

# 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 21, 2015

- Members present:** James Suozzi-Chair; Kenneth Call, Trevor Eide, Frank Hubbell, Patrick Lanzetta, Douglas McVicar, John Seidner, Brian Sweeney, Thomas Trimarco, and Harry Wallus (10)
- Members absent:** David Hirsch, Joseph Leahy, Joshua Morrison
- Member pending:** Michelle Nathan
- Bureau staff:** Deputy Chief Jon Bouffard; Captains: Vicki Blanchard, Chip Cooper, Kathy Higgins-Doolan, and Shawn Jackson; Investigation Specialist: Richard Cloutier; and Todd Donovan
- Guests:** Kevin Blinn, Pamela Drewniak, Jeanne Erickson, Christopher Gamache, Jason Grey, Eric Jaeger, Stephanie Locke, Aaron McIntire, Brian Nicholson, David Rivers, Scott Schuler, Michael Provencher, Clay Odell, Fred Heinrich

**NOTE: “Action items” are in bold red.**

### Welcome

The meeting was called to order at 9:00AM. A quorum was determined to be present (10 voting members). Dr. Suozzi stated that Michelle Nathan’s letter is in process.

### Introductions / Disclosures

Introductions were made. There were no disclosures.

### March 19, 2015 Minutes

*Frank Hubbell made a **motion** to approve the minutes from the March 19, 2015 MCB meeting; seconded by John Seidner; motion passed unanimously.*

## **Item 1**

### **Bureau/Division Updates – J. Bouffard for N. Mercuri**

**Happy EMS Week!** Governor Hassan read the proclamation yesterday (May 20<sup>th</sup>) in her chambers; it was well-attended.

#### **MIH:**

- Bureau Chief Mercuri and Director Pendergast are attending a presentation today given by [Matt Zavadsky](#), entitled “*Home Health & EMS-Based Mobile Healthcare – Match Made in Heaven or Shotgun Wedding?*”
- MIH has gone to public meeting; the application has been changed somewhat so that the service either has to give the name of the home health care agency with whom they are affiliating or provide documentation as to why the affiliation could not happen (i.e. staffing issues, etc.).

#### **National Association of State EMS Officials (NASEMSO)**

“**EMS Compass**”, an initiative from NHTSA and NASEMSO, is a project to develop meaningful assessment of performance measures for EMS providers. Hopefully, this will work into value-based reimbursement that is coming in the future. They are accepting feedback on their website until the end of May regarding quality measures ([emscompass.org](http://emscompass.org)). **Dr. Suozzi emphasized the importance for service chiefs to be actively involved in this.**

Chip Cooper provided the following additional information regarding EMS Compass:

**History:** 2009 – NHTSA and NASEMSO came out with a list of performance measures. The problem was in figuring out how to actually pull the data so that these performance measures could indeed be measured.

Three groups were formed to work on the problem:

1. Technology group examining how to collect and produce data from 10 categories, including such things as fleet maintenance, human resources, retention, operations, clinical information, and patient satisfaction.
2. Clinical group
3. Marketing group

The groups are working with the National Quality Forum (NQF).

The hope is that when the Center for Medicare and Medicaid Services (CMS) goes to 90% reimbursement by 2018, it will be value-based (performance-based). This is why it is so important for EMS providers to give their input now.

This project is supposed to be completed by September, 2016.

## Recognition of EMS Personnel Licensure Interstate Compact Agreement

### **(REPLICA)**

This is similar to the Nursing Compact; NSEMSO has come up with some model legislation to allow cross-border working on the same license. We are exploring the option of bringing this to NH.

### **Legislative:**

- HB 270: granting immunity to people reporting drug-related emergencies; passed both the House and the Senate.
- HB 271: expands the use of Narcan to family members and substance abuse programs; passed both the House and the Senate.

### **Law Enforcement Rules**

Though these were originally “emergency rules”, they will now have to go through the “regular rules” process. This will be discussed at the CB meeting this afternoon (May 21) so that it can go back to JLCAR for final approval.

### **Investigation Rules:**

A transparency piece has been added allowing the respondent to get information about what the decision was.

**Line of Duty Death: Stacy Meier and Nick Mercuri will be spending time fact-finding this summer in preparation for possible legislation in the fall.**

### **Protocol roll-out:**

This is on its way but will be delayed due to the loss of two employees who were working on the project. It should be ready within 3 weeks.

### **Item 2**

#### **Coordinating Board update – F. Hubbell**

Dr. Hubbell summarized the last meeting, held on March 19, 2015; here is the link to the minutes from that meeting:

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

The next meeting of the Coordinating Board is this afternoon at 1:00PM (May 21, 2015). **Dr. Suozzi recommended that everyone take a look at the “[EMS in the Warm Zone](#)” document presented by Chief O’Brien at the CB meeting.**

Richard Cloutier reported that police departments will be looking to coordinate with EMS services regarding training for EMS in the warm zone.

