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
June 20, 2012

Members Present: John Sutton, MD (Chair); Tony Maggio, EMT; Doreen Gilligan, RN; Amy Matthews, RN; Kurt Rhynhart, MD; Laurie Latchaw, MD; Cherie Holmes, MD; Kevin MacCaffrie, EMT-P; Rosie Swain, ADME

Guests: Lynda Paquette, RN; Gail Thomas, RN; Nicole Keefe, RN; Mark Hastings, RN; Janet Houston; Mary Reidy, RN; Lukas Kolm, MD; Peter Hedberg, MD; Stephanie LaCreta -student; Tina Legere; Deanna Barriero, RN; Peg Pedone, RN; Angela Katis

Bureau Staff: Director Perry Plummer; 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 June 20, 2012 at the Richard M. Flynn Fire Academy in Concord, NH. A quorum was not present initially but with the late arrival of three members a quorum was reached.

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. There was no discussion and the minutes were approved without modification.

II. Committee Discussion Items

Item 1. Hospital Updates and Applications

Angela reported that she met again with Lynda Paquette of Weeks Medical Center last week. Weeks submitted their trauma renewal application but is not ready for a site review. Lynda explained that they have just redesigned their PIPS process with a more systematic review of each trauma case and a combined quarterly committee meeting to try to include more surgeons and other physicians in the process. She is encouraged by acceptance of the new plan but reminds that it will be months before they will have any PIPS data to review. Angela also explained that there were no trauma activations in the last 6 months though there have been patients who warranted an activation. We need to help educate the staff about Week's trauma policies and the importance of trauma activations. We are working to hold some mock trauma codes in the ED at Weeks using the pediatric simulation mannequin.

Dr. Sutton stated that it is often a problem that a hospital may have great trauma policies on paper but they may not always be followed in practice. This is why conducting actual visits to the site and reviewing medical records are so important.

Angela reported that she has not gotten any updated trauma statistics or policies from Littleton. They are now past due for their follow-up site review. Angela will contact the trauma coordinator and program director to remind them of the timeline. She is hesitant to schedule the second site review if we do not have any evidence that significant improvements have occurred.

Angela said there is still no word from Lakes Regional Hospital. Angela was hopeful after her last visit that they would identify some areas where we might be able to assist them in preparing for their re-application. However, she did not get a reply to her follow-up email.

Dr Sutton asked about new applicants. Angela said she was pleased to hear from Upper Connecticut Valley Hospital in Colebrook. They are interested in being part of the system but are not able to provide 24/7 surgical coverage. Speare has also shown interest in applying but are evaluating their staffing schedules to see if they can meet the call requirements. Dr. Hedberg said Wentworth Douglas is applying this year for NH trauma assignment. Niki Keefe said they should have their application completed this August. She said that they would be prepared to have a site review this fall.

AVH is the only hospital set to expire this year but that does not occur until December. Angela will work with them to get their application together prior to their expiration.

Item 2. NH Bureau of EMS Report

Angela reported that the Bureau hosted the first annual NH STEMI/Stroke Summit earlier this month**.** The Summit was meant to bring together providers at all levels to discuss the development of state or regional systems approach to STEMI and Stroke Care. Like trauma both these are time sensitive conditions that benefit from rapid identification and transport to the most appropriate facility. Dr. Sutton spoke at the Summit describing the successful implementation of the trauma system in NH as an example of how EMS, hospitals, and the state have worked together in the past to develop a systematic approach to improve care. We also highlighted the specific strategies used by certain hospitals to ensure rapid access and delivery of evidence based care.

The event was attended by almost 100 participants representing 20 of the 26 acute care hospitals and 12 EMS agencies. Comments on the evaluations were very positive and electronic polling of the audience indicated that a strong majority wanted us to pursue discussion and development of systems of care for both STEMI and Stroke. The Bureau, American Heart Association, and DHHS will continue collaborating as we hold smaller, regional discussions with local stakeholders to plan our next steps. Doreen Gilligan offered that she found the event very beneficial and heard positive comments from many guests.

Dr. Sutton asked what agency was overseeing this initiative. Angela said that there was no one lead agency; it was a collaboration of the Bureau with both DHHS and the local representatives of the American Heart Association. He clarified and asked who the main

impetus for starting this initiative was. Angela stated that the Bureau was probably the driving force in the process. Dr Sutton queried about whether there would need to be legislative changes similar to what were required when we developed the trauma system. Angela admitted that we were not sure at this point where the process will lead. We are committed to championing this initiative but we want the hospitals and other stakeholders to really drive the process. We will almost certainly need to form some sort of expert advisory panel to provide clinical guidance but we are not sure what level of formal governance will be required. Angela promised to keep the group updated.

Item 3. New Chair

Dr. Sutton reminded the group that his appointment expires in 2013. He suggested that this might be an appropriate time to discuss his eventual retirement and the process for selecting a new chair. There is little in terms of formal rules provided. There is nothing that says the chair has to be a physician but Dr. Sutton stated that there are certain advantages to that. The Chair must be appointed by the Commissioner but he will hear the recommendation of the committee. The group consensus was that we should entertain nominations of any current member.

