



Bureau of EMS Newsletter

Volume 15, Issue 5

September—October 2015

Message from the Bureau Chief

Happy fall! We had a successful summer and were able to accomplish many great things! *Some* of the things we have accomplished this summer include the training of 144 providers in PHTLS, implemented a new Trauma Registry, roll out of the 2015 protocols, changed a rule to allow Mobile Integrated Healthcare with the collaboration of the Department of Health and Human Services, and trained many providers on the Bariatric equipment placed into 10 locations last year. This and many other projects would not be possible without the hard work of all members of the Bureau and volunteer members of the system. Nice job!

The Bureau and the Department of Health and Human Services has partnered to bring Narcan training to the state. The Bureau has provided six trainings to law enforcement officers in CPR, first aid, and Narcan administration. Over 50 officers attended this training in September. In addition we coordinated a train-the-trainer for the Medical Reserve Corps and other members of healthcare and substance abuse programs from around the state. These trainers will bring Narcan education to their local communities. We thank all of the attendees for their participation. Please see the Field Service section for more information.

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

Mobile Integrated Healthcare (MIH):

On September 25, 2015 Mobile Integrated Healthcare became a reality in New Hampshire. In collaboration with the Home Care Association and the Department of Health and Human Services we were able to modify a rule. The application packets are on our web site under <https://www.nh.gov/safety/divisions/fstems/ems/advlifesusup/prereq.html> For questions contact Chief Mercuri or Vicki Blanchard.

EMS in the Warm Zone (Active Shooter):

In August we held a pilot program that was extremely well received. This three day program was held in Nashua. In October we anticipate using this program as the basis to create two other shorter programs. We are very excited to be able to bring more training to the state's providers. In the meantime please see the EMS in the Warm Zone Best Practice document posted on the Bureau's web site. For questions please contact Chief Mercuri.

Trauma:

The Trauma Registry is live! This is a system where hospitals can enter their trauma data and give feedback on the system. In addition trauma system evaluation project is moving forward. We anticipate the American College of Surgeons to come to New Hampshire in February 2016 and their report to be available spring of 2016. For more information please contact Vicki Blanchard.

Rules Update:

On September 25, 2015 new EMS rules covering protocols, law enforcement Narcan providers, and investigations went into effect. A significant amount of work has been completed on these to make our system better, thanks to everyone who worked on these rules!

- 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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Totals for
“Complete”
status on our
online training
for :

Spinal Protocol

3,514

Nasal Narcan

1,739

Nasal Narcan LE

102

Info as of
6/30/2015

We're on the Web!

www.nh.gov/ems

**Monthly EMS
Continuing
Education Sessions**

Register today for one
of our Monthly
Continuing Education
Sessions, held the first
Wednesday of the
month at 9am.
Breakfast included,
starts at 8:30am.

Research & Quality Management: Provider Impressions vs. Patient Signs and Symptoms—A Case of Mistaken Identity

There is a great deal of confusion about the difference between patient signs and symptoms and Provider Impressions. After looking at a significant amount of data at the state level in the last year, we have seen there is often a disparity in what is documented for provider impressions and what appears to actually be wrong with the patient. We polled multiple service leaders and hospital coordinators around the state who actively QA run reports and they have been seeing and struggling with this issue as well.

Why does this matter you ask? It is important because the provider impression are used to determine what kinds of, and how many calls your service does. Most services are accountable to someone to show what types of calls are being done to help support requests for funding and training and reimbursement from insurance. The provider impressions are probably the *most* used fields from a run report by endless stakeholders from you, the provider, all the way up to federal agencies planning for grant funding.

The confusion for providers is a result of the need for more training at all levels in documenting runs. In an effort to close that education gap, let's look at the difference between the two.

Signs and symptoms are something either reported by the patient or observed by the EMS provider. Signs and symptoms are not what is wrong with the patient, *they are the results of the problem* and they help drive treatment.

Provider impressions are what *IS* wrong with the patient (what is causing the symptoms) -in essence the EMS provider's working diagnosis. Your impression should support your treatment and your treatment and the patient's symptoms should help determine your impression.

Here is an example: you have a patient who is unconscious and in respiratory distress (Signs and Symptoms). You see a needle stuck in their arm and decide to treat them with Narcan because you suspected they had overdosed (your Impression).

Be aware of this as you document and take a minute to match your impression to your treatments. Keep up the great work and be safe out there!

Preparedness & Special Projects Section: Statewide AED Project

To date 3,530+ 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 has been updated with reduced pricing on the DEFBITECH "Lifeline" and PHILIPS "HeartStart OnSite" AED's available to any interested individuals and organizations. The devices and accessories are available at reduced pricing. Updated information packets will be available shortly.

