



John J. Barthelmes
Commissioner

State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
Richard M. Flynn Fire Academy
222 Sheep Davis Road, Concord, New Hampshire
Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



Perry Plummer
Director

TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING MINUTES

April 17, 2013

Members Present: Rajan Gupta, MD (Chair); Lukas Kolm, MD (Vice Chair); Doreen Gilligan, RN; Amy Matthews, RN; Rick Murphy, MD; Gary Curcio, MD; Kathy Bizarro; Miguel Gaeta, MD; Joe Guarnaccia, DO; Cherie Holmes, MD; Tony Maggio, EMT; John Sutton, MD

Guests: Sue Barnard, RN; Janet Houston; Peg Pedone, RN; Mark Hastings, RN; Nicole Keefe, RN; Brian Nicholson, EMTP; Mary Reidy, RN; Stephen Longbook, RN; Michele Guilfoil, RN; John Leary, RN; Sharon Hilger, RN; Nancy Sharkey, RN; Cheryl Gagne, RN; Jacque Jewell, RN

Bureau Staff: Angela Shepard, MD

I. Call to Order

The meeting was called to order by Chair Rajan Gupta at 9:30 am on Wednesday April 17, 2013 at the Richard M. Flynn Fire Academy in Concord, NH. A quorum was present.

Item 1. Introductions All attendees introduced themselves.

Item 2. Minutes

Minutes from the last meeting were provided to all members electronically prior to the meeting. The minutes were accepted without change.

II. Committee Discussion Items

Item 1. Hospital Updates

Angela reported that Wentworth-Douglass has submitted their trauma application for designation as a Level III Adult and Pediatric Trauma Hospital. Niki Keefe stated that they are excited about the review process but ask that the committee provide them as much advance notice as possible so that they can ensure participation of all their key stakeholders. Dr. Gupta indicated that the TMRC will need to pull together a review team soon to accommodate this site review.

Angela acknowledged Speare Memorial's growing interest in trauma system participation. Some issues such as surgical call requirements continue to be a difficulty for this and other small hospitals. Hopefully the committee can review the necessity of this requirement.

Angela reminded that AVH is due for a trauma renewal but they have not yet submitted an application. Angela reported that she is reluctant to press them to complete an application until the TMRC makes a final decision on what will be the level IV requirements going forward.



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Item 2. NH Bureau of EMS Report

Angela reported that Clay Odell has resigned as Chief of the NH Bureau of EMS. His last day will be May 23rd. This will be a challenging time for our Bureau as the Division Director has been temporarily reassigned to NH Homeland Security and Emergency Management. Once approved, the job posting will be posted internally and then externally. After applicants are screened by HR, prospective candidates will be interviewed by a panel approved by the Director and the EMS Boards. This process will likely take some time but the Bureau will try to minimize any inconvenience to the TMRC or other stakeholders. We hope that the future Bureau Chief will share the same level of commitment to trauma and trauma systems as Clay Odell.

III. Old Business

Item 1. Trauma Registry Update

Angela said that the RFP process continues to move forward slowly. In the meantime Angela relayed an educational opportunity for Trauma Registry training. UMass Worcester holds an annual Trauma Registry Conference. Alisa Druzba from the Rural Health Office at NH DHHS has offered to sponsor two participants from EACH Critical Access Hospital that is interested in attending. In addition, Angela reports that if interested members contact her, she can provide a link that allows them to register for the discounted rate of \$100. Amy Matthews reported that she had attended in the past and found it valuable.

Item 2. Trauma Registry and Pediatric Abuse Survey

Angela reported that 19 of the 26 acute care hospitals in the state completed the trauma registry and pediatric abuse survey that Deb Samaha from the Injury Prevention Center at Dartmouth sent out as part of her field study project (73% response rate.) Ten of those 19 hospitals reported that they kept a trauma registry (53%). In those ten hospitals, there were currently four different commercial registry products and five homegrown registries. In addition there was significant variation in the time devoted to and background training for the data collection and data entry. Of note, most hospitals were not able to answer the questions related to pediatric abuse. Sixteen of the nineteen hospitals replying supported the inclusion of the ICD 9 code for Shaken Infant Syndrome to our state registry inclusion criteria. Niki Keefe reported that Wentworth-Douglass has decided to modify their own trauma registry to include Shaken Infant Syndrome after completing the survey.