III. Old Business

Item 1. Planning for 2012 Trauma Conference

Angela told the group that she and Lynda had toured the Mountain View Grand to select function rooms for the conference. They were very pleased with the facility. We will have the Presidential Hall adjacent to the main hotel. It includes a large ballroom which can be divided into two large rooms that can seat 110 attendees classroom style in one section and seat 70 attendees classroom style in the other. There are two smaller function spaces that will make excellent small group break out rooms. In addition we have a large vestibule area suitable for registration with a few additional vendor spaces.

The conference will be Friday, November 16. Angela has reserved 40 rooms for Thursday night. The discounted rates start at $139 for a standard room. That rate is good for two days prior and two days after the conference.

Dr. Sutton asked about the pre-conference workshops. Angela said that she was looking to organize two half-day workshops for Thursday 15th. With help from Dr Gupta, she was hoping to arrange a workshop on PIPS for small, rural hospitals. She was also hoping to get the vendor for the trauma registry to offer a workshop on trauma registries to the hospitals. Dr. Sutton expressed some concern that it was premature to offer this training since we had not yet obtained the funding. Angela agreed that the timing was tight but she was reluctant to miss out on the opportunity to provide training to the majority of hospitals.

Dr. Sutton asked details about the trauma registry. Angela said that the funds were coming from NHTSA 408 funds and would not be signed over until October. We are not able to spend that money until we have approval from Governor and Council. The product Angela wants to provide to the hospitals would be web-based so that it will not require any software

or hardware purchase for the hospitals. We will want something that communicates with TEMSIS and can have the capacity eventually to import information directly from the hospitals' individual electronic medical records system. In addition we will want to contribute to the National Trauma Data Bank. The company will have to be responsive to the needs of both the state and the individual hospitals.

Dr. Sutton asked if we had a theme for this year's conference. Angela said not as of yet. Dr Sutton asked also about the proposed agenda. Angela said that in discussing this with the trauma coordinators they stated wanted to be sure to provide something for both the hospital and prehospital audience. They also expressed in interest in incorporating more clinical education rather than just a focus on trauma systems. For this reason, it is necessary to offer several break out sessions in addition to a couple large group sessions. Dr Sutton asked about the funds available. Angela answered that we currently have $4100 available and she anticipates bringing in some additional funds through vendor spaces.

Dr. Sutton expressed that we needed to get the agenda formalized and begin recruiting speakers. Angela asked for volunteers to help with the conference planning. Sue Barnard, Colin Richards, and John Leary had emailed their interest. Niki Keefe, Doreen Gilligan, Mary Reidy, and Lynda Paquette all agreed to participate. When Angela asked for some physician commitment, Dr Rhynhart volunteered himself with Dr Gupta as back-up. Dr Hedberg volunteered himself with Dr. Kolm as back-up.

Angela relayed some of the topics that members had expressed interest in including: geriatric trauma, PIPS in small hospitals, simulation training, policy development and evaluation, and injury prevention. Doreen offered that many folks are interested in hearing examples of best practices. Could we invite hospitals to share their innovations in a panel discussion, maybe as different breakout sessions for different level hospitals?

Angela mentioned that some of the evaluations of panel discussions from previous conferences were not always positive. She asked if the group had any thoughts on topics or presenters that might be most conducive to a panel discussion. Dr Latchaw mentioned that often the panels she found particularly successful are those dealing with somewhat controversial topics. Dr Sutton agreed. He suggested considering doing a point/counterpoint session. The group agreed.

Dr. Kolm suggested a speaker from Cambridge Health Alliance who could speak on ED flow. Angela said she would look into this and would welcome additional suggestions from the group.

Item 2. Review Draft of Application Changes

In the interest of time, the draft will be provided electronically to the group for review and then discussed at the next meeting.

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IV. New Business

Item 1. Parkland Medical Center Site Review

Dr. Sutton reported that a site visit was conducted for Parkland Medical Center on April 23, 2012. Parkland is applying for adult level 3 and pediatric level 4 trauma assignment. The summary report of the site visit was provided to the group. Members of the site review team were John Sutton, MD; Lukas Kolm, MD; Peter Hedberg, MD; Mary Reidy, RN; and Angela Shepard, MD.

Dr Sutton summarized some key points from the review. The facilities and equipment available at Parkland appear to be sufficient for level III trauma care. The ED is efficiently laid out and in general the staff have received appropriate trauma training. We were unable to review the trauma specific training for their orthopedic surgeons. The hospital has 24/7 general and orthopedic surgical coverage though there was no evidence provided that response times were being tracked. There is no on call neurosurgeon. Parkland has hospitalists to cover inpatient care and an intensivist available by call 24/7. The ICU is open allowing surgeons to admit and cover their own trauma patients. They do some minimal invasive monitoring. There was no emergency airway cart in the unit.

