



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 18, 2015

Members Present: Susan Barnard, RN; Kenneth Call, MD; Gary Curcio, MD; Doreen Gilligan, RN; Lukas Kolm, MD; Shawn Riley; John Seidner, MD

Call in members: Tony Maggio; Eric Martin, MD; Kathy Bizarro

Members Absent: Peter Hedberg, MD; Ryan Hickey; Rick Murphy, MD; Eric Schelberg; Elizabeth Soukup

Guests: Mark Hastings, RN; Hilary Hawkins, RN; Janet Houston; Lynn Chabot, RN; John Prickett, RN; Mary Reidy, RN; Debra Samaha, RN; Shannon Roberge; Jennifer Weymouth, DO; Gail Brown, RN

Call in guests: Peg Pedone, RN; John Sutton Jr, MD

Bureau Staff: Director Deborah Pendergast; Deputy Bureau Chief Jon Bouffard; Captain Vicki Blanchard

I. Call to Order

The meeting was called to order by Dr. Curcio at 9:30 a.m. on Wednesday, February 18, 2015, at the Richard M. Flynn Fire Academy in Concord, NH.

Item 1. Introductions

All attendees introduced themselves, and it was determined that a quorum was present (8) with the voting member attendees and call-ins counted.



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Item 2. Minutes

Motion made by Doreen Gilligan; seconded by John Seidner – to accept the minutes, as written, from the December 17, 2014 meeting; passed unanimously.

II. Sub-Committee and Member Reports

Item 1. Hospital Designation Sub-Committee:

Mary Reidy reported that there would be another meeting of this sub-committee in a month to review applications for Level III's and IV's; some revisions are needed.

St. Joseph's Hospital has submitted a Level III application. Their application will be reviewed in two months, just prior to the next TMRC meeting.

Their review will happen sometime this summer, and another nurse and physician are needed to join the review team for training purposes.

Portsmouth Review:

The review was completed and the sub-committee finished the report this morning (Feb. 18th) in an effort to complete it within 3 weeks of the review. The report is confidential. Dr. Sutton was the lead reviewer and gave a report to the TMRC of the review committee's findings. Pending a commitment to address a named Level II deficiency, the Site Visit Committee recommended Portsmouth Regional Hospital for Level II adult trauma assignment and Level IV pediatric trauma assignment for a period of one year. If the hospital provides requested information and completion of an ACS Consultation Trauma Visit for anticipated Level II verification within the year, then the trauma assignment will be extended an additional four years.

Motion made by Sue Barnard; seconded by Shawn Riley: The TMRC accepts the one-year preliminary designation for Portsmouth Regional Hospital, and within the year, if the hospital has an ACS evaluation and submits data to the NTDB, then the trauma assignment will be extended



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an additional 4 years; passed unanimously with an abstention from Doreen Gilligan.

Item 3. Legislative Sub-Committee (out of order)

The Ad Hoc TMRC Legislative Review Task Force submitted a report which is copied below:

Date: February 17, 2015
RE: Final report of Task Force’s work

Task Force Members:

- Kathy Bizarro-Thunberg
- Rick Murphy, MD
- Ken Call, MD
- Eric Martin, MD
- Tony Maggio
- Jon Bouffard
- Vicki Blanchard

The members of the Ad Hoc TMRC Legislative Review Task Force volunteered at the end of 2014 to take a look at the NH statute (RSA 153-A:8) that pertains to the Trauma Medical Review Committee’s structure to determine if the current members listed were still appropriate and if the list of duties still were pertinent to TMRC. The following is a summary of the group’s discussions and recommendations:

MEMBERSHIP:

- A trauma system consists of four components: injury prevention, pre-hospital, acute hospital and post-hospital. Our current membership does not include injury prevention or post-hospital representation.
- The TMRC currently has 8 physicians in the category of “a minimum of 5 physicians”, but not all are actively participating. There are currently 19 total members, with 10 members representing a majority (quorum). Dr. Murphy will reach out to the current physician members to determine their continued interest in serving.
- Some positions have not had consistent representation. Bureau of EMS will reach out to these positions to determine their continued interest in serving.
 - * The state medical examiner position has no appointee since the current person sent in a formal resignation.
 - * The professional fire fighters position has not had recent representation



