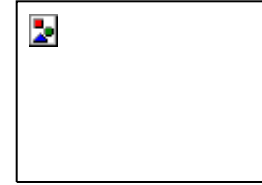


JANET T. MILLS  
GOVERNOR

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



MICHAEL SAUSCHUCK  
COMMISSIONER

**TRAUMA ADVISORY  
WORK GROUP  
January 6, 2022  
Meeting conducted via Zoom  
MINUTES**

J. SAM HURLEY  
DIRECTOR

**Members Present:** Rick Petrie (Chair), Sam Hurley (MEMS), Anna Moses (NL-EMMC), Thomas Judge (LFOM), Dr. Matthew Sholl (MEMS), Tammy Lachance (CMMC), Pret Bjorn (NL-EMMC), Dr. Julie Ontengco (MMC)

**Guests:** Chip Getchell, Jim MacDonnell, Aiden Koplovsky, Tiffany Tscherne, Dr. Norm Dinerman

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

**NOTE:** Although not part of the meeting, we have added information that may be helpful to the reader as there are a variety of abbreviations used in these minutes that may be unfamiliar – these abbreviations include:  
*RTC* – Regional Trauma Center, currently defined at Maine Medical Center, Northern Light-Eastern Maine Medical Center and Central Maine Medical Center  
*TSH* – Trauma System Hospital – All hospitals in Maine with a 24/7 Emergency Department, that are not a RTC and support the transfer of patients needed trauma services  
*IFT* – Interfacility Transport, typically from a smaller hospital to a larger hospital for more advanced care  
*MEMS* – Maine EMS  
*ACS* – American College of Surgeons, which verifies trauma centers at various levels, with level 1 being the most comprehensive. Currently Maine Medical Center is a Level 1, while Northern Light-Eastern Maine Medical Center and Central Maine Medical Center are both Level 2.  
*LFOM* – LifeFlight of Maine

The current Maine EMS Trauma System Operations Manual (Trauma Plan) can be found on the Maine EMS website under the Trauma Advisory Committee Resources page: <https://www.maine.gov/ems/boards-committees/trauma-advisory/resources>

This workgroup was conducted virtually on Zoom.  
Workgroup called to order by Mr. Petrie at 16:02

Mr. Petrie states the purpose of this workgroup is to consider effects of CMMC stoppage of neurosurgical services and any impacts or adjustments needed to the Maine EMS State Trauma Plan and to report back to the full TAC on any recommendations.

Mr. Petrie asks Mr. Bjorn about data documents he drafted regarding a possible flowchart for destination of trauma patients and who received copies. Dr. Sholl requests to review documents produced by Mr. Bjorn.

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Several members did not receive the documents, but Dr. Zimmerman shares on screen and walks attendees through the document with the input from Mr. Bjorn.

Mr. Petrie clarifies intent of this document – Mr. Bjorn states it helps to solidify thoughts and may or may not be useful for the trauma plan, but the hope is to serve as a starting point of discussion on this topic.

Discussion regarding this document by all, regarding clarification of ACS verified Level III vs. ACS verified Level I or II trauma centers, and impact of transport to facility with surgical capabilities in the cases of hemodynamic instability.

Discussion points included

- Hemodynamic instability
- Risk mitigation/logistics of multiple transports of trauma patients
- Time frames of surgical response based on ACS level guidelines
- Clarified that the discussion is focused on inter-facility transport and not scene transport, and to provide guidance to hospital needing to transfer trauma patients
- EMTALA considerations (and that these are not necessarily clinical guidelines)
  - That the decision tree is education and guidance prior to any EMTALA concerns and to ensure that the right facility is requested to receive the trauma transfer
  - Ensuring the patient is triaged correctly
- Balance of timely transport, excessive work-up at sending facility, and identification of critical life threats
- Impacts on entirety of state as well as regional considerations
- These are best practice guidelines and can never capture every unique scenario

All agree that the goal is to draft a document around best statewide practice and will continue work beyond this initial workgroup discussion.

Dr. Sholl thanks Mr. Bjorn for producing first draft and the effort undertaken. Need to ensure that changes consider if any future changes occur and share expectations to trauma system hospitals and regional trauma centers of timely notification to the TAC and Maine EMS of changes to services offered. This would allow for a more robust and careful consideration of these impacts and adjustments that may be needed for best patient care.

Ms. LaChance asks if we can ensure that someone from a trauma system hospital is involved in this workgroup to gain their specific insight. Mr. Bjorn concurs on the importance of this and their unique perspective. Mr. Petrie suggest Chris Costello from Maine Hospital Association/MDI, Dr. Sholl and Mr. Bjorn suggest someone from Maine General due to their recent experience with ACS level III considerations. Ms. LaChance suggests both, Dr. Dinerman concurs. All agree, Mr. Petrie will contact Ms. Chris Costello, Dr. Sholl will reach out to Dr. Steve Diaz at Maine General.

Dr. Zimmerman asks if there should be any effort to reach out for input past the TAC membership for any insights. Mr. Petrie states this will be considered through the process.

Mr. Bjorn thanks all for a great discussion

**Mr. Petrie ends workgroup at 1703**

**Next Workgroup Meeting January 21, 2022 at 12:00**

**Next Full TAC Meeting – January 25, 2022 at 12:30**

Draft minutes submitted by Marc Minkler (via notes, audio recording, and transcription) on January 24, 2022

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Minutes accepted on April 26, 2022

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