



STATE OF MAINE
 DEPARTMENT OF PUBLIC SAFETY
 MAINE EMERGENCY MEDICAL SERVICES
 16 EDISON DRIVE
 AUGUSTA, MAINE
 04330



JANET T. MILLS
 GOVERNOR

MICHAEL SAUSCHUCK
 COMMISSIONER

TRAUMA ADVISORY COMMITTEE
July 28, 2020
MINUTES

J. SAM HURLEY
 DIRECTOR

Members Present: Rick Petrie (Chair), Tammy LaChance (CMMC Trauma Program Manager), Pret Bjorn (NLEMMC), Julie Ontengco (MMC), Matt Sholl (State EMS Medical Director), Nathan Morse (Maine CDC Rural Health Primary Health Program), Norm Dinerman (CMMC/Lifeflight), Pete Tilney (CMMC), Tim Pieh (Maine General/Region 3 Medical Director), Tom Judge (Lifeflight), Guy Nuki (Blue Water Health), Chris Paré (MMC), Bruce Chung (MMC), Joe Rappold (MMC), Gail Ross (NLEMMC), Anna Moses (NLEMMC), Ian Neilson (MMC), Lyndsy Bragg (Maine General), Joanne LeBrun (Tri-County Regional EMS), Sheila Nelson (Maine CDC Injury Prevention), Mindy Gammond (NLMercy), Chris Costello (Mount Desert Island Hospital), Amy Fenwick (NLEMMC)

Guests: Brent Libby (Windham Fire), John Kooistra (Windham Fire), Jay Bradshaw (MAA), Debbie Morgan (Aroostook Region EMS), Michael Schmitz (SMHC),

Staff Present: Kate Zimmerman (Trauma Program Manager), Marc Minkler, Darren Davis, J. Sam Hurley

The mission of Maine EMS is to promote and provide for a comprehensive and effective Emergency Medical Services system to ensure optimum patient care with standards for all providers. All members of this board/committee should strive to promote the core values of excellence, support, collaboration, and integrity. In serving on this Board/Committee, we commit to serve the respective providers, communities, and residents of the jurisdictions that we represent.

This meeting was conducted virtually on Zoom.

Meeting called to order with a quorum by Mr. Petrie at 12:35

(Bold indicates decisions, normal font is discussion)

Dr. Zimmerman reads statement of confidentiality agreement, all individuals agree verbally with their introduction.

Minutes from January 2020

Motion to accept minutes from January 28, 2020 with no changes by LeBrun, seconded by Rappold, unanimous approval

Maine EMS Update from Director Hurley

- Introduces Darren Davis as new Data Coordinator with focus on Opioid Data through grant program and QI.
- Would like an update of names of members on Committee to provide to State Boards & Commission filing service
- Strategic Vision is needed for TAC and a discussion should occur of what trauma care should like in the State of Maine, use of trauma registry, and overall trauma system definitions.

MDPB Membership Update from Dr. Sholl

- New members and voting positions on MDPB

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- ALS – Claire DuFort
- BLS – Adam Thacker
- EMS for Children – Dr. Rachel Williams

TAC Membership Update from Dr. Zimmerman

- Needs approval from Maine EMS Board & filed with Secretary of State
- Maine Legislative Statute (MRS 32 §87A.2) maps out minimum required (must be as geographically diverse as possible and must include without limitations) of a minimum of (20) members
 - (1) Board of EMS representative
 - (4) Trauma Surgeons
 - (2) Emergency Physicians
 - (1) Director of Maine EMS
 - (1) Emergency Nurse
 - (1) Critical Care Nurse
 - (1) Trauma Rehabilitation Specialist
 - (1) Regional EMS Council Representative
 - (1) Air Ambulance Representative
 - (2) Prehospital Care Providers
 - (3) Hospital Administrators
 - 1 Small Hospital
 - 1 Medium Hospital
 - 1 Large Hospital
 - (1) Representative of Maine Hospital Association
 - (1) Trauma Care System User
- **Chris Costello (MDI Hospital) as new MHA rep**
- **Cynthia Richards (CMMC/Central Maine Ortho) as Trauma Rehab Specialist**
- **Leslie Anderson (Cary Medical Center) as Small Hospital Administrator**
- Dr. Pieh speaks about the importance of diversifying membership
- **Petrie recommends moving Dr. Nuki to ED Physician role, Dr. Pieh agrees**
- Bjorn would like to reach out with Dr. Dinerman to northern area of Maine for possible members
- Director Hurley raises concern of size of defined members will define quorum and approval votes which may be challenging - currently 42 are listed as members
 - Does not have to limit input and openness or limit voice on trauma matters
 - Bradshaw speaks of statute beginning in early 1990s that left it open ended with membership but does affect quorum needed
 - Petrie notes some members have emeritus status from their role in establishing Trauma System in Maine (notably Dr. David Stuchiner and Kevin McGinnis)
- **Petrie states that it is understood that Drs. Gammaitoni and Reight are stepping away, confirmed by Bragg**
- Petrie states that the current trauma surgeons are Rappold, Fenwick, King, Ciraulo
 - **Dr. Zimmerman states that Dr. Ciraulo is stepping away but wishes to remain on mailing list**
 - Drs. Chung & Neilson are asked about filling 4th role, they state diversifying out of MMC would be helpful to system but will if no one else to fill role
 - Bragg states Dr Stephanie Joyce (Maine General) is interested in 4th role
- **Bjorn makes motion to accept Dr. Stephanie Joyce as 4th trauma surgeon, 2nd by Rappold, passes roll call vote passes unanimously**
 - Director Hurley asks if there is an application process for open positions, similar to MDPB

