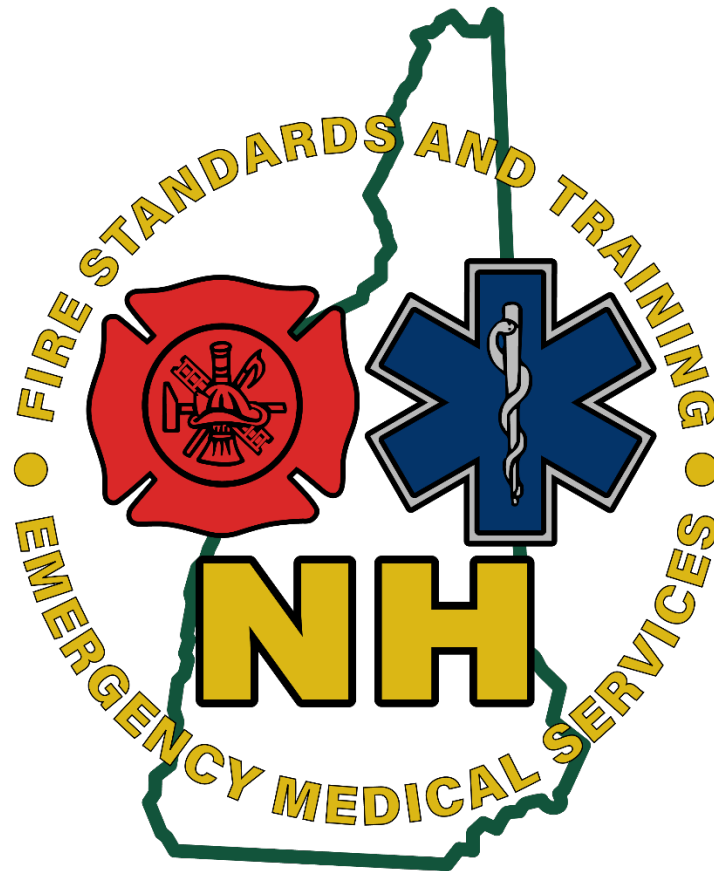


New Hampshire Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services

Pilot Prerequisite Protocol
Administrative Packet
2024





NH Department of Safety
Division of Fire Standards and Training &
Emergency Medical Services
Prerequisite Protocol
Application Form

EMS Unit Information

EMS Unit Name:

Address:

Head of Unit:

Title:

Email:

Telephone:

Fax:

Clinical Coordinator (PIFT):

Email:

Telephone:

Medical Direction

Medical Resource Hospital:

Medical Director:

Email:

Telephone:

Prerequisite Protocols (Select all that apply)

- | | |
|---|---|
| <input type="radio"/> Advanced Sepsis, 7.0 | <input type="radio"/> Operational K9, 7.5 |
| <input type="radio"/> Critical Care Transport, 7.1 | <input type="radio"/> Pilot, 7.6 |
| <input type="radio"/> Immunization, 7.2 | <input type="radio"/> Point of Care Ultrasound (POCUS), 7.7 |
| <input type="radio"/> Interfacility Transport (PIFT), 7.3 | <input type="radio"/> Rapid Sequence Intubation (RSI), 7.8 |
| <input type="radio"/> Mobile Integrated Healthcare (MIH), 7.4 | |

Required Documents

1. Written recommendation from the Medical Director.
2. Written recommendation from the EMS Unit leader and testament that the providers completed the required training.
3. Provide list of eligible providers.
4. Provide copy of your Quality Management plan as it pertains to the prerequisite protocol(s) applying for.
5. Any additional documentation required specific to the individual prerequisite protocol.

Unit Head's Signature: _____ Date: _____

Medical Director's Signature: _____ Date: _____

Pilot Prerequisite Protocol

LICENSURE:

- NH EMS Licensed Provider.

EXPERIENCE:

- None.

EDUCATION:

- Education that meets or exceeds the requirements outlined in this prerequisite protocol.

