TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING MINUTES – (Approved)
DECEMBER 16, 2015

Members Present: Sue Barnard, ARNP; Kathy Bizarro-Thunberg, FACHE; Kenneth Call, MD; Gary Curcio, MD; Ryan Hickey, NRP; Tony Maggio, EMT; Eric Martin, MD; Rick Murphy, MD; Shawn Riley, EMTP; Alf Rylander, RN, NRP; Scott Schuler, NRP; John Seidner, MD; and Elizabeth Soukup, MD

Members Absent: Reto Baertschiger, MD; Doreen Gilligan, RN; Peter Hedberg, MD; Lucas Kolm, MD; Jennifer Weymouth, DO

Bureau Staff: Deputy Chief Jon Bouffard; Captain Vicki Blanchard; and June Connor, Administrative Assistant (minutes)

Guests: Mark Hastings, RN; Hilary Hawkins, RN; Janet Houston, EMSC; Michael Kelley, RN, EMTP; Peg Pedone, RN; Mary Reidy, RN; Adam Rembisz, RN; Debra Samaha, RN; Gail Thomas, RN, AEMT; Joey Scollan, DO; Vicky Seager, Trauma Registrar; Matthew Petrin, OTR/L; and Kayleigh Farrell, RN

NOTE: “Action items” are in bold red.

I. Call to Order
The meeting was called to order by Dr. Murphy at 9:30AM on Wednesday, December 16, 2015 at the Richard M. Flynn Fire Academy in Concord, NH.
Item 1. Introductions
All attendees introduced themselves, and it was determined that there was a quorum present with 13 voting members.

Item 2. Minutes
Motion made by John Seidner; seconded by Gary Curcio – to accept the minutes, as written, from the October 21, 2015 meeting; passed unanimously.

II. Sub-Committee and Member Reports

Item 1. Hospital Designation Sub-Committee
- Mary Reidy reported that the sub-committee spent time discussing all of the things that need to be done for a hospital review and, next month, will create a document clarifying the “standard operating procedure”.
- The committee will also spend time going through the orange book that the ACS just put out to see if there is anything in it that should be moved to the state criteria.
- Sue Barnard asked for clarification regarding the time frames involved in a review; specifically, whether or not a time frame to make required improvements should begin after the actual review or after the approval. A discussion ensued, and the TMRC voting members agreed that it should stay the way it is which is after the review; in this way, it mirrors what the ACS does and also avoids gaps in designation status and unintended consequences.
- Vicki Blanchard showed a copy of a hospital expiration spreadsheet. Some suggestions were made as to how to clarify the information on the spreadsheet even further (“P” for provisional, etc.) Chair Murphy asked that the sub-committee take care of any other revisions at their next meeting.

Item 2. Education Sub-Committee
The Education sub-committee did not meet, but Chair Murphy commented that although the Trauma Conference went well, attendance was down.
Efforts will be made in the future to combine forces with other EMS related conferences.

Also, Doreen Gilligan emailed the following:

At the last TMRC meeting there was various and sundry conversation regarding transition to ICD-10 codes. Several people expressed that they did not even know what the ICD-10 codes were going to be....

Thankfully someone way smarter than me put this together for us to use!

Feel free to use, post, share—whatever!

---

ICD-10 Data.com

Home > 2015/10 ICD-10-CM Diagnosis Codes >

Injury, poisoning and certain other consequences of external causes 500-T88 >

Note
  - Use secondary code[s] from Chapter 20, External causes of morbidity, to indicate cause of injury. Codes within the T section that include the external cause do not require an additional external cause code

Use Additional [ ]
  - code to identify any retained foreign body, if applicable (218.- )

Type 1 Excludes [ ]
  - birth trauma (P10-P15 )
  - obstetric trauma (Q70.- -Q71.- )

