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# State of New Hampshire

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## MEMORANDUM

**DATE:** November 14, 2017

**TO:** Emergency Medical and Trauma Services Coordinating Board  
Medical Control Board  
Trauma Medical Review Committee  
Fire Standards and Training Commission

**FROM:** Nick A. Mercuri, Chief of Strategy and Planning  
NH Department of Safety  
Division of Fire Standards and Training and EMS

**RE:** Strategic Outreach Report

The Division of Fire Standards and Training and Emergency Medical Services conducted several outreach activities over the past year with stakeholder groups, Fire and EMS services, and EMS providers across the state. This initiative was part of Director Pendergast's plan to perform more outreach activities across the state and develop a comprehensive roadmap for future initiatives. Below is a synopsis of these activities.

### EMS Stakeholder Boards and Post Meeting Survey

The Emergency Medical and Trauma Service Coordinating Board, Medical Control Board, Trauma Medical Review Committee, invited stakeholders, and Division staff met all day on November 17, 2016 to discuss strategy and planning initiatives for the EMS system. Attributes from the National Highway Traffic Safety Administration's (NHTSA) *EMS Agenda for The Future* were used as a guideline for the brainstorming session. Results from this session were used as a framework for a strategy and planning survey which was sent to 57 EMS board stakeholders on January 9, 2017. Sixteen stakeholders responded to the survey.

### EMS Provider surveys

Using the framework from the November 17<sup>th</sup> meeting, three surveys between May 12<sup>th</sup> and June 22<sup>nd</sup> were developed and distributed to all 4,389 licensed New Hampshire EMS providers with email addresses in our licensing database. Survey responses were as follows: 555 for survey #1, 402 for survey #2, and 317 for survey #3. These surveys also contained a free text field where providers could write in responses not covered by the survey.

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### Fire Standards and Training Commission

On May 4, 2017, the Division met with the Fire Commission for a brainstorming session to determine strategy and planning for the New Hampshire fire service. The following general categories were provided: Outreach & Training Needs, Future Needs – Recruiting & Retention, and Other Methods of Certification. Several priorities were developed and voted on. (See the FST Commission tab in the Excel spreadsheet.)

### Town Hall Meetings

Between July 18<sup>th</sup> and September 28<sup>th</sup>, 2017, Chief Mercuri and Paula Holigan scheduled 23 town hall meetings with a goal to receive guidance directly from Fire and EMS personnel for future planning. Seventeen town hall meetings were conducted (6 did not have any attendees). Meeting breakdown by counties was Rockingham (4), Hillsborough (3), Cheshire (1), Sullivan (1), Merrimack (1), Strafford (1), Belknap (1), Carroll (2), Grafton (6), Coos (2), Brattleboro, VT (1). Meetings were attended by 234 attendees and consisted of state medical director Dr. Jim Suozzi, 62 senior officers from Fire and EMS agencies, 14 Division staff, and 19 HESM staff.

	<b>Top Priorities by Outreach Activity</b>				
<b>Priority</b>	<b>Nov Board Meeting</b>	<b>EMS Board Survey</b>	<b>EMS Provider Survey</b>	<b>Fire Commission</b>	<b>Town Hall</b>
1	Strong communication and integration with other health care agencies	Sharing hospital outcome data with EMS services to improve care, identify training opportunities, and update protocols	Updating technology systems so they are easy to use	Portfolio (method for fire certification)	Need help with Recruitment & Retention for Fire & EMS
2	Having EMS conduct prevention and training classes	Sharing patient outcome data between all systems of care	Improving compensation and benefits to EMS personnel in all settings	Ensure accreditation standards are consistent with national ones	Do more field Fire & EMS classes
3	Sharing patient outcome data between all systems of care	Reforming and regulating reimbursement and payment to EMS services	Having the ability to access a broad variety of instructional methods	Improve communication with stakeholders to identify gaps	TEMSIS usability issues
4	Finding patient care alternatives to transports for non-emergencies	Enacting the remaining elements of the NH state trauma system plan and companion plans for stroke and STEMI	Providing affordable EMS education to students	Increase access to fire training and training classes	Sponsor Division-run initial EMT classes

### Next steps

- Fire commission and EMS Boards will review information with constituent groups.
- The Boards will report back their top priorities.
- Information presented by stakeholder groups will be used to develop the Boards' and Division's strategy and planning for short and long-term initiatives.

The following sections include major themes identified by stakeholders with additional detail beyond the summary.

