Bureau of EMS Newsletter

Volume 16, Issue 2 April 2016

- We have an online registration system for our BLS Practical Exams that is similar to our ALS already in place. Please check out the Course and Exam Schedule.
- While there, check out the list of Initial, Refresher, and SOP courses we have currently running. **Check out our Monthly Continuing Education Seminars!**

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Message from the Bureau Chief

Hello NH EMS,

Happy early Spring! The Bureau is in the middle of our licensing season and is processing about 2,500 licenses. So make sure you file your applications early so your license does not expire on April 30. Remember you cannot practice without a current license.

Our ambulance request for proposal is completed and will be published shortly, and the new fidelity simulator has been ordered! We are updating our plan to use put the simulator program back on the road. Thanks for your patience.

Stay safe. As always please contact the Bureau if you have any questions or concerns.

Thanks,
Chief Mercuri

Mobile Integrated Healthcare (MIH):

As a reminder the application packets are on our web site under https://www.nh.gov/safety/divisions/fstems/ems/advlifesup/prereq.html For questions contact Chief Mercuri or Vicki Blanchard.

EMS in the Warm Zone (Active Shooter):

This spring we have completed the awareness program for Active Shooter. We are very excited to be able to bring more training to the state's providers. This program has been released and is on our resource center. For questions please contact Deputy Bouffard. At this date, 101 students have completed the training. In order to register, and obtain the key to the online training, please log in to our Resource Center, and click "Online Registration".

Preparedness & Special Projects : Statewide AED Project

To date 3,576 AED's are contained in the NH "AED Registry" database. Any "fixed locations" AED information is also shared with NH 9-1-1 for inclusion in their telephone database.
The VERY popular NH AED "direct purchase" opportunity program is in effect with approximately 50% discounted pricing on the DEFBITECH "Lifeline" and PHILIPS "HeartStart OnSite" AED's available to any interested individuals and organizations. Updated information packets are available through NHBEMS.

Preparedness & Special Projects : Federal Infection Control Initiative

Federal DHHS has funded multi-year program to increase public safety for improved infection control procedures, training, and equipment. BEMS is partnering with NH DHHS to implement a statewide training program. Stay tuned!

Research & Quality Management: TEMSIS Elite—Why the Switch?

All ePCR software companies in the country use the same EMS dataset for the software so that terms and data elements will be the same across the country. The current dataset is over 10 years old and very outdated on many levels. Therefore, all states must switch to the new dataset by the end of 2016. The new standard is much different technically than the old one, so all ePCR software vendors needed to completely rewrite their software for this change. ImageTrend, the software company for TEMSIS, is calling their new software "Elite". In essence, this is a required change that all states are doing this year.

Elite Transition Date: Spring
There are currently 6 services in NH who are piloting the use of Elite entering live patient data (Concord Fire, Merrimack Fire, Henniker Fire, Newbury Fire, Diluzio Ambulance and McGregor EMS). These services are giving us a great deal of feedback during their use to find problems small and large for us to get fixed prior to having the whole state start using the software. We appreciate all the detailed feedback and frustrations that these providers and services are going through to help make the runform as good as possible for everyone in NH (and to spare the entire state from having to work through these issues collectively while using something new!).

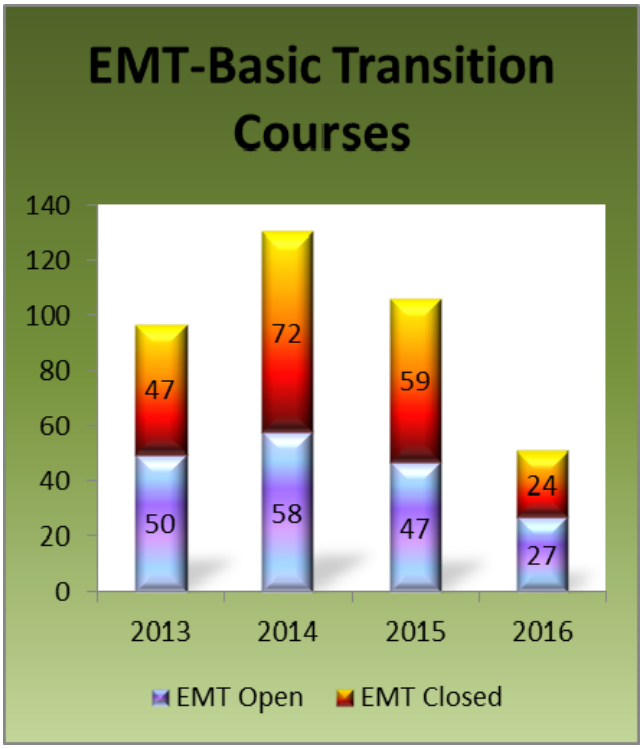
Projected State Transition Date: Late May.