MEDICAL DIRECTION:

- Medical Director approval

RECOMMENDATIONS:

- The Medical Director, and EMS Unit leader must mutually agree to participate in the program.
- Written recommendation from the Medical Director.
- Written recommendation from the EMS Unit leader and testament that the providers completed the required training.

QUALITY MANAGEMENT:

- The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rule Saf-C 5921.
- The QM program will incorporate all the elements specified in the Quality Management section of the Pilot Protocol,
 - See additional requirements below for details.

REPORTING:

- The EMS Unit will participate in electronic data collection as required by the NHBEMS and as specified in Administrative Rule Saf-C 5902.08.
- Units utilizing this prerequisite protocol must document medications and procedures performed in their respective NEMSIS fields I.e. (eMedication.03/eProcedures.03).
- See additional requirements below for details.

EXPIRATION:

- 2 years to coincide with the Unit license.

Pilot Prerequisites Checklist

- _____ 1. APPLICATION
Completed prerequisite application signed by both Medical Director and EMS Unit leader.
- _____ 2. RECOMMENDATIONS:
Letters of recommendation from Medical Director, and Head of EMS Unit.
Provide list of eligible providers and attestation of competencies.
- _____ 3. GENERAL PROJECT DESCRIPTION
Attach the Project Description.
- _____ 4. PROPOSED WRITTEN PROTOCOL
Attach the Written Protocol.
- _____ 5. SUPPORTING LITERATURE
Attach a summary and bibliography of literature/documentation supporting the proposed protocol.
- _____ 6. SIMILAR EMS PROTOCOLS
Attach copies of comparable EMS protocols incorporating the proposed treatment modality (if applicable).
- _____ 7. STAFFING PLAN
Attach Staffing Plan.
- _____ 8. TRAINING PLAN
Attach Unit training plan and attestation that course meets all educational and training requirements.
- _____ 9. QUALITY MANAGEMENT & DATA COLLECTION
Provide a copy of the Pilot Prerequisite Protocol Quality Management Plan to include your data collection plan.
- _____ 10. DOCUMENTATION
Completed via submission of NHESR reporting requirements as outlined in Saf-C 5902.08

Pilot Prerequisite Protocol

Additional Requirements

OVERVIEW:

- As projects falling under the Pilot Prerequisite Protocol may require the use of EMS Units and/or Providers in nontraditional roles and may require the use of new techniques, procedures, and skills these programs have additional application requirements. Given that each program is unique the sections below shall not be considered a comprehensive listing, as such the NH Department of Safety, Division of Fire Standards and Training & EMS, Bureau of EMS reserves the right to require additional documentation on an as-needed basis.
- This prerequisite protocol enables an emergency medical services (EMS) organization to operate a pilot program for the purpose of delivering a treatment or intervention not otherwise authorized by these protocols.

Under the principles of evidence-based medicine, the practice of emergency medicine is continuously evolving, driven by the publication of new studies, the evolution of EMS providers' scope of practice and the shifting demands of the healthcare system and patient populations.

The primary avenue for incorporating new practices or treatments into EMS care in New Hampshire is the New Hampshire EMS Patient Care Protocols, nonetheless:

- New treatment modalities may emerge between protocol cycles that potentially offer significant benefits for patients.
- It may be valuable to gain practical experience with a new proposed treatment modality prior to state-wide adoption via the general EMS protocols.
- Any proposed pilot protocols that are not considered within standard of care or have concern for high risk of patient harm will be considered research and will necessitate appropriate approval from an Institutional Review Board (IRB) before being reviewed for endorsement by the Medical Control Board. Agencies are encouraged to consult the Medical Control Board prior to seeking IRB approval.

GENERAL PROJECT DESCRIPTION:

- Describe the need for the proposed protocol and the methodology for addressing the need.
- Define the programs goals and provide a methodology for program evaluation.
- Describe/List the additional partners participating in this program including but not limited to local hospitals, or additional EMS units. This must include documentation supporting the existence/establishment of a collaborative relationship between the applicant and said partners (as applicable).

- Define the geographic extent of the proposed program.
- Provide an estimated yearly incident count.

