

MEMORANDUM

TO: NH EMS Medical Control Board
NH EMS & Trauma Services Coordinating Board

FROM: Sue Prentiss, BA, NREMT-P, Chief
FST & EMS
Bureau of EMS

RE: Division of Fire Standards and Training and Emergency Medical Services
(FST & EMS) – Bureau of EMS Report

DATE: May 13, 2008

On behalf of the New Hampshire Department of Safety, Division of Fire Standards and Training and Emergency Medical Services (FST & EMS), I would like to thank you for attending our May 2008 meeting! As always, we are busy and below is an update on FST & EMS activities.

As of May 13, 2008, the Bureau licensing numbers are:

Apprentice	18
First Responders:	320
NH EMT-B	73
NREMT-B	1926
EMT-I	1036
EMT-P	657
IFTE	7
TOTAL:	4037

We have 143 I/Cs, including 7 Provisional. There are 273 licensed Units.

Bureau of EMS Report: Please join me in welcoming Brad Weilbrenner to the Research and Quality Management Section as the Program Specialist III. Brad is a Paramedic and a long time I/C. Prior to coming to the FST & EMS Brad worked at Rockingham Regional Ambulance. Brad lives in Loudon, NH with his wife and three children. Eric Perry and his wife Darah are expecting their first child in mid-June. Darah and Eric live in Webster.

On Saturday, May 10th the EMT Association sponsored “EMT Day” at Fisher Cat Stadium. Over 100 tickets were sold and the proceeds from the event go to the David Dow Memorial Scholarship fund. Kathy Doolan, Kim Mattil and I joined the crowd for a fun day and shared our memories of David.

The office space located in Gorham has made it through the final hoops and the staff has moved in. There are presently limitations on communications, but they will be resolved as soon as possible. The staff’s patience is appreciated.

Emergency Preparedness – Pandemic Flu Operations Planning: Since 2006 I have been putting a note in my Bureau Reports to the Board and the EMS Community about Pandemic Planning, specifically at the local level. The NH Department of Health and Human Services (DHHS) developed a plan for the 19 All Health Hazard Regions (AHR). These Regions all signed a Memorandum of Understanding (MOU) in order to receive federal funds for planning activities and these MOUs included coordination with local EMS. Information is available specific to local EMS planning from the Centers for Disease Control (CDC) at:

<http://pandemicflu.gov/plan/emgncymedical.html>

To learn more about NH Pandemic Planning, as well as the AHR you are a part of please go to:

<http://www.dhhs.state.nh.us/dhhs/cdcs/ppcc.htm>

For a copy of the NH Pandemic Influenza Preparedness and Response plan, of which EMS is part:

<http://www.dhhs.state.nh.us?DHHS/CDCS/Library/Policy-Guidelines/dphs-influenza-plan.htm>

I have been working with the Communicable Disease Executive Planning (CDEC) at the Division of Public Health for over a year on various plans and guidance for Healthcare Workers, of which EMS is included. Late in March of 2008, the federal government published new guidance for states specific to Pandemic Flu including:

- EMS Planning
- EMS as a component of influenza surveillance & mitigation
- Maintaining a continuity of operation during a pandemic influenza
- Clinical standards and treatment protocols
- EMS Workforce Protection

Many of these items are addressed in the State’s plan; however, I am drafting a guide for EMS that answers each question specifically. I am proposing to CDEC that this guidance become an official part of the State’s plan as an “Annex”.

Also, as a part of planning for workforce augmentation should we ever be faced with a Pandemic that reaches the most critical stages/phases of the World Health Organization (WHO phases 4, 5, and the worst 6) we may need to reach outside of the normal mutual

aid provisions and look to other healthcare works to help us accomplish our mission. Included in that could be the Medical Reserve Corps. These are federally funded programs that are local assets. I urge EMS Units in NH to learn more about MRCs especially if you have one close by and learn about their membership and if there is any level of compatibility. In a state of emergency, declared by the Governor, non-licensed EMS personnel could become part of our workforce to keep operation continuing. Below listed are the current 8 MRCs in NH:

Regional MRC units as of February 8, 2008:

Greater Derry Medical Reserve Corps

14 Manning Street
Derry, NH 03038
Kerran Vigroux
(603) 845-5519

Greater Nashua Medical Reserve Corps

PO Box 1507
Nashua, NH 03061
William Brown
617 636-8670

Northern Carroll County NH

1634 East main St
Center Conway, NH 03813
Edward Duffy
603 447 3811 ext.13

Northern NH Unit Medical Reserve Corps

7 Main Street
suite # 7
Whitefield, NH 03598
Nicole LaPointe
603-837-2519 ext.225

Pelham Medical Reserve Corps

P.O.Box 321
65 Old Bridge Street North
Pelham, NH 03076
Richard Hanegan
(603) 635-2703

Northern Strafford County Medical Reserve Corps

PO Box 564
Rochester, NH 03867
Martha Swats
(603) 335-0168

TEMSIS and Quality Management: the latest data:

