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
February 15, 2012

Members Present: John Sutton, MD - Chair; Tony Maggio, EMT; Doreen Gilligan, RN; Amy Matthews, RN; Rajan Gupta, MD; Kathy Bizarro, FACHE; Rosemary Swain, ADME; Laurie Latchaw, MD; Miguel Gaeta, MD

Guests: Lynda Paquette, RN; Margaret Georgia, RN; Terri Clerico, RN; Richard Ciampa; Nicole Keefe, RN; Carlene Whitcomb, RN; John Leary, RN; Sharon Hillger, RN; Fred Von Recklinghausen, EMTP, PhD; Gail Thomas, RN; Mark Hastings, RN; Grant Turpin, EMTP; Mary Fudge, MD

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

I. 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 February 15, 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 December meeting were made available electronically to the group prior to this meeting. The minutes were approved without modification.

II. Committee Discussion Items

Item 1. NH Bureau of EMS Report

Clay Odell reported that the pediatric simulation mannequin had arrived. Eight individuals have already undergone one day of training. Additional experienced simulation trainers will join this group and all with receive training from the mannequin manufacturer. He anticipates holding the first pediatric simulation trainings for EMS agencies very soon. Since funding is provided by EMS for Children, the primary audience for now is prehospital services. Later they hope to be able to offer training to the hospitals but since each session costs approximately $400, we will need to find funding. Clay said they are seeking grants and perhaps could begin offering simulation trainings to the CAHs if Rural Health funds are available.

Clay reported that HB 1441 (the bill to eliminate TEMSIS reporting) has been deemed "inexpedient to legislate". Clay says the Bureau was very well supported in its opposition

to the bill by the EMS community. He thanked everyone for their support. He acknowledges that there are some problems with TEMSIS and promises that we will continue to make improvements.

Clay then brought up HB 1631 that would allow EMS providers without a NH license or unit affiliation to provide medical coverage for public events. The Bureau opposes this because it does not ensure proper supervision or liability coverage. EMS providers are not trained or covered by protocol to "treat and release" patients. He said the Bureau recognizes the need to address the provision of first aid at camps, sporting and other public events. We are working on the issue but it is not appropriate to be handled in legislation. The hearing is this Thursday and Clay requested support from the committee.

Clay also reported on a senate bill regarding the use of licensed medical professionals including EMS to clear kids after receiving a blow to the head during athletic events. His initial concern is that the bill does not specify what type of medical professional could provide this potentially risky service. EMS providers are not trained in this practice and that would need to be addressed if this bill progresses. Angela suggested it might be appropriate to collaborate with NH School Nurses Association on this matter. Anyone interested should email Angela.

Dr. Sutton asked if members wanted to take any action on the issues Clay raised. Dr. Gupta moved that we write letter opposing HB 1631. Tony Maggio seconded the motion. Members voted unanimously in favor of the motion. Angela will provide a draft to Dr. Sutton prior to the legislative hearing.

Dr. Sutton asked Clay about limiting the pediatric simulation training to hospitals who are participating in the trauma system. Since we have no mandates for hospital to participate, it would be nice to offer an incentive. Clay said we are committed to providing trauma education to the hospitals. If funding is available, he agrees this would be beneficial.

Item 2. Questions, Renewals, Hospital Updates and Applications

Angela reported that Lakes Region General Hospital has not yet responded to her initial inquiries about their expired trauma assignment. She asked anyone with ties to the hospital reinforce the importance of participating in the trauma system.

A site review team is assembled for next month's review of Elliot Hospital. Angela requested volunteers for Parkland Medical Center's review in April. Weeks Medical Center is also up for a site review but that has not yet been scheduled. Littleton Regional will need its abbreviated follow-up review in May.

Nicole Keefe from Wentworth Douglas asked how quickly the committee would conduct a site visit once they submit their application. Angela said it could be done within a few months. Nicole was concerned that wouldn't allow sufficient time to demonstrate

implementation of their new trauma policies particularly the PIPS process. Angela reassured that if the hospital has a well documented plan is able to provide a few months of PIPS meeting minutes, it will provide ample evidence for the review team to evaluate.

Dr. Sutton asked how many hospitals were currently involved in the trauma system. Angela replied15 but this includes Lakes Region who has expired and not yet reapplied plus the two new hospitals who are participating but have not yet applied. Dr. Sutton asked about any other hospitals who had expired or were soon to expire. Angela explained that only Androscoggin Valley Hospital is due to expire but not until December.

Dr. Sutton reported that Lynda Paquette asked for help persuading surgeons at her hospital about the value of participating in the trauma program. The surgeons were involved in the development of the two tier activation system and seem happy with it. The primary barrier for her is getting the surgeons to complete the trauma specific CMEs. Angela is visiting next week to go over the application and will meet with the surgeons at that time. If other trauma coordinators have tips, Lynda would appreciate their advice.

Rich Ciampa offered that he had administration add ATLS to the surgeons' requirements for credentialing by the hospital. He advised to use the hospital administration for support. Dr. Gupta reminded that both state license and ACS board certification requires that you have CME. This can be done online. Dr. Gupta said the institution has to make sure that surgeons keep up with their CMEs and must facilitate it so that it is not onerous for staff.