For more information you can visit our website here:

<http://www.nh.gov/safety/divisions/fstems/ems/defibrillators/index.html>

Education: Day to Day

As is always the case this time of year, the Education Section begins to see an increase in the number of course requests as we enter into “refresher season”, however, we are still working diligently on our process improvement and process-mapping everything that we do in hopes that we can implement software and procedural improvements in order to make our operation as quick as possible without sacrificing quality. We are working toward implementing the “User Management Module”, which will provide an online gateway to course approvals, transcripts, and licensing, just to name a few of the many powerful tools that this system offers. Once implemented, this system will revolutionize the way we do business.

Education: EMT-Basic to EMT Transitions

The deadline for EMT-Basics to transition to the EMT level was this past March for odd-year expirations and next March for even-year expirations. We will again be messaging these Providers to make sure that they are aware of the deadline that is approaching so that they can take appropriate steps to prepare. Please be aware of your deadlines!

Education: NREMT’s NCCP Pilot

Our implementation of the NREMT’s National Continued Competency Program pilot continues to move forward. The National Registry recently changed their policy and no longer requires that Providers take the online self-assessment. They also expanded the amount of distributive education that will be accepted to 1/3 of the NCCR topics, 2/3 of the LCCR topics and all of the ICCR topics. Providers are reminded to beware of online education vendors as the majority of them do not fall under the jurisdiction of the NH Bureau of EMS – making complaint resolution difficult, if not impossible. Log in to your NREMT online account to move your continuing education hours over into the new format. There are guidance documents about this process both on the NREMT website, as well as the NH Bureau of EMS website.

AEMT Mobile Testing		
Pre-Approved Testing Sites	16	
Tests Conducted	36	
Individuals Tested	211	
AEMT Prep Classes		
Classes Conducted	67	
Individual Participants	743	
Classes Scheduled	1	
AEMT Transition Tests		
NH 1st Time Pass Rate	64%	461
NH Overall Pass Rate	76%	546
Candidates Tested	723	
Current AEMTs	803	
Transitioned AEMTs	546	
EMT-Is Still to Transition*	509	
Vouchers Issued	759	

Education: AEMT Transition

The EMT-Intermediate to AEMT Transition pass rates continue to be well above the national average – our candidates are still enjoying a 64% first-time pass rate and a 76% overall pass rate. EMT-Intermediate providers are reminded that the deadline to Transition is March 31, 2016 for even-year expirations (291) and March 31, 2017 for odd-year expirations (218). Candidates are strongly encouraged to plan ahead, prepare for and attempt the exam early as seats will begin to fill up quickly as the deadlines approach. 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.

Education: PHTLS Courses

The Education Section worked to bring 6 fully-funded PHTLS classes to the state through the months of July and August through a grant opportunity. We were able

to offset the cost of these programs and offer these two-day classes free of charge to NH EMS Providers. We are also working on offering the opportunity for participants to become PHTLS Instructors by taking the online Instructor course, then mentoring at a subsequent class. We hope to provide more of these classes in the future and building up an instructor pool will help to this end..

Advanced Life Support & Systems of Care: Cardiac Arrest Summit

The Bureau of EMS will be hosting a Cardiac Arrest Summit on October 30, 2015 at the Fire Academy. This all day event will look at the links in the Chain of Survival and how New Hampshire can strengthen each of these links. Did you know sudden cardiac arrest kills approximately 350,000 Americans a year (More people than breast, lung, colon, and prostate cancer combined). At the New Hampshire's Cardiac Arrest Summit we will discuss:

- Implementing meaningful data collection
- Developing cardiac arrest systems of care
- Strengthening the chain of survival including bystander CPR and AED programs
- Concepts of improving EMS care including high functioning CPR
- Streamlining and improving the care of patients with Return of Spontaneous Circulation (ROSC)



Advanced Life Support & Systems of Care: Controlled Substance Quantity Limits

The NH Board of Pharmacy has recently increased the maximum doses of midazolam and lorazepam. In accordance with RSA 153-A:5 III (f) and Saf-C 5920.02 the following is an updated list of the controlled substances and maximum quantities, which will be allowed in the controlled substance kits.

Keep in mind that this is the maximum, not all services shall require these quantities. It will be up to the Pharmacist at the Medical Resource Hospital, and the Unit's Controlled Drug Coordinator (UCDC) to decide on what quantities (up to the maximum) that the service shall utilize. These maximum quantities have been established in order to facilitate a service to continue operations until such time as a "kit exchange" may be completed during normal pharmacy business hours. Although the rules make provisions for "kit exchange" via the emergency department, it would be judicious for the exchange to be done at the pharmacy during normal business hours. It is also expected that this quantity "may" change from time to time. Again, this requires agreement between the UCDC and the Pharmacist.

