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

John J. Barthelmes
Commissioner

Perry Plummer
Director

TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING MINUTES
Oct. 17, 2012

Members Present: John Sutton, MD (Chair); Tony Maggio, EMT; Doreen Gilligan, RN; Amy Matthews, RN; Joseph Guarnaccia, DO; Rick Murphy, MD; Gary Curcio, MD; Kathy Bizarro; Peter Hedberg, MD (by phone); Cherie Holmes, MD; Lukas Kolm, MD; Eric Schelberg (by phone); Rosie Swain, ADME

Guests: Lynda Paquette, RN; Sue Barnard, RN; Janet Houston; Peg Pedone, RN; Mark Hastings, RN; Sharon Hillger, RN; Nicole Keefe, RN; Mary Reidy, RN; Kurt Rhynhart, MD; Brian Nicholson, EMTP

Bureau Staff: Angela Shepard, MD

I. Call to Order

The meeting was called to order by Chair John Sutton at 9:30 am on Wednesday October 17, 2012 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. There was one small change suggested and then the minutes were unanimously approved.

II. Committee Discussion Items

Item 1. New Committee Members

Angela introduced new member Eric Schelberg who is the representative from the NH Paramedic Association. Eric is the head of Milford Ambulance, a paramedic working in the field, and a member of the EMS Coordinating Board. The group welcomed Eric to the TMRC. Dr. Sutton inquired if there were any additional remaining vacancies. Angela said there was only the one for a Medical Control Board member.

Item 2. Hospital Updates and Applications

Dr. Sutton asked for updates on participating hospitals. Angela reported that Carlene Whitcomb from Littleton Regional Hospital continues to express a desire to provide the additional documentation requested, however, like many nurses in small hospitals, she is wearing many hats. She is having difficulty delivering the required materials with her current level of support. Littleton was to receive a follow-up abbreviated site review to re-assess

their trauma program. Littleton had then requested and been granted an additional 6 months to prepare at the October 2011 TMRC meeting. Dr. Sutton suggested that Angela approach Littleton with the possibility of reapplying as a Level IV. Dr. Sutton said at this time it is appropriate to inform Littleton that their application has officially expired. He asked if there was a motion to proceed. Amy Matthews moved to close Littleton's application and require them to submit a new application if they wish to be reconsidered. Tony Maggio seconded the motion. It carried unanimously.

Angela reported that she will meet with Peg Pedone from Parkland Medical Center after today's meeting to discuss their progress in updating their trauma program. Angela said Parkland has been very responsive and eager to make improvements. In November, Angela will meet with Amy Matthews at Cheshire Medical Center. Cheshire was granted Adult Level III and Pediatric Level IV trauma designation for one year with designation to be automatically extended the remaining four years pending demonstration that the suggested improvements had been made. The one year period is up this December. Dr. Sutton asked what improvements had been recommended. Amy replied that Cheshire needed to address the trauma training for ICU nurses and make improvements in the trauma PIPS program and increasing multidisciplinary involvement.

Wentworth-Douglass reported that they will likely submit their application for trauma designation by the end of the year. Niki Keefe asked what timeframe she should provide to hospital staff in terms of likely site visit dates. Dr. Sutton said he thought we were trying to get site visits completed within 2-3 months of application submission. Angela said that should not be a problem as long as we continue to have a dedicated pool of reviewers.

Item 3. NH Bureau of EMS Report

Angela reported that the Bureau held five regional meetings about the STEMI and Stroke Systems of Care concept building on the foundation of the Trauma System. The response has been very positive. This is beneficial because we are promoting the Systems of Care model and it is allowing us to develop new relationships with hospitals that are not yet participating in the Trauma System. For example, representatives from Valley Regional, UCVH, New London, and Speare were all present at the meetings.

The protocol committee is hoping to get the remaining 2013 EMS Protocols submitted to the Medical Control Board before next month's meeting. The Trauma Point of Entry protocol was already discussed. Angela will obtain a copy of the final approved version and email it to the group.

