



JANET T. MILLS
GOVERNOR

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



MICHAEL SAUSCHUCK
COMMISSIONER

TRAUMA ADVISORY COMMITTEE
October 26, 2021
Meeting conducted via Zoom
NOTES (Quorum not present)

J. SAM HURLEY
DIRECTOR

Members Present: Rick Petrie (Chair), Tammy LaChance (CMMC), Pret Bjorn (NL-EMMC), Dr. Julie Ontengco (MMC), J. Sam Hurley (MEMS), Anna Moses (NL-EMMC), Richard King (CMMC), Matthew Sholl (MEMS), Ben Zetterman, Cynthia Richards (CMMC), Pete Tileny (CMMC)

Guests: Phillip MacCallum (Auburn Fire Dept.), Gail Ross (NL-EMMC), Erika Roy (Memorial Hospital, NH), Dr. Norm Dinerman (CMMC/LifeFlight of Maine), Dr. Bryan Morse (MMC), Zachary Tillett (MMC), Chip Getchell (Delta/MGH), Bruce Chung (MMC)

Staff Present: Dr. Kate Zimmerman (Trauma Systems Manager), Aidan Koplovsky

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 by Mr. Petrie at 12:34

A quorum was **not** present (11 of 25).

(Bold indicates decisions, normal font is discussion)

Minutes from July 27, 2021

- Tabled until next meeting due to lack of quorum

Membership update (Zimmerman)

Confidentiality Statement

The Trauma Advisory Committee (TAC) meeting you are attending today is intended to promote trauma-related education and quality improvement among healthcare providers and other TAC members and to use these discussions to plan trauma system improvement. By signing this document, you agree that you shall regard as confidential any information provided in this program which may serve to identify any individual patients, institutions, or health professionals. You further agree that you will not disclose such information without the written consent of: 1) the individual or the authorized agent of the individual, 2) the institution(s), and 3) the Director of Maine Emergency Medical Services.

All present agree.

Dr. King presented a prehospital needle thoracostomy case. He proposed the question, “Is needle thoracostomy in the field ever truly a life-saving measure?”

- Case presented of EMS needle thoracostomy where needle did not enter the correct space; concern of safety and utility of this procedure in the prehospital setting.
- Per Maine EMS Data, 71 performed in 2019. We would need to follow-up on these re: outcomes – something that the trauma centers should be doing.
- MEMS moved to the anterior axillary line approach from the midclavicular line due to body habitus – based on studies.
- Overall take away points:
 - **Need to make sure that this procedure is performed in the right population**
 - **It is the responsibility of the trauma centers to provide outreach and education**

Trauma Center Updates:

- CMMC:
 - Recent internal disaster with staffing, leading to need for diversion and inability to admit trauma patients. Discussed the importance of the messaging around this – to EMS and to other trauma centers who would be impacted by this. Discussed the need for a statewide matrix for bed capacity. Collegiality between the trauma programs has been invaluable, but need a better system of centralized communication
 - Overall trauma numbers continue to increase; penetrating trauma volume has doubled
 - Continue to hold virtual conferences/outreach
- NL-EMMC:
 - Injury Severity Score is up
 - Transports/transfers are difficult
 - Doing well re: trauma provider staffing
- MMC:
 - Beds are tight, but has not impacted ability to accept critical traumas
 - ATLS course November 29-30th (full)
 - Goal of hosting ATLS instructor course in 6-12 mos

TACTAT Visit

- Stephens Memorial Hospital virtual visit held on October 7th
- Stephens represented by Dr. James Gallea (ED Director)
- Summary review pending (Zimmerman) and follow-up action items noted by MMC
- Dr. Zimmerman will be reaching out to a couple of other hospitals to see their availability for a virtual visit. She will send out a survey re: availability of TAC members that would be available to participate.

Trauma Plan Review Subcommittee (Zimmerman)

- Judge made further edits
- No further comments were submitted, and due to lack of quorum, no further action can be taken today.
- Zimmerman worked on further editing and formatting, but the Plan is still not ready for presentation, will need to reconvene the subcommittee.
- Trauma Plan will be ready for a final vote in January

Pediatric initiatives

- Dr. Neilson will be retiring January 1, 2022, Dr. Chris Turner will be taking over his role.
- Dr. Neilson recommended review of appropriate IFT transport modalities (air medical vs. ground) for pediatric patients.

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- Dr. Neilson had also recommended outreach/education re: drowning prevention, particularly in the immigrant population.
- These suggestions were submitted to Dr. Zimmerman by email, Dr. Neilson was not able to attend the meeting today. No further discussion at this time.

Old Business

- Mild TBI Guidelines:
 - Subgroup formed: Bjorn, Ontengco, Lachance, Fenwick, Richards, Chung and it was suggested that Nuki participate as well.
 - Goal would be to further align our protocols with what MMC is doing – as it is confusing for other hospitals. We, the trauma centers, should have a unified message.
- Tourniquet/hemorrhage control white paper
 - Chung notes that there is a national white paper coming out and we should hold off until then.

Next Meeting – January 25, 2022 12:30 – 2:30pm

Notes submitted by Zimmerman on October 28, 2021