PROPOSED WRITTEN PROTOCOL:

- A proposed written protocol to be followed by EMS providers. The protocol should be drafted in the style of the existing New Hampshire protocols.

LITERATURE REVIEW:

- A description and bibliography of the literature supporting the proposed treatment modality, demonstrating the potential benefit and the lack of any significant risk of harm.

EMS PROTOCOL REVIEW:

- Determine if other EMS organizations currently have protocols incorporating the proposed treatment modality submit copies of any such protocols.
- If no such EMS protocols exist identify any additional no EMS based protocols used as source material for the proposed protocol as well as submitting copies of each.

STAFFING PLAN:

- Define who will be providing the proposed interventions/assessments and how these will fit within the normal EMS staffing/operations of the Unit (if applicable).
- Provide a detailed listing of providers approved to provide the proposed interventions/assessments.
 - Must include full name, NH EMS License # and level, as well as any additional certifications held.
 - Must be signed and dated by the Head of EMS Unit, and EMS Medical Director.
 - Once approved additional providers can be added to the program via submittal of documentation including the elements noted above.
- Specify what type of schedule will these services be made available.

TRAINING PLAN:

- Describe what training will be provided to enable the providers to deliver the interventions/assessments described above.
- Define who will be responsible for training oversight and coordination.
 - Must include this individual's qualifications that enable them to provide and oversee this training.
- Define a continuing education program specific to the proposed protocol.
- Define any additional credentials, as well as the process of obtaining said credentials specific to the proposed protocol (if applicable).

QUALITY MANAGEMENT AND DATA COLLECTION PLAN:

- Develop a quality management (QM) program specifically for the pilot program. The QM program shall incorporate all the components of an EMS QM program as specified in Administrative Rules Saf-C 5921. In addition, the QM plan should include:
 - Documentation of each use of the treatment modality.
 - Any adverse events, regardless of whether the treatment modality is presumed to be the cause of the adverse event.
 - Any deviation from the protocol, which should be reported immediately to the Division per standard process.
 - Rapid (e.g. < 24 hours) reporting of any serious adverse events, including any deaths, regardless of whether the treatment modality is presumed to be the cause of the adverse event to:
 - The training officer and medical director, AND
 - The Division
 - Regular reports (monthly or quarterly) generated via NHESR identifying all uses of the treatment modality.
 - QM by the training officer of 100% of the calls involving the treatment modality. Where the QM is proposed to be less than 100%, the proposal should include an explanation of why 100% QM is unnecessary.

DOCUMENTATION:

- Patient Care Reports (PCR's) of all patient encounters must be submitted to the FSTEMS as required by Saf-C 5902.08.
- Units shall provide annual reports describing the organizations experience with the treatment modality, including number of times it was utilized, any perceived benefit and any adverse consequences. The reports shall be submitted to the New Hampshire Division of Fire Standards and Training and Emergency Medical Services. and the New Hampshire Medical Control Board.

SUBMISSION AND APPROVAL:

- Proposals for pilot projects shall be made to the Division of Fire Standards and Training and Emergency Medical Services through the standard prerequisite protocol application process.

PILOT PROGRAM SUSPENSION:

- Any pilot project can be suspended or terminated by the Division, to include the State EMS Medical Director should:
 - They have reason to believe that the treatment modality may have resulted in serious harm to a patient.

- The organization fails to comply with the requirements of this Pilot Protocol and fails to promptly remedy the failure after being given written notice.
- A new study is published that shows the treatment modality has a serious risk of harm or that it is futile.

Questions and completed applications should be directed to clinicalsystems@dos.nh.gov

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by the NH Bureau of EMS.

Introduction

This prerequisite protocol enables an emergency medical services (EMS) organization to operate a pilot program for the purpose of delivering a treatment or intervention not otherwise authorized by these protocols.

Under the principles of evidence-based medicine, the practice of emergency medicine is continuously evolving, driven by the publication of new studies, the evolution of EMS providers' scope of practice and the shifting demands of the healthcare system and patient populations.

