



State of New Hampshire

Department of Safety

Division of Fire Standards and Training & Emergency Medical Services
 Richard M. Flynn Fire Academy
 98 Smokey Bear Boulevard, Concord, New Hampshire
 Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



Robert L. Quinn
 Commissioner

Richard C. Bailey, Jr. and Perry E. Plummer
 Assistant Commissioners

Deborah A. Pendergast
 Director

NEW HAMPSHIRE TRAUMA CENTER APPLICATION AND PRE-REVIEW QUESTIONNAIRE (PRQ)

For Level III and IV Adult and Pediatric Trauma Centers

INSTRUCTIONS: Please complete this application packet, including all required attachments and return to:

New Hampshire Bureau of Emergency Medical Services ATTN: CLINICAL SYSTEMS
 New Hampshire Dept. of Safety
 Division of Fire Standards and Training and EMS
 33 Hazen Drive
 Concord, NH 03305

Electronic Applications Preferred. Email to: trauma@dos.nh.gov

RENEWAL APPLICATIONS ARE DUE SIX MONTHS PRIOR TO EXPIRATION OF CURRENT TRAUMA ASSIGNMENT

Application Date: 7/6/21

Review Type (Circle): INITIAL RENEWAL | PEDI ONLY*

*If applying for a pediatric only review: facility **MUST** attach confirmation of ACS-COT adult trauma review date and time. State pediatric designation review will occur at time of ACS adult review

Select Designation Level* (Circle): ADULT III ADULT IV | PEDI III | PEDI IV Requested Review Date: 9/2021

*Unless applying for a pediatric only review, facility **MUST** select an adult and pediatric designation level

Hospital Information:

Hospital Name: Littleton Regional Healthcare

Hospital Address: 600 St. Johnsbury Rd. Littleton, NH 03561

Trauma Medical Director Alice Locke, MD Natalie Kennett, RN
 Trauma Program Manager / Coordinator

Alice Locke, MD | Sunit Patel, MD Natalie Kennett, RN
 Pediatric Trauma Medical Director ED Nursing Director

ED Medical Director Ed Duffy, MD EMS Coordinator Edward Daniels

Chief Executive Officer Robert Nutter Chief Medical Officer Ed Duffy, MD

Hospital Beds (Do not include neonatal beds)

Hospital Beds	Adult	Pediatric	Total
Licensed	<u>25</u>		
Staffed	<u>35</u>		
Average Census	<u>11.9</u>		
ICU Beds	<u>5</u>		
Operating Rooms	<u>4 ORs + 2 procedure rooms</u>		

I hereby make application on behalf of this hospital for assignment as a New Hampshire trauma hospital. I have read and understand all of the criteria requirements pertaining to this application. To the best of my knowledge the information provided in or with this application is truthful and accurate, and the hospital meets or exceeds the criteria set forth therein.

CEO Signature [Signature]

Date 7.6.2021



State of New Hampshire

Department of Safety

Division of Fire Standards and Training & Emergency Medical Services
 Richard M. Flynn Fire Academy
 98 Smokey Bear Boulevard, Concord, New Hampshire
 Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



Robert L. Quinn
 Commissioner

Richard C. Bailey, Jr. and Perry E. Plummer
 Assistant Commissioners

Deborah A. Pendergast
 Director

REQUIRED ATTACHMENTS FOR TRAUMA CENTER APPLICATION

The following supporting documents must be included with the application for trauma center designation. Attachments A-I are due at the time of application (for renewal applications: no less than six (6) months prior to expiration of current trauma designation). The PRQ and attachments J-Q are due no later than thirty (30) days prior to review date. Please identify each attachment with the appropriate letter, and page indicate "page (page number) of (total number of pages in attachment)" as footer.

