



John J. Barthelmes
Commissioner

State of New Hampshire

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



Deborah A. Pendergast
Director

TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING MINUTES – (Approved)

FEBRUARY 10, 2016

Members Present: Reto Baertschiger, MD, PhD; Sue Barnard, ARNP; Kenneth Call, MD; Gary Curcio, MD; Doreen Gilligan, RN; Ryan Hickey, NRP; Tony Maggio, EMT; Eric Martin, MD; Rick Murphy, MD; Shawn Riley, EMTP; Alf Rylander, RN, NRP; Elizabeth Soukup, MD; and Jennifer Weymouth, DO

Members Absent: Kathy Bizarro-Thunberg, FACHE; Peter Hedberg, MD; Lucas Kolm, MD; Scott Schuler, NRP; and John Seidner, MD

Bureau Staff: Deputy Chief Jon Bouffard; Captain Vicki Blanchard; and June Connor, Administrative Assistant (minutes)

Guests: Lynn Chabot, RN; Kayleigh Farrell, RN; Mark Hastings, RN; Hilary Hawkins, RN; Sharon Hillger, RN; Janet Houston, EMSC; Michael Kelley, RN, NRP; Matthew Petrin, OTR/L; Mary Reidy, RN; Adam Rembisz, RN; Debra Samaha, RN; and Joey Scollan, DO

NOTE: “Action items” are in bold red.

I. Call to Order

The meeting was called to order by Dr. Murphy at 9:35AM on Wednesday, February 10, 2016 at the Richard M. Flynn Fire Academy in Concord, NH.



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Item 1. Introductions

All attendees introduced themselves, and it was determined that there was a quorum present with 11 voting members; 2 more members arrived later on in the meeting, bringing the quorum present up to 13.

Item 2. Minutes

Motion made by Kenneth Call; seconded by Tony Maggio – to accept the minutes, as written, from the December 16, 2015 meeting; passed unanimously.

II. Sub-Committee and Member Reports

Item 1. Hospital Designation Sub-Committee

- The committee met prior to this morning’s TMRC meeting. Two issues were discussed regarding pediatrics:
 1. Hospitals not seeking ACS pediatric verification, that “admit” more than 100 pediatric patients under the age of 15, will have a few more specific criteria so that the state will mirror what the ACS does. Some of these criteria include having a pediatric ICU area and a pediatric trauma medical director, credentialed by the hospital.
 2. Hospitals seeking ACS verification as a I, II, III, or IV level adult, but not seeking ACS verification for pediatrics, must have a state review which will be done at the same time as the ACS review. Though the application will be abbreviated, a copy of the PRQ prepared for the ACS will also have to be submitted to the state reviewers.
- The details of the above will be written up and presented to the TMRC at the April meeting.
- There have been no new applications, but rumor has it that CMC is applying. In addition, the St. Joseph follow-up review will be done by July.
- Vicki Blanchard displayed the current list of hospitals in the state and their designation status, and the group spent some time studying and discussing the information. Dr. Murphy added that as he has



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been preparing his remarks for the upcoming ACS review and going over the whole history of the state, it has become clear that the biggest problem is with the northern part of the state where several hospitals dropped off. This fact supported the decision to have the ACS do the Level I and II reviews so that the state could focus on the Level III's and IV's. Doreen Gilligan added that the drop off occurred when the criteria was made more stringent than it is now, making it vital that hospitals come to understand that the new criteria is much more inclusive. It is the responsibility of the TMRC to reach out to these hospitals. It is hoped that as Littleton works on partnering with the northern hospitals, they will help to inspire them to seek designation status. Working with Littleton will provide the TMRC with a step-by-step guide as to how to go about the mentoring process.

- Dr. Murphy asked how far in advance hospitals start their PRQ's. Because their applications are done 6 months prior, a reminder should be sent out by the state at the 9 month mark. Sue Barnard suggested that perhaps it would be even better to do a 9 month phone call, using talking points, rather than a letter. The state has a good point of contact list. **The group agreed that both a letter and a phone call would be a good idea, and it will be added to the state's calendar; Vicki will also add a column to the spreadsheet and at every meeting, the spreadsheet status will be part of the hospital designation report.**
- A general discussion ensued about how to re-engage hospitals and the issues involved. Dr. Martin stated that maintaining ortho surgeon coverage is a challenge for northern hospitals, preventing them from Level III status. Debra Samaha asked if the trauma registry piece is required for designation status, mentioning that there are hospitals that do not see the need because they transfer most of their patients rather than keeping them. There are two types of registries; the in-depth one for the Level III hospitals and the shortened form for those patients who are being transferred. It is not mandatory that hospitals use the registry, but it is mandatory that



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they keep data. In the end, it will be much easier for them to use the state's registry. Janet Houston recommended that a trauma registry presentation or break-out session be given at Dartmouth Hitchcock's [CREST program](#) (Center for Rural Emergency Services and Trauma).