### **Background Checks**

- EMS providers are unhappy with the federal background checks. Towns require background checks for all employees and now the Division requires a federal background check which cannot be used for the town check. This is an added cost to departments and duplication of effort. Services want to see one background check for the town and EMS providers. The added cost is hurting volunteer and career departments across the state.
- Services asked questions about whether the Medicare exclusion is included in the federal background check.
- Providers indicated that it's difficult to get checks cut by the towns and to state police. The new background check process is causing many delays and makes hiring people more difficult.
- Services expressed that the federal background check was poorly communicated by the Division.

### **Class Changes, Locations, and Times**

- Over half of the town hall meeting attendees requested evening and weekend classes for Fire and EMS training. Volunteers can't make daytime weekday trainings.
- Conduct Instructor and other classes that are typically held in Concord in the field. Volunteers and career personnel cannot make it to Concord due to time and budget constraints (backfill and overtime constraints).
- Use the Bethlehem facility for more Fire and EMS trainings. The perception is that the facility is underutilized.
  - The Division forgets the Northern part of the state; this causes people to travel to further their education. This concern came from several North Country departments.
  - Looking at the Divisions' course offerings, nothing is being held in the North Country
- The following departments have offered their facilities for use for any Fire or EMS training: Hampton, & Dover.
- Students want to take the FF3 modules but have to go to Concord to attend. "Most of the props needed for this class are portable so why is the Division not doing more field programs for the North Country?"
- "Several Instructor I and II and other classes have been video conferenced to the North Country but by doing this, students are not reaping the benefits of a live instructor-led program and they are missing out."
- Almost all of the town hall meetings mentioned the need for more field Fire classes. "The reason why the advanced fire classes have low attendance is because they are all in Concord."
- Request to have a library of NCCP topics that people can order and take online.

### **Class Minimums**

- Request to work with the NFPA to reduce the student minimums for all Fire classes because departments cannot meet this requirement. This was a sentiment heard across the state, but predominantly in the North Country.
- Instructors are losing out on teaching opportunities because classes are getting cancelled due to low enrollment. Can departments pick up the cost to meet the minimum just to hold the class?
- The North Country can't meet minimums for driver classes and desperately need drivers.
- One officer needs a Fire Inspector class and can't find one. Others have been cancelled because the class can't meet the minimums. "My town only needs one Fire Inspector, not 18, which is the minimum to hold the class."
- Request for the ability to hold EMS practicals and exams below state minimum requirements. This was primarily heard in the North Country and in the western part of the state.
- Request for more EMT and EMR testing sites (practical and NREMT) in the North Country.

### **Communication**

- Providers indicated that the time it takes the state to change technology is horrendous.
- Almost half of the town hall meeting participants indicated that the Division's web site is difficult to navigate.
- Several town hall meeting participants indicated that they do not like the new course catalog. They said there are too many steps to see classes and pre-requisites. They would also like to see a listing of courses and dates to see if they meet their schedules.
- "We have privatized EMS education but tell people to go to the Division's web site to get info for EMS classes. When instructors try to run NCCP classes, the state does not post them on the Division's web site; only CREFed classes are posted."
- There was confusion at many town halls as to whether or not the Division still offered props for free or if they had to pay for them.
- Request for a better way to do forms and communication with the state's retirement system. It's out of sync.
- EMS providers like SurveyMonkey as a tool to get information from them.
- Email is a good way to communicate with providers but the Division sends too many emails and duplicate emails. Request to send a weekly email for information like jobs. The Division should also use better subjects for emails so people will read them.
- Request to use social media. No one at the town halls knew the Division had a Facebook page. "This is how many communicate nowadays."
- Concerns were raised by several providers that they hear about changes after they have been implemented (e.g., background checks, initial EMT classes).
- Request for a quarterly list of upcoming classes on the Division web site so people can plan.
- Requests for more advertising for classes that the Division does not typically sponsor.
- Request for better ways to communicate trends. For example, if there is a new synthetic opioid in the area. One provider brought up the recent measles case in the Seacoast area. The Division needs to be proactive instead of reactive.
- Request to allow subject matter experts to share their programs with the Division to vet and share on NHOODLE or the Division web site. This will reduce the costs to the state for field training.
- Request to set up a discussion board on the Division web site for department to share their trainings or ask for help.
- Rescue Inc. (VT service) wants better data sharing with the Division (between VT and NH).

### **CPAT/State Entrance Exam**

- “Having an aerial test be part of the state’s entrance exam is helpful for those departments that don’t have aerials. Many departments want aerial certification as part of hiring.”
- Prep students for what to expect on CPAT.
- Many departments are happy to see that CPAT is offered multiple times during the year.

