

**TRAUMA MEDICAL REVIEW COMMITTEE (TMRC)  
MEETING MINUTES – (APPROVED)****February 21, 2018**

Richard M. Flynn Fire Academy, Classroom 2, Administration Building  
98 Smokey Bear Boulevard  
Concord, NH 03301

**Members Present:**

Kenneth Call, MD; Mark Hastings, RN; Peter Hedberg, MD; Ryan Hickey; Tony Maggio; Eric Martin, MD; Rick Murphy, MD; Lisa Patterson, MD; Ryan Pouliot, MD Stacey Savage, RN; Joey Scollan, DO; and Jennifer Weymouth **(12)**

**Members Absent:**

Reto Baertschger, MD; Kathy Bizarro-Thunberg, FACHE; Chief Ryan Ridley; Scott Schuler, MS; and Richard Tomolonis, MD **(5)**

**Members on the Conference Phone:**

Jonathan Snow, MS (for the first 8 minutes of the meeting)

**Bureau Staff:**

Director Deborah A. Pendergast; Assistant Director Jeffrey Phillips; Chief of Strategy and Planning Nick Mercuri; Gerard Christian, Joanne Lahaie, and June Connor (notes) **(6)**

**Guests:**

Lynn Chabot, Craig Clough, Kayleigh Farrell (on the conference phone), Katie Hartford, Hilary Hawkins, Alia Hayes, Lukas Kolm, Brian Nicholson, Chris O'Connell, Matthew Petrin, Mary Reidy, Adam Rembisz, Justin Romanello, Debra Samaha, Anna Sessa, Grant Turpin, Gina Wuertzer, Neil Moore, and Michael Kelley **(19)**

**NOTE: "Action items" are in bold red.**

**I. Call to Order**

Item 1. The meeting was called to order at 9:35AM when a quorum was met with 10 members present; 2 more members arrived late. Jonathan Snow was identified as being a call in member; he had a scheduling conflict that prevented him from attending the TMRC meeting. He declared that he was the only one in the location from which he was calling.

Item 2. **Motion made (Martin/Maggio) – to approve the minutes from the TMRC meeting on December 20, 2017; passed unanimously.** (Jonathan Snow did not vote.)

Item 3. Membership update:

- All member terms are up-to-date.
- Lukas Kolm and Scott Bjerke have both resigned from being voting members of the TMRC.
- Stacey Savage was introduced as a new member, representing the Emergency Nurses Association.
- The TMRC now has 18 voting members; 10 must be physically present to make a quorum.
- Call-in members can vote, but they are not considered part of the quorum. All votes taken when call-in members are voting should be done by roll call.

- Call-in members are required to give a reason for not being physically present and also state who else is with them.
- Members were encouraged to RSVP when the agendas are emailed as to whether or not they will be attending meetings so that it is known in advance as to whether or not the quorum number will be met.

## **II. Bureau Report**

### **Item 1. Division Items of Interest**

- SB 544 – in which an amount equal to 2% of the insurance tax fees from the general fund is put in to the Fire and EMS fund; it was passed 5-0 in committee and is positively moving forward.
- EMS in the Warm Zone Operations training drills will be scheduled around mid-March; the Division has hired several paramedics and law enforcement officers to teach these training drills.
- Chief Mercuri and Assistant Director Philips met with the Director of Public Health to talk about how to work collaboratively on the NH trauma system based on the ACS report; this was an initial meeting to open up communication.

### **Item 2. Clinical Systems Items of Interest**

Gerard Christian reported.

- Hospitals with 3<sup>rd</sup> party trauma registry will be receiving an email from Gerard linked to a schema file that can be sent to registry vendors in order to be able to start uploading data into the state's trauma registry.
- The Division is working on scheduling another summit with stakeholders; the goal will be to see if anything needs to be added to the trauma registry as well as to come up with a list of PI goals for trauma data coming forward. "Low hanging fruit" will be worked on this year and future goals will be set.
- Hospital designation status tracking spreadsheet – Gerard showed a copy of this comprehensive spreadsheet to the members and guests.
- The Division is still waiting to hear back from legal regarding privacy issues.

