



# 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*

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### TRAUMA MEDICAL REVIEW COMMITTEE COMMITTEE MEETING

**December 17, 2008**  
**Richard M. Flynn Fire Academy**  
**Concord, New Hampshire**

**Members Present:** John Sutton, MD, Chair, Patricia Sampson, RN, Richard O'Brien, EMTP,  
Tony Maggio, EMT

**Guests:** Janet Houston, Fred VonRecklinghausen, EMTP, Colin Richards, RN,  
Doreen Gilligan, RN, Mary Grohosky, RN, Mary Reidy, RN, Rachel Rowe,  
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 Chairman John Sutton at 9:50 am on Wednesday December 17, 2008 at the Richard M. Flynn Fire Academy in Concord, NH. The start of the meeting was slightly delayed by a snowstorm.

**Item 1. Introductions:** Clay Odell introduced Tony Maggio as the newly appointed representative of the NH Association of EMT's. Tony is the EMS Chief for Barrington Fire and Rescue. Following this introduction the rest of the attendees introduced themselves.

**Item 2. Minutes:** The minutes from the October 15, 2008 meeting had been approved via email vote of the TMRC members that were present. Clay asked if there were any errors that needed corrections. There were none.

#### **II. Committee Discussion Items**

**Item 1. Trauma Conference** Clay reported that the NH Trauma Conference was very successful. There were 93 attendees this year. The feedback from the evaluations was very positive. Clay said we will need to start planning the 2009 conference at the February TMRC meeting.

### III. New Business

**Item 1. Imaging Guidelines** Rachel Rowe of the Foundation for Healthy Communities presented a request to the TMRC. Her organization facilitates meetings of the Medical Directors of the health plans that service NH residents as well as the Medical Directors of all acute care hospitals in NH. Both of these groups have discussed the utility of developing guidelines for the imaging of trauma patients. Those groups requested Ms. Rowe to approach the TMRC for their expertise.

Specifically Ms. Rowe said her group was looking for when it is proper to transfer trauma patients prior to imaging, and is wondering if there is a body of best practice guidelines on the right imaging studies for seriously injured trauma patients.

The consensus of the TMRC was that this was an appropriate role for the committee. Clay will solicit participants for a subcommittee and coordinate a meeting. Ms. Rowe will solicit participation from members of her group.

**Item 2. Representation on the NH Emergency Medical and Trauma Services Coordinating Board** Clay was recently advised that Dr. Sutton's third three-year term representing the TMRC on the EMSCB have expired. According to state law a member of the EMSCB cannot have more than three consecutive terms. The TMRC will need to consider nominating one of their members to the EMSCB. Clay and Dr. Sutton briefly described some of the commitments of the position and asked anyone who is interested in serving in this role to let Clay know.

**Item 3. Air Medical Transport Utilization Review** Clay said that when the NH EMS Protocols were changed to allow EMS providers to request air medical transport (AMT) scene flights for certain patients without online medical control approval, it was recognized that a periodic review of the utilization of AMT would need to occur. That has occurred twice now, and needs to be done again. Clay will be soliciting volunteers to participate in a review of six months of air medical transport scene flights. Anyone wishing to participate please contact Clay.

### IV. Old Business

**Item 1. Revision of NH Trauma Plan** The group worked on and completed the hospital clinical standards section of the document. Clay will implement the changes discussed at the meeting and send the document out for comments.

The group discussed the role of telemedicine in trauma, and even though the actual practice of telemedicine in trauma is not currently practical, some of the elements and technology are in place. Further, the practice is evolving quickly and has been recognized as providing some solutions to problems such as scarce access to some subspecialists.

The group decided to put a section in the NH Trauma Plan reflecting some of the principles the TMRC would consider an acceptable trauma telemedicine practice. Dr. Sutton said that imaging telemedicine to confirm or rule out an injury is insufficient to be considered a telemedicine program. The TMRC would consider a trauma telemedicine program to be one in which when exceptions to the 24/7 accessibility to particular specialists (such as neurosurgeons or orthopedic surgeon) exists; the telemedicine specialist is brought online. The process is then a collaboration between the trauma surgeon and the telemedicine consultant as to whether the patient has an injury that requires transfer to another facility, or whether the level of injury is safe to admit at the

originating hospital, with observation by the telemedicine specialist in collaboration with medical staff at the originating hospital. Elements that would be considered would be:

- There is video technology and imaging transmission to enable a real-time consultation with an applicable specialist, such as a neurosurgeon.
- There is a formal trauma telemedicine program in which the hospital commits to the practice of admitting patients that consultation with the specialist indicates is medically indicated
- Trauma surgeons, intensivists, and hospitalists at the hospital fully cooperate with the telemedicine program.
- A performance improvement and patient safety process specific to the trauma telemedicine program is in place.
- A hospital wishing to implement a trauma telemedicine program must have the program approved by the Trauma Medical Review Committee.

There will be a section in the NH Trauma Plan to reflect this discussion. As the practice evolves the plan will be modified by the TMRC.

The prehospital clinical standards need to be completed. Clay is hopeful that we can complete that section at the February 2009 meeting. Assuming approval by the TMRC the document will then be presented to the Emergency Medical and Trauma Services Coordinating Board at their March 2009 meeting.

## **V. Public Comment**

Mary Grohosky from Concord Hospital introduced Mary Reidy who would be replacing her in the trauma program manager role, and announced and distributed save the date notices for Concord Hospital's trauma conference that is scheduled for April 16, 2009.

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 12:05. He advised the group that the next regular meeting of the Trauma Medical Review Committee will be Wednesday **February 18, 2009** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

**Respectfully submitted:**

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