



# Trauma Medical Review Newsletter

Winter 2016

## From the Chairman



Care of the trauma patient requires a clearly defined system. Without good pre-hospital care the trauma victim may not make it to a trauma center. Without high quality multidisciplinary care at the trauma center, even the best pre-hospital care may be fruitless. Equally important, but often undervalued are the other two parts of a complete system of trauma care: Rehabilitation and Injury Prevention (not many TV series have featured

these!). Rehab is critical because great pre-hospital and trauma center care is not worth much if the patient cannot be returned to a meaningful and productive life. Perhaps most important is collecting data, and developing policies guided by this information to prevent or mitigate the effects of trauma from occurring in the first place - injury prevention.

The TMRC is comprised of volunteer providers from all four parts of our trauma system. We

meet every other month and develop programs and policies to strengthen trauma care in our state. We have 15 voting members from disciplines mandated by the state however much important work is done by our “non-voting” but highly valued committee members. If you are interested in participating please call Vicki Blanchard at (603)223-4215.

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## From Clinical Systems Coordinator

Welcome to the first Trauma Medical Review Committee’s newsletter. This

newsletter will be a communication tool to disseminate information regarding

the NH Trauma System to interested persons.



## Injury Prevention Continued

Trauma Medical Review Committee is to have injury prevention represented at each meeting with an update on examples of outreach strategies and activities that are currently going on around the state. Additionally injury prevention advocates look forward to the development of a strong statewide trauma registry that will help inform future prevention efforts.

If you would like to know more about injury prevention in New Hampshire contact Debra Samaha, Program Director of the Injury Prevention Center at Dartmouth. Debra can be reached at [debra.samaha@dartmouth.edu](mailto:debra.samaha@dartmouth.edu) or by calling 603-653-8360.

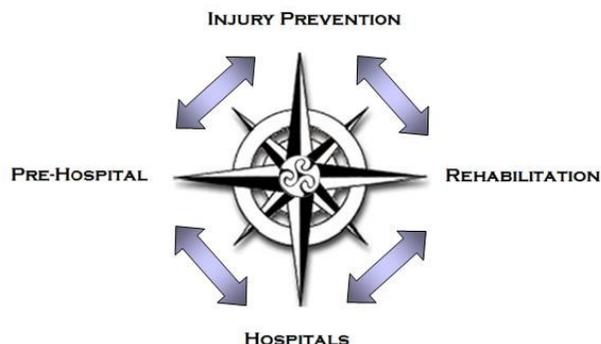


## Education Committee

Hi all--Happy Winter (only if you are a penguin!)

Welcome to our first edition of the trauma newsletter! I would like to introduce the Trauma Medical Review Education Committee! We were established 2 years ago, mostly to keep the NH state Trauma conference alive, but we hope to become so much more in the coming years. I hope you have all had the opportunity to attend one of the trauma conferences held in the North Country each November! This past year we had an amazing line-up of speakers, and a

great turn-out! Looking forward to putting 2016's conference together in the coming months! In addition to the trauma conference, we are using the education committee to help establish a mentoring program for hospitals looking to maintain or become a new trauma center! In November we were able to host the first ever Trauma Program Development course as a pre-session to the conference. We had a great turn-out and all the participants were pleased with the education.



So—do you want to be a trauma center? Do you need assistance preparing for an upcoming survey? Maybe you just want to get advice on how to care for patients with the resources that you have? Please reach out to us! We can help! Call or e-mail Doreen Gilligan with any questions!  
[Doreen.Gilligan@HCAHealthcare.com](mailto:Doreen.Gilligan@HCAHealthcare.com) or 603-380-3558

## Prehospital

The Emergency Medical Services Subcommittee has its first meeting on Wednesday Feb 10<sup>th</sup> (one week earlier than normal due to the American College of Surgeons visit) This Committee will work to integrate EMS in a systematic approach to the overall New Hampshire Trauma System. The committee will be working on two major topics from the

onset of its inception. The first is dissemination of what Hospital Trauma designation actually means to the field EMS Provider. The second agenda item is Helicopter EMS (HEMS) utilization in relation to the NH Hospital Designations. The TMRC EMS Subcommittee is actively seeking participation. If you are interested in participating please contact Ryan Hickey at:



[rahickey89@yahoo.com](mailto:rahickey89@yahoo.com) The meetings will take place at 8:30 am third Wednesday of every other month starting in February. This is one hour prior to the regularly scheduled TMRC meeting.

# Medical Examiner

The Office of the Chief Medical Examiner investigates all “untimely deaths” in the State and determines cause and manner of these deaths. The 6 categories of manner of death include: Natural, Accidental, Suicide, Homicide, Pending and Undetermined. Of the approximately 1700 investigations in 2015, nearly 60% were deemed of natural causes, followed next in number by accidental deaths.

The Office did 476 autopsies looking for cause and manner in 2015. This is with two pathologists working. The Chief Medical Examiner, Dr.

Thomas Andrew and Deputy Chief Medical Examiner Dr. Jennie Duval split the duty of not only of performing the autopsies but also consulting with the Assistant Deputy Medical Examiners, (ADME’S) on investigations.

A group of 23 ADME’s cover the State 24 hours a day/7 days a week for scene investigations. These ADME’s, which are Nurses and Paramedics, take call for 12 hour shifts in various counties around the State. The ADME’s receive extra training in investigative procedure, death scene investigation and work closely with

law enforcement on untimely deaths.

Of special note, drug deaths in the State have risen dramatically over the past two years. New Hampshire is the second leading State in drug deaths per capita nationally. This past year it is anticipated that 411 deaths were attributed to drug overdosing, with Fentanyl being the most common drug.



## STATE OF NEW HAMPSHIRE

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