Nicole suggested combining trauma education into courses already required, for example, ACLS. Many surgical topics have a trauma component. Dr. Sutton agreed that we do not have a stringent format on how physicians obtain their trauma CMEs. States and board certifying agencies are becoming more strict in their CME requirements but there are many different venues to obtain that education. Dr. Sutton agreed that going to administration is a good idea. If hospitals think trauma designation is important, they should support the requirements for trauma CMEs. It's a potential medicolegal issue if a hospital cannot demonstrate that surgeons on call have recent training in trauma care.

III. Old Business

Item 1. Pediatric Trauma Level for NH Hospitals with ACS Verification

Dr. Sutton reminded the group that NH hospitals can attain trauma designation via our state trauma plan or through ACS. Since Concord Hospital requested a level III trauma center review from ACS, they did not receive a pediatric designation. The ACS verification process does include an evaluation of pediatric trauma care but it does not necessarily address all the items required in our trauma plan. So, how do we handle Concord's pediatric trauma designation? Dr. Sutton stated that he did not think a full site visit was necessary but requested input from the group.

Kathy Bizarro asked what Concord Hospital's expectations were on this matter. Angela responded that Mary Reidy was anxious to work with us to finalize their pediatric trauma designation. Mary has already forwarded the questions that the ACS had asked during the site review to demonstrate what aspects of pediatric trauma care had been evaluated.

Dr. Latchaw felt confident that Concord would have no difficulty meeting the NH pediatric level III requirements. She is willing to work with the trauma coordinator at Concord Hospital to review the pediatric information they provided to ACS against our NH plan to assess how well Concord fulfilled our pediatric level III requirements. She agreed that another site visit did not seem warranted.

Angela relayed that Janet Houston was concerned that we did not have a clearly stated mechanism for dealing with this in the NH Trauma plan. Will these unique situations be managed by a supplemental review? Dr. Sutton said that when hospitals provide letters of support from their administration and medical staff for advancing the care of trauma patients, he has always interpreted that to be inclusive of both adult and pediatric trauma. Dr. Gupta agreed that for pediatric level III that was probably sufficient but he felt that hospitals who apply for pediatric level I or II should provide separate letters of support.

Brief discussion ensued among members and guests about the role of pediatric level III and IV trauma hospitals. Consensus of the group was that since ACS verification process included a review of the pediatric trauma program, a hospital need not complete an additional state site review for their pediatric designation. However, the group felt it was inappropriate to automatically extend a pediatric designation without ensuring that all the requirements were met. Dr. Latchaw will review the pediatric trauma data from the hospital's registry, the pediatric trauma activation policy and ensure that there is a pediatric liaison to the trauma PIPS committee. Dr. Latchaw will report to the TMRC and the committee will make a decision about pediatric trauma designation at that time.

Angela asked the committee to if she could modify the trauma hospital application to include a line for hospitals to designate a pediatric trauma director. A suggestion was made that the application specifically state that the adult and pediatric trauma director could be the same person. Angela agreed.

IV. New Business

Item 1. Trauma Conference Discussion

Dr. Sutton asked if there was interest in reviving the state trauma system conference. Angela suggested we design the conference to encourage multidisciplinary involvement from the hospitals. Workshops could focus on handling practical issues like developing effective policies or building a better PIPS program. Amy Matthews warned that in the past we had tried to reach out to too many groups and as a result were not able to meet anyone's needs completely.

Dr. Sutton asked about incorporating the Rural Trauma Development course. Dr. Gupta said it is geared to be offered to a hospital to foster teamwork but it could be modified to be used for the conference. We could perhaps have a trauma simulation session. Dr. Sutton suggested devoting a portion of the day to issues like policies or QI to still draw hospital administration. Dr. Gupta mentioned that EAST is developing a PI training geared for trauma level III and IVs. It is still in process but there is the potential of piloting a version here in NH.

Other conference topic ideas were discussed including “Keys to Passing the State Site Review” and “How to Move Your Trauma Program Forward.” The group agreed that it is appropriate to revisit some trauma topics from early conferences. It was suggested that we use the conference to highlight new developments and best practices at individual trauma hospitals. Dr. Sutton specifically mentioned that some NH hospitals have been recruiting trauma specialists to join their staff and it might be beneficial to invite those hospitals to share their experiences. Dr. Latchaw reiterated the value of having multiple breakout sessions to meet the diverse needs of the audience.

The consensus of the group was that we hold a trauma system conference in November again this year. We will assess funding sources and investigate venues. The Inn at Mills Falls had been the site for the previous conferences but is not well suited for breakout sessions. The group agreed that the location should be fairly central within the state to keep it accessible to the greatest number of participants. Dr. Sutton asked if we could offer both adult and pediatric simulations at the conference. Angela will look into that. Dr Sutton invited the group to contact Angela with conference topics or suggestions for speakers.

