NH Emergency Medical & Trauma Services Coordinating Board
& NH EMS Medical Control Board

STRATEGY AND PLANNING SPECIAL SESSION – MINUTES *(*Approved)

November 17, 2016

8:30AM to 4:30PM
Richard M. Flynn Fire Academy
98 Smokey Bear Boulevard
Concord, NH 03301

CB Members present:
Jeanne Erickson, Frank Hubbell, Eric Jaeger, Don Johnson, Jeremy LaPlante, Richard O'Brien, Chad Miller, Richard Murphy, Matthew Petrin, Greg Placy, Peter Row, Eric Schelberg, Scott Schuler, Jeremy Thibeault, Grant Turpin, and Helene Zielinski **(quorum present)**

MCB Members present:
Trevor Eide, David Hirsch, Frank Hubbell, Joshua Morrison, Michelle Nathan, James Suozzi, and Thomas Trimarco **(quorum present)**

TMRC Members present:
Kathy Bizarro-Thunberg, Mark Hastings, Ryan Hickey, Eric Martin, Rick Murphy, and Scott Schuler **(quorum not present – This document is considered as "Notes" for this board.)**

Stakeholders present:
Susan Barnard, Lia Baroody, Chris Gamache, DJelloul Fourar-Laidi, Janet Houston, Timothy Lukovits, Aaron McIntire, John Prickett, Mark Proulx, David Rivers, and Christina Swanberry

Division of Fire Standards and Training & EMS staff present:
Deborah Pendergast, Jeffrey Phillips, Nick Mercuri, Jon Bouffard, Kathy Higgins-Doolan, Vicki Blanchard, Richard "Chip" Cooper, Richard Cloutier, June Connor, Denice McAdoo, and Lisa Cota-Robles

Meeting facilitators:
Chief Donald DeAngelis, Mike Moranti, and Tyler Brandow

I. Opening Remarks

Don DeAngelis asked the whole group to answer the 4 following questions:

A. What do we want?

Answers included system integration, regionalization, system development, quality management, the need for promotion of EMS as a profession, the importance of good data collection and sharing of that data, and the need to benchmark where we are and where we want to go.

B. What is our shared vision?

Answers included how EMS can be better integrated into the healthcare system (moving beyond the patient transport model), how to better deal with costs and liabilities, how to move beyond an evidence-based system, how to engage medical directors, how to make regionalization a reality, how to protect the health and safety of EMS providers, and how to improve/increase education standards to be more in line with nurses (degree requirement).

C. What are our concerns?

Answers included not just studying what other countries do, but also doing our own research, the need for a statewide QA process, deciding what standards to use so that data can be used effectively, the need for quality control, the need for supervisors in the field, work force staffing issues, increasing public awareness of the realities of EMS in the state, funding sources, output from hospitals, the availability of volunteers, and how to deal with regional differences.

D. What are the barriers that we face?

Answers included money, regional pride, the fear of sharing data, lack of flexibility in how quality care is given to everyone, how to keep providers in NH, the lack of a statewide needs assessment, the poor utilization of paramedics, and benchmarking.

II. Brainstorm Session

Attendees broke into 3 groups to brainstorm ideas regarding 9 of the 14 attributes of an EMS System, as stated in *Emergency Medical Services Agenda for the Future* (NHTSA, 1996). Ideas were then put into categories, and then those categories were ranked in terms of importance.

The tables below summarize each group's results; group-generated categories are listed in order of importance, from high to low and are specific to the attribute listed at the top of each table. Votes for items in gray were tied. Items that were listed as categories but did not receive any votes are followed by a zero.

1) EMS Integration with Healthcare Services/System		
DESCRIPTION: EMS is a component and piece of the overall health care delivery system. Coordination of care is achieved through collaborations and communications. EMS care is linked with community and health system resources.		
GROUP 1	**GROUP 2**	**GROUP 3**
Public health	Relationships	Promotion/communication
Outcomes	Outcomes	Data collection
Measurement of metrics	Finance	Funds
	Delivery	Process-related/standardization
		Education
		New idea/not currently done

2) Information Systems

DESCRIPTION: Data is collected, arranged, and integrated with other sources. Data is standardized. Consider: central database for collecting EMS data and outcomes, integration with other health care providers/access to medical records, and collaboration with community resources; information not currently collected but which should be.

GROUP 1	GROUP 2	GROUP 3
Central database	Standards	Sharing data
Comparing data from different systems	Linked data	Regulation
Availability of data to public	Access	Performance improvements
EMS telemedicine	Collection	Funding - **0**
Training in use of data	Telemedicine	

3) Outcome Evaluation

DESCRIPTION: Assessing processes and outcomes of EMS so that strategies for continuous improvement can be designed and implemented. EMS system decisions are based on evidence and outcomes, thus driving a more efficient system.

