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
April 18, 2012

Members Present: Tony Maggio, EMT; Doreen Gilligan, RN; Amy Matthews, RN (by phone); Rajan Gupta, MD; Kathy Bizarro, FACHE; Laurie Latchaw, MD (by phone); Gary Curcio, MD; Cherie Holmes, MD; Kevin MacCaffrie, EMT-P;

Guests: Lynda Paquette, RN; Terri Clerico, RN; Richard Ciampa, RN (by phone); Nicole Keefe, RN; John Leary, RN; Sharon Hillger, RN; Fred Von Recklinghausen, EMTP, PhD; Mark Hastings, RN; Sue Barnard, RN; Joe Guarnaccia, DO; Janet Houston; Mary Reidy, RN, Nancy Sharkey

Bureau Staff: Angela Shepard, MD, MPH

I. Call to Order

After a slight delay secondary to difficulty with the conference call line, the meeting was called to order by Angela Shepard at 9:37 am on Wednesday April 18, 2012 at the Richard M. Flynn Fire Academy in Concord, NH. A quorum was not present initially but with the late arrival of two members a quorum was reached.

Item 1. Introductions All attendees introduced themselves.

Item 2. Minutes
Minutes from the last meeting were distributed and were approved without modification.

II. Committee Discussion Items

Item 1. Hospital Updates and Applications
Angela was pleased to report that she had a meeting with the trauma coordinator, EMS coordinator and ED nurse director at Lakes Regional General Hospital last month. She asked them about their interest in continuing with the trauma system. They explained that the clinical folks in the ED were interested in re-applying but that the administration of the hospital was not willing to devote any resources to the trauma program at this time. They said they cannot afford the additional man-hours that would be required to ready themselves for a site review. An additional barrier is the continuing education requirements. Doreen Gilligan agreed that Lakes Regional is under financial strain currently. She suggested that perhaps applying for Level 4 rather than a Level 3 might allow Lakes to rejoin the system but minimize the cost. Angela said she would discuss this with Lakes.

Mary Reidy suggested that the educational requirements, particularly obtaining the necessary documentation, was burdensome for many hospitals. Could we offer clarification on what types of educational offerings would satisfy the requirements? For example, she wanted to know if hospitals internal trauma educational sessions that would meet the

requirements. The consensus of the group was that the TMRC should provide clearer guidance for the educational requirements. Dr. Gupta suggested forming an education subcommittee. Several members agreed that this would be helpful to identify and disperse high quality educational resources to our hospitals. Dr. Kolm offered that Wentworth Douglas holds monthly trauma rounds. Dr. Gupta said that DHMC regularly has educational lectures posted. Kevin MacCaffrie added that he has found the ability to obtain online educational opportunities essential. Angela said she would look into the possibility of housing a repository of on-line educational activities on the Division's Resource page. In theory it might be possible to build in a system that would allow the individual to obtain a certificate of completion but also allow us to maintain a record here at the state level. The group was enthusiastic about pursuing this and suggested forming an education working group.

Angela stated that she visited Weeks Medical Center at the end of January. She met with the CMO and one of the general surgeons. The CMO was fairly supportive of the hospital's participation in the Trauma System. The surgeon was a bit more reluctant but seemed willing to pursue the additional trauma specific education if it was made for convenient for them. Lynda said that the visit was positive overall and she found the ED physicians were re-energized about their role in the trauma system. There was some discussion among the attendees about how the education resources discussed above would be helpful to the staff at Weeks.

Angela reported that Parkland Medical Center is up for review April 23rd as an adult Level 3 and pediatric Level 4. We will report on our findings at the next TMRC meeting.

Item 2. NH Bureau of EMS Report

Angela provided copies of the NH EMS Bulletin to everyone. She noted that the Bureau is continuing our efforts to prepare EMT-I's for the transition to the new AEMT certification. There appears to be much less anxiety among providers and instructors. Angela also reported that the TEMSIS data presentation to the NH Falls Prevention Task Force was well-received.

