



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

Dec. 19, 2012

Members Present: John Sutton, MD (Chair); Tony Maggio, EMT; Doreen Gilligan, RN; Amy Matthews, RN; Rick Murphy, MD; Gary Curcio, MD; Peter Hedberg, MD; Cherie Holmes, MD; Lukas Kolm, MD; Rosie Swain, ADME; Kevin MacCaffrie, EMTP; Laurie Latchaw, MD; Rajan Gupta, MD

Guests: Sue Barnard, RN; Janet Houston; Peg Pedone, RN; Mark Hastings, RN; Nicole Keefe, RN; Brian Nicholson, EMTP; John Leary, RN, EMTP; Gail Thomas, RN, EMTI; Grant Turpin, EMTP; Fred VonRecklinghausen, PhD, EMTP; Deanna Barreiro, RN; Matthew Greenston, MD

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

I. Call to Order

The meeting was called to order by Chair John Sutton at 9:30 am on Wednesday December 19, 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. The minutes were accepted without change.

II. Committee Discussion Items

Item 1. NH Bureau of EMS Report

Clay Odell reported on the progress for the Administrative Rules updates. He stated that the language referring to the trauma hospital levels has been changed to be more consistent with that of the State Trauma Plan. He also reported that the State Trauma Plan will be added into the Administrative Rules as an appendix. Dr Sutton asked about the potential difficulties this might pose if we want to revise the trauma plan. Clay explained that this should not be a burdensome process. This is what is done with the state-wide EMS protocols that are updated every two years. Dr. Sutton suggested that the committee consider reviewing the trauma plan on a regular basis with the plan for updates every two years similar to what is done with the EMS protocols.



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Clay continued to highlight the other significant trauma components within the Administrative Rules. Specifically, no hospital in NH can hold itself out as a trauma hospital with designation by the TMRC and that the TMRC has the ability to remove a trauma hospital designation if the hospital fails to uphold the required level of service as determined by the Committee. Dr. Sutton said that he felt that there would be tremendous liability concerns for a hospital to advertise themselves as a trauma center yet not receive state designation. Dr. Gupta asked for clarification on the process for updating the State Trauma Plan if the Committee wanted to make substantial revisions. Clay explained that like the protocols, the revised State Trauma Plan would be provided as a whole to the legislative body. The updated plan would be referenced by name and date within the Administrative Rule and the Rule itself is what would be voted on.

Angela reported that the Bureau has concluded its survey of NH EMS providers regarding the use and opinions of the short board immobilization device. She explained that providers reported having little confidence in the device and frequently chose not to use the device for extrications even in situations where its use is prescribed by national standards. Over 200 individuals completed the survey. We submitted an abstract and it was accepted for presentation to the EMS Today Conference to be held in Washington D.C. next March. Angela will provide a summary report to the NH EMS community.

Item 2. Hospital Updates

Angela provided a year end summary report to the committee (a copy is included at end of this document.) She reported the most immediately pressing matters to the Committee.

The trauma hospital renewal application for AVH is due this month. Sue Letendre was the contact but has never responded to any emails. Chad Miller, paramedic, indicates that he will likely be our new trauma contact. He says AVH is planning on re-applying. Angela will travel to AVH to facilitate the process. During that same trip, Angela will try to set up appointments with Littleton and Weeks. Both hospitals have lapsed in their trauma designations. She will try to work with those hospitals to identify their barriers and perhaps find some solutions. Lynda Paquette is no longer with Weeks so we will have to identify some new champions.

Speare Memorial Hospital has invited Angela to speak to the hospital leadership about participating in the state trauma system in February. Angela will report back on the presentation at the next TMRC meeting.

Parkland Medical Center needs an abbreviated site review in Jan or Feb to follow-up on their comprehensive site review held last April. Angela reported that she had a very positive meeting with Peg Pedone and was pleased with their progress. Angela asked if members of the original site review team would please check their availability. Dr. Gupta suggested that it might be beneficial to include a reviewer that was not present at the prior

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visit as well. Angela agreed. Dr. Sutton reminded that the medical records would need to be available in hard copy. Peg agreed that those materials would be provided.

Cheshire has been working to make improvements in their trauma program since their site review last year. They will provide a brief report today and the committee will vote on extending their Level III/IV designation.

Cottage Hospital has until March 1st to provide the requested evidence of improvements for continuation as a Level IV Trauma Hospital. Valerie Brooks, the new ED Nurse Manager, has communicated that they are on schedule to meet that deadline.

Dr. Curcio reported that Elliot Hospital is eager to present their trauma program improvements to the committee. Angela inquired about the data submission to NTDB and reminded that it is a requirement for a level II. John Leary explained that they have been working with their trauma registry vendor to complete the data validation so that it will be submitted to NTDB. Dr. Curcio offered to send Angela the dates of the upcoming trauma committee meetings at Elliot since she indicated her desire to observe their PI process.

The group discussed the value of actively pursuing individual hospitals to encourage participation in the trauma system versus a more strategic targeted approach. Dr. Sutton said that we will likely capture 80-85% of all traumas if we just reach out to the larger hospitals. Dr. Gupta pointed out that while that is probably true, we can't know that without actually collecting some data. Angela maintained that it is important for us to reach out to all hospitals. In the smaller hospitals we may only target the ED rather than attempting to have the same comprehensive, facility-wide influence that we strive for with our larger hospitals. Dr Hedberg related his experiences working with the smaller hospitals in NM. He agreed that we should try to engage all hospitals at some level. Dr. Gupta discussed the role of level IV's and V's in rural PA. Angela reported the findings that she had relayed at the last TMRC meeting about NH being the only state of the 13 she reviewed that required 24/7 surgeon availability for level IV trauma hospitals. Dr. Sutton suggested that might be a good place for the committee to begin when they look at updating the State Trauma Plan.

