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CLINICAL BULLETIN			
Bulletin #	Title		Date Issued
#2021-12-16-01	Guidance Regarding Trauma Care at Central Maine Medical Center		December 16, 2021
Superseded	Released By:	Source:	Pages
N/A	Maine EMS	MDPB	1
Approved By:	J. Sam Hurley, MPH, EMPS, NRP Maine EMS Director	Matthew Sholl, MD, MPH State Medical Director	

On December 8, 2021, Maine EMS and the Medical Direction and Practices Board became aware that Central Maine Medical Center (Lewiston, Maine) no longer has 24-hour neurosurgical coverage for trauma patients. Maine EMS has discussed with CMMC leadership and convened the Maine State Trauma Prevention and Control Advisory Committee (TAC) on December 14, 2021, to discuss the impact of that loss of neurosurgical coverage on the Maine Trauma Plan. During the meeting, the TAC approved a motion that, amongst other steps, asked the MDPB to issue guidance to EMS clinicians for transport decisions for trauma patients.

The goals of the MDPB are to balance trauma patients entry into the most appropriate hospital, maximizing the roles of Trauma System Hospitals, maintaining EMS Agency readiness to respond to their community’s needs, and when possible, diminishing the need for subsequent interfacility transport. For those reasons, the MDPB recommends the following:

- 1) Continue to follow the Maine EMS Trauma Triage Protocol (Green 3-5) and the Maine EMS Head Injury Protocol (Green 11-14) when determining the most appropriate destination facility. Patients meeting the criteria of trauma specified in the Maine EMS Trauma Triage protocol should preferentially be transported to one of the two current Regional Trauma Centers that retain neurosurgical services (Eastern Maine Medical Center in Bangor or Maine Medical Center in Portland) when total transport time from the scene would be less than 45 minutes.
- 2) In addition, any patient suffering suspected neurologic injury including *head injury and spine injury* (including trauma to the head, changes in mental status, potential spinal injury, abnormalities in peripheral neurological exam, etc.) should be preferentially transported to one of the two Regional Trauma Centers retaining neurosurgical services when total transport time from the scene would be less than 45 minutes.
- 3) Due to the lack of neurosurgical services, this modifies the preferred destination of trauma patients including those with clear neurologic injuries based on the Trauma Triage

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Protocol listed within the Maine EMS Protocols, including Green 3-4, page 85-86; Purple 5, page 18; and Grey 28, page 173.

- 4) Given that the expected acuity of field trauma patients managed by air ambulance may be higher in comparison to ground EMS trauma patients and that the diagnostic abilities available to EMS clinicians are not sensitive enough to definitively rule out neurologic trauma, the MDPB recommends field trauma patients managed by Life Flight of Maine be preferentially transported to one of the two Regional Trauma Centers that retain neurosurgical coverage.
- 5) If the patient requires immediate stabilization or transport time to one of the two Regional Trauma Centers that have retained neurosurgical coverage is longer than 45 minutes, please proceed to the most appropriate and proximate hospital for stabilization.

Maine EMS, the Trauma Advisory Committee, and affiliate hospitals continue working to understand the impact of this change in CMMC's neurosurgical coverage and resultant implications on the Maine EMS Trauma Plan. As these groups continue to deliberate, the MDPB, Maine EMS and the TAC will communicate outcomes of these conversations and the evolution of our Trauma System.

For questions or concerns, please contact your regional medical director or Maine EMS.