### **Item 3**

#### **Trauma Medical Review Committee update – K. Call**

Dr. Call summarized the last meeting held on April 15, 2015; here is the link to the minutes from that meeting:

[http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma\\_minutes.html](http://www.nh.gov/safety/divisions/fstems/ems/boards/traumamedicalreview/trauma_minutes.html)

The next TMRC meeting is on June 17, 2015, from 9:30 – 11:00AM at the Richard M. Flynn Fire Academy, Classroom 2.

**There is an opening on the TMRC for a medical examiner; recommendations are welcome.**

**The TXA for pre-hospital used was debated and discussed. The committee recommended that the MCB come up with a pre-hospital protocol,** and then they will look at it again.

Member information:

- Dr. Seidner is the ACEP representative to the TMRC.
- Dr. Call is the MCB representative to TMRC.
- Dr. Seidner has been appointed by the TMRC to join the Coordinating Board.

The fall conference is November 5 & 6 in North Conway.

The Trauma Registry has been awarded to ImageTrend by Governor & Council.

### **Item 4**

#### **TEMSIS and EVENT update – R. (Chip) Cooper**

##### **EMS Voluntary Event Notification Tool (EVENT):**

This is an anonymous reporting system to a third party of patient near-misses or mishaps, including equipment failures and violence against EMS providers.

Quarterly reports are provided (link: [EMS Patient Safety Event Report](#)). If time critical issues come up, they will contact the Bureau before the report comes out, so that the Bureau can have time to take action. The EVENT links are now up on the TEMSIS page and Todd Donovan is working to get them up on the Bureau website.

**Dr. Trimarco asked that the link be sent out to MCB members.**

##### **TEMSIS:**

An alerting system has been turned on so that if an event happens, immediate emails will be sent. People can access the alert system under their own profiles in TEMSIS.

### **Item 5**

#### **Education Section update – S. Jackson**

Now that the busy season is over, the focus is shifting to getting ready for next season. The following is a list of tasks and goals:

- We are hoping to hear soon about whether or not a grant has come through for an ambulance and OB simulator; these will be great additions to our simulation program.
- AEMT exam preparation and Pearson VUE: getting ready for an extremely busy fall season because this is when we anticipate seeing the first set of EMT Intermediate “sunset” dates. Next year is the first year that intermediates turn into EMT’s if they do not do their transition. This spring, we saw our first round of EMT Basics who were set to sunset and turn into Emergency Medical Responders. We spent time contacting people to communicate the importance of the situation. As a result, we had 25 EMT Basics who lapsed in both their registry and their NH licenses. This is consistent with the traditional rate of attrition.
- Deadline for EMT Intermediates: March, 2016 is the deadline for those who have even-year expirations. The Bureau will focus training efforts to make sure that everyone knows about these requirements. People will have 6 attempts at an exam but will have to wait 2 weeks in between exam attempts.
- There will also be a focus on month continuing education breakfasts. **Dr. Suozzi will be presenting at 8:30AM on June 3<sup>rd</sup> (“[High Functioning CPR, The Pit Crew & Beyond](#)” under “**Continuing Education**” sub-heading.)**
- We are also looking at streamlining the practical exam process.

**Intermediates who have AEMT transitioned:** exam results have not changed from a percentage perspective with a 64% first time pass rate and a 75% overall pass rate.

**NCCP** – continues to move forward. Dr. Wallus represented the MCB in the stakeholders’ group. The State portion of the local continued competency requirements was developed with accompanying lesson plans which are being integrated into the National Registry documents. These will be uploaded onto the NCCP page on the Bureau of EMS website.

Jon Bouffard added that the assessment guide results are now in and available to those who log in.

### **Item 10 (out of order)**

**BiPap – Presentation by Brian Nicholson (EMS Coordinator) and Michael Provencher (Manager of Respiratory Care) from Wentworth-Douglass Hospital – “[Noninvasive Ventilation \(NIV\) in the Emergent Patient](#)”**

Click on this link to access the presentation: Non-invasive Ventilation.

After the presentation, there was a question and answer session. Questions were asked about the use of BiPap on pediatric patients as well as those who are obtunded. Dr. Trimarco clarified that the role of the MCB is to decide about the option of adding BiPap and not replacing CPAP in the protocols. A discussion

ensued as to the pros and cons of each method. Dr. Suozzi stated that there will probably be many more questions as the MCB begins work on protocol development, and Brian Nicholson offered his help. This will be voted on at the next MCB meeting. Mr. Nicholson provided [5 articles on non-invasive positive pressure ventilation](#).

