



STATE OF NEW HAMPSHIRE  
DEPARTMENT OF SAFETY  
DIVISION OF FIRE STANDARDS & TRAINING  
BUREAU OF EMERGENCY MEDICAL SERVICES

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TRAUMA MEDICAL REVIEW COMMITTEE  
COMMITTEE MEETING

December 19, 2007  
Richard M. Flynn Fire Academy  
Concord, New Hampshire

**Members Present:** John Sutton, MD, Rosie Swain, Patricia Sampson, RN, Rajan Gupta, MD, Cherie Holmes, MD

**Guests:** Sue Barnard, RN, Janet Houston, Mary Grohosky, RN, Fred VonRecklinghausen, EMTP, Doreen Gilligan, RN, Sarah Greer, MD, Richard Ciampa, RN, Lynda Paquette, RN, Nancy Guy, RN, Kevin Drew, RN, John Prickett, RN, Kurt Lucas

**Bureau Staff:** Clay Odell, EMTP, RN

**I. Call to Order**

The meeting of the Trauma Medical Review Committee was called to order by Chair John Sutton at 9:30 am on Wednesday December 19, 2007 at the Richard M. Flynn Fire Academy in Concord, NH.

**Item 1. Introductions:** Attendees went around the table and introduced themselves.

**Item 2. Minutes.** The minutes from the October 24th, 2007 meeting were approved.

**IV. Committee Discussion Items**

**Item 1. Renewal and Hospital Updates** Clay reported that Androscoggin Valley Hospital's application for trauma hospital renewal had been tabled at the October meeting and was ready for consideration today.

Clay is in communication with staff at The Memorial Hospital in North Conway. They will be setting up some Trauma Sim training and their application should be ready for consideration at the February meeting.

He also reported that he had an opportunity to meet with the administrators of the Critical Access Hospitals (CAH) at their regularly scheduled meeting. He had been invited to speak about the NH Trauma System. The federal Office of Rural Health Policy,

which oversees the CAH system, is advocating for and enabling CAH's to apply for grants to help facilitate active participation in their state's trauma system. After the presentation the participants asked for further information, which Clay provided them with and offered to meet with any individual hospitals that wanted to explore it further.

**Item 2. Trauma Conference** Clay reported the conference was very successful again this year. There were 91 people registered, 87 attendees and 23 of the 26 NH acute care hospitals represented. Clay sent around copies of the evaluation sheet summary and the revenue and expense worksheet. There are still a few people that have not sent in their registration fees, but the conference pretty much broke even. This was possible due to the support from the NH Department of Health and Human Services Section on Rural Health and Primary Care.

**Item 3. NH Bureau of EMS Report** Deferred discussion due to time considerations. Copies of the Bureau report were available for attendees, and Clay offered to clarify any issues or questions.

### **III. New Business**

#### **Item 1. Androscoggin Valley Hospital Trauma Assignment Renewal Application**

The TMRC reviewed the renewal application for Androscoggin Valley Hospital. They are currently a Level III trauma hospital and are seeking renewal at that level.

AVH's application had been reviewed by Dr. Sutton and Clay early last year. There were several discrepancies that needed to be resolved regarding trauma PI and trauma team response before moving the application forward to the TMRC. Clay worked with AVH officials to resolve the issues. There was a change in ED Management during this time period, so a delay ensued. Clay believes that AVH has made corrections to the point that their application may now be considered by the Committee

During the review two areas of concern were discussed by the group. Several members felt that the hospital needs to conduct more trauma education to its staff and particularly to local EMS providers. The group acknowledged the hospital's efforts to facilitate TNCC for its ED nurses. The group also reviewed the hospital's trauma team activation policy. There were concerns that although the policy defined the makeup of the trauma teams and defined the roles of the team members, the policy gave no guidelines for trauma team activation. The TMRC advocates that hospitals have these guidelines as a part of the trauma team policy, and will likely make that a part of the new standards under the NH Trauma Plan revision.

Following the discussion a motion was made by Patt Sampson to approve AVH's application, seconded by Rosie Swain. The members of the TMRC voted unanimously to approve the application. The letter of approval to AVH will include recommendations reflecting the above discussion.