<table>
<thead>
<tr>
<th>ICD-10-CM Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>S00-S09</td>
<td>Injuries to the head</td>
</tr>
<tr>
<td>S10-S19</td>
<td>Injuries to the neck</td>
</tr>
<tr>
<td>S20-S29</td>
<td>Injuries to the thorax</td>
</tr>
<tr>
<td>S30-S39</td>
<td>Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals</td>
</tr>
<tr>
<td>S40-S54</td>
<td>Injuries to the shoulder and upper arm</td>
</tr>
<tr>
<td>S50-S59</td>
<td>Injuries to the elbow and forearm</td>
</tr>
<tr>
<td>S60-S69</td>
<td>Injuries to the wrist, hand and fingers</td>
</tr>
<tr>
<td>S70-S79</td>
<td>Injuries to the hip and thigh</td>
</tr>
<tr>
<td>S80-S89</td>
<td>Injuries to the knee and lower leg</td>
</tr>
<tr>
<td>S90-S99</td>
<td>Injuries to the ankle and foot</td>
</tr>
<tr>
<td>T07-T07</td>
<td>Injuries involving multiple body regions</td>
</tr>
<tr>
<td>T14-T14</td>
<td>Injury of unspecified body region</td>
</tr>
<tr>
<td>T15-T15</td>
<td>Effects of foreign body entering through natural orifice</td>
</tr>
<tr>
<td>T20-T28</td>
<td>Burns and corrosions of external body surface, specified by site</td>
</tr>
<tr>
<td>T26-T28</td>
<td>Burns and corrosions confined to eye and internal organs</td>
</tr>
<tr>
<td>T30-T32</td>
<td>Burns and corrosions of multiple and unspecified body regions</td>
</tr>
<tr>
<td>T33-T34</td>
<td>Frostbite</td>
</tr>
<tr>
<td>T36-T50</td>
<td>Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances</td>
</tr>
<tr>
<td>T51-T65</td>
<td>Toxic effects of substances chiefly nonmedicinal as to source</td>
</tr>
<tr>
<td>T66-T88</td>
<td>Other and unspecified effects of external causes</td>
</tr>
<tr>
<td>T99-T99</td>
<td>Certain early complications of trauma</td>
</tr>
<tr>
<td>T90-T88</td>
<td>Complications of surgical and medical care, not elsewhere classified</td>
</tr>
</tbody>
</table>

---

ICD9 80000 to 95999

ICD9 99400 to 99499
Item 3. Coordinating Board Report

- John Seidner reported that the CB is reviewing the entire rule set (158 pages), and this will be filed with JLCAR by the end of the year.
- Here is the link to the draft of the minutes from the November 19, 2015 meeting: [http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html](http://www.nh.gov/safety/divisions/fstems/ems/boards/coordinating/cbminutes.html)
- The next CB meeting will be held on January 21, 2016 from 1:00PM to 3:00PM at the Richard M. Flynn Fire Academy.

Item 4. Medical Control Board Report

- Kenneth Call reported that the focus of this meeting, held on November 19, 2015, was on reviewing the cardiac arrest protocols.
- Here is the link to the draft of the minutes from this meeting: [http://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html](http://www.nh.gov/safety/divisions/fstems/ems/boards/medicalcontrol/mbminutes.html)
- The next MCB meeting will be held on January 21, 2016 from 9:00AM to 12:00PM at the Richard M. Flynn Fire Academy.

Item 5. Injury Prevention Report

Debra Samaha submitted the following report:

- Please see [Safe Kids NH newsletter](http://www.safekidsnh.org) to update you on recent events and initiatives in NH.
- The NH Injury Prevention Advisory Council (IPAC) will be discussing the recent release of the CORE VIPP funding request at our upcoming 12/22 meeting. There are four priority areas: motor vehicle crash injury, traumatic brain injury, child abuse and neglect and intimate partner/sexual violence. We will also have a presentation that shares Behavioral Risk Factor Survey information relating to workplace injury by Karla Armenti, PhD.
- The IPAC Policy group met recently to discuss priorities for this year. See Safe Kids NH newsletter for some highlights. HB 1474 involves reporting on firearm injury and death. This would help the legislature get a consistent clear picture on morbidity and mortality relating to fire arms in NH. There is also a coalition forming to discuss proposing seat belt legislation over the next year. Discussions with Commissioner Barthelmes have occurred to garner his support. If you are interested in joining this group, contact [debra.samaha@dartmouth.edu](mailto:debra.samaha@dartmouth.edu). (NOTE: Rick Murphy expressed an interest.)
CoILIN meetings occurred in MA this week to move this learning collaborative ahead. Al Willis of NH’s Injury Prevention program will provide updates.

For more information on any of these subjects please call or email Debra Samaha at 653-8360 or debra.samaha@dartmouth.edu.

**Item 6. Rehabilitation Report**

- Matthew Petrin, the Director of Rehab Services at New London Hospital, introduced himself; he is also the President of the Association of Rehab Administrators and a new standing member on the Coordinating Board. His interest is in injury prevention.
- Rick Murphy commented that there is also a great deal of interest in the subject of traumatic brain injury and rehabilitation. There are few places in NH certified in brain injury although the state seems to be “over-bedded” with acute facilities right now. There is not a lot of CARF (Commission on Accreditation for Rehabilitation Facilities) certification; this might be a focal push in the future. Calculating bed need is an issue because calculations are done using old set of criteria.
- Debra Samaha informed the TMRC members that there is a “Brain Injury Association of New Hampshire”; their executive director might be able to speak to the group.
- Mr. Petrin offered his assistance in anything the TMRC might want to do regarding rehabilitation.
- Scott Schuler asked if there was a way to find out how many NH patients wind up in out-of-state rehab’s which led to a discussion about other details regarding patient commuting to rehab facilities and inter-state cooperation.

