



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



Perry Plummer
Director

TRAUMA MEDICAL REVIEW COMMITTEE

COMMITTEE MEETING MINUTES December 21, 2011

Members Present: John Sutton, MD - Chair; Tony Maggio, EMT; Doreen Gilligan, RN; Amy Matthews, RN; Rick Murphy, MD; Rajan Gupta, MD; Kathy Bizarro, FACHE; James Paquette, EMTP

Guests: Janet Houston, MHA; Lynda Paquette, RN; Mary Reidy, RN; Margaret Georgia, RN; Terri Clerico, RN; Richard Ciampa; Nicole Keefe, RN; Peter Hedberg, MD; Carlene Whitcomb, RN; John Leary, RN; Sharon Hillger, RN; Fred Von Recklinghausen, EMTP, PhD; Gail Thomas, RN; Lukas Kolm, MD, MPH; Amy Roy, MD

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 December 21, 2011 at the Richard M. Flynn Fire Academy in Concord, NH. A quorum was present.

Item 1. Introductions

All attendees introduced themselves.

Item 2. Minutes

The minutes from the October meeting were reviewed and approved without modification.

II. Committee Discussion Items

Item 1. Questions, Renewals, Hospital Updates and Applications

Angela Shepard reported that she had received renewal applications from Weeks, Cottage, and Parkland. Each of those hospitals will need a site review. Southern NH Medical Center, who had previously put their application on hold, is now also ready to continue with the site review process. In the October meeting, Elliot Hospital had been granted an extension until November 30. Angela reported that Elliot submitted the application prior to the deadline. This means that five hospitals are awaiting site reviews.

Dr. Sutton urged members to consider participating in the site review process. The State Trauma Plan requires the site visit team to include at a minimum one physician, a trauma nurse, and the state trauma coordinator. The process involves touring the facility,

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reviewing medical records and minutes of the Trauma PIPS meetings, and discussing the results with the hospital under review. Angela will draft the final report to deliver to the committee.

Item 2. NH Bureau of EMS Report

Clay Odell reported that the NH legislature is reviewing the roles of the separate boards and committees that provide expert guidance to the EMS community. Clay stated that the legislators may need additional information about the unique role of the TMRC in its work with hospitals to maintain the state trauma system. Some members remarked that it would require changes to state law if the legislators want to modify the role and composition of the TMRC. Clay reports that we should be prepared to explain the function and demonstrate the value of the TMRC.

Clay also informed the committee about HB1441 that seeks to end the reporting requirements for EMS providers. Attendees expressed surprise that such a move was being considered by the legislature. Several members asked for additional information and Clay reassured that he would try to contact the bill's sponsor to understand what prompted the bill. Clay distributed some information to the group about TEMSIS, the current electronic reporting system for NH EMS.

Clay reported that the Bureau is purchasing a wireless pediatric simulation mannequin. The next step will be training individuals to run the simulation scenarios. Janet Houston reminded that we need to move promptly to utilize funds that EMS for Children set aside for this project. After an initial training on the use of the mannequin from the manufacturer, the Bureau will coordinate with existing simulation programs to see what curricula can be borrowed and modified to meet the needs of our program.

Item 3. Vacant or Expired Committee Positions

Angela reported that the paperwork was submitted and we are now awaiting reappointment letters from the Commissioner for Doreen Gilligan's and Tony Maggio's positions. We still have a vacancy for an ACEP representative. Dr. Kolm indicated that he was a member of ACEP and would be interested in participating as a TMRC member. Angela initially stated in error that we also need a representative from the EMS Coordinating Board: the vacancy is actually for a representative from the EMS Medical Control Board.

III. Old Business

Item 1. Clinical Issues - There were no updates provided by members or guests.

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Item 2. Defining Type I and Type II Deficiencies

In a previous meeting, Dr. Gupta requested that we clarify what constitutes a Type I vs Type II deficiency. Dr Sutton reported that he had compared the “Essential” and “Desired” criteria outlined in our State Trauma Plan to the Type I and Type II deficiencies as defined by ACS and found them to be quite consistent. A brief discussion ensued about whether it was appropriate to vary from ACS recommendations to make our trauma plan more applicable to NH. The group agreed that the State Trauma Plan can be more stringent than ACS guidance but were wary of adaptations that would hold hospitals to lower standards.

Attendees discussed that while many of the guidelines defined in the trauma plan are fairly objective, some aspects of site review are much more subjective. Angela interjected that she was hoping to introduce processes that would increase the structure and consistency of the site reviews. Members asked if this information would be provided to hospitals prior to their site reviews. Angela indicated that any assessment tools would be disseminated to the hospitals and posted on-line once the TMRC approved them.