### **Division Process Changes**

- Revisit the physical requirement for fire classes. “Budgets are being blown because the NFPA physical requirements were not explained well.”
- Concerns were raised about the NFPA gear age limit of 10 years. This is costly for departments to implement.
- Providers want the Division to look at hospital affiliations. One service is forced to affiliate with Cheshire even though they never bring patients there.
- For Rules, look at reciprocity and out of state processes. For example, if an ambulance inspection passed in VT, it should automatically pass for NH too.
- Questions arose as to the Division’s role with providers who get hurt during Division training. Many departments members are not covered by their town’s insurance.
- Please see if an insurance policy could be offered to people doing training on their own time or when their department won’t cover them.
- Request to look into reducing the \$150 cost for 3-state weekend. VT only charges \$75.

### **E-Learning**

- Several providers at town halls across the state asked if the Division could put the NCCP topics online for those who cannot make it to Concord.
- Several departments across the state want to be able to hold group online classes locally. This will help with backfilling for those that take training outside the department as people can train while on the job. A similar request was brought up for simulcasting classes as well.
- Providers want their demographics saved when they login and complete a general application for a class.
- Several providers across the state provided feedback on broken links, inability to access buttons, protocols that reference classes that are not available (e.g., vaccinations), and other usability issues.
- Request to be able to order an online class and teach the topic locally rather than send people to Concord.
- Request for an online physical fitness class.

### **EMS CQI**

- Several providers want outcome feedback on their patients from hospitals.
- Developing standard metrics for measuring patient outcomes (e.g., quality improvement or pay for performance). EMS providers are interested in hearing about the quality of their care and improvements that can be made.
- Several providers would like non-punitive CQI about their TEMSIS reports so they know what they did right or wrong.
- Can the Division provide a plan to provide CQI guidance to EMS services?

### **FF1 and FF2 Recruit Schools**

- Several departments indicated that firefighter expectations need to change. They mentioned that the Division needs to go back to the way Chief Fortier taught recruit school. Students were taught respect, appreciation of their equipment and station, and discipline. In Chief Fortier’s class, an instructor dressed up and did gardening duties on the grounds. The students were unaware that this was happening and they were evaluated on how they

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interacted with him. “In the fire service, we are held to a higher standard and need to treat people well. We never know who is watching.”

- Request to run recruit school like a fire department. Many students are graduating and they don’t know what they’re supposed to do when they get hired. They also need to understand chain of command and respect authority.
- Probationary personnel need to have FF1 within a year of getting on many departments. Many chiefs indicated that finding a FF1 class has been difficult. When asked about running classes in a particular area, they were told that there is no funding to do another class. The chiefs want a master schedule for FF1 and FF2 classes that they can count on every year. They also want more field classes. “People are driving halfway across the state to get a class. If they can’t get it within a year of hiring, they get booted from the department.”
- Over half the town halls across the state indicated that they want a reduced hour FF1 class with a certification. Several providers said that Maine and Vermont offer such a program. They would like to see a 90-hour program to teach the basics and departments can then teach further skills.
  - All of these departments indicated that they can’t get volunteers to commit to 200+ hours of firefighter training plus the time to travel to the class several times a week. They felt that the higher hour FF1 classes were geared toward career departments. The Chiefs indicated that volunteerism is going away and people don’t want to do it anymore. They also said that the young are not staying in the North Country and the situation is getting worse. “If the Division does not change the way they do FF1 training, there will not be a fire service in the North Country. “ They suggested offering several levels of FF1, like the Division does for EMT.
  - While this concern was heard in the North Country, southern, and western parts of the state, the North Country was the most vocal about this issue. All of these departments were interested in a FF1 model that is being used in British Columbia (i.e., external firefighter).
  - Several chiefs indicated that a reduced hour FF1 class should consist of PPE, SCBA, ventilation, some ladders, some pumps operations, and a ‘good old-fashioned defensive driving class.
- FF1 classes are desperately needed in Berlin, Conway, Bethlehem, Claremont, Campton, Rochester, Keene, Atkinson, and Epping areas.
- Request to let students make up sections of FF1 class if missed. They should be able to make it up locally with an instructor certified in the area missed rather than travel back down to Concord.
- Some providers in the western part of the state were concerned that firefighter classes are geared toward career departments (e.g., they are required to wear uniforms). Several providers and chiefs indicated that they were treated poorly because they were volunteers. These chiefs now send their members to VT for fire school because they are treated with respect and they are dedicated to working with students to get them to pass.
- Several requests to change FF1 and FF2 classes to in-class only classes. “Having quizzes online is great but online learning does not make up for hands-on learning. There still needs to be mentoring for students.”
- One chief said that several of his students have taken an online FF1 class and went to TX for practical skills training. He suggested the Division look into this program.
- One chief in the Lakes Region feels that FF1 classes should be longer to ensure that firefighters are properly trained when they graduate.
- Several providers reported consistency issues with fire instructors. They reported that skills were taught differently depending on the instructor. One chief said 3 of his members failed various portions of the FF1 practical and they had been taught several different ways to do the same skill.
- Several chiefs want feedback on how their members are performing in fire classes.

