**Agenda Item** | **Discussion** | **Action Items**
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Welcome & Introductions | 12:30 Called to order by Chair, Rick Petrie |  
Approval of October 16, 2018 Minutes | Motion Nuki; Second Lachance |  
TAC Goals for 2019 | What projects would the group like to address this year? Dr. Neilson discussed need for pediatric-focused objectives (age < 18 yo) with public outreach and education.  
- Dog bites  
- Woodstove/fireplace burns  
  - Point-of-sales information/safety brochures  
  - Fire prevention week  
- Falls from windows  
  - Code enforcement – there are Public Health Nurses that are going to be hired by the state, could the outreach be done by them? | Create contact/resource List:  
CDC/MDHO- Ms. Nelson  
Rural Health – Mr. Morse  
Dept. of Public Safety – Dr. Zimmerman  
Maine Quality Counts – Dr. Nuki  
Hospital Contacts (can use the regional offices)
How do we do outreach? Maine CDC Injury Prevention Program is unfunded. There are other programs like WIC and the Public Health Nursing that do programs through which we could reach families with small children.

What is the scope of the problem? What are the numbers? Discussed how to access the data as we would need ED data and not just Trauma Registry data as not all patients are admitted.

- Dog bites are reportable to PD which could be a resource, HIN may be helpful, CDC can look at hospital data via Maine Health Data Organization, hospital billing/codes may be another resource

Suggested that we create a list of what the public outreach would look like with resources/contacts (which would help us with future projects too)

There may be some materials, though outdated, on old Injury Prevention Program site.

National resources:
- Children’s Safety Network [https://www.childrenssafetynetwork.org](https://www.childrenssafetynetwork.org)
- Safe Kids [https://www.safekids.org](https://www.safekids.org)
- EMS-C: Maine is now a member [https://emscimprovement.center](https://emscimprovement.center)

| Trauma Coordinator Team Update | EMMC reports that they are currently recruiting; Trauma Center Reverification is coming up; They will be teaching their first 10th edition ATLS course; Stop-the-Bleed courses in March (for Maine Maritime and Athletic Trainer Association).

**CMMC** reports that they had a successful Level 2 Trauma Center Reverification with no deficiencies! They are collaborating with Massachusetts General Hospital with monthly trauma reviews (4th Friday of the month). They are advertising via CMMC social media and through the regional office.

**MMC** reports that their next Trauma Center Reverification is in 2020; They will be going up to the Maine Legislature on March 24, 2019 for a Stop-the-Bleed program; High Schools have also been interested in the program; Collaborating with CMMC to help with neurosurgical coverage. |

| MDBP Update | Work continues on the protocols. Currently reviewing the Green Section; reviewing data re: TXA, Ketamine use. |

<p>| ME FirstNet Update | Postponed, Mr. McGinnis was not able to attend the meeting today. |</p>
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<th><strong>Trauma Registry Update</strong></th>
<th>Mr. Nangle discussed the current issues/barriers. Still waiting to hear back from AG office re: HIPPA. There is also no requirement that the hospitals contribute to the registry. How can we get this up and running?: 1. Legislation re: submission of data – defining TAC as a public health authority 2. TQIP collaborative Where do hospitals currently stand? Drs. Sholl/Zimmerman can reach out to MHA Rappold made a motion to move forward with legislative relief re: our Trauma Registry. Chung seconds. Lanchance makes a friendly amendment: that our legislation be so that we can have a Trauma Registry that hospitals are mandated to report to. All were in favor.</th>
<th>Drs. Sholl/Zimmerman to reach out to MHA. Consider submitting legislation. Dr. Nuki familiar with physician to reach out to.</th>
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<td><strong>MEFIRS &amp; EMS Triage Criteria</strong></td>
<td>There is a new field in ACS for trauma triage criteria. It is a field that we do not currently collect in the patient data form. We are trying to come up with a way to minimally impact the providers. For the registrar: this is a field that you only collect from scene patients that are coming to your hospital. EMS rationale for why the patient needed a trauma center over a trauma system hospital. i.e. they met MEMS trauma triage criteria. They are not listing these as a field in the run report. Currently they are doing that in the narrative, but there is not specific field for them to look at. Tim is trying to figure a way so that this does not pop up on the screen every time</td>
<td>Mr. Nangle to discuss with the Trauma Coordinators.</td>
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<td><strong>Mild TBI Project</strong></td>
<td>The group has met and a draft of the guideline has been created. Discussion re: barriers and need for careful roll-out and education once final product is ready.</td>
<td>Dr. Zimmerman to send draft to the TAC for review.</td>
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<td><strong>TAT/RTTD</strong></td>
<td>- PenBay: March 28/29th has been scheduled.  - Calais, DECH, Inland (Pending CALS review) – Calais – May 8/9; Brunswick May 15/16th. They will come together for Peter’s animal lab 17th either in Waterville or Bangor at one of the community colleges.  - Rumford – Tammy Lachance has been working with them, they probably will only want the RTTD course.</td>
<td>Dr. Zimmerman to follow-up with PenBay. Ms. Lachance to follow-up with Dr. Zimmerman re: Rumford RTTD details.</td>
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<td><strong>Trauma Directors Update</strong></td>
<td>No meeting – but consensus was to focus on rural care, local management of injuries and strong collaboration between the 3 institutions.</td>
<td>Trauma Coordinators to send Dr. Zimmerman their admin contact info so that meetings can be scheduled.</td>
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<td><strong>Trauma Case Review</strong></td>
<td>Postponed until next month</td>
<td>Dr. Rappold to send slides to Dr. Zimmerman</td>
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<td><strong>Other Business</strong></td>
<td>- Welcome Dr. Neilson  - Dr. Zimmerman alerted the Trauma Coordinators that MMC will be asking for letters of support for a TXA project.</td>
<td>Dr. Zimmerman to forward C-spine IRB info to EMMC, CMMC.</td>
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<td><strong>Pediatric Trauma</strong></td>
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• TXA LOS
• C-spine

• C-spine study was approved by MMC IRB. This info will be forwarded to CMMC and EMMC to provide to their IRB so that we can move forward with the project.

Meeting Adjourned 1426h

Next meeting: April 23, 2019; 12:30-2:30 at MEMS

Draft 2/14/209

Approved: 4/23/19

Respectfully submitted by:

Kate D. Zimmerman, DO