



State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
Richard M Flynn Fire Academy
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John J. Barthelmes
Commissioner

Richard A. Mason
Director

TRAUMA MEDICAL REVIEW COMMITTEE COMMITTEE MEETING

October 21, 2009
Richard M. Flynn Fire Academy
Concord, New Hampshire

Members Present: John Sutton, MD, Chair, Doreen Gilligan, RN, Laurie Latchaw, MD, Patt Sampson, RN, Kathy Bizarro, FAHCE, Rajan Gupta, MD, Richard O'Brien, EMTP, Rosie Swain, ADME,

Guests: Janet Houston, Mary Reidy, RN, Rick Murphy, MD, Amy Matthews, RN, Sue Barnard, RN, Norma Richardson, RN, Miguel Gaeta, MD, Lynda Paquette, RN, Norma Jean Richardson, RN, Michael Witt, MD, John Leary, RN, EMTP, Brian Flynn, RN, EMTP,

Bureau Staff: Clay Odell, RN, EMTP

I. Call to Order

The meeting of the Trauma Medical Review Committee was called to order by Chairman John Sutton at 9:30 am on Wednesday October 21, 2009 at the Richard M. Flynn Fire Academy in Concord, NH. A quorum was present.

Item 1. Introductions: At Dr. Sutton's request attendees introduced themselves.

Item 2. Minutes: The minutes from the August 2009 meeting had been previously reviewed via email by the TMRC members that were present at the meeting. There were no corrections brought forward by those individuals. Dr. Sutton asked if attendees present noted any errors or omissions. There were none. Minutes were approved.

II. Committee Discussion Items

Item 1. Air Medical Transport Utilization Review Clay distributed the report from the air medical transport utilization review. Out of the 90 cases studied 43% met the criteria for NH AMT protocol. 20% did not meet the NH protocol but did meet other state protocols that the committee felt was a reasonable use of air medical scene response. That left 34% of the flights that did not meet any discernable criteria. This report was compared to a similar study done in 2006. There was no statistically significant difference in the percentages of patients in the three categories.

The attendees discussed approaches to reduce the amount of overtriage. The protocol revision subcommittee of the NH Medical Control Board reviewed the air medical transport protocol at their meeting last week. Tom D'Aprix, MD is the Chair of that subcommittee and was a member of the AMT utilization review committee. He worked with Clay to produce a draft of the protocol that would address some of the conditions identified in the process as not meeting the NH protocol, but were judged as reasonable use of air medical scene response. Clay distributed the draft protocol to the attendees. The group discussed the draft and made several recommendations for Clay to bring to the protocol subcommittee.

The report observed that "the criteria that seemed to result in a high percentage of overtriage was the neurological component. As in the 2006 study there were many instances of AMT apparently being requested for a patient that EMS found "unresponsive", but AMT flight records report as conscious and verbal. A conscious patient, even if disoriented, does not trigger the neuro component of the protocol. We speculated whether the EMS crews were adequately assessing for neurological dysfunction (which is not easy in the field), or whether the patient's level of consciousness improved significantly by the time the helicopter arrived. If the latter was the case could AMT have been cancelled and the patient transported to the local hospital?"

Clay presented a proposal for an educational program to attempt to reduce the number of overtriage cases by improving EMS providers' neurological assessment skills. The proposal reviews neuro scoring methods such as Glasgow Coma Score, AVPU score and the motor component of the Glasgow Coma Score. It also addresses proper techniques for soliciting and interpreting a patient's response to painful stimuli. It also recommends actions to be taken if a patient's level of consciousness improves once air medical is already enroute. The consensus of the group was that the proposal had merit and such an educational program should be developed.

Item 2. Imaging Guidelines Project Clay indicated that it continues to be difficult to pull interested parties together to address this topic. Dr. Steven Birnbaum has agreed to be the lead speaker of a panel discussing the imaging guidelines project at the Trauma Conference. It is hoped that his presentation regarding radiation safety will stimulate more interest in this project. Dr. Gupta will also be participating on that panel.

Item 3. Trauma Conference Planning Clay reported that the brochures have gone out. The CME request has been approved by Elliot Hospital for 4.5 hours of AMA Level I credits for physicians. The Bureau will be awarding contact hours for nurses and EMS providers. In addition to the presentations previously discussed, there will be an afternoon breakout session for an education program for EMS Medical Directors.

III. Old Business

Item 1. Pediatric Trauma Considerations Clay presented the final draft of the revised trauma plan, incorporating the changes made at the August 2009 meeting. A few items were brought forward and discussed. Some minor changes were made based on the discussion. At the end of the discussion a motion was made by Rich O'Brien to accept the revision of the trauma plan, including the changes that were made today. The motion was seconded by Doreen Gilligan. The motion passed unanimously. The next action is for the plan to be presented to the NH Emergency Medical and Trauma Services Coordinating Board at the meeting next month.

Dr. Sutton thanked all parties for their work on the revision over the past two years.

IV. New Business

None

V. Public Comment

None

VI. Adjournment

Dr Sutton adjourned the meeting at 11:30. He advised the group that the next regular meeting of the Trauma Medical Review Committee will be Wednesday **December 16, 2009** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

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