

NH EMS Medical Control Board 2017

NH EMS Medical Control Board MEETING MINUTES (Approved)

September 21, 2017

9:00AM

Richard M. Flynn Fire Academy
Classroom 2, Administration Building
98 Smokey Bear Blvd., Concord, NH 03301

Members present:

James Suozzi, Chair; Kenneth Call, Trevor Eide, Frank Hubbell, Joshua Morrison, Joey Scollan, John Seidner, Brian Sweeney, Harry Wallus (8)

Members absent:

David Hirsch, Patrick Lee, Brian Sweeney, Thomas Trimarco (4)

NH FST&EMS Staff:

Assistant Director Jeff Phillips, Captains Richard Cooper and Vicki Blanchard, Richard Cloutier, Gerard Christian, and June Connor (minutes) (6)

Guests:

Brian Allard, Jeanne Erickson, Steve Erickson, Christopher Gamache, Bruce Goldthwaite, Fred Heinrich, Chuck Hemeon, Eric Jaeger, Stephanie Locke, Aaron McIntire, Michelle Nathan, David Rivers, Justin Romanello, Candace Tierney, Patrick Twomey, Grant Turpin, Nick Valentini (NH CARES) and Kevin Cox (NH CARES).

I. Call To Order

Welcome

a. Introductions / Disclosures / Membership

- Chair Suozzi called the meeting to order at 9:05AM. A quorum was present with 8 members present; one more arrived at 9:10.
 - All those present introduced themselves.
 - Janet Houston was welcomed back and introduced her replacement: Anna Sessa.
- Memberships up for renewal: Region II and Region III. Both are still waiting on the letters.

II. Approval of the minutes

Motion made (Hubbell/Eide) – to approve the minutes from the July 20, 2017 MCB meeting; passed unanimously.

CARES Update

Chair introduced Nick Valentini to update everyone on CARES. Cardiac Arrest Registry to Enhance Survival (CARES). It started in about 2006. Locally, CARES was brought to New Hampshire by Dr. Suozzi and came out of the 2015 Cardiac Arrest Summit. It was brought about because of the need to benchmark cardiac arrest data in the state. CARES links pre-hospital EMS data with E-911 and hospital outcomes data so they can look at the whole picture. It captures about 65,000 cardiac arrest cases per year. In NH they have trained about 10 hospitals and a number of EMS pilot program agencies entering data. CARES is web based. Summary reports can be generated for comparison purposes. Data entry and system set up have been the big barriers to rapid expansion. Those challenges are behind them now.

They are looking to expand to hospitals statewide. The committee's help in this would be much appreciated. Eric Jaeger asked if they were engaged with the hospital foundation and would this help market the program. Nick indicated that they have contacted the hospital foundation and have had a mild amount of support from them. They have had the most success with EMS coordinators. They have also had some success with Get With the Guidelines coordinators. This is kind of CARES for in hospital cardiac arrests. Get With the Guidelines has been very happy to work with them and to have access to the data so they can see both sides of cardiac arrest calls.

Chair Suozzi said this has been an interesting project and there have been some challenges. Moving things on a state level can be difficult. They are slowly moving forward. The next hurdle will be data export that was supposed to be released yesterday. Chip is going to take a look at this. There is no cost for the manual data export, which goes into TEMSIS. Chips says there is some value in the manual process as that means someone has the chance to check the data as it goes in, instead of just hoping it looks okay and finding out later that it is not working.

Chair asked members if any of their hospitals are on board. Nick said hospitals that were linked with EMS were the first to be picked as pilot sites.

NH EMS Medical Control Board 2017

III. Division / Committee Reports

a. Bureau of EMS and Division updates

Assistant Director Jeff Phillips reported the following:

- **Personnel updates:** Deputy Chief Jon Bouffard's position is in the process of being re-classified and hopefully will have a final determination within the next 30 days. Gerry Christian has started, and is in attendance, as the new clinical systems program coordinator. SIM coordinator left us, so we are going to be reposting that position. We have also taken delivery of a new high fidelity trauma mannequin, which brings us up to 5 or 6 mannequins. We have lost our data person and are in the process of hiring for that position, which is part of Chip's group. We have also taken a position from elsewhere in the division and are attempting to reclassify that to another data system administrator position, which will also be part of Chip's group.

As part of our last AFG grant we were granted some cardiac rhythm generator trainers and will be going through the process of purchasing that.

Building updates: Hopefully, by November we will have all new seating in the auditorium. We have gotten grant money to update all of our teleconferencing equipment. We are currently working with IT to upgrade our wireless system, which will be much more stable.

We are currently working internally on organizing the EMS Rules so we can meet with the Coordinating Board on revamping the rules that don't really work now. Criminal Background Checks for new licensees continues to move forward slowly. It is still a much longer process to get someone licensed. We have talked about some legislation to streamline that process.

We had some leftover vouchers that were purchased for transitioning from EMT-I to AEMT, and the National Registry worked with us to convert them to EMT vouchers. The goal is to get more providers. If you have finished a program and can get a letter from a Unit stating you are affiliated, you can get a voucher to take the exam.