- Petrie advises that there is not. Bradshaw confirms that past process is by coming to meetings or reaching out to trauma coordinators or Maine EMS, but no application or other process.
- **Noted that Heather Cady is no longer practicing/living in Maine, will seek member to fill the critical care nurse position**
- Tom Judge notes that TAC has been informal in past practice in filling roles but there may be value in an application process with job description and expectations to formalize process. Petrie agrees. Dr. Zimmerman will research other committee processes and add to next agenda.
- **Dr. Zimmerman notes that Geno Murray (system user position) is no longer active and has not answered attempts to contact and need to fill role**
- **Dr. Zimmerman suggests moving Bragg to Emergency Nurse position, she agrees**
- Dr. Sholl discusses if it is premature to fill these roles until more formalized process is established to not dissuade and balance inclusivity. Should Judge's suggestion occur first? Petrie agrees and Hurley feels that list to Secretary of State can be delayed in order to improve process. Hurley advises he is listed as Clerk of the Board for TAC and can update membership anytime. He notes that Secretary of State wants it done, but he believes improving process and updating once is better than updates multiple times. LeBrun supports a process that is welcoming and opening without obstacles to embrace the spirit of the original legislation. Ontengco agrees on waiting to improve process.
- Petrie suggests developing process and adopt a process in October meeting and then reaching out statewide to fill identified open positions.
 - Hurley indicates importance of noting who is voting members, position term, how to add/remove positions and an overall structure, suggestions work group of himself/Petrie/Zimmerman to develop this
 - Petrie suggests ensuring incorporating language from statute enabling legislation and trauma system plan
- **Motion from LaChance to form a subcommittee to study history and process of membership for TAC, inclusion process and develop process going forward with due date of October meeting, 2nd by Paré. Passes unanimously.**
 - Committee members will be Ontengco, Tilney, Bjorn, LaChance, Petrie, Hurley, Zimmerman.

MMC/Windham Fire Trauma Presentation

- Case presentation on MVA/crush injury/surgical cric incident from Windham Fire (Kooistra) and MMC (Rappold).

Trauma Directors Update

- MMC – Julie Ontengco
 - ATLS classes have been postponed, looking to do a larger class in September, she will be reaching out to those registered
- NLEMMC – Pret Bjorn
 - No major updates
- CMMC – Tammy LaChance
 - No major updates
 - CDC/CMMC investigating new outbreak of COVID at hospital

Rural Trauma Team Development Update – Dr. Zimmerman

- Working with Memorial Hospital on trauma visit/education
 - Must include COVID considerations
 - Oct or Nov dates possible
- Lectures could be done online but would have challenges around hands-on practical sessions

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- No direction from national course program

MDPB - State EMS Protocols – Drs. Zimmerman and Sholl

- Reminder to offer any new thoughts/suggestions/evidence on trauma management to section author (Dr. Tim Pieh) or to Drs. Sholl or Zimmerman
- Comments due by next TAC meeting (October 27, 2020)

Pediatric Initiatives

MMC - Neilson

- No major Updates

EMSC - Minkler

- Dr. Williams has begun as EMSC medical director
- Performance measures of recognizing hospitals for pediatric trauma management are current trauma work processes
- Likely exists in trauma plan for state but need to ensure pediatric measures are appropriately emphasized in document
- Will work with Petrie and Zimmerman on TAC input and resources
- Using TAC as a model for perinatal care and it serves as an excellent model for other care modalities

Mild TBI – Dr. Zimmerman

- Guidance exists, outreach is needed to rural hospitals
- Work needs to be done on rolling this out
- Nuki suggests considering use of ACEP and MHA to rollout
 - Education module needs to be a finished package
 - Sholl reports on enthusiasm and energy on recent pandemic efforts with MHA and MMA that may be beneficial
 - Petrie suggests using trauma coordinators and directors for rolling out as well
 - Fenwick suggests developing checklist to ensure all hospitals are provided the information as it will take some time to cover all locations
 - Fenwick will send presentation of abbreviated education package to Nuki and Zimmerman
 - Zimmerman advises protocol/guideline is posted on Maine EMS website under TAC resources
 - Begin planning outreach for the education

MEMS Trauma System Operations Manual Review

- Defer discussion to October as trauma program managers need to focus on TAC membership and policies

Pedestrian Trauma

- No update

GCS – Dr. Zimmerman

- GCS 40 vs GCS-P vs traditional GCS
- 11 responses on survey, most stated they will be using the traditional GCS scoring and not be changing to GCS-40
- Ontengco advises trauma center allows for GCS-40 but is predicated on statewide use – MMC has started using GCS-P internally
- Bjorn advises NLEMMC discussed and neuro has consented to use GCS but is not using GCS-40, nor is their EMR able to document this

- **Consensus is to leave the traditional GCS system for EMS in place** and no major changes are needed, although individual trauma centers may use GCS-P, and provide future data for consideration at a future time

Maine Committee on Trauma - Petrie

- Decision needs to be made about Nov 5, 2020 meeting – Petrie is in discussion with Samoset about this
- Petrie will reach out to MCOT planning committee members

Trauma Case for October TAC meeting

- Bjorn advises NLEMMC will be presenting

Motion by Bjorn, 2nd by Paré to adjourn

Meeting adjourned at 2:39pm

Next Meeting – October 27, 2020 12:30 – 2:30pm

Minutes submitted August 4, 2020 by Marc Minkler

Minutes Accepted October 27, 2020