TEMSIS REPORT- 5/7/2008

Total Number of Reports:	252,619	(From 1/05 through 5/7/08
2006	101,379	
2007	111,419	(Increase of 9.9%)
2008	39,821	Through 5/7/08

Average Time to Complete a Report	
2006	26.7 minutes
2007	25.9 minutes
2008	24.5 minutes

In response to the sixteen meetings the Research and Quality Management Section held throughout the state, changes are being proposed to the basic template(s). We will remain NEMSIS complaint, however, we can scale back the number of elements collected as well as the flow of the elements. This is a temporary measure to some extent as you will see further down in this report and hear from Mike Schnyder. We have more changes, helpful ones on the way and have funding to back them up. In order to launch this new template(s), we have thirteen sites testing them. A new template called "Public Assistance" was added. This template allows agencies to document community-service type incidents. If all goes well, the statewide launch will coincide with the ImageTrend/TEMSIS 3.8 release.

Other TEMSIS News:

- We have secured \$6,000 to revamp the printed patient care report. Our thanks to NH DHHS, DPHS, Rural Health & Primary Care Section (Chip Cooper).
- TEMSIS improvements will be one of three projects outlined in the upcoming NH Federal 408 grant request. We have asked for \$125,000 to make significant improvements to the system (see enclosure)
- We will be working on a course using the Report Writer and Microsoft Excel to create better reports.
- We will also work on bringing more agencies on-board. A list of the Units that were not reporting, that should be, has been finalized. They are being approached for a status and we hope to voluntarily bring them on-board.

Field Services Section: Licensing is catching up on all the filing after the big push of re-licensing at the end of March. We miss Christy Dewey who has been dedicated to assisting in licensing at this busy time of year, and look forward to her return as a part-time staff member with the new fiscal budget.

An issue has arisen where license waivers, issued in March and expiring at the end of April, were again in need of waiver because the National Registry is so far behind in re-registration processing. Unit Leaders are to remember that if a Providers waiver has lapsed they should not be scheduled for a shift as an EMS Provider. A new license waiver needs to be requested in this instance.

EMS Week begins on the 18th and many events have been scheduled by various hospitals and Units statewide in honor of the men and women of EMS. This is our time to reflect on the work that these Providers do each day and to show appreciation for a job well done. "Certificates of Appreciation" have been sent to each Hospital and licensed Unit by the Division, signed by the Bureau Chief and Director, to thank them for their dedication to this system of care.

Investigations are ongoing and the process has become more streamlined and less arduous. That is not to say that they do not require a great deal of attention and staff time, but that the process is running more smoothly.

The EMS System Information Program has been reworked and is now a two section program which introduces a new student to the New Hampshire system and how it works, and then further delves into the examination and licensing process in the second half. Each of these programs are made to be modified into a presentation for refreshing EMS Providers in order to remind them of the larger system within which they work. These are available to Instructors upon request and will fill a need that many I/C's will appreciate.

Vehicle Inspections are being scheduled by all four Field Services Staff members in order to keep the vehicle inspections up to date and we have appreciated assistance from Preparedness Coordinator Bill Wood during this process.

Advanced Life Support: The protocol subcommittee is nearing its completion of the protocol review and revision for the 2009 New Hampshire Patient Care Protocols. The final meeting is set for June with anticipation of presenting a final draft in July to the Medical Control Board (MCB).

Newly revised protocols to be presented to the MCB this month are:

- **Bloodborne/Airborne Pathogens:** Updated with most current recommendations from the Center of Disease Control.
- **Abuse & Neglect:** New section for reporting procedures.
- **Domestic Violence:** Heighten awareness of the potential dangers associated with domestic violence calls and provider safety considerations. Additionally, reference section.
- **DNR:** Reorganized for easier reading and understanding of the DNR law and how it applies to EMS.
- **Pediatric Restraint for Transportation:** Updated with the latest recommendations sited in the Position Statement of AAMS, "Improved Restraint Usage for Infant and Pediatric Patients in Ground Ambulances through Education and Policy Development," which included 5 point restraints and isolette restraints.
- **Interfacility Transfers:** Grammar and clarification editing. In addition, the subcommittee will bring recently raised concerns regarding vented and intubated patients to the MCB for further discussion. In addition, there will be a request to establish an "interfaculty transport subcommittee" to further investigate the subject of critical care transport.

The ALS section is also working with the NH Office of Rural Health and DHHS on developing an on-line Medical Direction program for ED attendings.

Education Section: Even with refresher and exam season over, there is plenty of work to do. The priority clearly is around the implementation of the Education Standards and the new lines emerging from the text book publishers and the American Heart Associations updated standards due out in 2010. The Education Section is watching this closely and reports, on all fronts the following:

National EMS Education Standards: Draft 3.0 was recently released. The Education Section will be reviewing this document and the proposed implementation dates. Nationally, the implementation dates are a little up in the air, but it looks likely that the implementation will not start until 2010 at the earliest. Now that draft 3.0 is out, copies will be given to the Coordinating Board members and Education and Field Services staff to review and continue working on an implementation plan.

