



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



Deborah A. Pendergast
Director

TRAUMA MEDICAL REVIEW COMMITTEE
COMMITTEE MEETING MINUTES - APPROVED
OCTOBER 15, 2014

Members Present: Kathy Bizarro; Kenneth Call, MD; Gary Curcio, MD; Doreen Gilligan, RN; Laurie Latchaw, MD; Tony Maggio, EMT; Rick Murphy, MD; Shawn Riley, NRP

Call in members: Miquel Gaeta, MD; Lukas Kolm, MD;

Guests: Michele Guilfoil, RN; Mark Hastings, RN; Janet Houston; Nicole Keefe; Peg Pedone, RN; Mary Reidy, RN; Gail Thomas, RN; Hilary Hawkins, RN; Eric Martin, MD

Call in guests: Sue Barnard, RN; Ed Lafferty, PA

Bureau Staff: Deputy Bureau Chief Jon Bouffard; Vicki Blanchard

I. Call to Order

The meeting was called to order by Dr. Murphy at 9:30 a.m. on Wednesday, October 15, 2014 at the Richard M. Flynn Fire Academy in Concord, NH. There was a quorum present.

Item 1. Introductions

All attendees introduced themselves. June Connor will be the new recorder of minutes, replacing Denice McAdoo.

Item 2. Minutes

There was a motion to approve the minutes from the meeting on August 20, 2014; passed unanimously.

II. Sub-Committee and Member Reports

Item 1. Hospital Designation Sub-Committee

Committee has been meeting monthly since May or June, 2013. Their goal has been to revise the criteria listed in the back of the state plan, making it clearer and easier to use.



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Hospitals designated at Levels I and II will now be reviewed by the ACS, while those at Levels III and IV will continue to be reviewed by the State of NH for state designation, both adult and pediatric. A draft of a "NH Trauma Centers Assessment Worksheet" was passed around detailing the State of NH requirements for Adult Trauma Centers and Pediatric Trauma Centers, Levels III and IV. Every criteria deficiency has now been assigned a number.

If a hospital has just one "Type I" deficiency, it will not be designated, but a hospital can get up to 3 or 4 "Type II" deficiencies. If a hospital gets just one Type II but not more than 3 or 4, then it will be granted a 1-year approval with the caveat that documentation must be submitted within that year to prove that the deficiency has been fixed.

A request was made to change the wording regarding anesthesia in Section 6, 6.03 to indicate that anesthesia will not be required for a 24 hour call for a Level IV hospital.

Mary Reidy also clarified other suggestions regarding injury prevention and trauma activations. The sub-committee will continue to discuss injury prevention criteria, and Mary explained that hospitals do not need to have a separate team for pediatric activations.

"State Review" column on worksheet: Peg Pedone has been working on modifying the application to match the assessment criteria, which will not have to be voted on by the Committee. Hospitals will have to submit attachments to the sub-committee for review.

Kenneth Call made a motion to accept the criteria changes; the motion was seconded by Lukas Kolm. The motion passed unanimously.

It was also clarified that hospital applications will first be submitted to the sub-committee for their review before going to the TMRC Committee.

Cottage Hospital – A site survey was done on Feb. 7, 2012, and the hospital's application for Level IV status, submitted in 2013, was resurrected. They were granted 1 year conditional designation in order to make improvements in their deficiencies, and in that time period, they submitted documentation on their improvements, including an upgraded transfer policy, improved trauma patient triage, and more education for nurses. The April, 2013 TMRC minutes were reviewed, and it was then that the Committee requested that more data be submitted by Cottage Hospital, but it is not clear what kind of data was needed or whether or not that data was even brought to the Committee.

Though concern was expressed that more data might be needed and a suggestion made to contact John Sutton (now retired), **Gary Curcio made a motion that Cottage Hospital's Level IV designation be granted due to their efforts to comply; the**



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motion was seconded by Laurie Latchaw. The motion was passed unanimously, and Cottage Hospital's designation will continue through February 7, 2017.

Deputy Chief Jon Bouffard will also make a personal visit to the hospital as a way of showing support for their efforts.

Finally, a request was made to have more documentation in the TMRC minutes regarding the committee's decisions and requirements, but Rick Murphy stated that this will happen in the sub-committee.