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RECOMMENDATIONS REGARDING MEMBERSHIP:

1. Our task force agreed that injury prevention and post-hospital (rehab) representation would be beneficial. TMRC could invite these disciplines to participate as non-voting members. If TMRC decided that these groups should have a formal vote, we could consider changes to the statute. It may not be necessary right now because we already have a good group of non-voting members that has contributed greatly to the success of the TMRC.
2. Our task force also agreed that existing committee members should be asked to make brief presentations regarding their roles in trauma care for the full committee to get a better understanding of each person's role in the trauma system and their role on TMRC.

DUTIES:

We discussed each duty listed in RSA 153-A:8 and came to the conclusion that all items are pertinent to the TMRC. Some duties, such as the trauma plan and hospital designations, have taken up more of the group's time and energy over the past few years while others (such as EMS trauma evaluations) have taken a back seat.

RECOMMENDATIONS REGARDING DUTIES:

The task force recommended that no changes to the statutory language be made at this time, but does recommend that the TMRC chair and the Bureau of EMS consider more time be devoted to each area on our upcoming agendas. Given the level of expertise at our meeting, we believe that we can generate some great ideas and discussions such as doing a deeper dive into the EMS side of trauma care and talk more about how each component of the trauma system (injury prevention, pre-hospital, hospital, and rehab) inter-relate in New Hampshire.

Gary Curcio added that the TMRC will identify, within the next couple of weeks or months, the sub-committees that are needed and how they will be staffed. This will allow topics to be dealt with efficiently and effectively.

A comment was made that the Professional Firefighters Association, not represented on the TMRC, should not be confused with the NH Fire Chiefs Association, which is represented.

Item 2. Education Sub-Committee (out of order)

(NOTE: Kathy Bizarro disconnected from the conference phone line, leaving 9 members present; quorum still present.)



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Trauma Conference for 2015: In reviewing the comments from last year’s conference, space was an issue. Two larger hotels in North Conway are actively bidding to host the conference in 2015; the North Conway Grand and the Red Jacket. The problem with scheduling is to avoid the “leaf peeper” season, so anything after October 10, 2015 is preferable. The sub-committee will meet next month to discuss this.

Mentoring of other hospitals: **The sub-committee will help Deputy Chief Jon Bouffard reach out to help non-designated or lower designation hospitals.** There are plenty of trauma coordinators or program managers in the state who would like to get involved. Perhaps each one could be assigned 2 or 3 hospitals; mentoring guidance will be needed.

Concord Trauma Conference: May 7, 2015 (more info coming soon)

Item 4. Coordinating Board Report

Doreen Gilligan summarized the CB meeting held on January 15, 2015. In that meeting, the CB voted to send the draft of Saf-C 5903.10 to the Commissioner’s Office. This administrative rule deals with the investigation process. Also discussed were the NCCP (National Continued Competency Program) and Warm Zone best practices. For more details, here is the link to the minutes from the meeting:

<http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html>

NOTE: At this point in the meeting, questions were raised as to the functions of each board and how they affect each other. Jon Bouffard explained that the Coordinating Board (CB) is the overarching board for the Bureau of EMS. The CB makes recommendations to the Commissioner of the Dept. of Safety. The TMRC makes recommendations to the MCB for protocols and to the CB for policy. On the next page is a summary of the responsibilities of each board/committee, provided by Vicki Blanchard.



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COORDINATING BOARD:

- Develop and update a statewide plan for the delivery of emergency medical services.
- Routinely assess the delivery of care in the EMS system.
- Recommend to the Commissioner of Safety rules for governing the EMS system.
- Review and comment on proposed rule changes by the Commissioner of Safety.
- Designate, as requested, EMS Regions and Districts.
- Approve statewide trauma system procedures including policies and minimum standards of system performance.
- Promote interstate cooperation of emergency medical services.

