



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



JANET T. MILLS  
GOVERNOR

MICHAEL SAUSCHUCK  
COMMISSIONER

**TRAUMA ADVISORY COMMITTEE**  
**April 27, 2021**  
**MINUTES**

J. SAM HURLEY  
DIRECTOR

**Members Present:** Rick Petrie (Chair), Tammy LaChance (CMMC), Pret Bjorn (NL-EMMC), Julie Ontengco (MMC), Dr. Matthew Sholl (State EMS Medical Director), Dr. Pete Tilney (CMMC), Dr. Joe Rappold (MMC), Chris Paré (Wells EMS), Dr. Ian Neilson (MMC), Chris Costello (MHA / Mount Desert Island Hospital), Leslie Anderson (Cary Medical Center), J. Sam Hurley (MEMS), Anna Moses (NL-EMMC), Lyndsy Gardner (MEGen), Joanne LeBrun (Tri-County EMS), Dr. Cynthia Richards (CMMC), Dr. Richard King (CMMC), Dr. Amy Fenwick (NL-EMMC), Tom Judge (LifeFlight of Maine)

**Guests:** Sheila Nelson (CDC Adolescent Health & Injury Prevention), Phillip MacCallum (Auburn Fire), Dr. Bruce Chung (MMC), Dr. Norm Dinerman (CMMC/LifeFlight of Maine), Dr. Kelly Meehan-Coussee (MEGen), Gail Ross (NL-EMMC), Chip Getchell (Delta Ambulance), Bill Cyr (LifeFlight of Maine), Merica Tripp (Rural Health), Dr. Bryan Morse (MMC)

**Staff Present:** Dr. Kate Zimmerman (Trauma Systems Manager), Marc Minkler, Melissa Adams

*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 12:37

*(Bold indicates decisions, normal font is discussion)*

Minutes from January 26, 2021

- Zimmerman adds Dr. Stephanie Joyce to list of Maine EMS board approved TAC members
- **Motion to accept minute from January 26, 2021 with this addition by Judge, seconded by Rappold, unanimous approval**

Dr. Rappold presents on case of facial/head trauma from 80-pound weight that fell from 40-foot height

- Recognized lifesaving decision by EMS to transport patient in left lateral decubitus position due to massive hemorrhage in head/face/airway
- GCS of 12 on arrival at MMC
- Intubated after massive vomitus of blood, 11-hour course in OR, including a tracheostomy, for massive and numerous injuries to face/head
- 2-week hospital stay and doing well in rehab/plastic surgery continuing
- MMC ED attending & trauma director did very positive follow up with EMS agency involved

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## TAC Bylaws Subcommittee

- Document previously sent to all TAC members by Zimmerman
- Neilsen asked about only 2 ED physicians on make up of committee, Petrie refers to Maine Statute that defines this, and it could be changed but requires legislative action to do so. Zimmerman advises the statute is a minimum membership requirement, but TAC exceed this.
- **Motion to accept TAC bylaws by Pare, seconded by Rappold, Fenwick abstains, unanimous approval**

## Trauma Plan Review Subcommittee – Zimmerman

- The aim was to be more visionary and inclusive
- Judge feels it is a working draft and need to finalize the format and have TAC members do a final review with comments to Zimmerman due by May 25, 2021
- Zimmerman will have final version for July 2021 meeting
- Hurley re-emphasizes the importance of stakeholders to review and comment on this plan

## Mild TBI – Zimmerman/Chung

- Zimmerman speaks on MMC mild TBI protocol (which is slightly different than TAC Mild TBI protocol), and may need to adjust/update TAC mild TBI guidelines
- Chung speaks informally on conservative approach and MMC currently utilizing with MidCoast and PenBay hospitals as they are part of the Maine Health system
- Zimmerman/Chung present side by side comparison of TAC guideline and MMC guideline
  - Goal to manage patients safely but when possible to have patients remain in local hospital with resources from trauma center
  - Some differences discussed were:
    - Pneumocephalus excluded in MMC guidelines
    - Utilized Arizona brain injury guidelines
    - Different terminology for subarachnoid hemorrhage
    - Different guidelines for subdural hemorrhage
    - Aspirin use has different guidelines for imaging
- Fenwick requests info to be sent to members
- Bjorn expressed concern about different guidelines and variations between trauma centers
  - Would like more time to align the guidelines
  - Chung emails guidelines to Zimmerman for distribution and further discussion and work
  - Zimmerman emails to the TAC membership
  - Lengthy discussion on MMC/CMMC/NL-EMMC trauma centers perspectives and current processes

## MDPB Update – Sholl

- Continues work on protocol updates with goal of May 1, 2021 draft completion
- Head Injury protocol to reflect Arizona EPIC guideline approved by MDPB
- Pain Management protocol is becoming more EMS provider directed in terms of medication selection
- Antibiotic (ceftriaxone) use for open fractures
- White papers in development for changes
- IFT discussions occurring, led by Tilney
  - Tilney states it is an agenda item for next MDPB meeting and will follow up for next TAC meeting

## Maine EMS Update – Hurley

- LD5 was signed by Governor Mills to give Maine EMS access to outcome data to allow for feedback and quality efforts
  - Will require Maine EMS rulemaking efforts to address this, and is underway
- Maine EMS is in process of funding for a Systems of Care Coordinator 2-year grant to oversee time sensitive emergencies (e.g. stroke, STEMI, sepsis, trauma, perinatal emergencies) will collaboration from all other existing partners
- COVID-19 vaccination program continues to occupy much of MEMS' time
- QI Committee is working on a trauma newsletter and would like to have TAC inclusion/input
- Bjorn asks about clarification on outcomes data from LD5 and hospital requirements
  - Hurley describes how this is done through Health Info Network and not a hospital additional workload, also that it excludes certain conditions following HIN rules
  - Sholl speaks of process due to some clarification of access and how CARES data had been very useful but ended in 2018 for Maine due to inability to access hospital outcome data from patients seen by EMS

## **Motion to adjourn by Judge, 2<sup>nd</sup> by Dinerman.**

Meeting adjourned at 13:59

**Next Meeting – July 27, 2021 12:30 – 2:30pm**

Draft minutes submitted by Minkler on April 30, 2021

Minutes approved by TAC Committee on July 27, 2021