We have developed an EMS in the Warm Zone on-line operation class. The next step was to develop it with an 8 hour practical. Unfortunately, it ran into some snags and the 2 people who were in charge took jobs elsewhere. As of this week they were in final testing of the on line portion. Hopefully, in the next 2 weeks this will be deployed. We are currently finalizing the practical portion. We hope to have everything up and running very soon.

b. Coordinating Board update

- Frank Hubbell reported there was no meeting in July; no update.
- Here is the link to the minutes for CB meetings:

<https://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

c. Trauma Medical Review Committee update

- Kenneth Call reported. The TMRC met on _____.
- Highlights of the meeting:
 - * SNHMC was granted one year provisional Adult Level III and Pediatric Level III trauma designation, and that will be extended pending a few deficiencies that will be reviewed and fixed.

* Process Improvement: generally talked about the need to revamp the whole state system. That is a big project.

Drug Diversion: Jeff S. was not present. Chair Suozzi updated. UCDC power points are completed and will be sent to Vicki. He is having trouble sending them because of the size of the file. The suggestion is to have a NHOODLE rollout, which would be ideal, although that might not be the quickest way to get it out. An alternative might be to do in person rollouts throughout the state until NHOODLE can be utilized. Jeff S. still wants to be on this committee and thinks his hours will be better in October.

NH EMS Medical Control Board 2017

- Here is the link to the minutes for TMRC meetings:

https://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html

Protocols

a. Roll-out

The E-Learning Department has lost 2 staff members, so until they are replaced, Vicki Blanchard and Chris Rousseau are working on getting the roll-out completed. Still a few more weeks until they are done. The update section is done, the education section is almost done. New Protocols not done yet.

Chair brought up rounding the pediatric colored appendix doses for discussion/vote. This is being finalized by Mike Flynn.

J. Scollan made motion to allow to round pediatric doses; seconded by J. Morrison. Motion passed unanimously.

b. blood draws/IV starts – treat and release

Issues in nursing homes when EMS gets calls to bring patients to ER because IVs can't be put in. EMS succeeds and don't have to bring in patient. This can be done under Mobile Integrated Healthcare. What happens if there is nothing in place? It forces a plan to be in place. Municipalities will have to run this by town attorneys. EMS also goes to nursing homes to pick up patients off the floor because staff is not allowed to do it. Blood draws and IVs would be the natural next step. Dovetails into the subject of treat and release. Wait for Nick Mercuri to get back to get more information.

Old Business

Epi pens check and inject program – no updates at this time. Protocol rollouts will come first for now.

Epinephrine shortage: Pharmacists are uncomfortable with the alternative. They would rather have AEMTs mix the concentration or have pre-packaged ready to go. AEMTs are not trained to mix concentrations. Discussion followed. It was suggested that Chair call an emergency meeting. This cannot be done unless it is an actual emergency.

Motion was made by F. Hubbell and seconded by T. Eide that Chair Suozzi may consult content experts and make temporary arrangements when there are shortage issues until MCB convenes. Motion passed unanimously.

REPLICA EMS Compact

Sue Prentiss was present and to give a report after an introduction by Chair Suozzi regarding the topic. There are currently 12 REPLICA states, with Delaware being the latest addition. REPLICA is immediate legal recognition for EMS personnel/providers in the compact when they have crossed the border into another state under authorized circumstances. Authorized circumstances being when there is a large planned event or an unplanned event where there is not a declaration of disaster, but need to plan mobilization of personnel. New Hampshire is already in a position to do this. REPLICA brings about, for the first time in history, a national coordinated personnel database so there is one place where member states can put their state licensure data. Costs of this are all covered. It is being built by the National

Registry of EMTs, including the transition of data from the states into the system. Member states have access so that they know who is coming across the border and that they have met the fitness criteria. Burdens for EMS personnel will change and there will be increased accountability. Under this compact, all members agree that they will hold each other accountable. REPLICA is not a multi-state license, it is a privilege to practice under authorized circumstances.

Motion to support REPLICA: Trevor/Seidner. Motion passed unanimously.

Committee of Merit awards ceremony is Monday night, September 25th. We are expecting around 750 people to attend. Chair Suozzi listed the EMS award recipients.

Janet Houston was recognized for her tireless dedication and service to EMS (especially for children) and the newest edition of Protocols is dedicated to her. Thank you Janet for all you have done!

Chip Cooper had NEMSIS V3.5 updates: next week they will be putting out a poll nationwide to get people's opinions about adopting changes. There are 2 big meetings coming up in October. One is the NEMSIS meeting. NHTSA will be at both meetings. It is important that everyone comment on the changes. We need feedback. Chip had a power point presentation highlighting changes and options. There will be a webinar next week, Monday or Tuesday. They have no hard data, and they need it to go to NHTSA.

Motions:

- **Hubbell/Eide** – to approve 7/20/2017 minutes; passed unanimously.
- **Scollen/Morrison** – to allow rounding of pediatric doses; passed unanimously.
- **Hubbell/Eide** – to allow Chair Suozzi to consult with State Board of Pharmacy & make temporary arrangements when there are shortage issues until MCB convenes; passed unanimously.
- **Trevor/Seidner** – to support REPLICA; passed unanimously.
- **Seidner/Morrison** – to be diluting in the shortage of prefilled cardiac epi shortages, after being taught procedure by a licensed paramedic or higher trained (nursing) medical personnel; passed unanimously.

NH EMS Medical Control Board **2017**

Adjournment – 11:00 a.m.

Next Meeting:

November 16, 2017

Remainder of 2017 Schedule: November 16, 2017