figure out how he can gain access to electronic medical records. A draft MOU has gone out to David Hilts.
- The Cheshire and Concord catchment areas and AMR will be pilot sites.
- There is funding for up to 4 new positions for the Maryland Resuscitation Academy in May.
- Plans are underway for the first resuscitation academy in New England; this will be a large event and smaller academies will be held in individual states. The goal is to join with the 25th EMS conference in the fall in the northern part of the state.
- Heart Rescue, a medtronic philanthropy, is giving \$5,000 to the cause.
- Barriers – the uncertainty of the Federal Government’s budget and also how data gets entered into the system by multiple agencies. (Kevin Cox may wind up entering the data for small, rural systems that only have a couple of calls per year.)

C. EpiPens – J. Suozzi

- Program being developed in Vermont; coming out soon.
- The district medical advisors’ meeting is next month, and Chair Suozzi will have an update after that.

D. EMS Rules

Chief Nick Mercuri thanked those who gave input. 4 rule sets were submitted to the Commissioner’s Office yesterday (March 15, 2017).

VI. New Business

A. RSA 265-A Blood Draws by EMS

- The State Lab asked for input from the MCB and CB on the concept of an EMS provider being able to draw blood for a drug alcohol level test from a person who has been charged with a DUI when contacted by that person. This applies to those people charged who are brought

back to the police station to use the intoxilyzer machine. Right now, medical technologists and phlebotomists are listed as being able to do this.

- One of the problems is that those who draw blood for this test can be dragged into court as a witness.
- This is a chain of custody issue.
- The BEMS is looking at current licensing and structure to see if this is something EMS providers can actually do; right now, there is no specific protocol for this situation. It is not known if this would fit within MIH.
- This is also about performing a procedure on a person who is not a patient.

Motion (Hubbell/Wallus) – *to not support EMS providers being able to perform drug alcohol blood draw tests on people who have been charged with a DUI. (Just say “No!”)*; passed unanimously.

B. Push/pull pressors

This will be discussed by the protocol committee at their next meeting and so input is needed. Several members commented, and it was decided that the committee should work on it for the RSI protocol.

VII. Topics ad libitum

- Addition to chem pack discussion – The focus should be on each hospital’s emergency management director because they are all tied in with assessing this process.
- Addition to the push/pull pressor discussion – Cost is a huge factor for pumps. Maine has mandated ambulances carrying pumps. An alternative is a drip calculator which cannot control a patient’s rate but does indicate what the rate is; these are being used in third world countries. They cost about \$400 and run on AA batteries. Pumps are more the standard of care. The BEMS will look into whether or not there is grant money to provide services with pumps. After more discussion and information sharing, the group agreed to think on this for a while; no action was taken or motions made.

VIII. Adjournment

Motion made (Hubbell/Wallus) – *to adjourn the MCB meeting at 11:40AM; passed unanimously.*

Next meeting: May 18, 2017

Respectfully submitted,

James Suozzi, DO, Chairperson

Prepared by June Connor, Administrative Assistant I, Office of the Director, NHFSTEMS