GROUP 1	GROUP 2	GROUP 3
Share outcomes among all stakeholders	Strategic alignment	Education
Quality Assurance/Quality Improvement (QA/QI)	Reporting	Performance improvement/QA
External evaluators	Quality Assurance	Data linked/sharing - **0**
NH versus national data	Evaluation & quality improvement	
Public EMS data points by municipalities		

4) Education Systems

DESCRIPTION: High quality education for EMS personnel that meets the needs of new providers and of seasoned professionals who have a need to maintain skills and familiarity with advancing technology and the scientific basis of their practice. Education that is relevant and flexible. Consider: academic credit for EMS certifications, need for continuing education as technology and practices change, relationships with academic institutions, advanced practice.

GROUP 1	GROUP 2	GROUP 3
Accessibility	Delivery	Standards
High quality/best practices	Curriculum	Quality education
	Resources	Partnerships
	Incentives	Higher education recognition
	Licensure/Scope of Practice	Regional training centers
		Affordability cost/time
		Advanced practice paramedics -**0**

5) Prevention & Public Education

PREVENTION: The opportunity to realize significant reductions in human morbidity and mortality – all with a manageable investment. Consider: injury and illness prevention initiatives, relationship with education, collaboration with community agencies and health care providers.
PUBLIC EDUCATION: A component of health promotion, an effort to provide a combination of learning experiences designed to facilitate voluntary actions leading to health. Consider: CPR and "bystander care" education, educating the public about how the EMS system works.

GROUP 1	GROUP 2	GROUP 3
Marketing	Community education services	School exposure/outreach
CPR	Collaboration	Collaboration
When to call 911	Legislation	Data
	Data collection	Legislation
	MIH	Funding/grants
	Money	Programs
		Injury prevention
		Train-the-Trainer in communicating - **0**

6) Communication Systems & Public Access

COMMUNICATION SYSTEMS: Provides the transfer of information that enables decisions to be made. Consider: dispatcher training and standards, access to patient records, funding.
PUBLIC ACCESS: Ability to secure prompt and immediate EMS care regardless of socioeconomic status, age, or special need. Consider: consumer knowledge of availability of services, non-911/alternative means of access, flexible to meet changing patterns of communication.

GROUP 1	GROUP 2	GROUP 3
Integration of communication systems	Information flow	Next generation 911
Advancement in communication	Access	EMS knowledge center
Data sharing	Training	Connections between EMS and medical records
	Resources	Public education
		Standardization of dispatch
		Funds
		Telemedicine
		Feedback - **0**
		Alternate to 911 - **0**

7) Clinical Care – Trauma & Stroke & STEMI

DESCRIPTION: Out of hospital care is optimal for patient circumstances and appropriate care and transportation to, form, and between healthcare facilities. EMS provides care in every community, and these care and transportation systems are networked. Using clinical outcomes, appropriate distribution of healthcare resources can be determined, and duplication of resources, including equipment, personnel, and education can be reduced.

GROUP 1	GROUP 2	GROUP 3
Appropriate oversight of system	Resources & Facility capabilities	Systems of care
Pilot program	System redesign & standards	Regionalization
		Telemedicine
		Funding
		Feedback/QA
		Education
		Interfacility transfers - **0**
		Community paramedicine - **0**

8) Medical Direction & Human Resources

MEDICAL DIRECTION: Granting authority and accepting responsibility for the care provided by EMS, including participation in all aspects of EMS to ensure maintenance of accepted standards of medical practice. Consider: need for and barriers to contemporaneous direction in the field, leadership role, subspecialty certification/credentialing for medical directors in provision of emergency medical services.
HUMAN RESOURCES: The most valuable asset to EMS patients is comprised of a dedicated team of individuals with complementary skills and expertise; quality EMS care requires qualified, competent, and compassionate people. Consider: workplace risks, injuries & exposure, career ladder for EMS personnel, reciprocity between states, and variation of personnel between services.

GROUP 1	GROUP 2	GROUP 3
Engagement	System redesign/support	Recruitment and retention
Protocols	Training	Medical direction
State-level accessibility to all demographics	Licensure & reciprocity	Wellness and safety
	Worker safety	Relationship building
	Physician relationships	Rules and funding
		Regionalize EMS - **0**

9) System Finance

DESCRIPTION: Critical to continuously striving for and attaining a viable and solid financial foundation for emergency medical services systems. Consider: subscription programs, public and private funding, relationships with insurers, and third-party payers.

GROUP 1	GROUP 2	GROUP 3
This group combined this attribute with #1: EMS Integration with Health Services	Payment reform	Reimbursement & regulation
	New funding mechanism	Regionalization and coordination
	Cost sharing	Alternate funding sources
		Recruitment and retention
		Education of public and representatives
		System-related **0**

III. Report out of discussions

Nick Mercuri wrapped up the day by outlining what comes next:

- Compilation of notes from each group
- Survey will go out to everyone using input from today's participants to further rank information
- Information presented to CB for discussion and ranking of CB priorities