**Item 7. Medical Examiner (extra item added to agenda during the meeting)**

- Alf Rylander, new to the TMRC, introduced himself and discussed how he might be of value to the TMRC. Mr. Rylander offered his assistance in gathering data regarding seat belt fatalities, on-scene versus hospital, etc.
• TMRC committee members offered suggestions and asked questions about issues they would like to see addressed by the ME:
  * Getting reports, particularly preliminary ones, from the Medical Examiner’s Office is an issue that needs attention.
  * The decision making process regarding autopsies is also confusing, and clarification would be welcome;
    o What are the criteria?
    o Is there a policy?
    o Can decisions be appealed?
    o Could trauma surgeons be more involved in the dialogue about clinical scenario and the appropriateness of an autopsy? (Mr. Rylander stated that volume is an issue, especially regarding overdose cases.)
    o John Bouffard asked if a presentation could be done on the autopsy process.

III. Bureau Report

Item 1. Trauma Registry
• Vicki Blanchard reported that there are 42 patients in the Trauma Registry.
• She is polling the hospitals; many are waiting until the start of the new year to begin the process.
• **Vicki would like to get the data group back together to address issues.**
• Jon Bouffard mentioned that entering data not part of the NTDB data set could be “nightmarish”. A couple of people offered to get their NTDB data to Jon to let him experiment with putting it into the Trauma Registry.

Item 2. BEMS Items of Interest
• The only change in the proposed rules that affects the Trauma System is the addition of classifications of designation.
With grant money, an ambulance will be purchased with a maternal and neo-natal simulator; within 30-45 days, the RFP (Request for Proposal) will be out as part of the grant process.

We are working on developing a simulation room on campus.

Mike Kennard resigned, so we will be looking for a new simulation program coordinator.

User Management Module (electronic licensing and course tracking software) is in process; however, because the Highway Safety Department has now moved to the Department of Safety, a review of funding availability is in process.

The ACS review is coming up in February; invitations should be sent out shortly. The PRQ (Pre-Review Questionnaire) is almost done, thanks to Vicki Blanchard and Janet Houston. The due date is Monday, December 21, 2015.

Active Shooter course – The Academy technology group is going to be developing a 2 hour online program highlighting the role of EMS in an active threat circumstance.

Mobile Integrated Healthcare (MIH) – rule change is in September. We have 1 application and another organization is working through the process.

Video conferencing equipment will be placed here at the Academy, in Gorham, at the 45th Parallel, and at our Bethlehem Facility which will link to the NH Connect System.

Ebola grant – We will be hiring a person to do infection control education and will be a point person at the Academy to better educate the pre-hospital staff.

IV. Old Business

Item 1. Membership of the TMRC

Dr. Hedberg will get his letter! (This comment was from the previous minutes from the October 21, 2015 meeting.)
Item 2. **Comprehensive Trauma System Evaluation**
As stated in the October 21, 2015 minutes, the ACS will be here from February 16 – 19, 2016.

Meeting times:
- Tuesday evening (the 16th) will be the welcome.
- Wednesday, the 17th, they will be here doing their interview piece.
- Thursday, the 18th, will be their deliberative day.
- Friday, the 19th, from 2PM to 3PM, will be their summative presentation.

V. **New Business**

Item 1. **Trauma System Sub Committee**
- Gary Curcio asked if there was going to be a Trauma System Sub-committee. After some discussion about paradigm shifts, disconnects, lack of understanding and the need for education, it was agreed that this should be addressed after the ACS Review in February.
- **A Pre-Hospital Sub Committee was discussed, and the following people expressed interest in participating:**
  * Rick Murphy, Ryan Hickey, Scott Schuler, Gary Curcio, Shawn Riley, Mike Kelley, and Tony Maggio. The group should meet and come up with a list of questions and issues before the next TMRC meeting on February 10th.

Item 2. **Tiny URL**
Jon Bouffard informed the TMRC that a tiny URL was created for the Trauma page (tinyurl.com/NHtrauma). At the bottom of the page is a link to “Documents & Forms” for easy access. Vicki Blanchard will be working on getting the most current forms on this page. In addition, there will also be a page on NHOODLE for trauma related information.
Item 3. Newsletter update

None of the subcommittees submitted articles for the TMRC newsletter. **Vicki Blanchard asked that these articles be submitted by the next meeting on February 10, 2016 so that the first issue can be ready for March.** The first issue should serve the purpose of introducing the subcommittees; their purposes/goals and their contact information.

VI. Public Comment

A question was asked about the ACS Review schedule in February. (See IV, Item 2.) Jon Bouffard gave the details of the tentative schedule. Invitations will be sent out soon and will include the finalized schedule.

VII. Next Meeting and Adjournment – February 10, 2016 (9:30-11:00AM)

*Motion made by John Seidner; seconded by Tony Maggio – to adjourn the meeting at 10:48AM; passed unanimously.*

- The TMRC meetings are usually held on the third Wednesday of the even months.
- The first meeting in 2016 will be held on February 10, 2016, which is the second Wednesday of that month.

Respectfully Submitted,

Rick Murphy, MD
TMRC Chair

Prepared by June Connor ([june.connor@dos.nh.gov](mailto:june.connor@dos.nh.gov))