The primary avenue for incorporating new practices or treatments into EMS care in New Hampshire is the New Hampshire EMS Patient Care Protocols, nonetheless:

- New treatment modalities may emerge between protocol cycles that potentially offer significant benefits for patients.
- It may be valuable to gain practical experience with a new proposed treatment modality prior to state-wide adoption via the general EMS protocols.

Any proposed pilot protocols that are not considered within standard of care or have concern for high risk of patient harm will be considered research, and will necessitate appropriate approval from an Institutional Review Board (IRB) before being reviewed for endorsement by the Medical Control Board. Agencies are encouraged to consult the Medical Control Board prior to seeking IRB approval.

Proposals for pilot projects shall include:

Proposed Written Protocol

A proposed written protocol to be followed by EMS providers. The protocol should be drafted in the style of the existing New Hampshire protocols.

Literature Supporting Treatment Modality

A brief description and bibliography of the literature supporting the proposed treatment modality, demonstrating the potential benefit and the lack of any significant risk of harm.

Similar EMS Protocols

The organization shall seek to determine if other EMS organizations currently have protocols incorporating the proposed treatment modality and will submit copies of any such protocols.

Medical Director Endorsement

An endorsement from the organization's EMS medical director supporting implementation of the pilot program.

Training Plan

Describe what training will be provided to enable providers to take part in the pilot program. List the objectives and outcomes of the training plan. Document who is responsible for training oversight and coordination and their qualifications. There must be a continuing education and credentialing process in place, with documentation of each EMS Provider's participation in it. Such a process shall be approved by the EMS Unit's Medical Director(s).



This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by the NH Bureau of EMS.

Protocol Continues

Quality Management Program and Data Collection

The EMS Unit shall conduct a quality management (QM) program specifically for the pilot program. The QM program will incorporate all the components of an EMS QM program as specified in Administrative Rules Saf-C 5921.

Describe what data demonstrates the need for this project, if any. Describe the data to be collected to demonstrate the impact of this project on the population served. Describe the data reporting plan and how the Bureau of EMS will be included in it.

An established plan must be defined for performing quality management (QM) to ensure appropriate oversight and ongoing safety review. At a minimum, the QM plan should include:

- Documentation of each use of the treatment modality.
- Any adverse events, regardless of whether the treatment modality is presumed to be the cause of the adverse event.
- Any deviation from the protocol, which should be reported immediately to the Division per standard process.
- Rapid (e.g. < 24 hours) reporting of any serious adverse events, including any deaths, regardless of whether the treatment modality is presumed to be the cause of the adverse event to:
 - The training officer and medical director, **AND**
 - The Division
- Regular reports (monthly or quarterly) generated via NHESR identifying all uses of the treatment modality.
- QM by the training officer of 100% of the calls involving the treatment modality. Where the QM is proposed to be less than 100%, the proposal should include an explanation of why 100% QM is unnecessary.

Annual Reports

Annual published reports describing the organizations experience with the treatment modality, including number of times it was utilized, any perceived benefit and any adverse consequences. The reports shall be submitted to the New Hampshire Division of Fire Standards and Training and Emergency Medical Services. and the New Hampshire Medical Control Board.

Submission and Renewals Review

Proposals for pilot projects shall be made to the Division of Fire Standards and Training and Emergency Medical Services through the standard prerequisite protocol application process.

Approval

Endorsed proposals for pilot projects shall be approved by the Division of Fire Standards and Training and Emergency Medical Services to include the State EMS Medical Director.

Policy Continues

This prerequisite protocol is only to be used by EMS Units and their affiliated providers who are authorized by the NH Bureau of EMS.

Protocol Continues

Suspension of Pilot Project

Any pilot project can be suspended or terminated by the Division, to include the State EMS Medical Director:

- They have reason to believe that the treatment modality may have resulted in serious harm to a patient.
- The organization fails to comply with the requirements of this Pilot Protocol and fails to promptly remedy the failure after being given written notice.
- A new study is published that shows the treatment modality has a serious risk of harm or that it is futile.