Dr. Sutton spoke about the proposed language for the updated EMS Administrative Rules. He is concerned that the language defining trauma hospitals is unclear and not consistent with the State Trauma Plan. Angela said that she agreed that we need to make sure that the TMRC is involved in reviewing any regulatory language that references the trauma system. However, the main purpose of this particular rule change is to give "teeth" to our current trauma system. Prior to this rule, the TMRC had no recourse if a hospital was granted trauma designation but then reneged on their commitments. With this change, we will have

an administrative rule that outlines our power to act. Dr. Sutton agreed but stated that he believes it is prudent to draft the language correctly now given how difficult it is to go through the process of changing administrative rules once they are in place. Dr. Sutton continued to report that he was particularly pleased with the addition of the statement that no hospital can hold itself out as a trauma hospital without designation through the NH State Trauma Plan. Angela will provide copies of the proposed administrative rule changes.

NH continues progressing with the transition to the new National Registry standards. At this point, there are no major problems to report. The Data Advisory Committee to TEMSIS continues to evaluate the patient care report form line-by-line to streamline the data entry process as much as possible while still ensuring all required elements are collected. Dr. Sutton asked what percentage of agencies are submitting their information via TEMSIS. Angela said that it is now required that all agencies provide their reports to TEMSIS. There are penalties laid out in the proposed administrative rule changes for those who do not provide their reports to TEMSIS in a timely fashion.

III. Old Business

Item 1. Trauma Registry Update

Dr. Sutton asked for a progress report on the purchase of the trauma registry. Angela explained that the first step required to allow the Bureau to purchase a trauma registry is that Director Plummer must present the grant to Governor and Council (likely in December) to have them accept the grant money. After gathering information about currently available off-the-shelf registry products, it seems likely the Bureau will have to go through the full Request For Proposals process. This will require involvement of some stakeholders in the drafting and final review process. After we have our product selected, the Director will have to present our choice to Governor and Council again for them to vote to expend the money.

Dr. Sutton asked what systems hospitals are currently using. Trauma One, Trauma Base, and ImageTrend are each being used by at least one hospital. Most of the smaller hospitals are simply using an excel spreadsheet. Dr. Sutton expressed concern that we not add to the workload of the hospitals. Angela strongly agreed saying that it is one of her primary goals as she is drafting the proposal to ensure that any bidding registry product be able to minimize data collection and data entry for the hospitals. Angela also said that she hoped to build in some mechanism to provide more automatic feedback to EMS providers about their trauma patients and the care delivered.

Dr. Sutton asked if there were privacy concerns with a state-wide registry. In the past there have been issues with hospitals reluctant to share information with EMS or the state. Angela said that is one of the benefits of utilizing a product that is already in place in other states; we know that these concerns have already been addressed. Beyond that the US DHHS has provided a detailed description of how and when hospitals are to share information with EMS agencies. It explicitly states that if both hospital and EMS service are HIPAA covered entities then it is appropriate to share information relating to the care of a patient for

healthcare operations purposes like billing or QI. Kathy Bizarro pointed out that each of the hospitals will have their own lawyers who might not always agree on the interpretation. Angela agreed that this can be a barrier but hopefully having a clear statement from the agency that created HIPAA will go a long way in improving appropriate sharing of patient information. Dr. Kolm offered an example saying that they avoid the privacy issue by providing STEMI data to the EMS service in a de-identified manner. He said the feedback has been very valuable in improving patient care and collaboration between groups. Dr. Kolm also said that he found it very helpful when large, tertiary care centers like Maine Med called the sending facilities to provide follow-up.

Kathy Bizarro mentioned that for hospitals to provide information to the state there should be some sort of mandated list of data elements that are to be reported. Angela said she thought that could be handled by an MOU or BAA. Many NH hospitals are already voluntarily providing data to databases. Kathy said that would be true for data that had no patient identifiers. There was some discussion about what specific data elements would be contained in the registry and which could be considered patient identifiable. Angela agreed that we will have to proceed thoughtfully to be sure that all stakeholders are comfortable with the process. Dr. Sutton asked about the possibility of drafting a rule that requires trauma registry participation. Angela reminded that since our trauma system is voluntary only those hospitals who choose to participate in the trauma system would be held by the rule. We already have an addendum in the trauma plan that requires data submission to a trauma registry for participating hospitals. The group consensus was that the current language was sufficient.