A large area of concern is the PIPS process. A pediatric representative has only just recently joined the trauma committee. While they appear to meet regularly and review cases, the PI process is not serving its intended purpose. For example, in our medical records review we noted that vital signs and GCS were infrequently documented. This was not mentioned in the PIPS reviews. In the trauma application, there was only one example of loop closure provided and that consisted of providing education to nursing staff about equipment set-up. The data collection at Parkland is good. Using this data they demonstrated a decreasing trend in time trauma patients were held in the ED. However, they did not attribute this change in performance to any particular intervention on their part. The hospital needs to show that they have the commitment to follow through with the necessary changes to ensure quality care as a level III trauma center.

Dr. Hedberg agreed. Much of the PIPS process on paper is good but in reality it is still in its infancy. The hospital must support the trauma program with dedicated time for staff. Dr Kolm agreed stating that most of the parts are already in place. It is just a matter of focusing in on a few specific issues. For example, he mentioned increasing the rate of surgical evaluation prior to patient transfer.

Mary Reidy said that Parkland was a beautiful facility and the ED staff was well-informed. Data collection was excellent. They need to focus the PIPS on identifying problems and developing solutions. She reminded of the need to demonstrate loop closure. Dr. Sutton added that good PI in trauma tends to drive improvements in all clinical areas. Mary finished by strongly encouraging Parkland to move to a paper flow sheet for their traumas.

Angela offered that she noticed several performance indicators and other quality posters in various departments of the hospital so she was disappointed that the same level of attention had not been brought to the trauma PIPS program. Parkland has the capacity to do very

thorough records review but needs to address the minimum criteria in our trauma plan as well as identify a few facility specific metrics in order for the PIPS process to be truly effective. Angela stated that in general the trauma policies were very well thought-out but there needed to be specific guidance for pediatric trauma patients. She agreed with the previous recommendation for use of paper trauma flow sheets.

Tina Legere, the CEO of Parkland, said she was surprised and disappointed to hear the report after the site review. Parkland is very committed to their role in the trauma system and to quality care. They began addressing the issues described immediately after the site review.

Peg Pedone, the new trauma coordinator, presented Parkland's post site review action plan. After hearing our recommendations, Parkland developed a trauma packet that outlines activation criteria, team roles and responsibilities, and documentation requirements for trauma patients. They switched to a paper trauma flow sheet and provide education to staff about GCS and other documentation concerns. They are working to improve the PIPS process and documentation. Peg stated that she has 20 hours dedicated to her role as trauma coordinator and an additional 8 hours of data entry assistance. Angela Katis, Director of Quality, added that she would be directly involved in the revisions to the PI process. Peg finished by saying that she understood that we were only able to assess care based on the records provided and unfortunately the charts did not accurately reflect the care that the patients received.

Dr Sutton stated that the site review team recommends that we refrain from offering a trauma assignment at this time and conduct a brief secondary reassessment of Parkland in six months. Tony Maggio moved that we accept the recommendation of the site review team. Rosie Swain seconded the motion. The committee voted unanimously in favor of the motion.

Item 2. Subcommittees and Bylaws

In the previous TMRC meeting, the group had discussed the need for an education working group or subcommittee. As there was limited time during that meeting, the discussion was postponed until today.

Since the successful implementation of the current State Trauma Plan, the TMRC has become more actively focused on providing services to participants of the trauma system, for example, the suggestion that we form a trauma education subcommittee. In addition the site reviews of our applying hospitals are quite time intensive and require the active participation of our physician members. Dr. Sutton has been incredibly dependable and has led almost all of the site reviews. We need to ensure that there is continued dedication from our membership to meet these commitments. Angela asked if this might be the appropriate time to discuss some rules of conduct or bylaws for the committee. For example, do we want to state any expectations for committee membership?

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One member suggested that we did not have a say in the membership of the committee because it was outlined in RSA. Angela agreed that this was true for representatives of particular groups but said there is great flexibility in our physician membership. The RSA only states that there must be at least 5 physicians.

Dr. Sutton said traditionally they have extended membership to any physician who expressed an interest. Angela suggested that we might want to revisit this issue for a couple reasons. First, to avoid the over-representation of any one hospital on the committee and second to make sure that we have members who will regularly attend the meetings. The larger the committee size, the more members who must be present to reach a quorum. Discussion then ensued about potential solutions to increase attendance including the use of conference calling. Director Plummer said he could look into the legality of allowing proxy votes.

Angela returned to her question about drafting committee bylaws or guidelines. Dr Sutton stated that in his experience bylaws would be too cumbersome. Another participant offered that any bylaws would need to be approved by at least the commissioner since the committee was formed under an RSA. Angela asked if there might be a less formal way to outline the expectations of committee membership. The group felt that some form of an introductory "new member welcome packet" would provide valuable information to new or pending members. Angela agreed and will develop a draft to provide to the committee for review prior to the next meeting.

Item 3. Trauma Protocols

Since it was already 11:30, this item was held for discussion at the next TMRC meeting.

V. Public Comment

None

VI. Adjournment

Meeting was adjourned at 11:30. The next TMRC meeting will be Wednesday **August 15, 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