

## ***Welcome to the Trauma Medical Review Committee (TMRC)***

*Thank you for your interest in this committee. We have created this document to provide a brief introduction to our group.*

### **Brief Overview of the TMRC**

The TMRC was established by NH state law in 1993. Its membership and responsibilities are laid out in RSA 153:A8. (The entire text of which is included on the following pages for your convenience.) The TMRC holds its regular meetings on the third Wednesday of every other month. In addition to those scheduled meetings, TMRC members and volunteers participate in site reviews of hospitals, assist in various trauma education programs throughout the state, and organize an annual NH Trauma System Conference. The original members of the first TMRC were responsible for developing and instituting NH's Trauma System. Today's members and volunteers monitor its progress and support all participants in pursuit of continuous performance improvement.

### **Membership Appointment**

Each member is appointed by the Commissioner of Safety for a term of three years. RSA 153:A8 specifies the makeup of the committee. The committee must include a "trauma nurse coordinator" and at least five physicians experienced in the treatment of adult and pediatric trauma patients. All other committee members are representatives of specified organizations within the state of NH. The Commissioner also appoints the TMRC Chair. The Executive Secretary, traditionally the Trauma Coordinator within the NH Bureau of EMS, is a non-voting member and a designee of the Commissioner. Potential members seeking appointment should contact Angela Shepard who will request consideration by the Commissioner.

### **Ex Officio Participants of the TMRC**

The TMRC succeeds largely because of the work of several dedicated individuals who regularly attend meetings. These volunteers do not have voting privileges but we value their insight. They are encouraged to participate in meeting discussions and in all other aspects of the trauma committee's work.

### **Role of the TMRC**

In general, the role of the TMRC is threefold: to ensure that the State Trauma Plan is consistent with current national guidelines and clinical evidence, to monitor the various components of the Trauma System to be sure that all are functioning in adherence with the State Trauma Plan, and finally to provide recommendations and direct assistance to organizations within our Trauma System to support continuous improvement in trauma care. While we act as an expert advisory panel to the EMS Coordinating Board and EMS Medical Control Board, much of our day to day work revolves around supporting our participating trauma hospitals.

### **Rules of Conduct**

The committee operates in a fairly informal manner. The agenda is sent out one or two weeks prior to a meeting. Anyone is able to request an item to be added to the agenda. Everyone attending is asked to sign the attendance sheet. Meetings are open to the public and the public is allowed to comment during the session. Only appointed members are allowed to make a formal motion or vote. At least half the number of appointed members must be present to

have a quorum. When possible, conference call lines are made available to allow others at distant sites to participate. We will accept votes over the phone in those instances. Meetings are recorded but these recordings are only kept until the minutes are completed. A draft of the meeting minutes is posted on the Bureau of EMS website for review prior to the next meeting.

### **Expectations of Members**

Members should take appointment to this committee seriously as we make decisions that potentially affect patients, providers, and communities across the state. As such we expect members to attend at least 50% of the meetings. In addition, members should support the efforts of the TMRC as a whole including participation in at least one activity a year. Typical opportunities for involvement would include participation in a hospital site review, planning or presenting at the annual conference, or speaking before a legislative hearing committee.

**Again, thank you for your interest in our committee. We hope that you will support the continued success of the NH State Trauma System.**

*Additional info about the NH Trauma System is also available at [www.nh.gov/safety/divisions/fstems/ems/trauma/index.html](http://www.nh.gov/safety/divisions/fstems/ems/trauma/index.html)*

## **RSA 153-A:8 - EMERGENCY MEDICAL AND TRAUMA SERVICES**

### **153-A:8 Trauma Medical Review Committee. –**

- I. There is established a trauma medical review committee which shall consist of:
  - (a) A minimum of 5 physicians representing the surgical disciplines of neurosurgery, general surgery, pediatric surgery, orthopedic surgery, and other physicians experienced in the treatment of adult and pediatric trauma patients.
  - (b) One member from the New Hampshire chapter of the American College of Emergency Physicians.
  - (c) One member from the New Hampshire Paramedic Association.
  - (d) One member from the New Hampshire Emergency Nurses Association.
  - (e) One trauma nurse coordinator.
  - (f) One member from the New Hampshire Association of Emergency Medical Technicians.
  - (g) The state medical examiner or designee.
  - (h) One member of the emergency medical services medical control board.
  - (i) One representative from a New Hampshire acute care hospital nominated by the New Hampshire Hospital Association.
  - (j) One representative of the Professional Firefighters of New Hampshire.
  - (k) One representative of the New Hampshire Association of Fire Chiefs.
- II. Each member shall be appointed by the commissioner.
- III. The commissioner or the commissioner's designee shall serve as a nonvoting member and as executive secretary.
- IV. The term of each member shall be 3 years. The chair shall be appointed by the commissioner. The trauma medical review committee shall nominate one of its members to the governor for appointment to the coordinating board established in RSA 153-A:3.
- V. The committee shall:
  - (a) Develop and routinely update the adult and pediatric trauma system plan.
  - (b) Review statewide trauma system operations, including monitoring adherence to established guidelines and standards, the availability of appropriate resources, and the periodic review of trauma hospital classification criteria.
  - (c) Review the delivery of emergency medical services by providers and units concerning the provision of care to trauma patients.
  - (d) Make recommendations to the coordinating board based on the reviews described in subparagraphs (b) and (c).
  - (e) Recommend to the emergency medical services medical control board modifications of the protocols of trauma care as a result of system-wide review.
  - (f) Assist trauma hospitals in the development and implementation of trauma quality improvement programs.
  - (g) Establish such subcommittees as deemed appropriate to carry out the functions of the committee.
  - (h) Assist the coordinating board in the coordination of a system of comprehensive emergency medical services and the establishment of minimum standards throughout the state by advising the coordinating board on policies, procedures, and protocols.