

NH EMS MEDICAL CONTROL BOARD

Division of Fire Standards and Training & Emergency Medical Services
Richard M. Flynn Fire Academy
Concord, NH

MINUTES OF MEETING (Approved) May 19, 2016

- Members present:** James Suozzi-Chair; Kenneth Call, David Hirsch, Frank Hubbell, Douglas McVicar, Michelle Nathan, John Seidner, Brian Sweeney, Thomas Trimarco, and Harry Wallus (10)
- Members absent:** Trevor Eide and Joseph Leahy (2)
- Member pending:** Joey Scollan
- Bureau staff:** Director Deborah Pendergast, Deputy Chief Jon Bouffard; Captains: Vicki Blanchard, Chip Cooper, and Kathy Higgins-Doolan; Richard Cloutier (Compliance); and Administrative Assistant, June Connor (7)
- Guests:** Sean Ellbeg, Jeanne Erickson, Steve Erickson, Michael Flynn, Christopher Gamache, MaryEllen Gourdeau, Jason Grey, Mark Hastings, Fred Heinrich, Janet Houston, Mindy Lipsitz, Stephanie Locke, Aaron McIntire, Brian Nicholson, Scott Schuler, Jeffrey Stewart, Grant Turpin, Patrick Twomey, Jeff Dropkin, Richard O'Brien, Andrew Seefeld, Lee Frizzell, and Todd Robinson (22)

Welcome

The meeting was called to order at 9:00AM. A quorum was present just a few minutes after the meeting began.

Chair Suozzi spoke about EMS week and the challenges faced by EMS providers.

Introductions – All present introduced themselves.

Membership

- **Dr. Andrew Seefeld, from Spears Memorial Hospital, will be a new member on the MCB. He was present but will need to get a nomination**

letter from his region before a vote can be taken to have him on the board as a voting member.

Approval of March 17, 2016 Minutes:

Motion made by Kenneth Call; seconded by John Seidner – to approve the minutes from the March 17, 2016 MCB meeting; passed unanimously.

Item 1

Bureau and Division Updates – Deputy Chief J. Bouffard for N. Mercuri
Director Pendergast also spoke about the theme of EMS week, “Call to Care”, reminding everyone to take care of themselves as well as those they serve.

Legislative Update:

- HB 1594 (background checks and definition of “patient”) – passed the senate and is moving on to the governor’s office.
- HB 1586 (impersonation bill) – went to a study committee for the summer
- HB 1131(ambulance marking bill) – inexpedient to legislate (ITL)
- Rule updates – at legal for formatting

Grants:

- Ambulance bids opened on May 17th.
- Infection control – still working out an agreement with DHHS for how funding will be spent.
- Narcan training – working on collaboration with DHHS to provide more training for law enforcement. (NOTE: EMS providers do not need to take a train-the-trainer class for this.)
- EMS system evaluation with NHTSA is moving forward; process is being clarified.

Education:

- Captain Shawn Jackson resigned as of Friday, May 13th. He will be working for NEMSI as a paramedic educator.
- Simulation program and the coordinator position have been updated. The position will be posted within a week. Director Pendergast added that official notification just came in from FEMA that we were awarded another federal grant; a trauma mannequin, a new state-of-the-art cardiac monitor, and a hydraulic stretcher will be purchased with this money.
- Warm zone training – 240 people have taken the online program. A great job was done by the education technology group!
- EMT testing numbers:
 - * This year, 72% of EMT’s passed the first time, with third and sixth attempt at 80%.

- * Drop back numbers for EMT-I's who expired in 2016: 96 fell back to EMT's, 228 transitioned to AEMT's, and 45 did not re-certify. These are the official numbers from the National Registry.
- Paramedic Re-entry: This policy, discussed at the last MCB meeting, is being finalized.
- HR 4365 (protecting patient access to emergency medication) – This has been proposed in the Federal House of Representatives and has been assigned to a sub-committee. It is not thought that this will have much of an effect on our system in New Hampshire.
- The Bureau of EMS is now looking at all of its sections and will be re-aligning them with its core functions. EMS boards will be notified of any changes taking place.

A moment of silence was held for Kyle Jameson, firefighter and paramedic, before the meeting continued.