Tony Maggio asked for a status report on HB 1631. Angela reminded the group that HB 1631 was the bill that would allow EMS providers without a NH license or unit affiliation to provide medical coverage for public events. Our Bureau and members of the EMS Coordinating Board and Medical Control Board spoke against this bill in legislative hearings. At that time it was deemed "Inexpedient to Legislate" and we believed that the matter had been laid to rest. However, it was brought up for a vote on the House floor after a Representative made some modifications. Since we had no notice that the bill was being revived for a vote, we were not able to voice any protest. The amended bill passed the House and now must be presented to the Senate. The amended bill is in improvement over the original. We feel that we might be able to work with the Senate committee to ensure that the language clearly requires NH licensing for these providers. The Bureau continues its efforts to develop a plan for supplementing the current education of EMS providers to ensure that they understand the limitations and liabilities of functioning in this new capacity.

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III. Old Business

Item 1. Concord Pediatric Trauma Level

At our last meeting, the group had discussed Concord Hospital's ACS Level 3 verification. The ACS does not distinguish pediatric trauma verification for any levels other than 1 and 2, however, our State Trauma Plan requires designation of both a pediatric and adult level at all four of our state recognized trauma assignment levels. This was a minor oversight in the drafting of the 2010 trauma plan. The group consensus at the last meeting was that we could simply review some supplemental materials to assess Concord's adherence to our pediatric Level 3 standards.

Dr. Latchaw, Janet Houston, and Mary Reidy collaborated recently to review the pediatric specific information. Dr. Latchaw stated that she felt that Concord was well aligned with our recommendations for a pediatric Level 3 but said that Janet had been more vigorous in her examination. Janet Houston noted that there was no designation of a pediatric trauma director or letter of support from the hospital for a pediatric trauma program. Angela reminded that this will be remedied in future application cycles because the committee has agreed to modify the application to specifically request those items. Janet also reported that there were a few providers who lacked documentation for the pediatric continuing ed. Mary Reidy expressed that it was very difficult to gather every certificate to provide to a review committee but that she was confident all the staff met the educational requirements. Mary further pointed out that the ACS had not asked for that documentation. Angela reminded that this was precisely why the committee had elected to perform the supplementary review.

A few members diverged into a discussion about why NH was asking for something that the ACS did not require. Dr. Gupta stated that if the ACS said Concord was a Level 3, then they are a Level 3. Angela replied that the 2010 NH State Trauma Plan requires that we designate both the adult and pediatric trauma levels for each participating hospital. Mary Reidy stated that this was a significant inconvenience to have to assemble all this material after the ACS review. She asked if we could have a TMRC representative present at future ACS site visits. Dr. Gupta said that this would not be allowed by the ACS. Another attendee stated that it seemed unfair that hospitals undergoing ACS review were not asked to demonstrate the same things that state reviewed hospitals had to demonstrate. Angela reminded that the requirements for hospitals are the same regardless of who reviews them. She also reminded that just because a review team did not ask to inspect the records does not mean that it isn't a requirement.

Discussion again diverged into the educational requirements in the trauma plan. Angela stopped the discussion in the interest of time and stated that she would put this matter on the agenda for the next TMRC meeting. She reminded that Concord Hospital has now undergone both an ACS review and a secondary review in an effort to demonstrate their pediatric capability. Angela asked if the group was ready to make a decision regarding Concord's pediatric designation. Kathy Bizarro moved to accept the report of Dr Latchaw and Janet Houston and grant Concord Hospital pediatric trauma Level 3 designation. Doreen Gilligan seconded the motion. The members all voted in favor with one abstaining.

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Item 2. Planning for 2012 Trauma Conference

In the interest of time, this item was moved to the conclusion of the meeting.

IV. New Business

Item 1. SNHMC Site Review

Angela reported that a site visit was conducted for Southern NH Medical Center on February 13, 2012. SNHMC is applying for adult level 3 and pediatric level 3 trauma assignment. They have partnered with Mass General to support their trauma program. The summary report of the site visit was provided to the group. Angela noted that the report had been provided to our chair, Dr. Sutton, for his edits prior to his trip. Members of the site review team were John Sutton, MD; Lukas Kolm, MD; Amy Matthews, RN; Rich Ciampa, RN; and Angela Shepard, MD.