Diazepam	50 milligrams
Hydromorphone	8 milligrams
Fentanyl	500 micrograms
Ketamine (RSI only)	1000 milligrams
Lorazepam	10 milligrams
Midazolam	40 milligrams
Morphine	60 milligrams

The medical director and pharmacist should collaborate to determine which medications and quantities (up to the maximum allowed) would be practical for use by providers in that catchment area; the list is not to imply that one service would need to carry all of those agents.

Field Services: 2015 Committee of Merit / EMS Awards

On Monday September 28, 2015 at the Concord "Audi" the 2015 Fire and EMS Committee of Merit presented the annual awards to recognize our peers!

The EMS Awards that were presented this year are as follow:

- ◇ Mitchell/Connolly EMS Achievement Award: **NH EMS Protocol Committee**
- ◇ Bound Tree EMS Unit of the Year Award: **Dartmouth (College) EMS**
- ◇ Lawrence Volz Memorial EMS Heroism Award: **Brookline Ambulance**
- ◇ EMS Educator of the Year Award: **Chris Hickey (AMR/Manchester FD)**
- ◇ David Dow Memorial EMS Provider of the Year Award: **Nick Varin (Stewart's Ambulance)**

Field Services: 2015 Committee of Merit / EMS Awards (Continued from previous page)

This presentation is supported through donations to the NH Fire & EMS Committee of Merit (COM) and we would like to thank all Departments, Agencies, Services and individuals that contributed to make this ceremony happen! **Please contact Kathy Doolan**, EMS Field Services Coordinator, at 223-4281 (or email Kathy.doolan@dos.nh.gov) for questions regarding the awards event or future donations to the COM for 2016. Congratulations to all recipients!!

Field Services: Unit Licensing News!

To each of the 50 plus law enforcement officers that have taken the time to train, and license with the NH Bureau of EMS in order to be able to administer Narcan to people in-need within their communities, Thank You!!

This could mean the difference between life and death within the minutes that EMS is enroute but the patrolling Officer is closer to the incident and can treat the patient.

The licensing process for this level of Provider has had some hiccups, but we are all working through it. We would like to remind all future LE applicants that when submitting the completed license application, there are documents that also need to be submitted:

- Copy of CPR certification (meets HealthCare Provider standards)
- Copy of First Aid training certificate (meets OSHA standards)
- Narcan administration skill sheet (one for each LE Provider applicant)
- Proof of Narcan Administration training (on-line/completion is logged in our database)

The specifics of these requirements can be found at:

<http://www.nh.gov/safety/divisions/fstems/ems/documents/leinstructions.pdf>

One issue that we will be working on in the next few months, with the EMS Unit Leader to which the LE Provider is affiliated, is the fact that the individual LE provider licenses are directly related to the expiration date of the Unit license. ALL NH EMS Unit Licenses expire this coming December 31st. This means that all LE Providers that license now will also only be valid until 12/31/15. Rather than expecting each LE Provider to re-submit a license application packet by the end of December, we will be in contact with the specific Units that are affected by this and requesting specific documentation by year end. This will then allow the Bureau of EMS to re-license the LE Providers through until the next cycle of Unit licensure which will end 12/31/17.

Preparedness & Special Projects Section: Statewide Bariatric Project

In cooperation with NH Homeland Security & Emergency Management, funding has been made available to provide "Bariatric Cache Equipment" training sessions at the various County-designated Cache sites. The identical "hands-on" programs provided opportunities to utilize both the portable patient moving devices as well as the ramp, winch and stretcher equipment designed to facilitate safe transfer and transport of obese patients. 8 sessions held with 90+ participants.

Plans are underway for an additional "Bariatric Cache Equipment" training session during the upcoming North Country Emergency Services Conference in North Conway on Sunday, November 15, 2015.

Work also continues on development of education components for the safe, efficient and effective medical care of the obese patient.

In the past months there have been several successful scene and emergent hospital transfer calls utilizing Equipment Caches in Carroll, Coos, Merrimack and Sullivan counties.



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Preparedness & Special Projects: First Responder Network Authority “FirstNet” Effort

FirstNet is a federal initiative to develop a high-speed, nationwide wireless broadband network dedicated to public safety. The intent is to utilize existing telecommunications infrastructure and assets in cooperation with public/private partnerships to effectively use two-way radio, cellular and high-speed data devices for public safety agencies.

Through improvements to current communications equipment, implementation of new technologies and leveraging governmental purchasing power, the endeavor is to create a public-safety grade network in rural, suburban and urban environments.

A multi-discipline initiative is actively engaged in New Hampshire on this project that includes enabling legislation, formation of Work Groups and a formal FirstNet State Consultation session held in June.

NH fire, EMS and law enforcement agencies are actively involved in the on-going planning efforts.

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