IV. New Business

Item 1. Elliot Hospital Review

After last year's site review, the site visit team recommended Elliot Hospital be granted Level II adult trauma assignment and Level III pediatric trauma assignment for a period of one year with the understanding that they make certain improvements to their trauma program as outlined in the TMRC's final site review report. Elliot Hospital has subsequently made the required changes. Materials provided by Elliot were distributed to the TMRC to determine if they will extend the trauma level designation the additional four years.

Dr. Sutton began the discussion by noting that most of the concerns raised by the site review committee appear to have been resolved. He asked for clarification on some points related to



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the registry and their PI process. Michele Guilfoil and Dr. Gaeta were able to provide the additional information. Angela reported that she attended TPOPS and MDRC meetings at Elliot and was pleased to see the depth of data being collected and the scrutiny that they used to critique themselves. She stated that she hopes that Elliot will continue this level of data analysis and rigorous performance review. Angela suggested that it might be appropriate for the TMRC to make it a policy to visit each designated hospital at least once mid cycle to assess these PIPS processes. Among the materials provided by Elliot was the documentation showing that they had submitted their trauma data to the NTDB. Dr. Sutton moved that the committee extend Elliot's trauma designation for the remaining 4 years. Dr. Holmes seconded the motion and it carried unanimously.

Item 2. Southern NH Medical Center

Southern NH Medical Center also provided materials to the TMRC to be considered for extension of their Level III adult and Level III pediatric trauma assignment. Dr. Sutton remarked that the trauma program appeared to be positively addressing the issues previously raised by the site review committee. In particular he mentioned that the PI loop closure documentation forms were a great improvement. He then asked about their rates of undertriage. Mark Hastings indicated that this was regularly monitored by the trauma program but that he did not happen to have that data available at this meeting. Angela stated that she had reviewed the materials with staff from the trauma program and had been very pleased with the changes they had made in their PI processes. She said she had not requested that they specifically report this additional data to the committee. Dr. Gupta said that the rates of over and undertriage were important for the TMRC to review in making their decision. Dr. Holmes moved that we hold off on voting at this time to allow SNHMC to provide those numbers to the committee. Doreen Gilligan seconded and the motion carried.

Item 3. Cottage Hospital Review

Angela reported that Cottage Hospital is our only Level IV trauma hospital. They were granted one year trauma designation last year following their site review with the possibility of having that designation extended upon completion of the improvements outlined in the site review final report. Cottage has undergone some leadership changes since the site visit and has been modifying their EMR to better meet their needs in the ED. They provided a summary report of their progress. The committee felt that it was difficult to assess the full impact of the improvements with the data provided. Angela reminded that with a small Critical Access Hospital it is difficult to see changes numerically because of low volume and that repeated data requests can be burdensome to staff. Dr. Curcio moved that we hold off on the vote until Cottage is able to provide more data. Dr. Kolm seconded and the motion carried.

Item 4. Goals for Upcoming Year

Dr. Gupta said that he felt it was a priority to establish a Hospital Designation subcommittee that could develop formal processes and standards for a hospital site review. Multiple members of the committee expressed that Mary Reidy would be an ideal candidate to head up that subcommittee.

Angela requested that at the same time the TMRC undertake an evaluation of the current trauma plan to ensure that it is meeting the needs of our system. She pointed out that it would



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be advantageous to do this simultaneously with the designation group so that we can be sure that the work is consistent. Angela respectfully asked that we make finalizing the Level IV criteria a priority for both groups so that we can continue our outreach to the smaller hospitals in the state. The committee agreed.

Dr. Gupta stated that he will continue this discussion at the next meeting.

V. Public Comment

None

VI. Adjournment

Meeting was adjourned at 11:35. The next TMRC meeting will be Wednesday **June 19, 2013** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted;

**Angela Shepard, MD, MPH
State Trauma Coordinator
NH Bureau of EMS**