Item 2. Education Sub-Committee

- Doreen Gilligan reported that she and Mary Reidy started a mentoring program at the trauma conference which was well received. Since that time, Doreen has been working with Littleton; they will be submitting an application for a Level IV; perhaps even a Level III if the hospital can overcome some physician issues.
- The trauma conference was a success, but it is hoped that it will be able to be combined with the north country EMS conference in the future as a way of increasing the level of participation. (Physician attendance was way up for the 2015 conference; 18% of those who attended were physicians.) Other feedback from the conference came from the southern part of the state that would like to see a more southerly location. Doreen will not commit to anything without the approval of the TMRC.

Item 3. Pre-Hospital Sub-Committee

- Ryan Hickey reported that the first meeting took place this morning, prior to the TMRC meeting. Seven members attended.
- The first goal for the committee will be to make sure that pre-hospital providers in the field are getting trauma patients to the most appropriate hospital.
- The first project will be to send out a questionnaire to all of the trauma centers in the state finding out what their capabilities and limitations are. The results will be put on a list so that it can be easily referenced.



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- The committee also identified the need for education; it will recommend a training module be developed at the state level that will teach providers about the different hospital levels.
- The next meeting will be one hour before the next TMRC meeting on April 20th.

Item 4. Coordinating Board Report

- Deputy Chief Jon Bouffard reported that **H.R. 4365**, a piece of federal legislation, was brought to the CB's attention. The board will support passage of this bill, which will amend the original DEA rule written in the 1970's, which made it illegal for paramedics to give narcotics under standing order anywhere in the country.
- Amongst other things, there was also a discussion about instructor/coordinator renewals. (Please click on the link below to see other topics included in the CB meeting.)
- Vicki Blanchard also spoke about the **seat belt law (now called the "Occupant Protection" law)** that was mentioned at the last CB meeting.
 - * She attended a meeting on the subject, and a plan needs to be submitted to the commissioner by September, 2016. At the meeting, there was a lot of discussion as to whether or not this should be a primary or secondary law. (**Primary enforcement laws** allow law enforcement officers to pull over drivers and ticket them if they are not wearing their seatbelts. **Secondary enforcement laws**, on the other hand, only allow an officer to pull over drivers for a separate violation, such as speeding or headlight out, etc., and then ticket them if they are not wearing their seatbelts.)
 - * There was also discussion about whether or not this should be **a senate or a house bill**; in previous attempts, the house bill has passed but lost in the senate.
 - * **Funding for a lobbyist** was also discussed.



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- * A survey was sent out, and the results of the survey will be analyzed at the next meeting on February 22nd. Jim Esdon from “Safe Kids” is chairing the meetings. (See the injury prevention report further on in these minutes to get Mr. Esdon’s contact information.)
- * A discussion ensued about getting data to support the bill. **A suggestion was made that a data request to Level I and II hospitals be added to the TMRC agenda for the next meeting.**
- * Dr. Murphy encouraged the TMRC to seek the advice of the ACS team when they are here doing their review.
- * Debra Samaha commented that getting this law passed will be a multi-faceted approach.
- Here is the link to the draft of the minutes from the January 21, 2016 CB meeting:
<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>
- The next CB meeting will be held on March 17, 2016 from 1:00PM to 3:00PM at the Richard M. Flynn Fire Academy.

Item 5. Medical Control Board Report

- Dr. Kenneth Call reported on the highlights of the last MCB meeting:
 - * Grant money is being spent on, amongst other things, a new trauma mannequin that can be used for warm zone active shooter training. It can be intubated and given chest decompressions and includes a video feedback system.
 - * 2 physicians on the board just passed their EMS Boards, making 4 people in NH who have done this. Dr. Call encouraged others to give this serious consideration.
 - * There was a discussion on the re-entry policy for paramedics.
 - * Protocol update; the protocol committee just finished working on a TXA protocol which will be floated through the TMRC.
Vicki will send out a copy of this to the members of the TMRC so that they can have enough time to review it.



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Now is the time for TMRC members to read up on this controversial subject.

- Here is the link to the draft of the minutes from the January 21, 2016 meeting:
<http://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html>
- The next MCB meeting will be held on March 17, 2016 from 9:00AM to 12:00PM at the Richard M. Flynn Fire Academy.