** If applying for a Pediatric Only Designation: Complete attachments marked with an asterisk **

Attachment	Required Documentation	Due
*Attachment A	A copy of a resolution(s) supporting the hospital's commitment to active participation as both an adult and pediatric trauma hospital signed by: a) The governing board, and b) The medical staff	At time of application
*Attachment B	A copy of the Trauma Team Activation Criteria & supporting guideline/policy	At time of application
*Attachment C	A copy of the hospital's Transfer Guidelines for adult and pediatric	At time of application
Attachment D	A copy of the Trauma Medical Director and Pediatric Trauma Medical Director (may be same person) Curriculum Vitae, and proof of current ATLS	At time of application
Attachment E	A copy of the Trauma Program Manager/Coordinator's Curriculum Vitae	At time of application
Attachment F	A copy of the hospital's guidelines for the assessment, treatment and transfer (if not addressed in Transfer Guideline) of the Brain Injured Patient .	At time of application
Attachment G	A copy of the hospital's guidelines for the assessment, treatment and transfer (if not addressed in Transfer Guideline) of the Burn Patient	At time of application
*Attachment H	A copy of the hospital's Massive Transfusion Guideline/Protocol (<i>Level III only</i>)	At time of application
Attachment I	A map of the hospital's referral area, indicating EMS Units that utilize the facility as a Medical Resource Hospital.	At time of application
Pre-Review Questionnaire (PRQ)		Thirty (30) days before review
Attachment J	<p>Address the following questions regarding trauma data:</p> <ol style="list-style-type: none"> Total number of trauma-related ED visits for the same reporting year with the following ICD 10 codes: S00-S99, T07, T14, T20-28, T30-32 & T79.A1-T79.A9 <u>EXCLUDE CODES: S00, S10, S20, S30, S40, S50, S60, S70, S80, & S90</u> Total number of patients included in the trauma registry for the reporting year <u>1,100</u> Disposition from ED for trauma patient admissions: ED to OR <u>14</u> ED to ICU <u>4</u> ED to Floor <u>58</u> Number of Interfacility trauma transfers for the reporting year: a. Transfers IN by air: <u>0</u> Transfers IN by ground: <u>1</u> b. Transfers OUT by air: <u>7</u> Transfers OUT by ground: <u>48 (4 PDV)</u> 	Thirty (30) days before review
Attachment K	Attach an over and under triage grid for the reporting period	Thirty (30) days before review
Attachment L	<p>Address the following questions regarding trauma team activation:</p> <ol style="list-style-type: none"> Number of trauma team activation within the reporting year, broken down by highest level and lower level activations (if two-tiered response used). Method of activation trauma team (i.e. group page, telephone, other). Describe which trauma team members respond to each level of activation. 	Thirty (30) days before review

(CONTINUED)



State of New Hampshire

Department of Safety

Division of Fire Standards and Training & Emergency Medical Services
 Richard M. Flynn Fire Academy
 98 Smokey Bear Boulevard, Concord, New Hampshire
 Mailing Address: 33 Hazen Drive, Concord, New Hampshire 03305-0002



Robert L. Quinn
 Commissioner

Richard C. Bailey, Jr. and Perry E. Plummer
 Assistant Commissioners

Deborah A. Pendergast
 Director

Attachment	Required Documentation	Due
Attachment M	<p>Address all the following questions regarding the trauma performance improvement and patient safety (PIPS) program:</p> <ol style="list-style-type: none"> 1. Describe the hospital's Trauma Performance Improvement and Patient Safety Plan 2. Demonstrate how the hospital is able to separately identify the trauma patient population for review 3. Describe how the trauma PI problems are identified, tracked, documented and discussed. 4. Describe the staffing and administrative support for the PIPS process. 5. Describe how loop closure (resolution) is achieved. 6. List at least two examples of loop closure (for trauma care) during the reporting year. 7. Describe how trauma PI is integrated with the overall hospital PIPS program. 8. Are trauma registry data collected and analyzed? 9. List the selection criteria for patient entry into the trauma registry. 10. Describe how the trauma medical director ensures and documents dissemination of information and findings from the trauma PIPS meetings to the non-core clinicians on the trauma call panel? 	Thirty (30) days before review
Attachment N	<p>Discuss the trauma programs involvement with prehospital trauma care.</p> <ul style="list-style-type: none"> • Provide specific information about the number, types, and average attendance of training provided to EMS. • Describe how EMS is involved in the PIPS process, injury prevention, or other aspects of the trauma program. 	Thirty (30) days before review
*Attachment O (If Pedi Only: Provide Pedi Specific Examples)	<p>Provide a description of the trauma education program, including examples:</p> <ol style="list-style-type: none"> 1. Describe the types of educational offerings provided for physicians and nurses and indicate how often each are held. (Be prepared to provide specific information about attendance if requested.) 2. Describe how the hospital demonstrates collaboration with or participation in national, regional, or state trauma programs. 	Thirty (30) days before review
Attachment P	Describe your hospital's injury prevention activities.	Thirty (30) days before review
Attachment Q	<p>Attach a list with the names of the following providers for board certification verification:</p> <ol style="list-style-type: none"> 1. Pediatric telephone consultation physician(s) (<i>Pediatric level III/IV</i>) 2. General surgeon(s) who participate in the care of trauma patients 3. Neurosurgeon(s) who participate in the care of trauma patients 4. Orthopedic surgeon(s) who participate in the care of trauma patient 5. All Emergency Department Physicians 6. Anesthesiologist(s) who participate in the care of trauma patients 7. All ICU/Critical Care Physicians 8. Pediatric Department Chair/Pediatric Inpatient Director (<i>Pediatric level III/IV</i>) 	Thirty (30) days before review