Maine EMS Trauma Advisory Committee Meeting Minutes – Tuesday, July 26, 2016

Present: Chris Paré, Anna Moses, Tammy Lachance, James Curtis, Pete Tilney, Joanne Lebrun, Kristen Sihler, Harry Grimnitz, Regen Gallagher, Geno Murray, Gail Ross, Brad Boehringer, Julie Ontengco, James Reilly, Thomas Judge, Nicole Breton, Ben Zetterman (Phone). Staff: Rick Petrie

Topic	Discussion	Action/Follow up
Called to order at 12:35; Introductions	The meeting was called to order by Geno Murray. The confidentiality policy was stated by Geno, and the confidentiality statement was circulated for signature.	None
Minutes of April 2016	The minutes of the previous meeting were reviewed.	Motion to approve (Lachance/Moses). All in Favor. Approved.
Case Review (CMMC/EMS) Liberty Accident	Rick and Tammy presented a case from Liberty involving a significant mechanism MVA in a rural part of Maine. Volunteer EMS crew that included 1 paramedic, 3 EMT's and a driver managed a multisystem trauma patient involving significant bleeding control, surgical cricothyroidotomy, chest decompression, and seizure management. Patient initially transported by ground to MGMC Augusta (LOM not initially available) where stabilizing care was provided, then transported by LOM to CMMC. Discussion from the group: 1. Excellent team/system work resulting in the patient survival. 2. C-collar removed to facilitate Cric and not reapplied until arrival at CMMC (use of other stabilization devices). No negative outcome. 3. Delay and then use of TXA. Discussed pros and cons	None. Presentation available to anyone who may be interested in seeing the information. Contact Rick directly.
Intentional Injury Project	Anna Moses spoke briefly about the potential of doing a review of non-accidental self-inflicted injury. Initial anecdotal assumption was that these cases were on the rise. However, so research has shown that it may be cyclical and not showing a general increase. More work to follow.	None

	1	[
Trauma Coordinators	Rick let the group know that at their June meeting that Maine EMS Board had approved the	Informational
	amendments to the Maine EMS Trauma plan as	
	recommended by the TAC	
	Tammy Lachance reminded everyone that the 2016	Informational
	MCOT conference will be November 9, 2016. The	
	focus of the program will be orthopedic trauma.	
	Anna reported that their re-verification visit went	Informational
	well, and they anticipate getting the official results	
	in September. Tammy reported that CMMC was reverified as a level II center, and they had submit	
	additional info by November in order to be awarded	Informational
	the full 3 years. Kristen Sihler reported that Joe	
	Rappold, MD, FACS would be taking over as the Trauma Director for MMC, and that their re-	
	verification was scheduled for January 2017	
	Jon Powers was unable to attend, so Rick updated the group on the status of the Statewide Trauma	
	Data Collection project with Image trend. The	
	contract and purchase has been completed with	
	Imagetrend, and the site will be	
	www.MEFIRS.org/trauma. Jon will be working to set up the system over the next couple of weeks.	
	Jon also asked Rick to let people know that MEMS	
	is moving ahead with the initial integration	Informational.
	discussions with Maine HealthinfoNet to allow transfer of data, EMS reports, and outcomes data	
	back to both the EPCR system as well as the	
	Trauma Registry	
	Joanne spoke about their local RRC work on MCI	Informational
	which will dovetail into the TAC subcommittee	
	work on MCI. Primarily, they are looking at Scene	
	Command/organization, Communications, and implementing triage tag days to increase	
	familiarization with the tags.	
		Informational
	Rick let the group know that the Trauma Manager	
	contract was sent out for RFP, Deadline for	

proposals is August 18, 2016. In response to a question from Geno about who would review the proposals, Rick stated that he had been told it would be Shaun St. Germaine and 2 people from the bureau of purchases. Rick also let the group know that the original contract would end June 30, but he had received an extension through September 30. TAC Work plan Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-up care. This would help the Transfer of			
proposals, Rick stated that he had been told it would be Shaun St. Germaine and 2 people from the bureau of purchases. Rick also let the group know that the original contract would end June 30, but he had received an extension through September 30. Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
would be Shaun St. Germaine and 2 people from the bureau of purchases. Rick also let the group know that the original contract would end June 30, but he had received an extension through September 30. TAC Work plan Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		•	
the bureau of purchases. Rick also let the group know that the original contract would end June 30, but he had received an extension through September 30. Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		• •	
know that the 'original contract would end June' 30, but he had received an extension through September 30. Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		* *	
But he had received an extension through September 30. Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
TAC Work plan Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		_	
Geno spoke with the group about the interest in developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tiney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
developing a work plan for the next year, and requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-	TACW 1 1	1	T.C 1
requested input. Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-	IAC Work plan		Informational
Harry Grimnitz spoke about the difficulties encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		1 0 1	
encountered when trying to move patients to a tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		1	
tertiary care facility, both with finding an accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of patients back to local for facilities for follow-			
accepting facility as well as arranging for transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
transportation. He asked if there could be thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		tertiary care facility, both with finding an	
thought given to a central agency that would take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		accepting facility as well as arranging for	
take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		transportation. He asked if there could be	
take these calls and make the appropriate transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		thought given to a central agency that would	
transportation arrangements. Kristen echoed his concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
concerns and supported the concept. Tom Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		* * *	
Judge stated that there had been initial discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
discussions between one-call (EMMC), Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
Connect (CMMC), REMIS (MMC) and MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		<u> </u>	
MEDCOMM to set up just such a system. He will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
will update us on progress as this moves forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
forward. Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
Pete Tilney spoke about the difficulties with establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
establishing real-time bed availability and developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
developing a system to improve that communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		* =	
communication. James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
James Reilly spoke about the need to develop criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
criteria for appropriate use of tertiary-care facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-			
facilities as well as the development of guidelines for the appropriate transfer of patients back to local for facilities for follow-		* *	
guidelines for the appropriate transfer of patients back to local for facilities for follow-		** *	
patients back to local for facilities for follow-		=	
		11 1	
up care. This would help the Trauma Centers		1	
up care. This would help the Tradina Centers		up care. This would help the Trauma Centers	
open up beds for patients in need of trauma		open up beds for patients in need of trauma	
center care.		center care.	

	The TAC decided to request the Trauma	Rick will work with the Trauma Coordinators on
	Coordinators develop some initial study criteria	this project.
	to develop these guidelines.	
TAT/RTTD Update	The TAT/RTTD scheduled for Calais in June was	Informational
	rescheduled for the fall because of an ED employee	
	death. TAMC is scheduled for November we are	
	waiting for dates from Redington Fairview.	
Other	Kristen announced that a representative from T-	Informational
	QUIP, Avery Nathens, would be presenting at the	
	MMC Grand Rounds on August 4 in the Dana	
	Center, 9am. Topic is "Using T-Quip for risk	
	adjustment in trauma". All were welcome.	
		Informational
	Tom Announced that EMMC ATLS would be held	
	in the new LOM building at BIA. He also let	
	everyone know that they would be putting a 3 rd	
	Helicopter in Sanford around the first of the next	
	year.	
Adjourn	Next Meeting: October 25, 2016. 12:15 – 2:30 at	Meeting was adjourned at 2:25. (Moses/Pare) All
	Maine EMS.	In Favor