

New Hampshire Ambulance Association

5/21/09 16:30 Red Blazer, Concord NH

Members Present:

Christopher Dubey, Jonathan Dubey, Beverly Hurd, Beth Perry, Eric Damon, Will Riley, Scott Hodgkins.

Annual Meeting/Election of Officers

1) Discussion held by members present regarding emergency actions taken at the last meeting after Michelle's and Beverly's resignations. The membership present believes the annual meeting should have been in January, it was voted and passed by the members present to have the annual meeting re-scheduled for July and to hold the election for officers. The membership present voted and approved a motion to place the current slate of officers on the nomination card for re-election with a write-in spot available for each position. These will be mailed to the current members and will be counted at the meeting in July.

Medical Control Board and Coordinating Board

- 1) Sue Prentiss reported on H1N1, no new info since Revision 4.
- 2) 2009 Protocols were rolled. Protocols have been changed to state MSO4 and Torodol can both be given, not either/or, Ambulance services can keep Cricothyrotomy kits they currently have. Keeping "Field Cric" in protocol will be revisited for the next revision in 2011.
- 3) TEMSIS was down for 12+- hours Easter Sunday. "These things happen with Web based systems."
- 4) Exam in Lieu continues as do plans for an alternative RTP.
- 5) The State of NH may not be requiring EMTs to give them CPR cards. All EMS providers must still be certified, the state may not keep track.
- 6) There are 3 new Intermediate Transition Modules, however students must review/prove competency in the 3 2006 ones.

PO Box, Bank Accounts and Membership dues

At the conclusion of the last meeting, Pat took possession of the Check Book for the NHAA. Pat was going to determine the bank's requirements of adding signatures to the check book, and then report back on what must be done to add the treasurer to this account.

Pat Also took possession of the post office Key. Pat was going to see if the post office box was indeed active and if not what was necessary to reinstate it in good order.

Pat was given funding to mail out bills for annual dues to all current members. None of the members present had any recollection of receiving an invoice for the dues.

Pat wasn't here. No report was filed.

Workman's Comp Insurance

C Dubey brought up that this insurance may be more expensive than it needs to be. W. Riley suggested Cindy Elbert Insurance Services. 602 942 3900.

Critical Care Transfer Committee

Scott stated at the last committee meeting it was discussed to accept protocols similar to Mass that state that a Paramedic cannot take more than 3 pump drips on a transfer.

This proposed restriction comes despite the fact that the state enjoys a 100% safety record on transfers in the current practice model. The state has assured us that no deaths, injuries, complaints or lawsuits have been reported as a result of the current level of Paramedic practice.

A rep from one of the Mass services stated, the identical practice is not working down there, and in his estimate 35% of all Paramedic transfers are done illegally due to this and there are no alternatives. He further opined that Mass EMS is turning a blind eye to the "Black Market" these unrealistic restrictions caused, because to do otherwise would bring an immediate halt to vital healthcare. This concern was also seemingly disregarded by the group as they supported the 3 drip limit which doesn't work in Mass.

Scott stated that Chip Cooper from Rural Health stated just because we have a record of 100% safety doesn't mean what we are doing is safe. We must make arbitrary rules and not consider the evidence, both empirical and analytical when doing so. The group appeared unwilling to consider the unfortunate impact on patients caused by removing various levels of service from the current offering.

To put the "Death by Safety" rationale in to context, Chip said DHART Ground does not transfer patients in snow storms and explained it was seemingly better to chance that the patient dies in a stable hospital environment rather than risk the transport. Scott stated he did some informal research and could not find any incidents of a patient dying in an ambulance motor vehicle accident in a snow storm. It appears while there is risk in snow driving, the risk is incredibly small, and the benefits of saving many lives each year are clear.

The present members agreed with Scott that unnecessarily restricting the paramedic without considering the consequences on the patients we serve, is a bad move on the part of the committee and agreed that more NHAA members should attend the next committee meeting to voice opposition.

Meeting adjourned at 6pm.