



State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
Richard M Flynn Fire Academy
98 Smokey Bear Blvd, Concord, New Hampshire
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



John J. Barthelmes
Commissioner

Richard A. Mason
Director

TRAUMA MEDICAL REVIEW COMMITTEE COMMITTEE MEETING

June 17, 2009

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

Members Present: John Sutton, MD, Chair, Richard O'Brien, EMTP, Doreen Gilligan, RN, Laurie Latchaw, MD, Tony Maggio, EMT, Patt Sampson, RN, Raj Gupta, MD, Rosie Swain, RN

Guests: Janet Houston, Mary Reidy, RN, Lynda Paquette, RN, John Prickett, RN, Rick Murphy, MD, Fred von Recklinghausen, PhD, Amy Matthews, RN, Sue Barnard, RN, Norma Richardson, RN, Janet Williamson, EMTP, Kendra Larkin, MD, Donna Toohey, RN, John Leary, EMTP, RN

Bureau Staff: Sue Prentiss, 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 June 17, 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 April 2009 meeting had been discussed via email by the TMRC members that were present at the meeting. Dr. Sutton 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 Dr. Sutton reported on the activities of the AMT UR committee. He explained that all helicopter scene flights were being reviewed, with the documentation compared to NH protocol, as well as protocols from Massachusetts and Minnesota. NH protocol is very restrictive, and the two other state protocols are being used to determine what if any criteria might be considered for future NH protocol. Findings in the initial meetings seem to show a significant number of patients who did not meet the NH protocol, but the judgment of the committee was that the flight was clinically appropriate. The process is ongoing.

Item 2. Imaging Guidelines Project Dr. Sutton reported that a meeting had been scheduled for this afternoon, but that several members indicated they were not available, and Clay Odell is out on medical leave so the meeting was cancelled. Members will be contacted about rescheduling.

Item 3. Trauma Conference Planning Clay has been in contact with the Inn at Mill Falls. There are not a lot of available days. The only Wednesday available is November 18th, and Wednesdays have been the traditional day of the week. Clay had asked Dr. Sutton to poll the group to determine if there were any conflicts with that date. There didn't seem to be any conflicts. A planning committee meeting will be scheduled soon.

III. Old Business

Item 1. Pediatric Trauma Considerations Dr. Sutton reported that Janet Houston and Clay have made adjustments to the pediatric plan draft that was presented at the April meeting. Instead of the plan discussed earlier that would make the pediatric considerations a separate section, the draft considered at this meeting has attempted to incorporate the pediatric considerations into the body of the document.

A decision was made at the April meeting to allow an assigned trauma hospital to have a different level for adults than for pediatrics, for example a Level III trauma hospital could meet Level IV criteria for children. Dr. Gupta asked whether this would be confusing, particularly for EMS providers to make transport decisions. Rich O'Brien said that most EMS providers are aware of the capability of the hospitals that they routinely transport to, so this wouldn't be a problem.

Dr. Sutton said that he felt that a number of hospitals that would be very capable of meeting the standards for Level III adult would not be able to meet the standards for pediatric Level III. In particular last meeting's discussion indicated that Level III pediatric standards would require an inpatient pediatric unit that was capable of dealing with surgical and trauma patients. Would it be in the best interests of all patients to withhold assignment of a Level III trauma hospital for adults because they couldn't meet the criteria for children? The Level IV pediatric criteria would ensure that all hospitals could at least resuscitate a seriously injured child and then rapidly transfer them to a Level I pediatric facility.

There was discussion about the prehospital trauma triage guidelines regarding what neurological scale would be best to use for children. Dr. Latchaw will consult with her colleagues and report back at the next meeting. There was discussion about what constitutes a pediatric patient for trauma. The NH EMS protocols describe a pediatric patient as a child who fits on the weight based reference tape. The purpose of this tape is primarily to help with drug dosages and airway devices for smaller children. Should the criteria for direct entry to a pediatric trauma center be different? The group thought that less than 15 years old is a good guideline for delineating entry into the pediatric trauma system.

The group discussed pediatric considerations in the section concerning interhospital transfer of trauma patients. The group added pediatric specific criteria to the list of clinical conditions that identify trauma patients at high risk for death or permanent disability, and should be considered for prompt transport to the highest appropriate level of trauma care.

The group considered and approved standards for the hospital's pediatric trauma service, pediatric trauma program director (which may be the same person as the adult

trauma director in Level III and IV facilities), the pediatric trauma coordinator (which may be the same as the adult trauma coordinator for all levels), pediatric trauma team response, and credentials for pediatric surgery, neurosurgery and orthopedics. The discussion ended with consideration of emergency physician requirements, and Dr. Sutton told participants to consider the requirements for ED physician pediatric trauma-focused courses and/or CME for the next meeting.

IV. New Business

None

V. Public Comment

None

VI. Adjournment

Dr Sutton adjourned the meeting at 11:50. He advised the group that the next regular meeting of the Trauma Medical Review Committee will be Wednesday **August 19, 2009** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

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