Angela summarized the key points from the review. Specifically she noted that trauma care appeared to be prompt and appropriate. The physical facilities were excellent and the trauma committee was very active and well-organized. She appreciated the clearly defined mechanism for disseminating findings from the trauma meetings and the staffing redundancy in the on-call schedule to ensure back-up team availability. The in-house trauma education was excellent as were the adult trauma transfer policies. An additional nice feature was the emphasis on injury prevention in their community outreach efforts.

A few areas for improvement were described as well. First, the review team felt that it would be beneficial to provide clarification in the trauma activation policy as they had noted some cases in the medical review that warranted a trauma activation but had not received one. Trauma policies would also benefit from some pediatric specific recommendations. Also, the attendance of the Trauma Committee was generally good but there needs to be more consistent representation by orthopedics and ICU. Furthermore, it was often difficult to follow the records from the Trauma Committee meetings to identify the action steps and subsequent loop closure for items under review. Finally, the ICU nurses should be provided additional trauma continuing education.

Dr. Kolm agreed that the facilities were well equipped and well staffed. Traumas were managed well with minimal delay. He appreciated the multidisciplinary involvement but noted that documentation within the patient record could be improved especially in noting times for procedures or physician response. Using the trauma flow sheet more consistently may help with this issue.

Amy Matthews and Rich Ciampa concurred with the above comments.

Angela reported the recommendation of the site visit team that Southern NH Medical Center be granted a level 3 adult trauma assignment and level 3 pediatric trauma assignment for a period of one year. If within that year SNHMC is able to offer

- Updated trauma policies addressing the shortcomings described
- Updated data showing increased numbers of trauma activations
- Trauma Committee meeting minutes that show evidence that

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- They are actively monitoring the undertriage of trauma patients
- There is improved documentation of loop closure
- Increased attendance by intensivists and orthopedics

- A plan underway to provide additional trauma education to ICU nurses

then the trauma assignment will be extended an additional four years.

Dr. Gupta asked if we could provide an example of loop closure. Mark Hastings described a recent problem that had been identified in their PIPS process and then explained how they had remedied the problem. Dr Gupta was satisfied with the example.

There being no other questions, Dr. Holmes moved that we grant SNHMC Level 3 adult and pediatric trauma designation with the understanding that they will provide us the additional materials requested within one year. Doreen Gilligan seconded the motion. The committee voted unanimously in favor of the designation.

Item 2. Elliot Hospital Site Review

Angela next reported on the site visit of Elliot Hospital conducted on March 12, 2012. Elliot Hospital has also recently partnered with Mass General in updating their trauma program. Elliot has requested re-designation as an adult level 2 and pediatric level 3 trauma facility. The summary report of the site visit was provided to the group. Angela again noted that the report had been provided to our chair, Dr. Sutton, for his edits prior to his trip. Members of the site review team were John Sutton, MD; Kurt Rhynhart, MD; Peter Hedberg, MD; Doreen Gilligan, RN; Mark Hastings, RN; and Angela Shepard, MD.

Angela reported that the site review committee had been impressed by the institution-wide support that was clearly evident throughout our meetings and tour of the facility. There was good collaboration across the specialties and a very impressive physical plant. The hospital had demolished an older building to enhance the helicopter landing zone. The hospital has a separate pediatric ED though most pediatric traumas will be seen in the primary trauma bay in the main ED. Elliot also has a new pediatric ICU with plans to expand the pediatric subspecialty services available.

Elliot offers exceptional educational opportunities to their in-house staff and local EMS providers. As a result their staff tended to exceed the minimum training required by our trauma plan. The Trauma PIPS plan was very well-organized and, in general, seemed to function well though they need to include more specific benchmarks to drive continued improvements. Elliot's Trauma Committee should also improve the clarity of the documentation for their action steps and loop closure.

One issue of concern was some limitations in their existing trauma registry. While they have been collecting data on most of the required elements, they had not been tracking all patients who were admitted to the floor for a traumatic injury but had not received a trauma alert or activation. Elliot assured that they could include the remaining patients in the registry. They will also need to submit their data to the NTDB.

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The trauma policies were acceptable but needed clarification of the activation criteria and roles of trauma team members with particular attention to pediatric trauma patients. A final suggestion from the review team was that Elliot consider hiring an additional trauma surgeon or redistributing the existing surgical staffing patterns so that the trauma panel could include only those surgeons with a real interest in trauma care.