Item 6. Injury Prevention Report

Debra Samaha submitted the following report for February, 2016:

1. The first meeting of the group forming to discuss seat belt legislation in NH occurred in January. Members are being surveyed for feedback on how to proceed. If you could help support this effort or advocate in some way please contact james.e.esdon@dartmouth.edu.
2. There will be a workshop at New England Regional Symposium (NERS) for ED nurses on how emergency departments/trauma programs can get involved in injury prevention and the Just Pick One tool will be highlighted. Additionally this will be discussed at the **Concord Hospital Trauma Conference on May 5th**. Dr. Wendy Gladstone, a member of the Abusive Head Trauma Coalition, will also present at NERS and the **Brain Injury Association of NH conference on May 18th** on infant abusive head trauma and sentinel injuries in children.
3. Child Passenger Safety Update/Events- Call 1-877-783-0432 for more information. Here is a link to a recent New Hampshire story about how a child safety seat saved a life.
<http://www.wcax.com/story/30979139/at-issue-how-a-car-seat-saved-a-little-boys-life>
The next CPS certification class has been scheduled. It will be at the Grantham Fire Dept. Route 10 in Grantham from May 18-May 21st. 8:00am-4pm the first day then 9am to 4pm the remainder three days. Students who wish to take the class must go to <http://cert.safekids.org/log> and create their profile with user name and password. Then they will click on "Find a Course" and enter New Hampshire. There will only be one course. Select the Grantham course and follow the instructions. They will need to pay Safe Kids the \$85.00 registration fee for the class.



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4. **Older Adult Falls Prevention- March 3rd is the annual data meeting and will be held in Concord from 9am-12noon.** For more information on this meeting go to www.nhfallstaskforce.org . The annual conference date has been set for September 15th at Seresc in Bedford NH.
5. **The NH Traffic Safety Conference has been set for Tuesday May 3rd in Meredith NH.** This is great place to learn more about traffic safety and efforts in NH. This conference is free.
6. **The NH Seat Belt Challenge for high school students will be held on May 17th at Police Standards and Training in Concord.** If you would like to observe this event please speak with debra.samaha@dartmouth.edu.
7. **Safe Kids NH continues to meet quarterly in Concord at DH-Concord site. All are welcome. Next meeting is March 8th from 1:30-3:30pm.**
 - The Safe Kids 500 date at NH Motor Speedway has been confirmed for Wednesday May 4th. Please help us share information on this free event for kids and their families as we hope to have 1000 attend this year. Bike safety checks and a bike helmets will be available for youth.
8. **The annual suicide conference date has been set for Friday November 4th.** Please save the date.



Item 7. Rehabilitation Report

- Matthew Petrin reached out to rehabilitation staffs of 10 NH hospitals, asking for input on how rehabilitation services are being utilized, what issues are involved with emergency medicine, and what barriers rehab professionals are encountering. (see [attachment](#)) The following is a list of some of the feedback:
 - * Rehab is being used in a lot of acute conditions (back pain, vertigo, etc.) in ER's.
 - * Rehab is being relied upon in emergency departments across the state to make decisions on whether or not patients should be



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admitted to a hospital. The feeling, according to the rehab group, is that they can say physically what a patient can do, but they do not have the medical information to make a decision as to whether or not the patient is in acute need of being admitted to the hospital. Rehabilitation professionals feel that they should be part of the decision making process but they should not be relied upon to actually make the decision on their own.

- * From a barrier standpoint, there was an overwhelming response that therapy is often called inappropriately by an emergency department to get patients up and walk them down the hall as part of an evaluation to see if they can walk or to see if they can sit up at the end of a stretcher. In addition, therapy is often asked to do gait assessments on a lot of patients who are actively under the influence or to assess those who are just dehydrated. Finally, there is a disparity in the hours that therapy services are available versus the hours of operation for emergency departments so as a result, a lot of in-patient staff are being asked to do what rehabilitation staff should be doing.
- * Dr. Murphy stated that his understanding of rehabilitation was that its focus should be the branch of the trauma system that returns people to normal, productive lives. He expressed surprise that the feedback was narrowly focused more on its role in emergency departments.
- * Mr. Petrin explained that rehabilitation professionals want to be utilized appropriately in the ER but not because the ER needs them to do someone else's job.

Item 8. Medical Examiner (added – not on original agenda)

Alf Rylander gave a PowerPoint presentation on the role of the medical examiner's office. [\(see attachment\)](#)

The TRMC members told Mr. Rylander that hospitals would like to get a list of people who were accepted by the ME's office but who did not get autopsies. They want to know why autopsies were not performed.