- One chief suggested regional fire classes. He suggested having multiple towns get together and rotate their equipment for the classes. This would reduce the burden on fire equipment shortages and allow classes to be held in areas not considered before.

### **Fire and EMS Education**

- Fire classes spend too much time teaching students to a standard, like how to tie a knot. They should spend more time teaching students practical firefighting skills and teach them how to be a good firefighter.
- Providers are concerned that they made it through their first NCCP recertification and it was a huge learning process. They have received 3 answers from 3 different NREMT reps on the next curriculum. They need guidance on what the new changes will be. They are concerned that the NREMT will change the requirements halfway through the recertification cycle.
- Request for the Division to work with the NREMT to make recertification requirements easier for volunteers (e.g., allow more online classes and less hours).
- Many providers across the state are confused on local hour requirements. Many complained that they had to take the spinal restriction protocol each recertification cycle and it's been the same for many years. Providers want guidance on what the state requires for local hours. This should be communicated to providers.
- Request for the Division to work with NREMT on standards for entering data for recertification. They are finding it difficult to maneuver the NREMT web site.
- Many providers indicated that the same local hour classes have been offered for some time. They are requesting new online classes with new topics.
- Request for more advanced training for technique and enhancements to current protocols. Also, ACLS, ABLIS, NRP, ATLS, PHTLS, PALS, arrhythmia. Many of these classes are offered at hospitals but only for hospital personnel.
- Request for assessment skills for AEMTs.
- Request for situational awareness class for Fire and EMS.
- Request for more EMS ConEd, especially in the North Country.
- Request to bring back the bariatric training. The program rollout went well but was stopped due to lack of funding. There has been no follow up on how this program will work after some of the bariatric equipment was delivered.
- Several departments are interested in the high-fidelity sim training.
- Several department requests for MCI drill training.
- Request for Mobile Integrated Healthcare (MIH) training (i.e., how to get involved and the process).
- Many departments across the state and Division staff said that the Division needs to do more with EMS and non-fire-based classes.
- Request to bring back the EMS refresher model and provide refreshers for AEMTs.
- Request to hold more EMS conferences in the North Country due to length of time to get to other conferences.
- Request to break the Rescue Systems class into modules which can be taken separately. The class is time consuming.
- Request for the Division to look into alternate class delivery methods - online, simulcast, etc. One suggestion was to take advantage of Dartmouth-Hitchcock's webinar trainings and to advertise them on the Division web site. The consensus at many town halls was that the Division needs to support EMS training better.
- Request to bring back C2F2. It taught pride in the fire service and this trait has been lost. Chief Fortier stressed that firefighters are always in the public eye and they need to take pride in how they look and act. The Division needs to go back to teach these principles. "Students should be proud and clean their dorm and take care of their stations. This helped them with personal development and culture in the fire service."

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- A Hazmat Decon and an Aerial class were requested for the Keene area 18 months ago. Communication on this class by the Division stopped. This area has commitments from personnel to fill these classes.
- Request for a FF refresher class to update skills.
- Request to mandate ConEd for firefighters to maintain and update their skills.
- Class requests: Rope Ops & Tech, Rescue Tech and Systems, Swiftwater I and II, Fire Inspector, Driver Ops, Pump Ops or mini pumps class, FF3 modules, CDL class, Maydays/RIT/safety, engine/truck company, advanced ventilation, solar panels, hybrid cars, more Nozzle Forward classes.

