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
Aug 15, 2012

Members Present: John Sutton, MD (Chair); Tony Maggio, EMT; Doreen Gilligan, RN; Amy Matthews, RN (by phone); Laurie Latchaw, MD (by phone); Joseph Guarnaccia, DO; Rick Murphy, MD; Rajan Gupta, MD; Gary Curcio, MD;

Guests: Lynda Paquette, RN; Sue Barnard, RN; Janet Houston; Deanna Barriero, RN; Peg Pedone, RN; Sean Ellberg EMT

Bureau Staff: 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 August 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 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. New Committee Members

Angela reports that Dr. Joe Guarnaccia from Elliot is our new ACEP representative. Dr. Peter Hedberg and Dr. Lukas Kolm both from Wentworth-Douglas have also been appointed to the committee by Commissioner Barthelmes.

Item 2. Hospital Updates and Applications

Dr. Sutton asked for updates on our participating hospitals. Angela stated that she has not gotten a reply from Littleton Regional Hospital and so left a message for the CEO to inquire about their continued interest in participating as a trauma hospital. Lynda Paquette of Weeks Medical Center gave an update on their progress. She states that they have implemented their new PI plan and will hold their first joint peer review meeting next month. Angela reports that she sent an email to AVH as a reminder that their trauma assignment will expire at the end of the year. She will work with them to prepare for the site review under the updated guidelines.

Dr. Sutton referred to our brief discussion of UCVH at the last TMRC meeting. UCVH has expressed interest in participating in the trauma system but they are not able to meet the 24/7 surgical coverage required for level IV hospitals. Is there a way we can involve interested facilities without compromising the standards set in the trauma plan? Doreen

Gilligan stated that the small hospitals need our support more than any other facility. Angela agreed that she hoped we could at least offer policy guidance or training opportunities. Lynda offered that Weeks, AVH, and UCVH have formed a collaborative to pool educational resources so that might be an avenue for outreach. Dr. Gupta warned against diluting the value of our existing designation system. He added that Pennsylvania has worked on this issue. The group then discussed a variety of participation options and all agreed that the focus would need to be on the resuscitative and stabilization capabilities within the emergency department rather than surgical or intensive care environments. Both Drs. Gupta and Murphy wondered what carrot existed for hospitals if we were not extending some sort of a trauma designation. Angela argued that the hospitals that want to be involved would be able to get free education and technical guidance without having to go through the onerous application process. The consensus of the group was that Angela should follow-up with her counterpart in Pennsylvania to see how their system works. After hearing that report, the committee will discuss what amendments if any need to be added to our existing trauma plan.

Item 3. NH Bureau of EMS Report

Angela reported that the Bureau hosted a brainstorming session with EMS providers and Emergency Management personnel in June to discuss needs related to bariatric patients. This is becoming a problem as more and more patients are exceeding the weight limits on stretchers and even ambulances. The participants will continue to work together evaluating existing resources and developing plans to handle these larger patients. We will provide additional information as it becomes available.

Shawn Jackson who previously worked for the Bureau in the Field Services Section has been hired as the new Education Coordinator. Work continues with the conversion of our EMS providers from our current levels to the National Registry levels. The Bureau has successfully secured vouchers allowing all EMT-I's interested becoming Advanced EMTs to take the computer based test once at no cost.

Progress is also being made with improvements to TEMSIS. A new auto-narrative feature has been released that prepopulates the narrative section based on the checkboxes and dropdown fields completed by the providers. Hopefully this will encourage greater usage of these checkboxes by providers since our data analysis is generally done with these fixed response elements.

The 2013 EMS Protocols are almost finished. We will be reviewing a Trauma Point of Entry protocol at today's meeting. Angela will relay our comments to the Protocol Committee.

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

As for upcoming Bureau events, the STEMI/Stroke Summit follow-up regional meetings are being scheduled throughout the month of October. The first three have already begun filling up with interested providers from both hospitals and prehospital environments. Also, the EMS Awards Ceremony is being held jointly with the Fire Service Committee of Merit Awards on September 24 at the Capitol Center for the Arts here in Concord. Please consider attending to support the dedicated EMS providers throughout the state.

Dr. Sutton asked for a status report on the VSB study. Angela said that it was no longer active. She was not able to find much in the way of documentation and there was little documented use of VSBs in TEMSIS. Dr Gupta reported that anecdotally there has not been broad acceptance of the device and in some instances it did not seem convenient or appropriate. Angela agreed though she did report that a few agencies reported really liking the device.

III. Old Business

Item 1. Planning for 2012 Trauma Conference

Angela provided the draft of the conference agenda. She reports that she is awaiting confirmation from our Geriatric Trauma speaker but that the rest have confirmed their participation. There were a few questions about the about the structure for the Case Review session. Dr. Curcio indicated that he would follow-up with Dr. Gaeta.

A few attendees expressed concern that the title and focus of the ultrasound breakout session should be changed. They felt that it needed to be more clear that this was an overview of the use of ultrasound in traumas and that an individual could not adequately master this skill in such a short time. Angela and Dr. Guarnaccia stated that they were confident Dr. Dayno would be happy to present this as a more introductory course. Dr. Gupta provided suggestions about locating appropriate models for the ultrasound session.