Item 2. Cottage Hospital Trauma Application

Dr. Sutton reported that we conducted a site visit of Cottage Hospital last week. Cottage is applying for adult level IV and pediatric level IV. The summary report of the site visit conducted on February 6, 2012 was provided to the group. Members of the site review team were John Sutton, MD; Peter Hedberg, MD; Lynda Paquette, RN; Doreen Gilligan, RN; Janet Houston, MHA; and Angela Shepard, MD.

Dr. Sutton provided an overview of the site visit. Cottage has had some challenges with recent staffing change. They are recruiting another ED physician and a general surgeon to replace one who plans to retire. The hospital has efficient transfer processes in place. The documentation of certifications and continuing education is perhaps the best we have seen. They have an impressive decontamination building. The ED is organized and well-stocked for trauma care including having appropriate pediatric equipment available. The trauma team activation policy nicely includes plans for patients’ family. In addition, Cottage has a PIPS process in place that is continuing to evolve. They currently get feedback from DHMC regarding transferred patients and demonstrated good examples of loop closure on problems that they identified

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Dr. Sutton then mentioned some improvements that should be considered. The trauma director should be more involved in the initial records review in identifying cases to bring to the trauma committee. The trauma activation policy needs to be more clear and Cottage should reconsider if a two tiered activation system is most appropriate for their staffing levels. Adding a trauma panel would improve efficient trauma care. Documentation would be improved by more frequent vital signs, Glasgow coma scales and clearer arrival times. Some patients were undertriaged which indicates a need for further education for nurses. Lastly, the naming system for unknown patients needs to be replaced.

In summary, there were no level one deficiencies. Cottage is making a great effort with limited resources. The level two deficiencies were:
-Trauma team activation and trauma transfer policies need to be improved
-No official trauma committee member list
-Need greater involvement of the trauma director in the chart review process
-Trauma patients were frequently undertriaged.
-Poor documentation of patient acuity issues

Lynda Paquette said that she was very impressed with the work Cottage had done. She appreciated the EMS involvement in the trauma program and was impressed to see the head of the local ambulance service at the site review.

Angela stated she was pleased to see strong collaboration among the hospital staff and with EMS. Cottage is making good use of limited staff, for example, cross training OB nurses to cover ED. Angela also complimented the PIPS program for selecting certain care issues to actively monitor in addition to the minimum expected by the trauma plan. Finally, she appreciated that Cottage clearly documented the planned improvements and outcomes of those improvements.

The Site Review Team recommended Cottage Hospital be granted adult Level IV trauma assignment and pediatric Level IV trauma assignment with the stipulation that Cottage provide the TMRC

- copies of the revised trauma activation and trauma transfer policies,
- a trauma committee membership list and accompanying evidence of attendance of the trauma committee members at PIPS meetings
- a plan to address to documentation deficiencies in the ED patient records

Dr. Gupta asked if the review team evaluated any charts of transferred patients. Dr. Sutton answered that we reviewed several and only noted a few cases where transfer might have been more timely. Dr. Gupta asked for clarification on how the transferred patients were reviewed in the trauma committee. Angela stated that was part of the recommendation from the site review committee that the trauma director be more involved in reviewing cases for review by the trauma committee.

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Dr. Latchaw asked about the low number of trauma activations. Dr. Sutton replied that the trauma activation policy should probably be more inclusive and that there was some undertriage. Terri Clerico, the trauma coordinator from Cottage, reminded that the percentage of trauma patients based on ICD-9 codes would be significantly higher number than the number of patients tracked in their trauma registry. Taking this into consideration, the number of trauma activations while still low was not far from expected.

Discussion ensued about modifying the trauma application to request number of patients in the trauma registry rather than using ICD-9 codes. Dr. Gupta asked that we be cautious of altering the trauma plan itself and instead house proposed changes in a separate document.

Dr. Sutton asked Cottage Hospital if they had anything to add. Margaret Georgia stated that she found the process very positive and an opportunity to build cohesiveness within the hospital. The site review itself was very helpful to identify areas for improvement. She believed it is beneficial for all hospitals to have an experience like that.

Kathy Bizarro moved to approve Cottage Hospital's application for adult Level IV and pediatric Level IV trauma assignment for one year with extension to five years upon receipt of the additional materials. Tony Maggio seconded the motion and it was passed unanimously.

Item 3. Trauma Registry

Dr. Sutton mentioned that he was anxious for us to be developing a NH State Trauma Registry. Angela stated that this would take time and resources that were not yet available at the state level. Many hospitals will also have difficulty collecting and transmitting data at the level that we would require to create an effective state registry. Angela will investigate what other states are doing, what programs our hospitals are already using, and how these options correlate with the NTDB. Funding sources will have to be explored as well. Dr. Gupta suggested that it would not be inappropriate to expect some financial contribution from the hospitals. One member reminded that the hospitals would already be asked to pay someone to collect and enter the data. If this is not a requirement for the hospitals, it will be a hard sell. It was the consensus of the group, that the discussion be continued at a future meeting.

V. Adjournment

Dr. Sutton adjourned the meeting at 11:30. The next TMRC meeting will be Wednesday **April 18, 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