Instructor Enrichment Seminars: The spring I/C Enrichment Seminars were held on May 1st and 2nd in Peterborough and North Conway. Dr. Philip Huckins spoke on the psychology of learning with a presentation that kept the audience on their toes and engaged in the lecture. Although the attendance in Peterborough was lower than anticipated, a total of 42 instructors attended the seminars.

Instructor Roundtable Discussions: Four of five Regions have held Instructor Roundtable discussions hosted by their respective Regional representatives to the Instructor Cabinet. Although attendance was low, the feedback and discussion has been very positive.

Exam Consolidation / Regionalization: The Education Section continues to work with the Regional Councils and training sub-committees where appropriate with the hopes to consolidate exams and potentially regionalize the process similar to the models in place in Regions 1 & 3.

Instructor Resource Manual: The new two-volume *Instructor Resource Manual* has replaced the old *EMS Instructor Handbook*. The new manual includes information on the transition materials, computer-based testing and has been completely re-designed to be more user friendly. These are being distributed at the Instructor Roundtable meetings.

Instructor Insight: The next edition of the *Instructor Insight* will be published mid-June and will be under the general theme: "All About Refreshers" with articles relating to the fall / winter refresher season. With a few exceptions the feedback received about the content and timeliness of this publication has been greatly positive making it a worthwhile venture. The staff works very hard on this publication and appreciates any feedback to improve it.

Summer Projects: The summer tends to be "project time" for the Education Section as we have fewer exams and courses to handle. This summer the Education Section is working on the following projects:

- Exam Coordinator Training & Orientation
- Patient Assessment Scenario Two (forklift)

- Reciprocity policy and procedures
- Alternatives to Refreshers
- NREMT Exam-in-Lieu Process
- “Welcome to EMS” & “The Next Steps” presentation in conjunction with Field Services

Continuing Education Lectures: As part of the Field Training project the Education Section will be starting to hold quarterly continuing education lectures via teleconference. The final details will be out soon. We hope this venture to be a great way for providers to receive continuing education.

HeartSafe Communities: The New Hampshire Department of Safety, Division of Fire Standard and Training and Emergency Medical Services, the New Hampshire Department of Health and Human Services, and the American Heart Association kicked-off the New Hampshire HeartSafe Communities Program on March 3, 2008 with a well attended meeting at the NH Fire Academy. The primary goal of the New Hampshire HeartSafe Communities Program is to increase survival rates from out-of-hospital sudden cardiac arrest. Through the New Hampshire HeartSafe Communities program, each New Hampshire town/city can develop and implement lifesaving networks that will focus on coordinating local tools and resources to prevent sudden cardiac arrest from becoming sudden cardiac death. EMS is in a position in communities to provide expertise for the implementation of this community-based activity that will empower individuals, corporations, city officials, public service personnel, and your emergency medical services to make the difference between life and death.

Here are some of the objectives for achieving our goal of a HeartSafe New Hampshire:

- Increase awareness of sudden cardiac arrest, its signs and symptoms
- Increase the availability of community CPR/AED programs
- Increase law enforcement agency defibrillation
- Increased placement and use of AEDs in public areas, business and schools
- Assistance in emergency planning for facilities that carry AEDs in the community

Thanks to Mary Sansone of Hanover NH, the application process is complete and the packet is available at our website. For further information contact Bill Wood at 603-223-4228.

Trauma System: Revision of trauma plan continues to be underway. We have been working our way through the hospital standards. We have made changes so far for in physician coverage and requirements for continuing medical education in trauma. At the June Trauma Medical Review Committee (TMRC) meeting we will be considering these and updates for Trauma Sim Training. We have received approval for Rural Flex grant to hire independent contractors as assistant program facilitators/instructor/manikin operators. We have worked out agreements with Sarah Greer, MD, Surgical Resident with an interest in trauma and experience working with our program, and Judy Kertis, RN, a former DHART flight nurse who currently works in the Nursing Simulation Lab at DHMC. We are scheduled to conduct the program at Memorial Hospital in North Conway in late May and early June. This will allow us to widen the delivery of this service in NH. Also, using Homeland Security funds we have purchased a second Sim Man, very recently.

Trauma Conference 2008 – Have organized a planning committee and brainstormed on topics for the conference. The subcommittee will be meeting by phone next week to make decisions on which topics to pursue and brainstorm on speakers. We will also come up with a date for the conference.

The Interfacility Transport Task Force has a subcommittee of its members and the NH Medical Control Board now working to refine the interfacility transport staffing decision algorithm. If approved by the MCB, this document will go out to North Country hospitals as a recommended template. The IFT Task Force has requested FST & EMS endorsement of the document to enable local providers and hospital leadership to get buy-in by upper level hospital administration.

Thanks again for your time and support. If I, or any member of my staff can be of assistance, please let me know at (603) 223-4212.

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