MEDICAL CONTROL BOARD

- Assist the NH EMS Coordinating Board in the coordination of a system of comprehensive emergency medical services and establish minimum standards through policies, procedures, and protocols.
- Provide technical services to the Bureau and the Coordinating Board.
- Serve as a liaison with medical personnel throughout the state.
- Submit patient care protocols to the Commissioner of Safety for rules adoption.
- Specify, with the concurrence of the NH Board of Pharmacy, controlled and non-controlled prescription drugs for use by EMS providers.
- Approve protocols or procedures for use by EMS providers either under their own license or through Medical Control.

TRAUMA REVIEW COMMITTEE

- Develop and routinely update the adult and pediatric trauma system plan.
- Review statewide trauma system operations, including monitoring adherence to established guidelines and standards, the availability of appropriate resources, and the periodic review of trauma hospital classification criteria.
- Review the delivery of emergency medical services by providers and units concerning the provision of care to trauma patients.
- Make recommendations to the Coordinating board based on the reviews described above.
- Recommend to the EMS medical control board modifications of the protocols of trauma care as a result of system-wide review.
- Assist trauma hospitals in the development and implementation of trauma quality improvement programs.
- Assist the Coordinating Board in the coordination of a system of comprehensive emergency medical services and the establishment of minimum standards throughout the state by advising the Coordinating Board on policies, procedures, and protocols.



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Item 5. Medical Control Board Report

Dr. Call summarized the MCB meeting, also held on January 15, 2015. The highlight of the meeting was a presentation of the Pegasus Project (pediatric emergency care) by Dr. Manish Shah as well as protocol updates. For more information, here is the link to the minutes from the meeting, which includes a link to Dr. Shah's presentation:

<http://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html>

III. Bureau Report

Item 1. Trauma Registry

Deputy Chief Jon Bouffard announced that the contract is done and it went to the vendor this week for signature. At the point, we are in the middle of the process with approval to come from fiscal, AG, and Governor & Council. The whole process should take a few more months; we are hoping to go to G&C in March.

IV. Old Business

Item 1. ACS State Site Review

We are still looking for money, and then it needs to go through the state process. The Commissioner is committed to this project.

Item 2. Membership of the TMRC – Update

New members:

1. Dr. Eric Martin, from Dartmouth
2. Dr. Elizabeth Soukup, from Elliot, who will be replacing Dr. Latchaw
3. Susan Barnard
4. Tony Maggio: re-appointed
5. Dr. John Seidner: re-appointed, representing College of Emergency Physicians
6. Doreen Gilligan: representing the Emergency Nurses Assoc.
7. Ryan Hickey: Professional Firefighters Assoc.



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8. There is no word yet on a representative from the Medical Examiner; Vicki Blanchard is working on making contact. We are also looking for someone from the NH Paramedic Association.

V. New Business

Item 1. System Needs (mentioned earlier; Task Force; III, Item 3)

Item 2. Protocol Review – Trauma Triage Protocol

The Committee is questioning why the GCS is less than 9 where the CDC says it is less than 14. Dr. Sutton explained that there is concern over a huge amount of over-triage, but now that hospitals have more resources and mild traumatic brain injury can probably be managed in most hospitals, this should be re-examined. After input from committee members, the following action was taken:

Motion made by Dr.Gary Curcio; seconded by Dr.John Seidner: *to recommend a change of GCS of less than 9 to less than or equal to 13 in the Trauma Triage and Transport Decision: 8.16; passed unanimously.*

Item 3. Review of TXA for Pre-Hospital use

This item was tabled until the next meeting in April.

VI. Public Comment - None

VII. Next Meeting: April 15, 2015, (9:30 to 11AM)

Adjournment (10:52 a.m.)

The meetings are the third Wednesday of the even months.

Future 2015 dates are as follows: ***June 17, 2015, *August 19, 2015, *October 21, 2015, and *December 16, 2015.**

Respectfully Submitted,

**Gary Curcio, MD
TMRC Vice Chair**

Prepared by June Connor
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