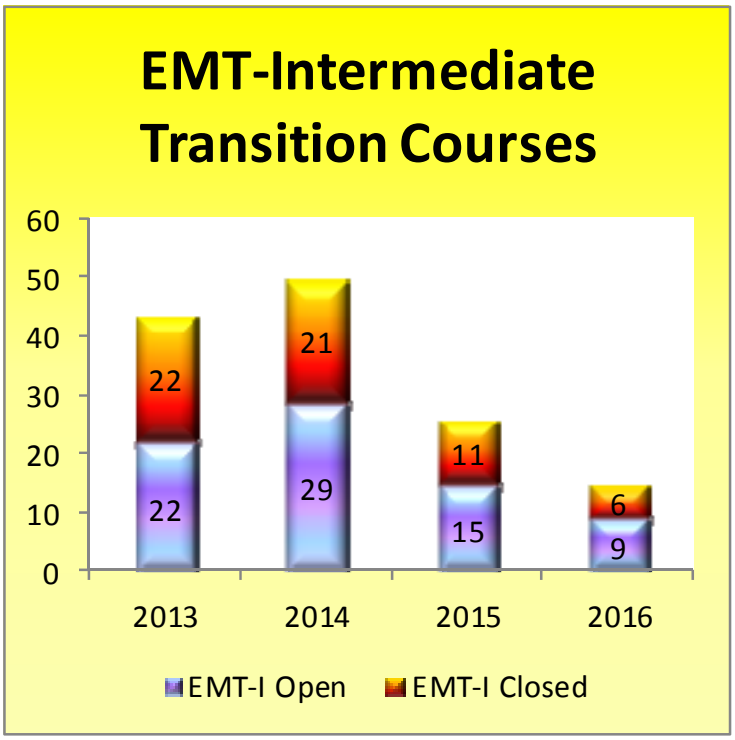
Major Challenges: Linkage between the EMS licensing database and TEMSIS Elite is still in process. This linkage is what sends updates to service, ambulance and providers licenses over to TEMSIS now to keep TEMSIS up-to-date, and is obviously important and is a major factor preventing us moving forward.

Based on the timeline progression we are seeing with the piloting, time to make updates from the feedback and challenges we are resolving with making sure all service, ambulance and provider information can stay up-to-date in Elite- we are making a conservative estimate that it will be late April /beginning of May before any other services begin to transition to Elite.

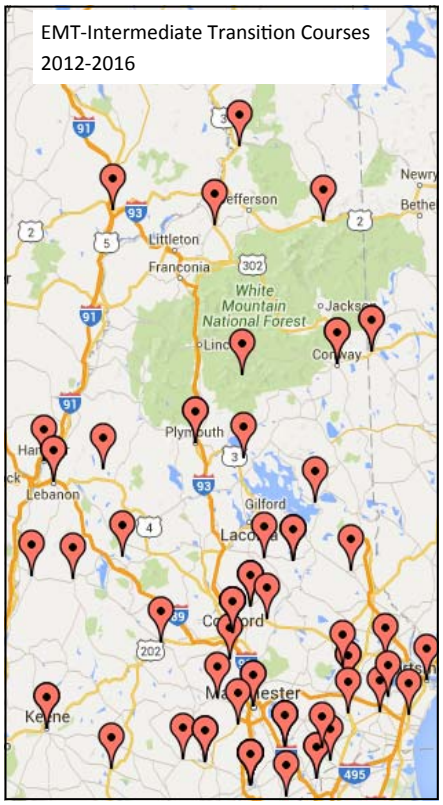
We apologize for all of these extensions, but think that services and providers will appreciate having Elite be as solid as we can make it before they use it. Stay tuned for details.