Item 2

Coordinating Board Update – G. Turpin for F. Hubbell

- The last CB meeting was held on the afternoon of March 17, 2016.
- Highlights of the meeting included the following:
 - * CB members were urged to reach out to their organizations to determine the level of support for H.R. 4365 (Protecting Patient Access to Emergency Medications Act of 2016)
 - * A motion was passed to build an EMS education sub-committee to define and then find a solution to the I/C issue and develop a plan for what EMS education should look like in New Hampshire.
 - * A motion was passed to accept the letters for physician medical directors and EMS unit heads to use as a resource to support candidates for paramedic re-entry.
 - * A decision was made to set aside November 17th for the EMS boards to convene to talk about the vision for EMS and the Trauma System in NH, including the function of the EMS regions.
 - * Kathy Doolan reminded everyone that the deadline for annual EMS awards was June 1st.
 - * The CB received a letter from Region 2 expressing concern about transporting patients who are in altered states and the subsequent level of liability that EMS providers face. The CB will examine this issue.
- Here is the link to the minutes from the CB meetings:
<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

Item 3

Trauma Medical Review Committee – K. Call

- The TMRC meeting was held on April 20, 2016.
- Highlights from the meeting included the following:
 - * The St. Joseph follow up review will be in July, and a review is scheduled for CMC in August.
 - * The next Trauma Conference will be held on November 18th in North Conway.
 - * The Pre-Hospital sub-committee met and identified their focus as insuring proper trauma triage transport in NH. They began work on quick reference spreadsheet for field providers, supplying them with hospital designation criteria.
 - * Jim Esdon provided an “Injury Prevention” report. Please refer to the link below to see the report in the minutes.
 - * Vicki Blanchard is in the process of helping hospitals get involved with the trauma registry.
 - * The members voted in support of asking Commissioner Barthelmes to make the ACS report public.
 - * The TMRC is concerned about the fact that there are no available funds coming in for trauma, and is also looking for ways to encourage smaller hospitals to apply for designation.
 - * The next newsletter should be out in June.
- Jon Bouffard provided additional information about the ACS report which contains 3 pages of recommendations including; statutory authority and administrative rules, system leadership and the role of the BEMS as the lead agency in the trauma system, financing, prevention and outreach becoming more systematic, definitive care (Levels I, II, and III being done by the ACS and changing the classification process so that the TMRC can focus more on Level IV hospitals and non-participating facilities), system coordination patient flow, establishing clear specific regional destination protocols, and system wide evaluation quality assurance
- Exit interview with Dr. Winchell is on the BEMS website:
<http://www.nh.gov/safety/divisions/fstems/ems/trauma/index.html>
- The TMRC will meet again on June 15, 2016 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

Item 4

Elite Update – R. Cooper

- Six services piloted Elite.
- To date, there are now 3,425 records in the system from 5 of the services.

- June 1st is the drop dead date for go-live on all of the direct entry users for Elite, but services can transition over before this date if they wish to as long as they let Chip know.
- A lot of trainings are going on, and Chip's volume of calls is increasing exponentially.
- The [EMS Compass](#) program (national performance improvement project) just put out another set of suggested performance improvement measures for comments. These measures are about STEMI and cardiac arrest. Chip encouraged the members of the MCB to take a look at these; some may be hard to measure.
- Quality assurance (QA) progress: Chip was told that the QA/QI system that was in the old report is being built and will be more robust than the old one. Chip encouraged everyone to call ImageTrend and ask them to rebuild needed reports in Elite because that is what their support people do.
- With the initial data we have, weakness was the #1 impression; all of the data will have to be examined carefully over time.

Item 5

Education Section update – J. Bouffard

Deputy Chief Jon Bouffard covered this topic in Item 1.

Item 6

Drug Diversion Meeting – J. Stewart

Jeff reported that work continues for the group that meets on the 4th Thursday of each month. A PowerPoint presentation was given on the history and goals of the sub-committee. (see attachment) A best practice document was prepared to the MCB to look at. Next steps include tackling the education piece for providers and UCDC's. After discussion, the MCB decided that no motion of support was necessary at this time because the document still needs some work.

Item 7

Cardiac Arrest Summit update –J. Suozzi

- A story board is in the process of being drafted for the online cardiac arrest course, and the roll-out is expected for this summer.
- A stakeholders' meeting will be held in an effort to unite all of New England in a cooperative effort.
- There is no update on CARES.
- The cardiac arrest program in Seattle was a great networking opportunity.

- A discussion ensued about the cardiac arrest protocol that was voted upon back in the late fall; videos coming out of Seattle support making some changes.