IV. New Business

Item 1. Cheshire Medical Center Trauma Application

The summary report of the site visit conducted on October 17, 2011 was provided to the group. Members of the site review team were Rajan Gupta, MD, Sue Barnard, RN, Janet Houston, MHA, Angela Shepard, MD and Clay Odell, EMTP, RN.

Dr. Gupta noted that overall he was impressed with the hospital’s commitment to the trauma program. He was also pleased that there was an active trauma PIPS program but, as with many hospitals, this needs to be further developed to be truly effective. Janet Houston offered that she would like to see a pediatric trauma director specified in the hospital’s application. Angela stated that she was pleased with the hospital’s involvement with the local EMS community. She found the ED to be well-equipped and the staff dedicated to patient care. However, the ICU nurses did not yet have trauma specific training. Angela also expressed concern that Amy Matthews, the trauma coordinator, would need additional dedicated time or perhaps more staffing support as the workload seemed a bit burdensome. Dr Gupta agreed with this point. Both Angela and Dr. Gupta spoke of the importance of multidisciplinary involvement in the trauma PIPS process.

Amy Matthews thanked the group for their comments and agreed with much of the critique. She did clarify that the trauma director for Cheshire is in charge of both the pediatric and adult trauma programs. She reported that the hospital would work to improve the issues the committee identified.

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The Site Review Team recommended Cheshire Medical Center be granted adult Level III trauma assignment and pediatric Level IV trauma assignment with the stipulation that improvements be made to the trauma PIPS program and ICU trauma education. Committee members discussed the possibility of holding the vote until the next meeting to allow the hospital time to resolve the issues. Some members pointed out that it was unlikely that the hospital would be able to demonstrate significant changes within two months. After a brief discussion, Dr. Sutton suggested granting the trauma assignments for one year. If during that year Cheshire submits evidence of improvements in the areas previously discussed, they will be granted the remaining four years of the standard five year trauma assignment. Amy Matthews agreed that the suggestion was reasonable. Dr. Gupta moved to approve Cheshire Medical Center's application for adult Level III and pediatric Level IV trauma assignment for one year with extension to five years upon receipt of the additional materials. Doreen Gilligan seconded the motion and it was passed unanimously.

Item 2. Pediatric Trauma Level for NH Hospitals with ACS Verification

Angela asked for clarification on the following situation. If a hospital undergoes the ACS trauma verification process and is verified as a Level III trauma hospital, does NH assign them both an adult level III and pediatric level III or do they need to complete a separate review for their pediatric designation? Discussion ensued about what specifically the ACS reviews in terms of pediatric trauma care when they verify a level III hospital. It was agreed that we needed more information about the ACS process before we could answer the question. Mary Reidy, the trauma coordinator from Concord Hospital, offered to send Angela some of the materials provided them during their ACS review. Dr Sutton, Angela and Janet Houston will review the materials in relation to NH pediatric standards.

Item 3. Addendum to Renewal Application Process

At the previous meeting, Dr. Sutton asked Angela to write a proposed revision to the renewal application process outlined in the State Trauma Plan. A draft was emailed to the group a week prior to the meeting and copies were distributed at the meeting. Angela pointed out the two major changes in the updated renewal process. First, the state trauma coordinator will send notice to the hospitals one year prior to their trauma assignment expiration. Second, hospitals must submit their completed application six months prior to their trauma assignment expiration. A concern was raised about how many hospitals this would impact. Angela explained that only AVH was scheduled to expire in 2012. Dr Gupta asked if Angela had sent a notice of pending expiration to AVH. She had not. After brief discussion, the consensus of the group was that if we had not provided the full one year warning as proposed in the addendum, then we would not hold AVH to the earlier application deadline. Amy Matthews moved that the new addendum go into effect January 1, 2012 with the understanding that AVH be allowed to submit its renewal application by



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their trauma assignment expiration date. Kathy Bizarro seconded the motion. Motion passed unanimously.

Item 4. Site Review Process Clarification

Angela distributed a series of checklists for the group to review. This sample packet represented all the required and desired features for a hospital applying for trauma assignment as an adult level III and pediatric level IV as outlined in the State Trauma Plan. Angela explained that her goal was to increase consistency in the site review process and provide more objective information when giving feedback to the hospitals under review. An additional benefit would be that hospitals would know exactly what was expected of them prior to the site visit. Guests and members of the committee agreed to review the documents prior to the next meeting. Angela stated again that these checklists would be readily available to the hospitals once approved by the committee.

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 **February 15, 2012** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted;

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