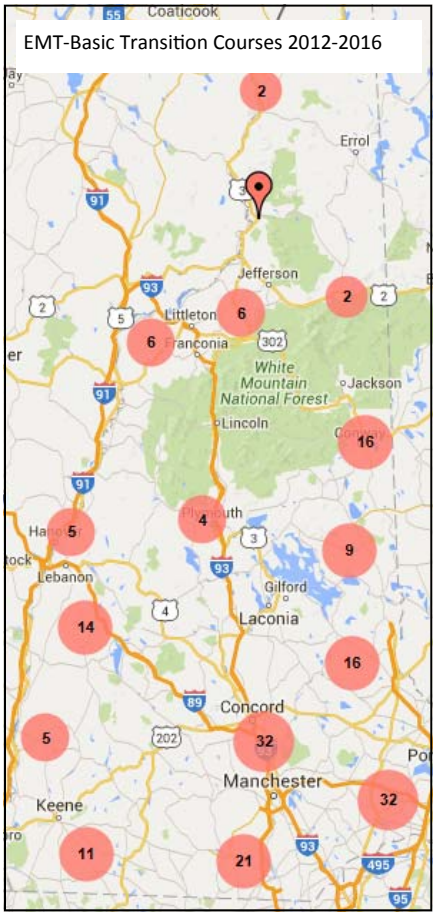
Education: Update—Graphs (article on page 3)





Education: Update





As we approach the end of refresher season the Education Section has once again shifted our customer service focus from vetting and approving refresher training programs to assisting Providers and Training Officers with navigating the waters of NREMT renewals. There are a number of new factors for renewing Providers to contend with this year. In addition to the new NCCP process, this is a big deadline year for Transitioning to the new levels – it is the last year for EMT-Basics to transition to the new EMT level, it is the first deadline year for EMT-Intermediates to transition to the new AEMT level, and the first year for EMT-Paramedics to ensure they have transitioned to the new Paramedic level. Add in the new processes for Providers to "drop-down" to a lower Provider level, there are many different situations for people to contend with.

We have been busy identifying Providers who have not transitioned to the new levels, cross-matched those names with our Transcript database to identify those Providers who are in need of a Transition Course, and developed targeted messaging strategies to reach out to those Providers to ensure that they have had every opportunity to fulfill the requirements of transitioning, including making personal telephone calls to all affected Providers.

As anticipated, the looming deadline for EMT-Intermediates to complete their computer-based test to transition to AEMT resulted in a huge demand for PearsonVUE exams. To meet this demand, during the entire month of March we opened our facility and our mobile test lab to any transitioning EMT-I 5 days a week. Kim Mattil spearheaded the effort, and we accommodated many transitioning providers.

The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average – our candidates are still achieving a 63% first-time pass rate and our overall pass rate has increased 3% to a 79% overall pass rate. EMT-Intermediate providers are reminded that the deadline to Transition is March 31, 2016 for even-year expirations and March 31, 2017 for odd-year expirations. Candidates are strongly encouraged to plan ahead, prepare for and attempt the exam early. Additionally, the NREMT requires 14 days between attempts; so if a candidate needs to utilize all 6 attempts, they would actually need 12 weeks' lead time in order to complete the process prior to any deadline.

Those EMT-Intermediates who are unable or unwilling to transition to AEMT and wish to drop-down to the EMT level need to first ensure that they have taken a Transition Course at some point in the past – either the AEMT Transition course OR the EMT Transition Course will suffice. Candidates must also ensure that they have met all of the renewal requirements (including all 72 refresher/con-ed hours and submission of an application and fee) of the lower level. They should then be in contact with Leslie Hine (lhine@nremt.org) at NREMT to declare their intent to drop-down. After your Transition Course is verified, the NREMT will then ensure that you have the required amount of continuing education hours to renew at the EMT level before issuing your your certification at the lower level.