### **Fire and EMS Practicals and Written Exams**

- Request for the Division's help in improving time in which EMTs can take their initial exams and practicals. Excessive travel times and lower class minimums are preventing students from taking their exams in a timely manner. This was noted by several departments in the North Country and western NH.
- There are not enough test sites for the PearsonVUE NREMT exam. People are waiting months to take their test.
- Request to run the state's Mobile Test Lab for EMT and AEMT exams.
- Provide classes to help students pass their NREMT exam.
- Recommended that NH require I/Cs to specify where and when EMTs will test when they submit paperwork for their classes. This will help ensure that students get into exams and practicals.
- Fire and EMT practicals need to be more realistic and scenario and team-based.
- Students should be told why they failed their Fire or EMT practicals.
- Reduce student minimums for EMS and Fire practicals. "There are very few people in the North Country that come to join departments and the testing minimums are killing Fire and EMS in this area because they can't find test sites."
- Request for the Division to run AEMT practicals. The current options for these exams are expensive and offered on inconvenient days.
- Request to hold fire practicals in areas other than Concord. It is hard for students to travel long distances.
- Request to remove benchmarks from the Fire practicals (e.g., putting your gear on in 30 seconds). Speed is not important; doing the skill correctly is important.

### **Fire Officer and Professional Development**

- Classes need to change to reflect what officers are currently doing on the job. "80% of the job is dealing with personnel issues but they never talk about this in class. The info covered in FO1 was pre-plans and most of what the job is about is dealing with people and HR issues."
- Several requests in the Seacoast area for FO1 and FO2.
- Several chiefs across the state want the Division to sponsor more professional development classes (HR, team building, generational gaps, how to manage incidents. One chief talked about a 10 month Executive Fire Officer training program offered in Nashua and Salem. He also said that MA has a Chief Officer Manager program with Harvard. These classes should provide college credit for those that want to go to college for further training.
- Several requests for EMS Officer and professional development for EMS classes.
- Perception is that the fire officer classes are geared toward career departments. Request is to offer these classes during the evening or weekends for volunteer departments.

### **Initial EMT Classes**

- Over half of the town hall providers across the state want the Division to sponsor initial EMT classes, including the practicals and NREMT exam. This will provide oversight and quality to the programs.



- Providers wanted to know if the Division would be shifting more to EMS training instead of Fire training given that 70% of departments' calls are EMS and the rest are Fire calls.
- Specific requests for initial EMT and EMR classes in Colebrook, Berlin, and Keene.
- Request for Division to partner with local high schools and colleges to sponsor initial EMT class. Providers gave an example of such a program in Canaan, VT high school.
- Mandate ambulance and ER time for EMT students.
- Request for the Division to set curriculum standards for EMT classes (as it does for Fire classes).

### **Fire and EMS Instructors**

- Instructors need to be more proactive about students. Instructors tell students how they can fail, but not how they can succeed during their tests.
- CREFed EMS classes should have student evaluations for feedback. "When a CREF is attached to a course, the assumption is that the state has given it a stamp of approval but the instructor may not be good."
- Several providers across the state indicated that the Instructor programs need to include teaching methodology and provide information on how to teach to multiple learning styles. The current classes appear to teach administration and paperwork requirements.
- The Instructor program should allow a transition or challenge test from other fields like education. Many departments have providers with a Master's degree in Education but they have to take the Instructor program to teach.
- Fire & EMS instructors need CQI. Many read the PowerPoint or just teach by PowerPoint.
- Instructors in the Instructor program need to practice what they teach. For example, one instructor indicated that it's important to be on time for classes but was late for class. Another instructor indicated the importance of preparing for class but was unprepared.
- Concerns raised about instructors who teach the Leadership classes but have no leadership experience.
- EMS instructors are teaching to the NREMT exam so they are graduating from the class without being able to apply their skills.
- EMS instructors are not helping students finish their EMT class requirements like ride time and ER time. EMS instructors should also work with their students to ensure that they take the NREMT and practical ASAP to raise their chance of success. Many students are left trying to sign up for the exams on their own and it could take a year before they actually take the test. This is causing delays in getting members on departments as they have to have a certification before they can become a member.
- Decrease the number of hoops to become an Instructor. For example, remove the train-the-trainer requirement to teach every Fire component. Several felt this was an insult to providers who have been firefighters for over 20 years.
- I/Cs want I/C ConEd and update options outside of Concord. Many work other jobs during the day and the classes are only held in Concord.
- I/Cs are concerned about maintaining their I/C now that the state has gone to NCCP (which means less CREFed classes). Due to the low number of CREFed courses available, I/Cs are concerned that they won't meet the requirements to renew their license.
- Fire/EMS hours for instruction are too high. Also, Instructor and I/C are treated differently for hours. For example, a provider can take Instructor I, II, and III, teach their required hours under a mentor and then become and I/C. If they decide to become a Fire Instructor, they have to teach more hours.
- Departments in the western part of the state are concerned with the lack of I/Cs in the area to teach initial classes. They indicate that there are only 4 in the area and several will be retiring soon.