## **III. Sub-committee and Member Reports**

### **Item 1. Process Improvement SC (See attachment – click on paperclip icon)**

- Eric Martin shared that when he was attending the senate hearing regarding the seat belt law, Gerard Christian was able to send him some supporting data; though it was only from 5 hospitals, it represented a start in using data to defend a position.
- The SC did not meet, but Gerard Christian and Joanne Lahaie shared a data report with the group. A discussion ensued that went beyond data to include how to get bills passed in NH; public awareness is one of the keys.
- Future report suggestions/ideas:
  - quarterly numbers,
  - specific themes,
  - breakdown of non-designated hospitals,
  - continuing update of seatbelt usage slide,
  - picking a marker from TEMSIS and then directly translating that over to the hospital registry and attach it to an ISS score,
  - reports that would give an idea as to whether or not the metric of "acute" is accurate, and
  - individual patient tracking.
- Cardiac arrest is not included in these reports unless it is a traumatic injury.

#### Item 2. Education SC

- Katie Hartford reported that the SC will meet after today's meeting (Feb. 21, 2018)
- Trauma Conference – held this year in Portsmouth. All suggestions for speakers and topics are welcome.
- Stop the Bleed program – Train-the-Trainer programs will take place today at 1PM and 5PM at the Academy.
- March 31<sup>st</sup> – Stop the Bleed day. **The SC is looking for instructors to give classes throughout the state on that day. Contact Katie Hartford or Karen Louis for information about classes.**
- The SC is looking for sources of money to fund the Stop the Bleed program.

#### Item 3. Pre-Hospital SC

- Ryan Hickey reported that the SC met this morning, before the regular TMRC meeting. The focus of the meeting was on the revision of the pre-hospital section of the 2010 Trauma Plan. Craig Clough is the SC representative and will be presenting the revisions to the TMRC.
- The SC offered its support to getting the word out about the Stop the Bleed program. Ryan will be promoting the program at the next meeting of the NH Professional Firefighters on Feb. 28<sup>th</sup>.
  - The Division can post flyers for the programs on its website and is willing to host classes as long as there is interest and they can be filled.

#### Item 4. Coordinating Board Report

- There was no report because the January 18, 2018 meeting was cancelled so that the members could attend a senate hearing on SB 552.
- The next CB meeting will be held on March 15, 2018.
- Link to CB meeting minutes:  
<https://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

#### Item 5. Medical Control Board report

Kenneth Call gave the report.

- The MCB met on January 18, 2018.
- Highlights of the meeting:
  - \* Dr. Joey Scollan was voted in as the new chair of the MCB.
  - \* Protocols discussed: Ready, Check & Inject, Nitronox, Obstetrical Emergencies, Pediatric Transport, TXA
  - \* SB 552: The members voted in favor of opposing the bill.
  - \* SB 523 (CPR in schools): The members voted in favor of sending a letter of support for this bill.
  - \* The members voted in favor of drafting a bulletin that addresses 3 methods of dealing with the IV fluid shortage.
  - \* The MCB will seek advice from the Board of Pharmacy as to a best practice regarding Ketamine concentration.
- The next meeting is scheduled for March 15, 2018.
- Link to MCB minutes:  
<https://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html>

#### Item 6. Injury Prevention report

Debra Samaha gave the report. **(See attachment – click on paperclip icon)**

- March 6<sup>th</sup> – Annual Falls data meeting
- Mid May – child safety technician course
- March 13<sup>th</sup> - Injury Prevention Advisory Council meeting
- March 13<sup>th</sup> – Safe Kids meeting

- Project – Safe and Active Community grant program; 50 communities are going to be funded. Approximately 2,500 multi-sport helmets will be distributed.
- Thanks go out to the people who told their stories at the seat belt hearing.

#### Item 7. Rehabilitation Report

Matthew Petrin gave the report.

With no federal budget in place, 2018 was off to a rough start in terms of reimbursement for physical and occupational services for Medicare recipients, harking back to the 1997 rules requiring hard caps. Fortunately, when the federal budget was passed 2 weeks ago, part of the legislation repealed all therapy caps from here on forward. After \$3,000 of expenditure, a manual review of every chart will be done to determine medical necessity.

#### Item 8. Medical Examiner Report

Gerard Christian presented the report submitted by Jon Snow.

#### **Subject: accidental deaths 2017**

Minus the 485 or so drug deaths (but <10% of those are suicides or undetermined).

Most of the falls are elderly fractured hips and SDH.