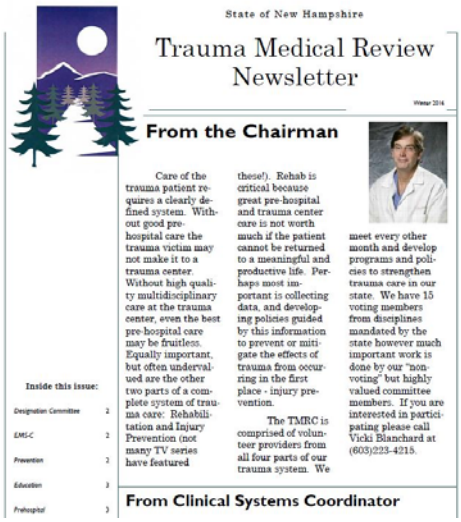
With the advent of the NCCP, there are fewer and fewer Transition Courses available, but a careful review of the data shows that there were plenty of open courses throughout the state over the last four cycles to accommodate all Providers needing a course. Providers who have not yet taken a course need to be mindful that they are becoming scarce and should plan accordingly to locate and complete a Transition Course as they become available. Please see the attached summary of our findings.

Clinical Systems : American College of Surgeons State Trauma System Review

The American College of Surgeons (ACS) conducted a statewide review of our trauma system this past February. This review was made possible through a grant awarded by the NH Highway Safety Agency along with the efforts of Commissioner Barthelmes and Dr. Rick Murphy, Chairman of the Trauma Medical Review Committee. The review began last fall when a Pre-Review Questionnaire (PRQ) was prepared and sent to the ACS which enabled their Trauma System Consultative Team an opportunity to review New Hampshire's Trauma System at present. The PRQ consisted of the following categories:

- Injury Epidemiology
- Policy Development (Statutory Authority and Administrative Rules)
- System Leadership
- Coalition Building and Community Support
- Human Resources
- Trauma System Plan
- System Integration
- Financing
- Prevention and Outreach
- Emergency Medical Services
- Definitive Care Facilities
- System Coordination and Patient Flow
- Rehabilitation
- Disaster Preparedness
- System-wide Evaluation and Quality Assurance
- Trauma Management Information System
- Research

Once the ACS review team arrived in New Hampshire they spent an evening and a day with New Hampshire constituents who have expertise in the above categories. This interactive event involved people from all over the State participating in a very open, honest forum of discussion of the New Hampshire Trauma System. The review team then retreated for another day and a half and then presented the state with an exit summary with recommendation to improve our trauma system. This is a summary of their finding as they prepare a comprehensive summary to be submitted in eight weeks. To see the results of the exit summary please follow this link to our Trauma Page.



State of New Hampshire

Trauma Medical Review Newsletter

Winter 2014

From the Chairman

Care of the trauma patient requires a clearly defined system. Without good pre-hospital care the trauma victim may not make it to a trauma center. Without high quality multidisciplinary care at the trauma center, even the best pre-hospital care may be fruitless. Equally important, but often undervalued are the other two parts of a complete system of trauma care: Rehabilitation and Injury Prevention (not many TV series have featured these!). Rehab is critical because great pre-hospital and trauma center care is not worth much if the patient cannot be returned to a meaningful and productive life. Perhaps most important is collecting data, and developing policies guided by this information to prevent or mitigate the effects of trauma from occurring in the first place - injury prevention.

The TMRC is comprised of volunteer providers from all four parts of our trauma system. We meet every other month and develop programs and policies to strengthen trauma care in our state. We have 15 voting members from disciplines mandated by the state however much important work is done by our "non-voting" but highly valued committee members. If you are interested in participating please call Vicki Blanchard at (603)223-4215.

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Prehospital 3

From Clinical Systems Coordinator

Click the icon of the Newsletter to open the document .