Angela said she has not gotten much feedback from the group relating to topics or speakers for the Point/Counterpoint session. Dr. Sutton reminded that he had suggested the topic "EMS and Invasive Procedures in the Field" and offered to present the Con position. The group then agreed this sounded like an interesting topic and one that would interest both hospital and prehospital conference attendees. Angela reported that she had not yet found a volunteer to take the Pro position against Dr. Sutton. Dr. Gupta then volunteered Dr. Rhynhart. Angela will follow-up with him to confirm his participation.

Dr. Sutton asked about the pre-conference workshops. Dr. Gupta said that he has just gotten the go ahead from EAST to pilot the rural hospital PI workshop. He briefly described the program. Participants are able to sign on to web-based didactic sessions that offer CME's. The culmination of the program will be the workshop on November 15th where hospital teams can bring their de-identified cases to go through the peer review process.

Angela reported that she has not contacted the trauma vendor yet about scheduling a registry training on the 15th because they are not yet able to offer a contract. She states that

she is confident that any vendor will provide the training either as part of their marketing strategy or because we can include it in their contract. Dr. Gupta asked if the committee had any say in the selection of vendor. Angela replied that they could advise but the final decision would be made by the state. Clay Odell reminded that the product will have to affordably and effectively integrate with the software already in use by the Bureau. Angela said her concern is that it be user-friendly to the trauma coordinators and registrars who are the frontline users. She is confident that as the state trauma coordinator she will be able to provide whatever data the committee requests regardless of vendor.

Dr. Sutton asked for a progress report on the purchase of the trauma registry. Clay reported that we will be meeting with the Office of Information Technology next week to discuss the project. We will know more after that meeting.

Item 2. Trauma Hospital Application Changes

Angela provided the proposed modifications to the group electronically prior to the meeting and also distributed paper copies at the meeting. She briefly explained the changes and the rationale behind them. Most of the changes were merely clarifications so that the instructions were more readily understood. Among the more substantive changes, were the addition of the following items:

- a renewal application deadline
- a space for the names of the physician in charge of pediatric trauma and for the trauma registrar
- the instruction that letters of support must state both adult **and pediatric** trauma
- a request for number of patients included in the trauma registry for the time in question
- a request for trauma transfer guidelines for adult, pediatric, brain injured, burn, and dialysis patients
- a request for a description of the hospital's injury prevention activities

In the description of the hospital site review process, the committee changed the sentence describing the minimum site review team to read, "The site visit committee will include at a minimum two physicians at least one of whom must be a surgeon, a trauma nurse, and the state trauma coordinator." In addition to the minor changes and clarifications, the committee agreed after some debate to require hospitals to provide paper copies of the charts provided for medical review.

Angela will make these changes and post the updated application next week.

Item 3. Trauma Registry Update

--Discussed in Item 1.

IV. New Business

Item 1. New Member Packet

Angela provided the document to the group electronically prior to the meeting and also distributed paper copies at the meeting. Angela reminded the group that we had discussed

the need for some form of introductory document that described the TMRC and outlined the expectations of members.

In general, the committee was pleased with the document. Dr. Sutton requested that reference to him be removed since he was retiring soon. He also asked for changes to a few other phrases. Janet Houston requested that Angela clarify the last line to indicate what is meant by an "activity". Angela will make the necessary edits and post the document on the Bureau's trauma page next week.

Item 2. Trauma Protocols

Angela provided the proposed Trauma Point of Entry protocol drafted by the protocol committee, the Trauma Triage Guidelines from the CDC, and the relevant sections of the State Trauma Plan. She pointed out that the structure of the proposed protocol is similar to that of the CDC guidelines but had been modified by inserting language specific to our State Trauma Plan. She further explained that the role of a protocol was to provide off-line medical control to our EMS providers. Part of this protocol discusses destination decisions but also gives explicit guidance to EMS to request a trauma activation under specific circumstances. The hospitals are not required to follow the recommendation of the EMS provider but they will have been forewarned about the condition of the trauma patient and the circumstances relating to the incident.

Dr. Murphy expressed concern about the instruction to "transport to a Level I or II Trauma Center" if the patient met the criteria defined in the first two boxes ("vital signs and level of consciousness" and "anatomy of the injury".) Dr. Murphy said he didn't think it was appropriate for an ambulance with a trauma patient to bypass Concord. Angela reminded that this was based on our State Trauma Plan. Angela affirmed that we need to be able to give specific guidance to our EMS providers and give them the freedom to act in the best interest of their patients. Dr. Murphy argued that other than neurosurgical patients it would be in their best interest to go to Concord.

Clay pointed out that the research has consistently indicated that severely injured patients fare better in trauma centers. Dr Murphy argued that the research comes from more urban areas where there are multiple hospitals to choose from. Angela said she didn't disagree with Dr. Murphy in that Concord would do an excellent job with many traumas especially in the emergency stabilization and resuscitation phase but that the severely injured patient will most likely need to be transferred to a higher level of care after that. Level I and II Trauma Centers have additional specialist and intensive care capacity. Transport to that environment should occur as quickly as possible.

The group continued to debate about the value or appropriateness of recommending transport to only level I or II hospitals. Eventually a consensus was reached. The TMRC will recommend to the Medical Control Board that the language be changed to "If feasible, patient should be transported preferentially to a Level I or II Trauma Center by ground or air. If this is not feasible, notify the closest appropriate hospital and recommend Trauma Team

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

activation." The committee also agreed to recommend changes in the box directing treatment for patients meeting the "special circumstances" criteria.

Angela will bring these comments to the Protocol Committee.

V. Public Comment

None

VI. Adjournment

Meeting was adjourned at 11:35. The next TMRC meeting will be Wednesday **October 17, 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