Motion made by Frank Hubbell; seconded by John Seidner – *to be in line with the Seattle program, change 15 chest compressions to 10 chest compressions;* passed unanimously.

Item 8

Protocol Committee – V. Blanchard (see attachments for informational articles)

Report below provided by Vicki Blanchard:

- **Congestive Heart Failure:**
Increased nitroglycerin dosing dependent on blood pressure ranges.
- **Abuse and Neglect:**
New paragraph explaining, in regard to children, that seldom is only one child a victim of abuse/neglect, therefore provider should be alert to other potential victims when on an abuse or neglect scene.
- **Infection Control:**
Change the name of Bloodborne/Airborne Pathogens to Infection Control and added a section on Enteric Pathogens.
- **Communication:** No changes
- **Communication Failure:** No change
- **DNR:** Grammatical changes.
- **Capnography:**
Increased the Indications list to include TBI, DKA, Sepsis, Administration of sedative medication and Cyanide/CO poisoning.
- **Restraints:**
A lengthy conversation on ketamine dosing, whether to use weight based or set dose. The board decided to go weight based at 4mg/kg IM rounding to the nearest 50mg with maximum dose of 500mg, with repeat dose parameters. Additionally a red flag was added to use capnography on patients who have been sedated.
- **Tourniquet:**
Updated Reassessment and Removal Algorithm.
- **Burns:**
Transport Decision reflects language found in Air Medical Transport Protocol.
- **Drowning:**
Discussion regarding Submersion versus Immersion.
Updated bullets for rescue breathing, ABC instead of CAB, and criteria for withholding or terminating resuscitation efforts.

Item 9

Operational Medical Director – J. Suozzi

No update at this time.

Item 10

Topics ad libitum

- **Paramedic Re-entry (Internal Policy 3-6-27B)**
Covered during the BEMS update at the beginning of the meeting.
- **HB 4365 (Protecting Patient Access to Emergency Medications Act of 2016 – DEA legislation)**
Also covered during the BEMS update at the beginning of the meeting.
- **Narcan (firefighter use and 4mg dispenser)**
The members of the MCB discussed whether or not the current protocol allowed for the new marketed dispenser of 4mg. of Narcan. A clinical bulletin was put out which took care of this; no further action was necessary.
- **Law Enforcement and EMS and Narcan**
First responders have a duty to act and must be protected, and this includes not only EMTs but also law enforcement officers and firefighters. A level of licensure was created for law enforcement officers, but not firefighters. This affects very small rural departments with volunteers who are not licensed providers but still have a duty to act. A discussion ensued, and it was mentioned that at this point in time, there are no reported incidents of law enforcement officers giving Narcan.

NOTE: Post meeting, Deputy Chief Bouffard reviewed RSA 153-A:11 (I): **153-A:11 Licensure of Emergency Medical Care Providers.** – I. Except for automated external defibrillation pursuant to RSA 153-A:28-31, a person shall not provide emergency medical services as a paid or volunteer member of a public or private emergency medical services unit in this state, or as a paid or volunteer member of any police or fire department who, as a condition of employment, may be expected to routinely provide emergency medical services in the line of duty, without being licensed by the commissioner.

A motion was made by Doug McVicar; seconded by Tom Trimarco – to support a firefighter level of licensure similar to that of law enforcement; passed unanimously.

- **Skills for tactical EMS – This should be put on the agenda for the next meeting.** There needs to be a discussion about what constitutes EMS as more and more unlicensed people are learning EMS skills.

Dr. Doug McVicar was presented with a certificate acknowledging his service on the MCB since 1982! He spoke to the group, saying that in some ways, his service on the MCB was more satisfying than his medical career. The MCB has built a major system, successfully utilizing both government and community. Future focus for the MCB should be on making the system stronger. In so doing, the members of the committee should always keep in mind two things:

1. There should always be a reason to do things.
2. Transparency makes it easier to bring in people as participants.

GOOD LUCK TO YOU, DR. MCVICAR...AND THANKS!

Adjournment

Motion made by John Seidner; seconded by Frank Hubbell – to adjourn the MCB meeting at 12:00PM; passed unanimously.

Next meeting: Thursday, July 21, 2016 at 9:00AM
Richard M. Flynn Fire Academy,
Classrooms 5 & 6 in the dormitory

Future meetings: September 15, and November 17, 2016.

Respectfully submitted,

James Suozzi, DO, Chairperson

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