Care of the trauma patient requires a clearly defined system. Without good pre-hospital care the trauma victim may not make it to a trauma center. Without high quality multidisciplinary care at the trauma center, even the best pre-hospital care may be fruitless. Equally important, but often undervalued are the other two parts of a complete system of trauma care: Rehabilitation and Injury Prevention (not many TV series have featured these!). Rehab is critical because great pre-hospital and trauma center care is not worth much if the patient cannot be returned to a meaningful and productive life. Perhaps most important is collecting data, and developing policies guided by this information to prevent or mitigate the effects of trauma from occurring in the first place - injury prevention.

The TMRC is comprised of volunteer providers from all four parts of our trauma system. We meet every other month and develop programs and policies to strengthen trauma care in our state. We have 15 voting members from disciplines mandated by the state however much important work is done by our “non-voting” but highly valued committee members. If you are interested in participating please call Vicki Blanchard at (603)223-4215.
Designation Committee

The designation subcommittee of the NH State Trauma Medical Review Committee (TMRC) was set up to standardize the New Hampshire State trauma designation process.

In review of this process the committee decided that hospitals applying to be a Level I or II trauma center need to be verified by the American College of Surgeons (ACS). These hospitals are high level trauma centers and will be held to the more rigorous standards of the American College of Surgeons. The TMRC will designate those hospitals as a Level I or II Trauma Centers after a successful verification review by the ACS. Hospitals seeking Trauma Center Level III & IV designation will continue to be reviewed and designated by the TMRC.

The designation subcommittee would like to encourage all hospitals to participate in the designation process. In collaboration with the Education subcommittee, we hope to share resources and expertise with potential and current Level III & IV hospitals throughout the state to achieve and maintain trauma designation.

Please contact us so we can help your facility on the trauma designation path. Please contact Mary Reidy or Hilary Hawkins (co-chairs of the committee) for further information.

Mary Reidy
mreidy@crhc.org
603-227-7000 X3279

Hilary Hawkins
Hilary.L.S.Hawkins@hitchcock.org
603-650-6064

EMC-C

Pediatric Trauma Team Activations

Recently, there have been several studies regarding the accuracy of criteria for trauma team activations. One study published in the Journal of Pediatric Surgery focused on pediatric patients involved in a motor vehicle crash rollover. The study compared the injuries and death rates of those children who were restrained versus those who were not restrained. Unrestrained children in motor vehicle crash rollover had higher injury severity and were significantly more likely to need urgent interventions compared to properly restrained children. They were more likely to require intubation, receive blood, and receive intensive care. They were also more likely to die (3.4% vs. 0.8%). The researchers concluded that these results support a modification to include restraint status with the rollover criterion for trauma team activation.


Injury Prevention

According to the Centers for Disease Control, "Injuries and violence affect everyone, regardless of age, race, or economic status. In the first half of life, more Americans die from violence and injuries — such as motor vehicle crashes, falls, or homicides — than from any other cause, including cancer, HIV, or the flu". Many injuries are predictable, therefore potentially preventable. Injury prevention is considered a critical element of an integrated trauma system. The American College of Surgeons has specific requirements for injury prevention as part of trauma level verification and offers guidance on key elements of effective injury prevention programs.

The goal over the next year with the
Injury Prevention Continued

Trauma Medical Review Committee is to have injury prevention represented at each meeting with an update on examples of outreach strategies and activities that are currently going on around the state. Additionally injury prevention advocates look forward to the development of a strong statewide trauma registry that will help inform future prevention efforts.

If you would like to know more about injury prevention in New Hampshire contact Debra Samaha, Program Director of the Injury Prevention Center at Dartmouth. Debra can be reached at debra.samaha@dartmouth.edu or by calling 603-653-8360.

Education Committee

Hi all--Happy Winter (only if you are a penguin!)

Welcome to our first edition of the trauma newsletter! I would like to introduce the Trauma Medical Review Education Committee! We were established 2 years ago, mostly to keep the NH state Trauma conference alive, but we hope to become so much more in the coming years. I hope you have all had the opportunity to attend one of the trauma conferences held in the North Country each November! This past year we had an amazing line-up of speakers, and a great turn-out! Looking forward to putting 2016’s conference together in the coming months! In addition to the trauma conference, we are using the education committee to help establish a mentoring program for hospitals looking to maintain or become a new trauma center! In November we were able to host the first ever Trauma Program Development course as a pre-session to the conference. We had a great turn-out and all the participants were pleased with the education.

So—do you want to be a trauma center? Do you need assistance preparing for an upcoming survey? Maybe you just want to get advice on how to care for patients with the resources that you have? Please reach out to us! We can help! Call or e-mail Doreen Gilligan with any questions! Doreen.Gilligan@HCAHealthcare.com or 603-380-3558.

Prehospital

The Emergency Medical Services Subcommittee has its first meeting on Wednesday Feb 10th (one week earlier than normal due to the American College of Surgeons visit) This Committee will work to integrate EMS in a systematic approach to the overall New Hampshire Trauma System. The committee will be working on two major topics from the onset of its inception. The first is dissemination of what Hospital Trauma designation actually means to the field EMS Provider. The second agenda item is Helicopter EMS (HEMS) utilization in relation to the NH Hospital Designations. The TMRC EMS Subcommittee is actively seeking participation. If you are interested in participating please contact Ryan Hickey at: rahickey89@yahoo.com The meetings will take place at 8:30 am third Wednesday of every other month starting in February. This is one hour prior to the regularly scheduled TMRC meeting.
The Office of the Chief Medical Examiner investigates all “untimely deaths” in the State and determines cause and manner of these deaths. The 6 categories of manner of death include: Natural, Accidental, Suicide, Homicide, Pending and Undetermined. Of the approximately 1700 investigations in 2015, nearly 60% were deemed of natural causes, followed next in number by accidental deaths. The Office did 476 autopsies looking for cause and manner in 2015. This is with two pathologists working. The Chief Medical Examiner, Dr. Thomas Andrew and Deputy Chief Medical Examiner Dr. Jennie Duval split the duty of not only of performing the autopsies but also consulting with the Assistant Deputy Medical Examiners, (ADME’S) on investigations. A group of 23 ADME’s cover the State 24 hours a day/7 days a week for scene investigations. These ADME’s, which are Nurses and Paramedics, take call for 12 hour shifts in various counties around the State. The ADME’s receive extra training in investigative procedure, death scene investigation and work closely with law enforcement on untimely deaths.

Of special note, drug deaths in the State have risen dramatically over the past two years. New Hampshire is the second leading State in drug deaths per capita nationally. This past year it is anticipated that 411 deaths were attributed to drug overdosing, with Fentanyl being the most common drug.