Item 2. Trauma Conference Update

Dr. Sutton asked about the conference preparations. Angela said that everything was in place for the pre-conference workshops and that there would be a catered lunch on the 15th from the Office of Rural Health. She asked that anyone interested in attending on the 15th please email her. Angela reported that there were currently about 50 people signed up for the conference on the 16th. She reminded the group to reserve a room before they sell out.

Angela reported that there we have $2025 in verbal commitments from vendors but so far have only received $800. Our goal is to have the conference become self-funding so that any grant monies that become available can be used towards other trainings or additional services. Dr. Sutton asked if we had an account for these funds and Angela explained that we were using the Injury Prevention Center at Dartmouth as our fiscal agent.

Dr. Sutton asked about the webinar that accompanies pre-conference workshop. Angela said that the link was on the flyer and in the email. It is free and provides one additional hour of CME. It is not required but would be helpful. Angela reminded that hospital teams should bring a de-identified case to discuss.

IV. New Business

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Item 1. RTTDC

Angela explained that she is hoping to find some grant funding to hold a few sessions of the Rural Trauma Team Development Course here in NH. Working with Dr. Gupta and a national RTTDC instructor we can hold classes for our rural hospital teams on-site. During the training, Angela would like to get some in-state instructors who are willing to participate in the course to be mentored by the out-state instructors. Ideally we will build our local trauma training capacity. The two day course is very affordable; $30 per participant and the instructors only ask that their travel expenses be reimbursed. The training is held at a rural hospital but two neighboring small hospitals can collaborate together to form a single RTTDC class. Angela said she has heard nothing but rave reviews for the program. Dr. Sutton asked for some clarification on the likely audience. Angela replied that the course would be beneficial for both hospitals that were looking to start a trauma program and those that already had a program in place. The focus is on team building and includes some great practical training related to PI. Dr. Hedberg added that he heard only positive things from his experience with it in Oklahoma.

Item 2. NH Level IV Criteria Review

Dr. Sutton reminded that we had previously discussed the possibility of revising our requirements for Level IV's. Angela reported that in researching the matter she evaluated 13 other states and found that of those only NH required 24/7 availability of a surgeon. Given the review of other state policies and the interest expressed by some of our smaller hospitals who are not currently able to provide continuous surgical staffing, Angela suggests we consider a less stringent participation criteria for Level IV hospitals. Dr. Sutton reminded that the Orange Book will be available soon. This new version will include the ACS criteria for Level IV's. He was inclined to wait until after that guidance was released before we make any changes.

Dr. Holmes expressed concern that we not sacrifice quality of care or patient safety in the name of being inclusive. She said she agreed that it is good to encourage participation but it should not cause us to lower our standards. Angela agreed wholeheartedly that our first priority is always the well-being of the patient but that is exactly why she is concerned that we set our minimum participation criteria too high. The hospitals who have the fewest resources are precluded from benefiting from our guidance. Angela said we need to be honest about what a Level IV hospital actually is. If they are likely going to ship out every trauma, then we need to help them focus their energy on doing that really well. Dr. Kolm agreed that we need to find a way to help empower providers at all hospitals. Dr. Sutton said we need to determine what our goals are as we evaluate the criteria. Future discussion will be held until after the Orange Book is available.

Item 3. New Chair Nominations

Dr. Sutton reminded that he is stepping down from his position as chair at the next meeting. Anyone interested in taking on the position should provide a brief letter outlining their interest and qualifications. We have received one nomination so far from Dr. Gupta. If any additional nominations come in, Angela will forward those to the group. The committee will vote on the new chair at the December meeting.

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V. Public Comment

None

VI. Adjournment

Meeting was adjourned at 11:15. The next TMRC meeting will be Wednesday **December 19, 2012** 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