## Trauma Prevention & Control Committee

**Date** April 23, 2019  
**Time** 12:30-2:30pm

### MINUTES

<table>
<thead>
<tr>
<th>Chair: Petrie</th>
<th>Staff: Zimmerman, Minkler</th>
<th>Guests: Merica Tripp, Rural Health &amp; Primary Care</th>
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<tr>
<td><strong>Members:</strong> Zetterman (p), Bjorn, Lachance, Ontengco, Paré, Sholl, Tilney, Hines, Moses, Bragg, Ross, Nelson, Lebrun, Chung, Neilson (p) = phone</td>
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<tr>
<th>Agenda Item</th>
<th>Discussion</th>
<th>Action Items</th>
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<tr>
<td>Welcome &amp; Introductions</td>
<td>12:41 meeting called to order by Chair, Rick Petrie</td>
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<td>Approval of January 22, 2019 Minutes</td>
<td>Motion P. Bjorn, second Dr. Tilney</td>
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<td>Trauma Case Review</td>
<td>MMC Case presented by Dr. Chung. 50 yo male single vehicle MVC, ejected. Taken to OSH where he became unstable and had damage control surgery by their general surgeon and was then transferred to MMC. Lessons learned: OSH did excellent job with damage control surgery and communicated well with MMC prior to, during and after the surgery. Discussed blood replacement that he received and ratio of products. Discussed importance of making sure that the pelvic binder (was a sheet in this case) is tight. (Patient had their pelvis packed in surgery, which was helpful. Many facilities do not have a t-pod and may be using a sheet, they need to be sure that sheet stays tight.)</td>
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<td>Pediatric Initiatives</td>
<td>Dr. Neilson presented the MMC data re: dog bites and stove burns. Data limited to just those that were admitted. Noted that there may be many that are seen in ED and not S. Nelson to provide the CDC reports</td>
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admitted that just are not captured in the Trauma Registry. Pit Bulls were the breed responsible for the majority of these severe bites, though overall the number was small.

Dog bites:
- Some states have legislation re: dog breeds
- CDC data: Based on statewide hospital ED D/C data
  - Smaller dog breeds are more common offenders
  - Does not take into account mixed breeds
  - The severity of the bite is not reported
- Trauma Registry: will be able to tell whether or not the patient was insured at the time of the injury
- Education: needs to reach the public
  - What about at birth as a packet for the parents
  - Vets
  - Pediatric office/Family Medicine office?
  - T. Lachance: Safe Kids, Safe Dog project
    - What about at the level of dog registration?
    - Animal shelters (they ask if there is a child in the home)

Stove Burns:
- Our data excludes those that went to Shriners in Boston
- Noted that Somali community often cooks with hotplates on the floor, kids are prone to get burned on these.
- Education
  - Fire Safety week – October 12, 2019
  - Somali community
  - Insurance companies
  - At point of sale or installation of woodstoves
  - Fire Marshall’s office

| Trauma Coordinator Team Update | EMMC: verification in June; almost up to full staffing  
CMMC: 10 surgeons, almost up to full staffing; have an EMS liaison who will be starting soon, Shawn Tumeler (sp)? (Tech in ED and a Paramedic)  
MMC: ATLS in September, ABLS course coming in November and one prior to that. Adult verification coming up. Pedi looking for this 6-8 mos as well as Burn Center Verification.  
MCOT Update | Consider reaching out to ACEP, AAP, MMA, Family Medicine Groups  
All – let R. Petrie know if you have any leads on a Keynote Speaker for MCOT.  
Dr. Zimmerman to get the Trauma Directors together to discuss a TQIP Collaborative. |
November 6, 2019 @ Samoset  
Topic: head injuries  
Looking for Keynote Speaker  
Save the date cards will be going out soon  

### Trauma Registry
- We seem to be at a standstill  
- Maybe start with a TQIP collaborative; Dr. Chung will help with this – states that there is a toolkit on the ASCOT website, though there is a fee. They will aggregate the data amongst the institutions. Would like to approach UVM and Dartmouth to participate as well.  
- Trauma Registry – is there money for this? MEMS pays for ImageTrend. The contract is coming up for re-negotiation. Might there be any pitch to MEMS to help underwrite the cost for the data sharing? Could we use the MEMS funding source for the TQIP data? There is the NTDB (National Trauma Data Bank) this will be limited. It is better than what we have now. Region 1: ME/NH/VT/MA/RI.  

### MDBP Update
Dr. Sholl reviewed where we are in the protocol review process.  
- Wrapping up protocol review  
- May/June/July education  
- Sept-November training  
- TXA dosing – keeping where we are; MATTERS/CRASH-2 and case reviews. Until we have new/better evidence, we are staying put.  
- Crush injuries is a new protocol  
- Dr. Chung notes that he is the ASCOT representative assigned to the ground ambulance equipment list – if you have input or feedback locally, this is an opportunity. NAEMSP, NAEMT, NASEMSO, ENA, HRSA are involved as well.  

### ME FirstNet Update
Postponed as Kevin McGinnis was not able to attend. Will place this back on the agenda for a future meeting.  

### Mild TBI Project
- Reviewed the most recent drafts of the guidelines and order set.  
- Dr. Tileny – question re: anticoagulated head injury: What about the patient with negative head CT and good mechanism and no one to be at home with them? We do not address this directly. Bruce: negative head CT without other injuries – probably not...
accept these in transfer; the guideline is only for those with +head CT. May want to
review this in the education piece
  o Trauma centers to integrate this into their outreach (trauma
    coordinators/Chiefs will head this up)
  o MEMS put this up on the website
  o Would Maine ACEP be able to put this on their agenda – would Maine ACEP
    endorse this? Dr. Zimmerman can present at June ACEP meeting.
  o Motion to accept the guidelines/protocols as written: P. Bjorn/Dr. Hines

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<th>TAT/RTTD</th>
<th>PenBay March 28/29 (P. Bjorn et al)</th>
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<td>• Feedback was great – well received and engaged</td>
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<td>• They would like to follow-up: P. Bjorn will work on this.</td>
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<td>Calais, DECH, Inland (Pending CALS review)</td>
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|                   | • May dates discussed and Dr. Zimmerman needs to RSVP re: head count for them. Can
  sent you materials electronically if attending. |
| Rumford (T. Lachance) | |
|                   | • Dr. Zimmerman saw Bethamy Bordeau at Maine Stroke Alliance meeting this
  morning. She noted that they are interested in full course as they have had a lot of
  turnover in their ED staffing. They have also lost their surgeon. Dr. Zimmerman
  will work on a date for this fall for TAT & RTTD. |

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Pediatric Trauma (M. Minkler)

- EMS-C is in its 9th month now since started in Maine
- HRSA/DHHS grant with goals reviewed
- Handed out ME Pedi data for 1st quarter of 2019 (posted on the Maine EMS website)
- Reviewed website with the TAC
- Education re: pediatric disaster management – he will be meeting with regional partners for disaster planning.
- Working on best practice of transferring patients and guidelines
- Notes that he still needs to move through the data and will provide reports to us
- S. Nelson notes that she oversees the statewide state prevention suicide program (youth and adult) and would be happy to collaborate.
- Mark has also been managing the website Stop The Bleed – continue this outreach
- May is Stop the Bleed the month and 23rd is the day
- New version of the course comes out May 1st

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<th>Next meeting</th>
<th>The group voted to keep the next meeting date of <strong>July 23, 2019</strong> 12:30-2:30p</th>
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<td>Meeting Adjourned</td>
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