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TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING MINUTES

August 21, 2013

Members Present: Miguel Gaeta, Doreen Gilligan, Rajan Gupta, Lukas Kolms, Laurie Latchaw, Rick Murphy, Kenneth Call

Guests: Sue Barnard, Michele Guilfoil, Janet Houston, Nicole Keefe, Peg Pedone, John Sutton, Manoli Sabine, Angela Shepard, Aaron McIntire

Bureau Staff: Vicki Blanchard, Chip Cooper, Nick Mercuri

I. Call to Order

The meeting was called to order by Rajan Gupta at 09:36 a.m. on Wednesday August 21, 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

There was no motion to approve the minutes because they had not been reviewed.

II. Committee Discussion Items

EMS

The new Bureau Chief, Nick Mercuri was introduced.

Mercuri addressed the Trauma Coordinator position and said that the Division would still support it as a fulltime position and be moving forward with plans to fill the position. He said he does not anticipate any changes for that position. He said it is just a matter of him getting everything going as he is new to the Bureau. Sutton asked Mercuri how he sees the position interacting with the Trauma Registry. Mercuri said he thinks whoever they hire would have to be fluent with the Registry work. He said for the time being, until the position is filled, he will be the point of contact.

Cooper added that plans for the registry are ongoing; he is working on the paperwork for the RFP. He said it was never the intent to have the hospitals pick up the cost of the process. Hopefully, everything will be completed by December.

Spinal Injury Protocols

Call reported that the National Association of EMS Physicians and the American College of Surgeons issued a joint statement on spinal immobilization and the fact that it is harmful to patients. With this information the Medical Control Board's protocol committee has drafted a Spinal Injury protocol which rules patients in to spinal motion restriction as apposed to ruling them out for spinal immobilization. Spinal motion restriction means to place a collar on the patient and have them lay flat on the cot. This change will be huge for the providers and require not only education but also culture change. The plan is to educate everyone; EMS providers; nurses; physicians.

There was discussion regarding the wording pertaining to penetrating trauma; some alternative wording was suggested and Blanchard will relay to the protocol committee for editing.

There was discussion on what other states were doing; and it appears most states are looking into this as well; NH being the first state to have a statewide protocol for spinal motion restriction. Gupta stated that as a committee they should take the lead and endorse the protocol.

Trauma Conference

Eric Jaeger has been hired to set up the conference. The date will be November 21st at the Mountain View, the cost will be \$50. A save-the-date and more information will be coming out soon.

Hospital Designation Sub-Committee

The subcommittee had its first meeting last week and feel they are off to a good start. They spent some time looking at the review process, e.g., who should do them, the credentialing process, who should make up the team, and the whole process itself. They envision the day to go something like: 1. Presentation by the hospital; 2. Chart review; 3. Lunch with leadership; 4. Tour; 5. Exit interview; 6. Report writing.

Gupta reported that the subcommittee is suggesting that Level 1 & 2 designations come from ACS and Levels 3 & 4 be done by the State. There was a discussion as to who would be the surveyors for the reviews, and it was agreed that the surveyors should be at the same level or higher. Additionally, it was noted that ACS provides education for their surveyors. There was also a question of what would happen if a hospital failed an ACS review and it was answered then they could apply for a State level 3.

This change would go into effect January 2015. In the meantime, anyone who is applying for a Level 2 designation will go by the current trauma plan and ACS deficiencies.

There was a move to vote to accept this change, however because there is not a quorum, the vote will be delayed.

The subcommittee additionally suggests that the expiration on designations be moved from 5 years to 3 years. Our protocols change every 2 years and new guidelines come out often times in between the 5 year span; it is a way to keep from losing touch. Gupta added that once the registry is up and running they may just ask for data and then if there were concerns with the data, then do a site visit.

III. Old Business

Cottage Hospital Follow-up: On going, trying to get data.

Androscoggin Valley Follow-up: They have expired and we are trying to reengage.

Wentworth Douglas: Finalizing the dates for their review.

Goals for the NH Trauma System – Updating the Trauma Plan

III. New Business

State Trauma Coordinator's Position: see above.

Spinal Injury Protocol: see above.

IV. Public Comment

V. Next Meeting and Adjournment - *October 16, 2013*