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III. Bureau Report

Item 1. Trauma Registry

We now have 53 patients in the Trauma Registry.

Item 2. BEMS Items of Interest

Deputy Chief Jon Bouffard gave the following report:

- **Mobile Integrated Healthcare (MIH)** – One application has been received so far, and we are talking to 6 – 8 others to advise them on the application process and provide information.
- **Video conferencing equipment** – 4 sets have been purchased with grant money. The master set has been installed at the Academy, one at the 45th Parallel, and the remaining two will be installed at the Gorham EMS field office and the Bethlehem Training Facility. Classes held at the Academy will connect to these sites; the system is part of the “Connect UNH” system. Hospitals that are also part of the Connect UNH system will be able to access BEMS conferenced programs. The “inaugural” program was held last week featuring Mary Reidy at the Concord Hospital Grand Rounds; it went very well!
- **Narcan Project – Phase II.** Approximately \$34,000 from a DHHS grant was received to continue this next phase of law enforcement training (CPR, Narcan, First Aid, and some train-the-trainers for around the state). The agreement goes through December, 2016, but the funding could run out before then.
- The **Warm Zone** program is progressing quickly; some of the videotaping has begun. Hopefully, by the next board meeting, some awareness training will have been beta tested with a small group.
- **EMS legislation:**
 - * A public hearing on the EMS Bill was held on Tuesday, January 19, 2016. Legislators had questions on background checks for EMS providers who are seeking initial licenses or who have let their licenses lapse or anyone who has had action taken on their license. The latter has to do with finding out about providers



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who have had issues/convictions in other states. Also discussed were changing the definition of the word “patient”, ethics, and replacing the exemption for the fire and police academies that was inadvertently removed during the last year.

- * It is important to note that the teachers have filed “**Line of Duty Death Benefit**” proposed legislation; the BEMS is in the process of getting more details about this.
- * **CPR in Schools** – This is another bill that has been filed. There will be a hearing on Tuesday, January 26, 2016. The general premise of this legislation is to have CPR as a graduation requirement for high school students, modeling what other states have done.

IV. Old Business

Item 1. Membership of the TMRC

- The TMRC roster is full, but by the next meeting, the Trauma Nurse Coordinators need to nominate a new person to fill Sue Barnard’s position. Today is Sue’s last meeting. **THANK YOU SUE!**
- **Dr. Hedberg will get his letter!** (This comment was from the previous minutes from the October 21, 2015 meeting.)
- TMRC members, Jennifer Weymouth and Reto Baertschiger, were introduced as new members. Reto is the new pediatric trauma director at DHMC. Jennifer is a trauma surgeon at Portsmouth Regional Hospital.
- Joey Scollan will be taking John Seidner’s place once he resigns.

Item 2. Comprehensive Trauma System Evaluation

As stated in the October 21, 2015 minutes, the ACS will be here from February 16 – 19, 2016 in classrooms 5 & 6 in the Academy’s dormitory facility. If you have not RSVP’d, please do so quickly!!! **People who RSVP’d will be sent a list of the ACS reviewers and some sample questions.**



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Meeting times:

- Tuesday evening (the 16th) will be the welcome.
- Wednesday, the 17th, they will be here doing their interview piece.
- Thursday, the 18th, will be their deliberative day.
- Friday, the 19th, from 1PM to 2PM, will be their summative presentation.

Item 3. Newsletter

The first issue is almost ready. Jon Bouffard informed the group that there have been complaints from people that they are being bombarded with too many communications from the Bureau of EMS. There was a discussion as to whether or not it would be more efficient to combine this newsletter with the one that is already put out by the Bureau of EMS, but the committee decided that given the audience they want to target, a specific trauma newsletter would be a better idea because these people may not necessarily be getting the bureau's newsletter. This newsletter should go to the ED directors, nurses and physicians, and EMS coordinators. The Bureau has a list of hospital trauma contacts. Dr. Murphy suggested that it be sent out separately to start with, and when we see how it goes over, we can decide if it should be combined with the Bureau's newsletter.

V. New Business

None

VI. Public Comment

None

VII. Next Meeting and Adjournment – **April 20, 2016 (9:30-11:00AM)**

Motion made by Tony Maggio; seconded by Shawn Riley – to adjourn the meeting at 11:30AM; passed unanimously.

- The TMRC meetings are usually held on the third Wednesday of the even months.



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- Remaining TMRC schedule: April 20, June 15, August 17, October 19, and December 21, 2016.

Respectfully Submitted,

Rick Murphy, MD
TMRC Chair

Prepared by June Connor (june.connor@dos.nh.gov)