- Request to change the way the Division hires instructors. “There are a lot of good instructors in the state but they can’t teach because they work for the state. You’re losing a lot of talent.”
- Providers are concerned that they have to have an I/C to teach a program. “You need to designate this role to a department. You need to have more trust in your people.”
- Request to change the I/C to two roles – an Instructor and a Coordinator.
- Providers want to know why the Division has a lot of I/Cs but only 38 are teaching initial classes.
- Instructors are having difficulty finding mentors to complete their mentor hours.
- Many providers want I/C pass rates published on the Division web site.
- Providers want more training to improve EMT pass rates for exams and practicals.

### Legislation

- Revisit the 60% rule for I/Cs. It is causing a problem for EMS education in many services, especially in the North Country.
- Several town halls across the state are concerned that the rules have not been updated in years and are extremely outdated.
- Investigate staffing an ambulance with 1 EMT and a first responder to accommodate volunteer departments that may not get 2 EMTs on a call.
- Request to look into allowing providers that are only EMS join the NH retirement system.
- Request to look into allowing volunteer firefighters in the NH retirement system.
- Request for the Division to revisit the physical requirement to take certain classes. Several departments feel that this is hurting the hiring of career and volunteer personnel in the North Country where the hiring pool is low.
- Request for LODD benefits for EMS.
- Request to hold trial programs in Colebrook. “Trials seem to only happen in areas where there are short transport times.”
- Concerns were raised that several laws contradict each other in regard to background checks. For example, Chapter 275, Section 275:3 and Chapter 153-A, Section 153-A-A:10-a.

### Outreach

- All services appreciated the town hall meetings and want the Division to continue more outreach. They found them informative.
- Request for a liaison with HHS to work with nursing facilities on the appropriate use of emergency services.
- Request to send a priority draft list to town hall meeting attendees to ensure that “we heard it right” before finalizing our strategy and planning documents.
- Request for the Division’s help with EMS prevention initiatives (public awareness and outreach). Similar requests were heard for CPR and First Aid, especially for areas in the state where there is a long response time for providers.
- The Division should work with other state agencies to promote people moving to NH to work on a department.
- Request to provide more data to services. For example, the Division should be working with departments on Narcan statistics. Budget committees and selectmen need data to support hiring. Services feel that they are not getting the data they need to present to the towns.
- Suggestion to write a multi-state SAFER grant to conduct a full-time Recruit School (with CPAT). Departments could then hire civilians and they will get their training done in 2 years. This will also create avenues for hiring for veterans too.

- Request for regional equipment, which departments indicate is their biggest liability. “There is no way we can show drivers emergency procedures or a rabbit drill with a fire truck. The Division should look into grants or funding options for high fidelity sims and training.
- Request for the Division to pursue a grant to procure EMS equipment for departments that do EMS. Also, look into obtaining group rates for the purchase of power cots and other costly equipment, and education on proper lifting & bariatric patients.
- Request for grants to support tech rescue classes. The Division should consider developing a Summer Camp for options like tech rescue and other skills that can depreciate over time.
- Request for the Division to look into grants to fund trainings for services to keep the cost down for initial EMT and EMS ConEd classes.
- Request for the Division to provide guidance on grant assistance.
- Questions asked about grant money to pay employers to allow volunteers to take Fire/EMS training.
- One provider said that the police are on their 5<sup>th</sup> round of interoperability grant money and Fire/EMS has only had one grant. Departments spend \$3000 for a state portable and then it doesn’t work anymore due to changes. It is cost-prohibitive for departments to replace the radios. The Division should look into ways to migrate using mobile applications.
- Several providers in Keene said that the Division appears to be very underfunded and the requirements to support the field keep going up. The Division should look into grants and other funding options to support the field.
- Several providers in the western, southern, and northern parts of the states want to see more focus on volunteer departments. “All of the training appears to be focused on career departments.”
- Several departments across the state felt that the Division only cares about Fire, not EMS.
- Perception conveyed that the western part of the state is a ‘black hole’ and that the Division does not communicate with that part of the state.
- Perception that the Division only supports classes that happen at the Division, not in the field. This was heard at two town halls in the western part of the state. They felt the Division closed Meadowood.
- Several providers in the western part of the state are concerned with Division staff turnover and said that it indicates a system issue.
- Perceptions that the Division is a ‘hammering organization’ and that it is not available to help.
- Rescue Inc. in VT has several needs – Critical Care will be mandatory for medics, they are dually certified but cannot get into NH trainings because they are out of state. This needs to be addressed.
- Concerns expressed about EMS billing and payment and how it is negatively affecting services. Medicare and Medicaid reimbursement rates are “killing EMS”.
- The Division needs to look at better utilization of services (e.g., mental health). “You are not going to fix that in the ER.” The Division needs to look into promoting MIH programs.
- Several comments made by providers across the state about late protocols and classes that were promised. “We are starting to lose faith in the Division due to all the delays.”
- Request for the Division to work with hospitals to provide outcome data.
- Request for the Division to provide training to dispatchers, doctors, nurses, etc. on what EMS does and what they should expect from them when a patient is brought to the hospital.
- Request for the Division to increase communication with other agencies in case there is an MCI or terrorists event. “We don’t know what other agencies have or what their capabilities are.”
- Request for the Division to create templates for HIPPA and infection control policies. There have been a lot of changes that providers are not aware of and departments don’t have the resources to keep up on these topics.
- The Division should look into partnering with more high schools/colleges to provide Fire and EMS education. One department said that colleges should develop a Fire/EMS track so at the end of 4 years, the person graduates

