



State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
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John J. Barthelmes
Commissioner

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Director

TRAUMA MEDICAL REVIEW COMMITTEE COMMITTEE MEETING

June 18, 2008

**Richard M. Flynn Fire Academy
Concord, New Hampshire**

Members Present: John Sutton, MD, Patricia Sampson, RN, Rajan Gupta, MD, Cherie Holmes, MD, Doreen Gilligan, RN, Richard O'Brien, EMTP, Joseph Mastromarino, MD,

Guests: Janet Houston, Mary Grohosky, RN, Fred VonRecklinghausen, EMTP, Kurt Lucas, Amy Matthews, RN, Sue Barnard, RN, Richard Ciampa, RN, Noreen LaFleur, RN, Colin Richards, RN, Kelly Sweeney, EMTP, Nancy Guy, RN, Lynda Paquette, RN

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 June 18, 2008 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 April 16, 2008 meeting had been approved via email vote. There was no discussion of the minutes.

II. Committee Discussion Items

Item 1. Renewal and Hospital Updates

Memorial Hospital is the final hospital to be considered for trauma hospital assignment renewal in this period. Their application is ready for consideration and there are representatives of that facility here today to respond to questions.

Clay Odell reports that Portsmouth Regional Hospital and Wentworth Douglas Hospital in Dover have inquired about trauma hospital assignment in the NH Trauma System.

While this is a very positive event, he is concerned about which standards they would be assessed under. The current standards are below those that the TMRC has been developing. Should any new applicants for NH trauma hospital assignment be assessed under the current standards or deferred until the new standards are adopted later in 2008?

Discussion followed which highlighted the facts that while PRH and WDH would likely meet the current criteria for NH Level II, it is not clear that they would be able to meet the criteria for Level II under the new standards. One area of consideration is that the four hospitals that are currently Level II will have their assignment expire in 2010. At that point we expect that they will pursue assignment at the new Level III standards. Would it be fair to allow WDH and/or PRH to call themselves Level II for three years beyond the others? Another area of consideration is that the TMRC is striving to improve trauma care in NH by implementing the new standards. Would it be appropriate to enable a hospital to receive recognition for a level of trauma care that is outmoded? Following the discussion a motion was made by Richard O'Brien seconded by Patt Sampson to defer any new applications for trauma hospital assignment until after the new standards are in place. The motion passed unanimously.

As reported previously the NH Trauma Sim program has received funding from the NH Dept. of Health and Human Services, Section of Rural Health and Primary Care. The funding is from the Rural Hospital Flex Program. We will be using this funding for co-instructors and replacement/repair parts for SimMan. Unfortunately the funding is for a limited time, so we won't be able to use it as fully as we anticipated. We have communicated with Cottage Hospital to set up dates in July and hope to set up dates at Littleton Regional Hospital in August.

Item 2. NH Bureau of EMS Report Clay highlighted some items from the Bureau report, specifically the introduction of Brad Weilbrenner to the Program Specialist position in the Research and Quality Improvement Section, and discussed the current status of TEMSIS. There was a question about the Glasgow Coma Score data in TEMSIS. Mary Grohosky said she had been told that if an EMS provider did not enter data on GCS that it would default to 15. Clay advised that that was not accurate; if nothing is entered the GCS remains blank.

Clay advised that the Bureau is very involved with pandemic flu planning, and if a local EMS agency wants to get involved in pandemic flu planning the Bureau has numerous tools available for that purpose.

Copies of the Bureau report were available for attendees, and Clay offered to clarify any issues or questions.

Item 3. Trauma Conference Clay reported that the planning committee met by telephone and considered the topics that were brainstormed at the April meeting. The committee identified the following topics for the conference: Update on the new NH Trauma Plan, which we anticipate will be completed by November (this will encompass a time period of two of the usual sessions), Hospital surge issues for multiple trauma events as well as everyday surge capacity (we hope to secure Dr. Peter Vichellio from SUNY Stonybrook, a noted expert on the topic), the National Trauma Databank, how data is shaping trauma care improvements and what it can do for NH, and a presentation on why trauma mortality and morbidity conferences are a powerful learning tool for hospital staff, and how to effectively conduct such a conference. The planning committee also wished to conduct a poster presentation event with the topic of best

practices and performance improvement, and to facilitate this we will solicit input from all the hospitals.