Item 2. Education Sub-Committee (Trauma Conference – 2014)

Conference date: November 7, 2014 in Whitefield. Doreen Gilligan handed out the Conference Agenda and a copy of the brochure. She reported that 110 people have signed up so far and the conference will be capped at 150. The sign-up deadline is November 3rd. Only 5 vendors are attending and there is also a big gap in EMS representation. Several suggestions were made, including Bound Tree (Doreen will need contact name) and EZIO, recently bought out by Teleflex. (Brad Weillbrenner, at NHFSTEMS, could be a good contact for them.) ImageTrend was also suggested but Doreen explained that because there is still no purchase agreement with them, it would be advisable to reach out to them as a vendor. Physical/Occupational therapy was also suggested as another profession that could benefit from this conference.

Item 3. Bureau Report

Deputy Chief Jon Bouffard informed the Committee about the Trauma System Registry progress. The Highway Dept. has rolled over the money for this coming year, and we are waiting for a letter. The contract is within DOIT and has to be approved by their 4-5 managers; then it goes to the AG's Office, the Secretary of State, and finally, GNC. Jon said we are looking at it being to GNC by the beginning of 2015. Though it is not entirely clear yet just what will be done with the Trauma System Registry data and that we do not currently have a statistician, Rick Murphy commented that we have to start somewhere. The data we can potentially collect will generate statewide performance improvement.

III. Old Business

Item 1. Engagement of Hospitals

Deputy Chief Jon Bouffard visited hospital trauma managers recently, and the concern expressed by them had to do with the outcomes of hospitals getting designated. A discussion ensued regarding moving from the perception of designation as being



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“disciplinary” to something more positive; perhaps the focus should be more on the fact that hospitals could benefit from participating. Hopefully, this approach will attract more of the smaller hospitals. Reaching out to these hospitals should be the responsibility of the Education Subcommittee. Mentorship/Intervention/Consultative roles should also be examined. This is already being done, in part, by Dartmouth Hitchcock.

Deputy Chief Jon Bouffard would like Committee members to email him ideas for using the website for a repository of information. Currently, the state website is not user-friendly.

It is also important to identify “champions” at each hospital; those who are enthusiastic about participating. Jon Bouffard is working on this already.

EMS also needs to be engaged in this topic.

The TMRC Committee will still do pediatric Levels III and IV for those hospitals granted Level I and II designations by the ACS. Mary Reidy asked how these types of hospitals will be reviewed by the Committee, be it a paper review or something more formalized.

Item 2. Trauma Application Updates

Portsmouth application: January 28, 2015 (site review scheduled)

Dr. Sutton will come out of retirement to lead the review.

The hospital is going for a Level IV pediatric and Level II adult designation.

Team: John Sutton, Gary Curcio, Rick Murphy, Sue Barnard, Jon Bouffard, and Nick Mercuri

Due to the limited pediatric involvement of Portsmouth Hospital, Janet Houston, rather than being on the team, will consult with Sue Barnard in advance of the site review to make sure she knows the correct pediatric questions to ask.

Item 3. Membership of the TMRC

The issue: how to get voting members to be more active. A membership expansion recommendation would have to go to the Coordinating Board and the legislative change then sent to the Commissioner. Anything involving legislative changes could potentially negatively impact the TMRC Committee. Another suggestion included non-renewals of inactive members, but allowing expirations as opposed to just “booting” them off could affect the quorum; a simple majority of the total number of voting members, (17) constitutes a quorum. A Committee member suggested a more positive approach of making it easier for members to “attend” via Skype, conference phone, etc. Culling the dead wood is one of the easiest ways to proceed, and Rick



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Murphy and Jon Bouffard volunteered to call inactive voting members. In addition, a request was made to inform the Committee of potential new members who would want to be active. Rick Murphy will also call an inactive physician member, paving the way for Eric Martin's eventual membership.

New sub-committee, "Legislative Review Committee":
Kathy B., Tony M., Jon B., Rick M., Eric M., and Ken C.

IV. New Business

Item 1. Meeting changes

Rick Murphy stressed the importance of compressing the TMRC meetings, saying that 1 ½ hours is too long and not necessary. Most of the work should be done in sub committees, and then those committees should present at the TMRC meetings; this will be a much more efficient use of time.

V. Next Meeting and Adjournment (11:30 a.m.) - December 17, 2014 @ 9:30 a.m.

The meetings are the third Wednesday of the even months.

2015 dates are as follows: ***Feb. 18, 2015, *April 15, 2015, *June 17, 2015, *August 19, 2015, *October 21, 2015, and *December 16, 2015.**

Respectfully Submitted,

**Rick Murphy, MD
TMRC Chair**

Prepared by June Connor
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