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with Fire/EMS skills, CRR, writing, and public speaking. These are all skills that will advance a career in the fire service.

- Several requests to work with universities and colleges to do research projects (for EMS protocols).

### **Positive Feedback**

- Several providers were extremely pleased with the responsiveness of Captain Nick Antonucci, Captain Chip Cooper, Captain Kathy Doolan, and Todd Donovan.
- Departments stated that it is evident that Director Pendergast has raised the bar for training expectations.
- Bill Wood taught the best EMS recertification class providers have ever taken. Providers want Bill to teach more.
- “The Division is doing a good job. A lot of change is happening and this is good. There is a lot of willingness to try something new and enhance protocols.”
- “The Chief couldn’t be here today but he wanted me to convey how much he appreciates Chip Cooper and the work he does. He helped us tremendously with the transition to ELITE.”

### **PEETE**

- Several departments are concerned with the lack of PEETEs available. The concern is that many of the PEETEs will be retiring soon and there are no new classes to train more people.
- Several providers indicated that they were upset with PEETE changes that were not communicated which caused them to lose their PEETE certification.

### **Pre-requisites for Courses**

- Several firefighters were upset with pre-requisites that were needed to take classes because older classes that they had taken were outdated. There should be a way for someone to update without having to take the whole class again. “At 2AM, we are still going to show up to the trench rescue call regardless of whether we’re trained or not. We would prefer to be trained for safety reasons.” Having to take classes again is preventing providers from getting further training.
- A provider attended the New Mexico bomb training and was certified but was not allowed to teach even though he took the train-the-trainer. He was told by HSEM that he had to be an I/C but he can teach elsewhere, just not for NH.
- Concerns that providers cannot help with swift water rescue because they were certified with another swift water rescue program and not the ‘state’s program’. The provider said it shouldn’t matter where the program was taken, as long as the person is certified.
- Request to not restrict advanced fire classes to just officers.
- Many departments in the western part of the state are sending providers to VT to get training. For example, an EMS provider needs swift water rescue but cannot take it because he does not have FF1. “This is pigeon-holing people who want and need to take these classes but don’t want to be firefighters.” Similar concerns were heard for hazmat and motor vehicle extrication. The Division should look at a certificate without a ProBoard certification just so EMS providers can get certified.

### **Protocols, Scope of Practice, and Best Practices**

- One chief is concerned about an upcoming protocol change for RSI which will cost his department \$10K. He feels the state should not mandate costly equipment.
- Many town hall attendees asked the status of the new EMS protocols.
- Request to update EMS protocols to treat pain in the field. MA is doing this at an EMT level.
- The EMS protocols indicate that patients must be brought to a hospital with RT. There are none in the Colebrook area. Please advise.

- Several providers asked to see drafts of the EMS protocols and to have the ability to provide input.
- Several providers asked the Division to look into publishing the EMS protocol books again.
- Scope of practice and protocols should be released at the same time.
- Improve mechanism to get evidence-based medicine changes to the protocol committee for consideration.
- Several requests for a Check and Inject System for EMTs (Epi administration).
- Several requests for a best practices document for Fire and EMS.
- Several providers want guidance as to what constitutes a patient (e.g., when a call is cancelled).
- One chief asked for guidance from the Division on the recent passage of the marijuana bill.
- Request for a How To document for NCCP.
- Request for a hospital and facility capability list so providers know what hospitals can and can't do for proper transport.