Preparedness & Special Projects : "FirstNet" Effort

This is a federal initiative to develop a high-speed, nationwide wireless broadband network dedicated to public safety. The NH Statewide Interoperability Executive Committee (SIEC) met on February 5th and saw presentations by the National First Net Organization and NH Committee Work Groups. The presentations included updates to NH Interoperable Fire/Police/EMS radio channels, development of a training program for Communications Unit Leaders, and a current inventory of current NH communications sites and capabilities.

Next SIEC meeting scheduled for May 6, 2016 at the Fire Academy.

Field Services: 2015 Committee of Merit / EMS Awards

The Annual Award nomination process is *OPEN* for 2016 and we look forward to your submittals. This is your opportunity to recognize your peers in the New Hampshire emergency medical community in one of the six categories:

EMS Achievement Award
EMS Unit of the Year
EMS Heroism Award
EMS Appreciation Award
EMS Educator of the Year
EMS Provider of the Year

The nomination form and EMS Annual Award descriptions can be reviewed and accessed on the Division's web site at: http://www.nh.gov/safety/divisions/fstems/ems/forms.html#awards

Please note that a detailed description and digital photographs of the nominee should be submitted to the Awards Committee with the nomination form, prior to the June 1, 2016 deadline.

Field Services: Certification vs. License and the EMS Licensing DEADLINE 2016

National Registry (NR) certified providers at EMT or higher levels will see an expiration date on their NH licenses of March 31st of the year their NR certifications expire. It should be noted that NH licenses and NR certification expiration dates should always be the same. Both are necessary and must be valid in order to legally render patient care in New Hampshire.

As of 2013, the NH Bureau of EMS administrative rules allow for a one month extension of licensure and give all NR providers that extra time to submit their documentation and license renewal applications to the Bureau.

This does not mean that expiring providers should wait until April to submit their NH EMS license applications!

In an average year, there are approximately 2200 licenses set to renew each March. If all of these licensees wait until April, many applicants will lapse their licenses because of the high volume of submissions in need of processing at the Bureau. We recommend having all license renewal requirements in to the Bureau by 3/31/16, which will allow for processing and avoid a lapse in license.

We would like to take this time to remind all EMS providers that it is the **individual's responsibility** to maintain the correct mailing address, demographic information, and a current/valid license with the

Education: Update—Graphs (article on page 3)

AEMT Transition Tests		
NH 1st Time Pass Rate	63%	504
NH Overall Pass Rate	79%	629
Candidates Tested	797	
Current AEMTs	939	
Transitioned AEMTs	629	
Vouchers Issued	849	

Preparedness & Special Projects : Narcan Administration Project

Narcan Phase II funding thru NHDHHS has been approved. Law Enforcement Narcan Licensure and Narcan Train-the- Trainer sessions for community services organizations have been finalized, and distributed to appropriate audiences. The programs are running in four locations through to the end of this year. EMS providers **do not** need our train-the-trainer to provide training to their communities. BEMS is offering it to organizations that do not routinely have trainers. Those providers that take the Law Enforcement Narcan course are not receiving credit, as it is not applicable.

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Field Services: EMS Week 2016

The American College of Emergency Physicians (ACEP) EMS Week theme for 2016 is: **"EMS Strong: Called to Care".** This is our opportunity to let the public know the quality care that our EMS Providers offer each day to our patients, and the amazing work of NH EMS personnel - 24/7/365.

"National Emergency Medical Services Week**, May 15-21, 2016**, brings together local communities and medical personnel to publicize safety and honor the dedication of those who provide the day-to-day lifesaving services of medicine's front line.", ACEP.

2016 is also the 50th anniversary of EMS as a formal public safety partner and nationally organized entity; and forty-eight years since the inception of EMS in New Hampshire.

"While National EMS Week will be an integral part of the campaign, **EMS Strong** will become the vehicle to drive awareness, interest and excitement about the profession year-round." (ACEP). Locally It is wise to use this theme during recruitment efforts.

Be sure to visit the EMS Strong website at: http://www.emsstrong.org/

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