The committee identified the Lakes Region as the desired venue. Clay said that the dates that the committee desired were not available, so he asked if November 12th was okay. He investigated other meetings for conflict and didn't find any conflicts. November 12th was accepted by general consensus.

III. New Business

Item 1. Modification of Assignment Period for Certain Hospitals Two NH trauma assigned hospitals have been significantly delayed in receiving approval for renewal of assignment. Both of these hospitals (Androscoggin Valley Hospital which has been approved and Memorial Hospital which is pending) had issues meeting requirements for PI and education that needed to be resolved internally, with consultation by the state Trauma Coordinator. At this point the majority of hospitals that have been renewed are well into their five year period, and will face renewal under the new standards much sooner than AVH and Memorial. As both of these hospitals were operating under a grace period, Clay recommends that they receive approval not at the date the TMRC grants approval, but retroactive to either the expiration date or some other date the TMRC agrees on. A motion was made by Cheri Holmes seconded by Raj Gupta that renewal of the final two hospitals be made retroactive to the date when the original application for renewal was submitted. The motion passed unanimously.

Item 2. Request from Chief Medical Officers – Guidelines for Trauma Imaging Clay had been contacted by Kathy Bizarro, who was unable to attend today's meeting, regarding an individual in her organization that works with the chief medical officers of all NH hospitals. Clay has not been able to contact that person directly, but it appears as though this group is hoping to get some guidelines on trauma imaging, specifically brain CT scans. John Sutton thought this effort could be fraught with problems. Clay thought a cautious approach would be to solicit interest of members of the TMRC to work with a subcommittee of the other group to explore the issue. Raj Gupta said we could reference the group to the Eastern AST guidelines. Patt Sampson thought that different referral trauma hospitals probably had different guidelines. Kurt Lucas said that insurance carriers were reluctant to pay for two identical x-rays made the same day at the initial hospital and the referral hospital. Clay will make contact with Rachael Rowe of the Foundation for Healthy Communities, and then follow up with the TMRC.

Item 3. Renewal of Trauma Hospital Assignment – Memorial Hospital The TMRC reviewed the renewal application for Memorial Hospital in North Conway. They are currently a Level III trauma hospital and are seeking renewal at that level.

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

During the review there was extensive discussion regarding the hospital's performance improvement plan for trauma care. The hospital has revamped its trauma PI program,

and is currently collecting information, but there has not been a meeting of the trauma PI committee yet, and thus no follow-through. The TMRC advised the representatives from Memorial that their PI program would be monitored for compliance for at least six months.

Following the discussion a motion was made by Doreen Gilligan to approve Memorial's application, seconded by Raj Gupta. The members of the TMRC voted unanimously to approve the application. The letter of approval will include the provisional nature of the approval.

IV. Old Business

Item 1. Teleconferencing of TMRC Meetings Clay reported that there can be no action on this until after the start of the new fiscal year. He will make efforts to stay on top of this.

Item 2. Revision of NH Trauma Plan The group continued work on the hospital trauma standards table. Areas considered were PACU, ICU, other trauma related services and radiological services.

There was discussion whether any other entity such as JCAHO or the state Department of Health and Human Services has any requirements for hospitals to have certain equipment. The TMRC would like to eliminate the equipment and supplies requirements from the NH hospital standards. ACS eliminated specific equipment requirements in the 1999 "Gold Book". Clay will investigate this.

There was a considerable discussion regarding telemedicine. There is a significant trend to promote and grow the field of telemedicine. It is feasible that within the next few years there will be increased use of telemedicine in radiology, trauma triage, neurology, and intensive care. This is an issue that the TMRC needs to stay current with, but no action was taken at this time to allow telemedicine to replace the requirements for on-site or on-call physicians, with the exception of teleradiology, which the ACS already adopted.

There was considerable discussion of trauma education requirements for ICU nurses who take care of trauma patients. The group decided to make a requirement for trauma education for ICU nurses similar to that for ED nurses.

It is hoped that the group will be able to complete the revision of the hospital standards at the August TMRC meeting.

Item 3. Consideration of Rules Discussion deferred to future meeting as time ran out

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 11:50. He advised the group that the next scheduled meeting of the Trauma Medical Review Committee will be Wednesday **August 20, 2008** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

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