### **Reciprocity**

- Providers in the west, northwest, and VT want to see seamless reciprocity. Rescue Inc. in VT requires dual certification in NH/VT to hire. It can take up to 6 months to get reciprocity from NH (mostly due to the background checks).
- Rescue Inc said that there is a lot of redundancy with training for dual certification. They cover all the EMT scope of practice modules (except advanced airways) and they have to take them again for NH. They would like to see this streamlined. This sentiment was also heard in Milford.
- Several departments were interested in REPLICA.
- Several services want a bridge/transition or challenge test for nurses, military medics, etc. so they don't have to take the EMT class. This will help with volunteers.

### **Recruitment and Retention**

- Several departments indicated that they are having difficulty finding and hiring quality paramedics. One department said that they hire a FF1/paramedic and then tell the employee that they have to get FF2 on their own. When the employee takes the class, it affects the department's overtime budget. These departments asked for the Division's help in getting quality paramedics.
- Request for the Division's help in promoting Fire & EMS in the North Country, west, and northwest part of the state. They need help with recruitment and letting communities know how important these volunteer roles are to the community. A provider in Colebrook recommended that the Division look at a LOSAP program which is being used in MD. (If you make your points on a volunteer service, your state income tax is reduced.). The provider also recommended that the Division look at other tax incentives to recruit volunteers.
- Many departments expressed concerns with an aging workforce. It is very difficult to recruit volunteers, especially when they find out the training hour requirements to become a firefighter or EMT.
- Providers in the Lakes Region said that the Division should offer a firefighter program that recruits civilians and sends them to the fire academy (similar to the NH state police and MA fire academy).
- Very strong statements were heard in Keene and Peterborough in regard to recruiting volunteers. "The RSAs in NH don't say anything about EMS. The state supports fire and highway, but there is no requirement for EMS and the state wants EMS to work for free. EMS is the bulk of our calls. There is nothing at the state-level (selectmen, budget committee) that says that EMS is just as important if not more important than fire." Several providers at the Peterborough town hall said that one town requires mutual aid response 60% of the time. The feeling was that the opioid epidemic has made it a great time to advertise that EMS is very much needed. Providers in the western part of the state are hiring older people just to fill slots on their department.

- Several providers in the North Country indicate that pay is very low for EMS providers. They named several services that pay \$8/hour up to \$10/hour. Pay needs to increase to attract quality personnel.
- One provider said the Division should develop a recruitment campaign for Fire and EMS to give people an idea of what the fire service is about before signing up. “It’s a huge investment for departments when someone is sent to fire or EMS school and they drop out. They don’t want to come back because they are embarrassed that they didn’t finish.”
- VT said that 35% of a local town’s calls go unanswered because there is limited staffing (volunteer department). They are calling mutual aid frequently, which is expensive and the town is unable to reimburse for services.

### **Stakeholder Boards**

- One chief feels that the committees and subcommittees are taking too long to resolve problems due to “bureaucratic red tape”. The Coordinating Board is not representing them or communicating with them.
- Another chief feels that the boards don’t listen to providers unless they are personally invited to meetings. He senses there is a “good old boy” mentality in these groups and there is not much communication from them.
- Several chiefs indicated that they don’t know when the Fire Commission meets.

### **TEMSIS**

- EMS providers want to see usability enhancements to TEMSIS. They stated that options listed for fields such as ‘Provider Impression’, sometimes don’t fit the call. Many indicated that providers choose the option ‘No Apparent Illness’ because it’s easier than scrolling through a long list of options that may not relate to the call. Additionally, some stated that ‘No Apparent Illness or Injury’ is chosen because it’s the “path of least resistance” where providers don’t have to enter a lot of data.
- Providers consistently reported that there are too many options for one type of injury or illness. For example, one provider stated that there are 12 options for breaking an arm and even more options for syncope. Another issue is difficulty finding fields such as ‘Establishing an IV’, which is under ‘Vascular’ and is expected to be under ‘Venous’, or options for ‘Protocols’ that were used and the protocols cannot be located easily.
- Several requests were made for custom fields relating to transporting and non-transporting agencies. This was noted in the western and northwestern part of the state and in VT.
- One agency expressed a concern regarding a change from TEMSIS to another application. This would require significant changes to their billing software, which would be an expense to them.
- Request for alternate ways to enter a patient care report. Some volunteer agencies report no internet connection in their area and an hour transport time. This leads to a 4-5 hour call from the time the call is dispatched to the time the provider finishes a patient care report in TEMSIS back at the station.
- Providers want the ability to receive or generate regional and community reports (e.g., Narcan usage).
- Providers indicated that they lost a lot of reports when the Division switched to ELITE. They want the reports back and are finding it difficult to generate reports in ELITE.