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STATE OF MAINE  
DEPARTMENT OF PUBLIC SAFETY  
MAINE EMERGENCY MEDICAL SERVICES  
152 STATE HOUSE STATION  
AUGUSTA, MAINE



MICHAEL SAUSCHUCK  
COMMISSIONER

**MILD TBI SUBCOMMITTEE NOTES**  
**April 22, 2022**  
**Meeting conducted via Zoom**  
**NOTES**

J. SAM HURLEY  
DIRECTOR

This meeting was not called to order due to a lack of a quorum. Ashley asked if there was a chair for this meeting, but no one who would likely fill that role was present.

Dr. Nuki asked about the purpose of this meeting. He stated that he hoped this group would work to identify other low-hanging fruit to improve the trauma system and standardize patient care state-wide.

Tammy attempted to update the group on the background and current situation. She explained to those new to the group that the TAC Mild TBI Guidelines had been created several years ago in response to the Trauma Centers' recognition that patients with very minor brain injuries were being transferred many hours, particularly to EMMC, only to be re-evaluated and discharged to home. The goal of these guidelines was to avoid unnecessary transfers and keep patients closer to home in their local community whenever possible. These guidelines were accepted by the TAC for use statewide by all the Trauma Centers and the Trauma System Hospitals.

However, several months ago, Dr. Zimmerman had brought to the attention of the TAC that MMC was using a different version of the mild TBI guidelines. This subgroup was created to review the two versions of the guidelines and discuss how to move forward with the difference in practice. One potential outcome of this group might be to update the TAC version to match the MMC version. In preparation for this subgroup meeting, Dr. Cynthia Richards presented a summary comparison of the two guidelines. Unfortunately, Dr. Zimmerman, Dr. Richards, and none of the Trauma Surgeons could attend the meeting today.

Dr. Nuki expressed concern that MMC had veered off on their own path and was not using the TAC Mild TBI Guidelines. Dr. Nuki asked Tammy if MMC had simply disregarded the TAC's recommendation, or if there was an evidence-based practice that drove the change? Tammy stated that she was unsure how things got to this point, but that we do have two different clinical standards in the state right now. One example of the difference in practice is the care of patients who are on anti-platelet medications, for whom the TAC guidelines state the patient should be transferred to a Level 1 or 2 trauma center with a neurosurgeon, but the MMC guidelines state that the patient should be kept at the local hospital.

Dr. Nuki recommends that the issue of MMC creating their own guidelines be discussed with the full group at the Quarterly TAC Meeting next week. He also recommended that in the meantime, the state should continue with the current TAC protocol.

Since there was no quorum, no decisions could be made, other than to table the discussion to the full TAC Meeting on Tuesday. Ashley will send out an update to the group prior to that meeting.

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Note Minutes Submitted by A. Moody

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