III. Old Business

Item 1. Trauma Conference Report

Angela reported that 85 individuals attended the conference and an additional 10 individuals (representing 8 businesses/agencies) attended as vendors. We received 70 completed evaluations. Individuals were very pleased with the conference overall. Average evaluation scores tended to be in the 4.6-4.8 range on a scale of 1 to 5. Attendees were very happy with the Mountain View Grand as a conference venue. The group discussed the advantages and disadvantages of continuing to hold the event in Whitefield. Angela said that she would like to begin formally planning the next conference by February so we

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should decide on a location by then. Dr. Sutton said he was impressed by all the speakers and was pleased to that we were able to use almost all NH based faculty as our presenters. Angela provided the budget indicating that we will have about \$3000 remaining after all bills are paid. She was pleased that we were able to recruit almost enough vendors to make the event self-sustaining. Hopefully in the future we will be able to use any available grant money to support other projects during the year. Doreen Gilligan voiced support for recruiting vendors and reported that it allowed the annual ENA Conference to be one of their major fundraising opportunities each year. Angela thanked the Injury Prevention Center for their help as fiscal agent.

Item 2. Trauma Registry Update

Angela explained that we will need to proceed with a full RFP before using the grant money to purchase a trauma registry. As part of that process she will need some volunteers from the committee who will be willing to participate in the process. Ideally we can get some volunteers who do the actual trauma data entry and analysis at their hospitals so we can be sure that we pick a product that meets their needs. In order to be able to vote on the final bids, participants will need to attend all vendors' presentations. Doreen Gilligan, Niki Keefe, Fred VonRecklinghausen, and Sue Barnard all volunteered. Mary Reidy was volunteered by Dr. Murphy. Dr. Sutton asked about likely timeline. Angela stated that once the RFP is drafted, the review and selection process is generally completed within two months. She was uncertain of the specific steps involved in the state finalizing the contract. Angela asked that interested members stay after the meeting to discuss the required deliverables and other desired characteristics in a potential registry vendor.

IV. New Business

Item 1. Cheshire Medical Center Review for Continued Designation

Angela reminded the trauma committee that they had voted last October to grant Cheshire Adult Trauma Level III and Pediatric Trauma Level IV designation for one year. During that year Cheshire was to improve the Trauma PIPS process and increase trauma education for ICU nurses. Angela reported that she met with Amy Matthews and was very pleased with the improvements that had been made. Amy reported on the staffing and administrative changes that have occurred including Dr. Suozzi taking over the role of Trauma Director. There has been an increase in the time dedicated to ED administration and data collection for the trauma registry. This along with new hires in QI and Risk Management have led to very positive changes in the trauma PIPS program. Amy outlined the new PI process describing how QA and QI have been broken into separate steps within the process. She reviewed the composition of the core committee membership and described how they assign ad hoc specialist representatives for the group. She reported that attendance and loop closure have both improved under this new format.

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For trauma education in the ICU, Amy reported that a new ICU clinical leader and clinical educator will devote specific time to trauma including use of sims lab. All the ICU RN's completed two mandatory on-line trauma specific modules from the AACN's Advanced Clinical Care Journal. Members of the committee were provided the opportunity to ask questions. Satisfied that the requested improvements had been achieved, the committee voted unanimously to grant the 4 year extension to Cheshire's trauma designation.

Item 2. Billing/Coding for Trauma Team Reimbursement

Angela would like to begin holding short practical sessions geared for trauma coordinators and registrars here at the NHFA or perhaps at volunteer hospital sites. She proposes that we begin with a session on Billing and Coding for trauma team activations. Many hospitals seem unaware or only vaguely aware of the opportunities to maximize reimbursement for trauma care. Hopefully a session like this could increase potential income for hospitals, encourage appropriate trauma team activations and documentation, and increase participation in the trauma system. Other potential topics could include instruction on PIPS or using the registry. The committee supported the idea. Angela will move forward with organizing the billing/coding class and perhaps provide an online resource to supplement it.

Item 3. Vote for New Chair

Dr. Sutton stated that he has enjoyed his time as Trauma Chair but is looking forward to stepping back from such an active schedule. While we had a nomination for co-chairs, the Commissioner was not willing to appoint co-chairs but agreed to appoint both a Chair and a Vice Chair. Dr. Sutton confirmed that both Dr. Gupta and Dr. Hedberg were still interested in serving as Chair. The committee agreed that we would vote for the Chair at this meeting and then vote for Vice Chair at the next meeting. Ballots were provided to all voting members.

Dr. Sutton and Angela counted the ballots. Dr. Gupta won the vote with a score of seven to six. Angela will present Dr. Gupta to the Commissioner for appointment.

V. Public Comment

None

VI. Adjournment

Meeting was adjourned at 11:15. The next TMRC meeting will be Wednesday **February 20, 2013** 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

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End of the Year Hospital Update Summary

STATUS	#	HOSPITAL
Current, active designation	11	AVH Cheshire CMC Concord Cottage DHMC Elliot Memorial Parkland SNHMC St Joes
Designation lapsed, likely to reapply	2	Littleton Weeks
Applying for the first time	1	Wentworth-Douglass
Actively participating/considering applying	3	Portsmouth Speare UCVH
Need to be engaged	9	APD Exeter Franklin Frisbee Huggins Lakes Regional MCH New London Valley

ACTION REQUIRED	HOSPITAL	DATE DUE
Applications due upcoming year	AVH	NOW
	Memorial	June, 2013
Six month abbreviated site visit	Parkland	Jan-Feb, 2013
One year f/u records review	Cheshire	Today
	Cottage	March, 2013
	SNHMC	April, 2013
	Elliot	April, 2013

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