### **Item 6**

#### **Drug Diversion – J. Stewart**

Mr. Stewart was unable to attend, but he did send a reminder that the **next meeting of the Drug Diversion Sub-committee is on June 25<sup>th</sup> at 1PM.**

### **Item 7**

#### **Vasopressors for Bradycardia Protocol – J. Suozzi**

Region 2 sent a letter requesting a change. After a discussion, the following motion was made:

*Motion made by Dr. Seidner; seconded by Dr. Call; to remove the word “consider” and put epinephrine above norepinephrine and leave dopamine at the bottom of the list; passed unanimously.*

### **Item 8**

#### **Minimum drug list – J. Suozzi**

A working draft was passed around of drugs that ambulances must carry in order to pass inspections. Dr. Suozzi asked everyone to examine the document and email [Vicki Blanchard](#) with corrections/suggestions, etc.

### **Item 9**

#### **Protocol Exam – J. Suozzi**

Through the RSA, the Bureau cannot require providers to do the protocol exam off cycle. However, MRH’s can require them.

### **Item 10 (see above after Item 5)**

### **Item 11**

#### **Performance Measures – J. Bouffard (See Item 1.)**

### **Item 12**

#### **Aging patients – E. Jaeger**

Eric Jaeger, a member of the CB and the Protocol Committee and a paramedic at Exeter Hospital, gave a PowerPoint presentation entitled, “[The Coming Tidal Wave: The Aging of NH’s Population and the Implications for EMS](#)”. This will be a significant challenge in our future, so the time to start thinking and preparing is now. Cultural changes need to take place.

## **Item 13**

### **Topics ad libitum**

Vicki Blanchard: Putting together a resource place (one-stop-shopping) that would include a link to the protocols, approved medications, scope of practice, RSA and rules, best practices document, trauma system plan, etc. **The link will be on the website. Vicki will add a link to inter-facility transport.**

**Kathy pointed out that the nominations for EMS awards are due by June 1<sup>st</sup>.**

### **Adjournment**

*Motion to adjourn at 11:45AM made by Dr. Seidner and seconded by Dr. Hubbell; passed unanimously*

**FYI:** Below is a copy of the rules regarding committee/board members who call in rather than attend meetings in person:

A copy of Chapter 91-A, Section 91-A:2,III is as follows: (Important items are highlighted in yellow.)

III. A public body may, but is not required to, allow one or more members of the body to participate in a meeting by electronic or other means of communication for the benefit of the public and the governing body, subject to the provisions of this paragraph.

(a) A member of the public body may participate in a meeting other than by attendance in person at the location of the meeting only when such attendance is not reasonably practical. Any reason that such attendance is not reasonably practical shall be stated in the minutes of the meeting.

(b) Except in an emergency, a quorum of the public body shall be physically present at the location specified in the meeting notice as the location of the meeting. For purposes of this subparagraph, an "emergency" means that immediate action is imperative and the physical presence of a quorum is not reasonably practical within the period of time requiring action. The determination that an emergency exists shall be made by the chairman or presiding officer of the public body, and the facts upon which that determination is based shall be included in the minutes of the meeting.

(c) Each part of a meeting required to be open to the public shall be audible or otherwise discernable to the public at the location specified in the meeting notice as the location of the meeting. Each member participating electronically or otherwise must be able to simultaneously hear each other and speak to each other during the meeting, and shall be audible or otherwise discernable to the public in attendance at the meeting's location. Any member participating in such fashion shall identify the persons present in the location from which the member is participating. No meeting shall be conducted by electronic mail or any other form of communication that does not permit the public to hear, read, or otherwise discern meeting discussion contemporaneously at the meeting location specified in the meeting notice.

(d) Any meeting held pursuant to the terms of this paragraph shall comply with all of the requirements of this chapter relating to public meetings, and shall not circumvent the spirit and purpose of this chapter as expressed in RSA 91-A:1.

(e) A member participating in a meeting by the means described in this paragraph is deemed to be present at the meeting for purposes of voting. All votes taken during such a meeting shall be by roll call vote.

Even if voting members call in, a physical quorum must still be present at the meetings.

**Next meeting: Thursday, July 16, 2015 at 9:00AM /  
Richard M. Flynn Fire Academy,  
Dormitory Building/Classrooms 5 & 6**

**Future meetings: September 17, and November 19, 2015**

Respectfully submitted,  
James Suozzi, DO, Chairperson

Prepared by:  
June Connor  
Administrative Assistant I  
[june.connor@dos.nh.gov](mailto:june.connor@dos.nh.gov)