



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

April 15, 2009

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

Members Present: John Sutton, MD, Chair, Richard O'Brien, EMTP, Doreen Gilligan, RN, Cheri Holmes, MD, Laurie Latchaw, MD, Kathy Bizarro, Tony Maggio, EMT, Patt Sampson, RN

Guests: Janet Houston, Mary Reidy, RN, Lynda Paquette, RN, John Prickett, RN, Bryan Flynn, RN, Maia Rutman, MD, Mike Witt, MD, Rick Murphy, MD, Ursela Kneissl, MD, Fred von Recklinghausen, PhD, John Hinds, EMTP, Joni Spring, RN

Bureau Staff: Clay Odell, EMTP, RN

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 April 15, 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 February, 2008 meeting had been discussed via email by the TMRC members that were present at the meeting. Clay asked if there were any errors that needed corrections. There were none. Minutes were approved.

II. Committee Discussion Items

Item 1. Air Medical Transport Utilization Review Clay reported that the AMT UR will be meeting next Wednesday. There are 16 members who have volunteered to participate. Clay has compiled a packet to mail to each member that includes the flight record and EMS record for each case. The group will be reviewing cases from April and May 2008, approximately 30 cases. The meeting will be at the Fire Academy with teleconferencing capability for those that are unable to attend in person.

Dr. Sutton reminded participants that the materials are confidential and protected under state law, so please maintain the materials as such.

Item 2. Imaging Guidelines Project Clay reports that he has been remiss in taking action on this project. He will solicit members for a subcommittee and set up a meeting. Fred von Recklinghausen volunteered to do a literature search.

Item 2. Representation on the NH Emergency Medical and Trauma Services Coordinating Board Clay had previously advised that Dr. Sutton's third three-year term representing the TMRC on the EMSCB has expired, and according to state law a member of the EMSCB cannot have more than three consecutive terms. Clay had asked anyone who is interested in serving in this role to let him know. Three members have expressed a willingness to fill this position; Rich O'Brien, Jim Paquette and Doreen Gilligan. Clay asked members to consider these individuals and Chairman Sutton deferred the nominations and election until later in the meeting.

III. Old Business

Item 1. Pediatric Trauma Considerations Dr. Sutton reported that the Revised Trauma System Plan that had been approved by the TMRC was accepted by the NH Emergency Medical and Trauma Services Coordinating Board. The intention of the TMRC is to now consider the pediatric component of the NH Trauma Plan. Janet Houston has facilitated a group of pediatric trauma experts to make recommendations regarding the pediatric component. That group submitted a document that modified the NH Trauma Plan to include pediatric language within the document as well as recommended standards and equipment for hospitals to be able to capably treat injured children.

Dr. Sutton initiated the discussion by reviewing the TMRC's plan to make pediatrics a separate section of the plan. He felt that is still a good way to highlight the pediatric component instead of diluting the impact of the recommendations by folding them into the rest of the document. The pediatric component will have an equal weight in the document, not be an afterthought.

Janet asked the question whether philosophically the pediatric level of trauma assignment should be required to be the same as the adult level. Dr. Sutton said the ACS did not require both and it was rare to find that. Would a better approach be to work toward having a pediatric Level I at very stringent requirements, and make the assumption that at this time a Level II pediatric facility in NH is not likely? Historically due to geographic and weather issues direct bypass of a local hospital directly to a specialty trauma hospital is inconsistent. So would the better approach be to adopt standards that make all trauma hospitals below a Level I provide a safe and competent level of pediatric trauma care?

After considerable discussion it was decided to make the pediatric trauma plan a distinct section of the NH Trauma Plan. It was emphasized that the NH Trauma Plan should clearly articulate in the introduction that it is a plan for both adult trauma patients and pediatric patients. It was also decided that any hospital seeking trauma hospital assignment must meet at least the basic requirements that the group approves for pediatric care. For example the lowest pediatric standard would be a Level IV. A Level IV trauma hospital must meet those standards. A level III adult trauma hospital will be encouraged to meet Level III pediatric criteria, but at the very least must meet Level IV pediatric standards. The NH Trauma Plan must clearly indicate that all participating hospitals must meet the minimum standards for pediatric trauma care and that upgrading to a higher level is an option.

In creating the introduction of Section 3 every effort should be made to avoid duplicating language in the document. It has been a goal of the TMRC throughout the process of plan revision to have as concise a document as possible. Section 3 language should contain only that necessary to define the specialization and roles of pediatric trauma. Other language should be added to Sections 1 and 2 as appropriate to emphasize the inclusion of children in the overall plan.

Dr Sutton suggested that with the framework established, individuals should review the document with an eye toward making it its own distinct section, and to consider whether there could be more specific guidelines to differentiate between a III and IV, such as an inpatient pediatric unit or would there be more distinction about a hospital's ability to admit a pediatric trauma patient? It must be recognized that currently there are no national standards, so we need to come up with a reasonable standard for NH. Is pediatric post surgical care capability a likely benchmark? We need the group to be able to define this.

Item 2. Trauma Conference Planning The group discussed this year's state trauma conference. The group desired to continue to hold the conference in November and at the Inn at Mill Falls venue. Clay initiated a planning session on what topics would be desirable to consider. He read a number of recommendations from the previous year's evaluations, then led a brainstorming session on possible topics. The topics that were identified will be discussed at the planning committee meeting that Clay will schedule.

IV. New Business

Nominations for TMRC representative to the NH Emergency Medical and Trauma Services Coordinating Board were opened. Rich O'Brien, Jim Paquette and Doreen Gilligan were nominated. Secret ballot voting by the TMRC members present elected Doreen Gilligan to be nominated to Governor John Lynch for appointment to the EM&TS Coordinating Board.

V. Public Comment

Janet Houston reported that the 2007 edition of the Broselow tape has a mistake regarding glucagon. The company is coming out with a corrected version.

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 **June 17, 2009** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

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