



State of New Hampshire

Department of Safety

Division of Fire Standards and Training and Emergency Medical Services
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John J. Barthelmes
Commissioner

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Director

TRAUMA MEDICAL REVIEW COMMITTEE COMMITTEE MEETING

June 15, 2011

**Richard M. Flynn Fire Academy
Concord, New Hampshire**

Members Present: John Sutton, MD, Chair, Tony Maggio, EMT, Doreen Gilligan, RN, Richard Murphy, MD, Rajan Gupta, MD, Cherie Holmes, MD, Kevin MacCaffrie, EMTP, Laurie Latchaw, MD, Amy Matthews, RN,

Guests: Sue Barnard, RN, Janet Houston, Lynda Paquette, RN, Lu Mulla, RN, Roy Jacks, EMTP, Joe Guarnaccia, MD, Mark Hastings, RN, Colin Richards, RN, Richard Ciampa, RN, Perry Plummer

Bureau Staff: Clay Odell, RN, EMTP

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 June 15, 2011 at the Richard M. Flynn Fire Academy in Concord, NH. A quorum was present.

Item 1. Introductions: At Dr. Sutton's request attendees introduced themselves.

Item 2. Minutes: The minutes from the April 20, 2010 meeting were distributed for review. Dr. Sutton asked if the minutes could be amended to reflect the discussion of Level I and Level II deficiencies that went out in the response to Littleton Regional Hospital's application. There were no other revisions discussed. Minutes were approved with the modifications.

II. Committee Discussion Items

Item 1. Renewals, Hospital Updates, and Application Sue Barnard asked about the discussion held at the April meeting regarding consultation visits, and was that something that was feasible? Clay's concern was that it is already a challenge to get individuals to commit to the site visits, it could be problematic to add a number of consultation visits as well. Clay discussed the particular challenge of getting emergency physicians to participate in the site visit committees. Dr. Sutton emphasized the importance of including ED physicians as they are the frontline for the majority of trauma care in NH. He emphasized that an ED physician does not have to be on the TMRC, it

can be any ED doctor, so he asked the attendees to network with ED doctors they work with. The availability of trauma nurses has not been a problem, and Clay thanks them for stepping forward.

Amy Matthews suggested a mentoring process between trauma nurse coordinators that have already been through the process with those who have not.

Clay reported that Littleton Regional Hospital had a trauma committee meeting shortly after they received their letter and had a number of questions for Clay, which he replied to. They were having another trauma committee meeting today.

Catholic Medical Center will be having their site visit on the 24th. Dr. Sutton, Dr. Kurt Rhyhart, Trauma Nurse Doreen Gilligan and Clay Odellwill be on the site visit committee.

St. Joseph Hospital and Cheshire Medical Center are next on the list. There was a discussion about sending reminder letters to hospitals that were approaching their expiration date, and also sending a reply to the hospital confirming that the application had been received. Dr. Raj Gupta suggested that the Bureau of EMS explore an online application. Director Perry Plummer suggested improving logistics by requiring the hospital to submit multiple copies that we could quickly send out to site visit committee members as opposed to us having to copy all the materials. There was a discussion about the challenging logistics of pulling together both the site visit team and trying to coordinate it with the appropriate hospital staff. This needs to be balanced with the need for the longest lead time possible.

Item 2. NH Bureau of EMS Report

Clay reported that the EMS Coordinating Board voted to eliminate the requirement for a practical exam as part of the refresher process. The Bureau is currently hosting a blue-ribbon panel to determine how to evaluate practical skills as part of the EMT refresher course itself. This group will present a plan to the July Coordinating Board meeting.

The Bureau has acquired grant funding to purchase a pediatric wireless high fidelity simulation manikin. The company representative will be at the Fire Academy today to demonstrate the product and anyone interested is invited to attend. Clay and Janet Houston are talking about the expense of instructor time being subsidized through scholarship funds for EMS agencies by the NH EMS for Children Project. Clay is also hoping to talk to Dr. Gupta about using the manikin in the Rural Trauma Team Development Course.

Clay reported that the position of Trauma Coordinator was posted internally, but the requirements of the position were interpreted by Human Resources in such a way that no internal candidates qualified. There are issues within state government related to staff reductions, which complicates the process a bit, but he hopes to post the position to outside candidates soon. It is his hope to have someone hired by the August TMRC meeting.

Item 3. NH Bureau of EMS Benchmarking Project Dr. Sutton said that he has been encouraged to see the use of TEMSIS data to look at questions and issues that the Medical Control Board has had, defining specific things for an in-depth analysis, such as stroke, and Dr. Sutton had offered that trauma care offers the opportunity to match EMS data with hospital data and outcomes data. A pilot program with subsets of the trauma population would be a way to test the system. He previously requested that

Chip Cooper, Section Coordinator for Research and Quality Management would give a presentation to the TMRC about the current status of TEMSIS.

Chip reported that he is currently putting together a data advisory committee to determine the best elements to collect in the electronic data collection system for NH. This is based on some similar efforts in other states. The committee would be a part of the EMS Coordinating Board. The effort would be to attract a multidisciplinary group. He has a particular goal to attract rural representation. The intent of the group is threefold: #1. To determine the most advantageous EMS dataset for NH, #2. To establish performance benchmarks that we could use in NH, using the two national guidelines as models, but determining what best reflects our needs, and #3. To put out “best practices” of how to document certain things. Chip gave the example of rapid sequence intubation (RSI) documentation, which is currently done in multiple ways, and would be a more effective record if all providers who charted the procedure did it the same way. Unless there is a consistent way of reporting it is difficult to pull data for study.

