



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
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Perry Plummer
Director

TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING MINUTES

October 19, 2011

Members Present: John Sutton, MD - Chair; Tony Maggio, EMT; Doreen Gilligan, RN; Cherie Holmes, MD; Laurie Latchaw, MD; Amy Matthews, RN; Rosie Swain, ADME; Rick Murphy, MD; Rajan Gupta, MD; Gary Curcio, MD

Guests: Sue Barnard, RN; Janet Houston, MHA; Lynda Paquette, RN; Mary Reidy, RN; Joe Guarnaccia, DO; Margaret Georgia, RN; Terri Clerico, RN; Grant Turpin, EMTP; Richard Ciampa; Mark Hastings, RN; Nancy Sharkey, RN; Nicole Keefe, RN; Peter Hedberg, MD; Carlene Whitcomb, RN

Bureau Staff: Clay Odell, RN, EMTP; Angela Shepard, MD

1. Call to Order

The meeting of the Trauma Medical Review Committee was called to order by Chairman John Sutton at 9:30 am on Wednesday October 19, 2011 at the Richard M. Flynn Fire Academy in Concord, NH. A quorum was present.

Item 1. Introductions

All attendees introduced themselves. Dr. Sutton welcomed Angela Shepard as the new Trauma Coordinator for the Bureau of EMS. Angela briefly summarized her professional background and expressed pleasure to be working with the committee.

Item 2. Minutes

The minutes from August were distributed for review and approved without modification.

II. Committee Discussion Items

Item 1. Questions, Renewals, Hospital Updates and Applications

See discussions below.

Item 2. NH Bureau of EMS Report

Clay Odell distributed the Bureau's newsletter. Clay reported that the National Registry of EMTs (the credentialing agency used by NH) is modifying its provider level designations. Current EMT-Intermediates are affected most. In order to transition to the new Advanced EMT, Intermediates will be required to pass a computer based test which has led to a fair amount of anxiety. Clay states that it is important to follow the Registry's

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model both out of practicality and to adhere to highest quality EMS standards. Dr Sutton inquired if this might lead to increased difficulty in obtaining qualified staffing for transfers. Clay agreed that it is likely we will lose some providers at the Intermediate/Advanced EMT level. Clay emphasized that the Bureau is committed to helping providers through this transition and will provide additional training including test taking skills if necessary.

Clay reported that the Bureau has received approval for funds to purchase the wireless pediatric simulation mannequin. The process is underway to determine if it can be purchased sole source or must go out to bid. Janet Houston states that EMS for Children has funding to train instructors on the mannequin.

Work continues on the 2013 patient care protocols for EMS. Angela will bring any trauma related protocols to the attention of the committee.

III. Old Business

Item 1. Reconsideration of Littleton Regional Hospital Trauma Application

Postponed until LRH representative present. See entry below Elliot Hospital report.

Item 2. Clinical Issues –Head Injury and Anticoagulant Protocol

Multiple attendees reinforced the importance of the issue and stressed improved education about the dangers of head injuries while on anticoagulation. Both Clay and Dr. Gupta indicated that there are no definitive answers provided in current literature. Sue Barnard will share findings from her hospital's critical care group investigating this issue.

IV. New Business

Item 1. St. Joseph Hospital Trauma Application

A site visit was conducted on August 22, 2011. Members of the committee were John Sutton, MD, Doreen Gilligan, RN, Janet Houston, MHA, and Clay Odell, EMTP, RN. Dr. Sutton noted that he was pleased with the hospital-wide commitment, mature performance improvement program, and good support services. However, he noted that there were relatively few trauma activations and the trauma flow sheets were used only in activations. Multiple attendees discussed the lack of an on-site helipad. There were no Level I deficiencies noted. The two Level II deficiencies noted were the lack of a massive transfusion protocol and inadequate tracking of trauma specific education. Sue Barnard as a representative of St. Joseph Hospital relayed that the hospital is working to address those issues.

The Site Visit Committee recommended St. Joseph Hospital for Level III adult trauma assignment and Level III pediatric trauma assignment with the stipulation that they

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develop a plan to improve CME documentation and draft a massive transfusion protocol within three months. Tony Maggio moved to approve St. Joseph's application with said stipulations, seconded by Dr. Latchaw. Motion passed unanimously.

Item 2. Elliot Hospital Request

Elliot Hospital requested an additional three months to complete their application. Dr. Curcio explained that the group providing neurosurgical coverage has just hired a new neurosurgeon. The hospital will now have 24/7 neurosurgical coverage but the credentialing process will not be complete until mid January. They were also uncertain if they will be requesting Level II or III pediatric trauma assignment. There was some discussion amongst attendees about the fairness of granting an extension and a concern of setting a negative precedent. Dr. Sutton suggested that Elliot complete the application promptly and explained that a site visit would not occur until early next year given the current schedule of the committee. Dr. Murphy moved that Elliot Hospital be given until November 30, 2011 to submit a completed application. If no application was received by that date, the hospital will lose its trauma assignment. Doreen Gilligan seconded the motion. Motion passed.

During the discussion, Dr. Gupta asked about application deadlines. Dr. Sutton explained that the committee had no official timeline but had traditionally allowed a six month grace period after the expiration of their current trauma assignment. Angela suggested an application deadline six months prior to the expiration date. Attendees were supportive of this move. Dr. Sutton requested that Angela draft a potential addendum to the trauma plan for the committee to discuss at the next meeting. Dr Gupta also suggested that the committee define explicitly what constitutes Level I and II deficiencies.

-- At this point, Carlene Whitcomb was present to discuss Item 1 under Old Business - Reconsideration of Littleton Regional Hospital's Trauma Application.

Angela reminded the committee about the issues from the April site visit. She distributed the child abuse policy provided by Littleton's new trauma coordinator Carlene Whitcomb, RN. Angela reported on the conference call with Littleton staff. Dr. Duffy the Trauma Director and head of the Emergency Department is anxious to move forward. Carlene reported on the improvements they have made to their performance improvement and peer review processes. She highlighted the new EMR and some of the hospital's injury prevention efforts. Dr. Sutton stated that a focused site review would help the committee better assess the changes. Multiple committee members agreed. A vote was tabled pending results from a focused site review. Carlene indicated that she was pleased with the decision.

-- Return to New Business

Item 3. Trauma Benchmarks for EMS Data Advisory Committee

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Angela asked the group for input on what benchmarks might be useful to monitor in TEMSIS as we develop a system-wide trauma performance improvement plan. Attendees agreed that this would be useful but stated they needed to better understand TEMSIS to make informed decisions. Dr. Sutton asked Angela to arrange a demonstration of TEMSIS for the next meeting.

V. Public Comment - None

VI. Adjournment

Dr. Sutton adjourned the meeting at 11:30. The next meeting of the Trauma Medical Review Committee will be Wednesday **December 21, 2011** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted;

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