### III. Old Business

**Item 1. Revision of NH Trauma Plan** Dr. Sutton opened the discussion by saying that at the last meeting the group spoke about a philosophical change regarding the trauma plan that emphasized consistency of care, rather than “footnote” exceptions to the criteria. He asked that that concept be considered as we move forward in considering standards for the different levels.

Clay presented a table of the hospital standards reflecting four different levels of trauma hospitals. The table was adapted from the current table that is a part of the NH Trauma Plan document, modified to include changes in standards promulgated by the American College of Surgeons 2006 edition of Resources for the Optimal Care of the Injured Patient (the “Green Book”). Clay has created this “strawman” document as a basis for discussion.

Clay began by saying that he removed all criteria for what would be considered Level I and II trauma hospitals. Consensus of the October meeting was that the criteria for NH Level I and II would be verification of that level by the American College of Surgeons. Up for consideration now are the third and fourth levels. Previous discussions indicated that the current Level II trauma hospitals in NH would shift to the third column of the table and current NH Level III trauma hospitals would shift to the fourth column. It has not been decided yet what to call these levels.

Kurt Lucas from Littleton Regional Hospital asked if any of the Level III trauma hospitals had been consulted in this plan, and he said Littleton Regional Hospital would vehemently object to losing their Level III trauma hospital status, which they have worked very hard for.

Dr. Sutton replied that he felt that the standards for Level III hospital could be set as a minimum criteria that the current Level III’s could still meet, and not be downgraded to a Level IV. He speculated that the urban hospitals could provide a level of service above the Level III minimum. Doreen Gilligan said if the NH Trauma Plan did not require resources beyond the ACS Level III, then it would be unlikely that the urban trauma hospitals would be able to get the hospital to commit to those resources such as neurosurgery. She said the discussion at the October meeting was that the NH Level III standards might be higher than ACS.

Rajan Gupta said that the ACS is continually raising the standards they require in order to drive continually improving trauma care. He said if a hospital was not able to meet the new standards it would downgrade to a lower level, but it was not a punishment, it merely reflected the reality.

Kurt Lucas said that it would be unfair to increase the standards of a Level III hospital beyond the criteria of the ACS standards as the current Level III’s would not be able to meet those criteria. He believes that if a poll of the current Level III’s was taken the majority would object to losing Level III assignment and being called a Level IV.

John Prickett asked when a change in the trauma hospital assignment would take place. The answer is at the next time they were due for renewal the hospitals will be considered for assignment under the new standards. They will retain the current assignment levels until their five-year assignment expires.

Patt Sampson said that the above plan might be problematic in the areas served by the current Level II's. She said if one hospital went from Level II to Level III before the others because it's term expired before the others, it would be confusing for the EMS providers. Clay Odell said that we could probably work around that by communicating with the EMS community as all four Level II's were renewed within six months of each other.

Dr. Sutton said that he believed that the public didn't know the difference in levels, that what they cared about was whether a hospital was a trauma center or not. Thus our tweaking of the system wouldn't necessarily concern the public.

The issue of Level III versus Level IV was discussed in depth. Dr. Sutton encouraged the group to put aside the controversy of the term Level III vs. Level IV to move ahead in developing the hospital standards. Clay asked if we could consider "urban" vs. "rural" criteria and see how the expectations work out. The consensus was to move ahead in this manner.

Clay facilitated consideration of the first sections of the hospital standards table. The group made edits to the table. The discussion made it through the first three sections entitled "Trauma Service", Trauma Service Director" and "Trauma Teams". Clay will make the edits, and the discussion will resume at the February meeting.

## **V. Public Comment**

Clay announced that the Trauma Coordinator's Working Group would be meeting immediately following adjournment of the TMRC meeting.

## **VI. Adjournment**

Dr. Sutton adjourned the meeting at 11:30. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee would normally be February 20, 2008, but due to conflicts with school vacation would need to be rescheduled. The group decided on Wednesday **February 13, 2008** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

**Respectfully submitted:**

**Clay Odell, EMTP, RN  
Trauma Coordinator**