<b>Type of death</b>	<b>Number of deaths</b>
Falls	268
MVA	79
Motorcycle	18
Pedestrian	13
Drowning	15
Fire related	8

#### Item 9. Hospital designation Sub-Committee – public report

Mary Reidy gave the report.

Because this committee deals with confidential issues, from now on, the first 45 minutes of the SC meeting will be done in non-public sessions and the last 45 minutes will be open to the public.

Mary Reidy will be stepping down as chair and Hilary Hawkins will take over that position. Adam Rembisz will take over as co-chair.

#### **IV. Non Public Session (actually covered after New Business)**

The voting members went into non-public session to discuss hospital designations.

#### **V. Old Business**

##### Item 1. Strategic input

Chief Nick Mercuri implored the members for input regarding the top 4 items that they believe should be addressed in the new strategic plan being developed right now, especially if they want to change the top 4 items. The original email was sent out on December 20<sup>th</sup>.

POST MEETING NOTE: Gerard Christian resent the email on Thursday, 2/22/18. **The deadline for input is March 16<sup>th</sup>.**

Later on in the meeting (after V. Item 2) Nick went over the steps that have already taken place in working towards a strategic plan based on input from stakeholders. Adam Rembisz asked if the focus of this is to

change legislation. Nick explained that the focus right now is to pin down the direction of the “ship” and that, eventually, it will be about legislation and rule changes. He added that asking for things without an updated plan that clarifies our direction will not work.

A discussion ensued about specific staffing just for trauma in the State. Director Pendergast explained that communication is beginning with DHHS to see if trauma can be a collaborative effort for the 2 divisions.

Adam Rembisz clarified that his view of a funded trauma system is one in which the hospitals get funded.

Item 2. Trauma plan edits (added item to the agenda and discussed after VI. Item 2)

SC edits can be sent to Gerard Christian and/or Vicki Blanchard. They will be added to the working draft.

POST MEETING NOTE: From the TMRC minutes, dated February 15, 2017:

Sub-Committee related pages:

Pages 11 – 17 – Process Improvement

Pages 18 – 26 – Pre-Hospital

Pages 27 – 33 – Hospital Designation

Once the plan is updated, it will have to be sent to the Commissioner’s Office and the Coordinating Board for approval.

Jon Bouffard cautioned everyone to keep legislative authority in mind as revisions are made.

Hilary Hawkins pointed out that the part of the plan dealing with imaging of pediatric patients needs to be updated.

Deb Samaha will make the group aware of what needs to be added to the plan in terms of injury prevention.

## **VI. New Business**

Item 1. Stop the Bleed Train-the-Trainer 1PM today – (already covered in III. Items 2 and 3.)

Item 2. Critical Access Hospitals – Alia Hayes, Rural Health Manager, NHDPH **(See attachment)**

Alia spoke about the challenges that critical access hospitals face in terms of participating in the trauma system:

- limited capacity – some hospitals only have 1 director of quality
- learning the system is challenging
- There is concern that doing this will not help the hospitals that are under financial constraints; hiring more staff is not an option.
- It does not change who comes in the door.
- CEOs explain that patients never ask about designation levels.
- It does not change who is recruited or retained in terms of staff.
- These hospitals do not have the staff to qualify for a certain status designation.
- They already have to maintain quality measures in order to obtain Medicare reimbursement.
- A lot of the hospitals are looking to align with other systems or becoming a part of an ACO, and this takes priority over getting hospital designation.

The hospitals that are interested in designation are already part of a larger system, so they have the staff, support, and resources available to them. These hospitals also have leaders who understand the importance of designation.

Rural Trauma Team Development course – extraordinarily well received by all hospitals. This 1-day course provides evidence based work resulting in better outcomes. This course is grant-funded, and the book costs \$40.00.

Dr. Murphy thanked Alia for her report and mentioned that mentorship is very important; the problem is that there is no funding for this.

Item 3. ACS Plan implementation  
Not covered in this meeting.

**VII. Public Comment**

N/A

**VIII. Next Meeting and Adjournment – April 18, 2018 9:30 – 11:30AM**

**Motion made (Murphy/Call) – *to adjourn the TMRC meeting at 11:52AM*; passed unanimously.**

(Notes prepared by June Connor, Administrative Assistant, NH FST&EMS)