Doreen stated that she was blown away by the facilities and care she observed at Elliot. They have made tremendous progress in the last few years and their commitment to trauma care shows. She states they are clearly a Level 2 trauma facility.

Mark also echoed that he was impressed by his review of Elliot. The participation by all departments and administration in the site review was commendable. He pointed out the need for improved documentation in the medical records of trauma patients, for example, repeat GCS. Mark suggested the more consistent use of the trauma flow sheet. Angela agreed with this suggestion.

In summary, the review team concluded there were no Level 1 deficiencies but identified four Level 2 deficiencies.

- Trauma team policies should provide more clarity in the criteria for activation vs. alert for both adult and pediatric trauma
- Trauma registry must track all trauma activations, alerts, deaths, transfers and trauma patients admitted to the hospital.
- They must provide data to the NTDB
- PIPS program should identify specific benchmarks to monitor based on data from registry and improve documentation of the loop closure activities

The Site Visit Committee recommends Elliot Hospital for Level II adult and Level III pediatric trauma assignment for a period of one year. If within that year, the hospital provides evidence that those issues have been corrected, then the trauma assignment will be extended an additional four years.

Dr. Gupta stated that he felt that the fact that the trauma registry had not included every trauma patient meant that the registry could not have informed the PIPS process. Angela agreed that the missing elements in the trauma registry were an impediment to them tracking undertriage but firmly stated that this did not preclude them from using their trauma registry in other aspects of their PIPS process. Dr. Gupta said that by definition, that meant it was a Level 1 deficiency. Again Angela disagreed, saying that perhaps changes to the trauma registry could better inform the PIPS process but that during the teams review it was clear to us that the registry was being used to drive their PIPS efforts. John Leary from the Elliot stated that he understood the concern and that they had already begun to remediate this registry issue. They had restructured the process and would track all trauma patients.

Dr. Gupta relayed that Dr. Rhynhart, who was on the site review but was unable to attend the meeting today, had been very impressed by what he observed. Dr Gupta said he believed that the Elliot was providing good trauma care but felt that he must strictly adhere to ACS guidelines. Angela said that our NH State Trauma Plan was not inconsistent with the ACS.

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The site review team identified a problem with Elliot's trauma registry and a need for increased focus in their PIPS process but determined that each was a Level 2 deficiency.

Dr. Kolm reported that Dr. Hedberg, who was also on the site review but was unable to attend the meeting today, had also relayed that he was very impressed by the site visit. Since the site review team was tasked with assessing the hospital and making a recommendation, Dr. Kolm suggested that we not second guess the recommendation. He further pointed out that the team who conducted the site review is in the best position to advise the committee on their facility's capabilities.

At this point, Kathy Bizarro moved that we offer Elliot Hospital Level 2 adult and Level 3 pediatric trauma designation for a period of one year to be automatically extended to 5 years after they demonstrate they have resolved the issues defined above. Chief MacCaffrie seconded the motion. The motion carried with a vote of seven ayes, one nay, and one member abstaining from the vote.

Item 3. Trauma Registry

Angela announced that we were able this last week to secure NHTSA 408 funding from the NH TRCC to purchase a Statewide Trauma Registry. This is very exciting but we do not have all the details settled yet. We are awaiting quotes from the major vendors and Angela will update this group as we gather more information. Attendees were pleased with this progress and expressed an interest in supporting the endeavor.

--Returned to earlier item - - Planning for 2012 Trauma Conference

Angela briefly reviewed the quotes received from potential venues for the annual trauma conference. The group was overwhelmingly in favor of the package offered by the Mountain View Grand in Whitefield. Angela confirmed that November 16th was agreeable to the group. Angela invited all interested parties who were able to stay after the meeting to brainstorm potential topics for speakers and break-out sessions at this year's conference.

V. Public Comment

None

VI. Adjournment

Meeting was adjourned at 11:40. The next TMRC meeting will be Wednesday **June 20, 2012** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted;

Angela Shepard, MD, MPH
State Trauma System Coordinator
NH Bureau of EMS