Chip said he looked at the national benchmark recommendations, which he said were a little vague on trauma, so that would be a project that the TMRC should have input into. Dr. Sutton said he found it interesting that the way things were documented posed such a challenge. He thought it would be easy to determine something like whether a patient was transported from the scene by helicopter, but learned that because of the many ways TEMSIS provides for documenting that process, without consistent guidelines it was very difficult to ensure that all were captured. The only way to come close at this point would be to read all the narratives, which is a very labor intensive process.

He suggested that it would be useful to determine if a trauma team was requested by EMS and get an idea if the hospital followed through with that recommendation. He asked the group to think about data needs for trauma system QI and bring their ideas forward in the future.

Dr. Gupta said that he had participated in a national effort to look at EMS response to motor coach crashes in rural areas and perhaps it would be possible to link some of the data. Chip said that project that link together different databases have been conducted in the past, such as “CODES”, but were very labor intensive and were usually paid for with grant funds.

Item 4. Telemedicine in Trauma

Dr. Sutton said he was at Eastern Maine Medical Center recently, that they have had a telemedicine program for many years, and instead of the huge amount of technical equipment they used in the past they have now gone to iPads, which they have found effective and much lower cost.

Dr. Gupta said that while it is true that some telemedicine programs have ceased operations over time, finding the program to be financially not viable, with the cost of the equipment declining and the recent establishment of billing codes by the Centers for Medicare and Medicaid Services (CMS) this may be turning around and becoming more sustainable.

Item 5. Trauma Conference Clay reported that after careful consideration he made the decision to not hold the trauma conference this year. A number of factors went into the decision, including a reduction in the funding that subsidized the conference in previous years, a lack of burning topics to share with the stakeholders, the economy in general and its negative impact on conference attendance, and not having a Trauma Coordinator in the Bureau to coordinate the

conference. He said we would keep our options open in the future, such as an every other year conference.

Dr. Gupta said if any system-related topics arose there might be an opportunity to participate in the CREST Conference this fall at Dartmouth.

Colin Richards said he heard feedback from EMS providers that the topics were not interesting to them. Clay admitted that the conference is not targeted at EMS providers, except for EMS leadership and hospital EMS providers. Its intent is to disseminate system information to the decision-makers of the hospitals and EMS leadership. EMS providers are certainly welcome to attend, and they have the descriptions of the topics ahead of time in the brochure. This should enable them to make the decision whether or not the conference meets their needs, but more often than not EMS providers who attend are dissatisfied with the presentations.

III. Old Business

Item 1. Clinical issues – head injury guidelines, Coumadin protocol

At the April meeting the TMRC considered and approved a document regarding clinical guidance for EMS providers to give patients who received a minor head injury and are refusing transport. That document was brought to the Medical Control Board last month. The MCB made some minor modifications in language and approved the document. The document was sent out to EMS Units and will be available on the NH Bureau website for EMS providers to use as a tool to help inform patients. He encouraged the hospital trauma coordinators who were in attendance to start a conversation with the EMS providers in the area.

Dr. Latchaw asked if there could be some clarification in the document as to how long after the injury individuals should be watching for the signs and symptoms. The document does say 24 hours, but some individuals may not understand. Dr. Sutton said the document was the best compromise based on evidence based clinical guidance and the need to keep the language simple and unambiguous.

Janet Houston asked if the document should be in languages other than English. That might be something we would work on in the future.

Dr. Gupta asked if there should be a greater emphasis on the potential for major complications on this document. Clay replied that that would typically be covered in a conversation between EMS providers and the patients, and documented on the refusal form.

Dr. Latchaw brought up the topic of patients with an apparent head injury who are on anticoagulants. Sue Barnard said she had been revising the protocol for her hospital. Clay said that this topic had been brought up at the April TMRC meeting to develop a suggested protocol for hospitals to implement. The other component would be the need to educate EMS providers on the need to alert the ED that they are bringing in a patient with a possible head injury and who is on anticoagulant therapy. Since Amy Matthews and Sue Barnard are currently working on this, they volunteered to help craft a document for the TMRC to review.

IV. New Business

None

V. Public Comment

Amy Matthews reported that the NH Board of Nursing recently responded to a question as to whether it was within the scope of practice for an RN to administer neuromuscular blockade (NMB) medications for RSI. The Board said it was not within the RN scope of practice, that that was an anesthesiologist's scope of practice. This clearly does not reflect the fact that patients are routinely intubated in the ED by emergency physicians using RSI and it is essential that emergency nurses administer the medications. NH ENA has called on nurses to provide comment to the Board of Nursing prior to their next meeting. Ms. Matthews and Doreen Gilligan asked for all attendees, particularly physicians to provide comment in favor of nurse administration of NMB medications.

Dr. Sutton asked if there was any interest in holding the summer or fall TMRC meetings at a location other than Concord. He said the MCB and Coordinating Board usually move their summer meetings to another venue and it is informal. He said to think it over and perhaps the October meeting could be held elsewhere.

VI. Adjournment

Dr Sutton adjourned the meeting at 11:30. The next meeting of the Trauma Medical Review Committee will be Wednesday **August 17, 2011** at 9:30 a.m. at the Richard M. Flynn Fire Academy.

Respectfully submitted:

**Clay Odell, EMTP, RN
Bureau Chief, NHBEMS**