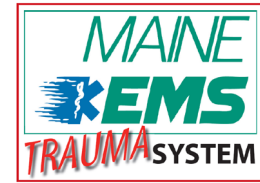




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MICHAEL SAUSCHUCK
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**TRAUMA ADVISORY
DATA WORK GROUP
February 14, 2022
Meeting conducted via Zoom
MINUTES**

Members Present: Rick Petrie (Chair), Tammy Lachance (CMMC), Pret Bjorn (NL-EMMC), Julie Ontengco (MMC), Dr. Richard King (CMMC), Anna Moses (NL-EMMC)

Guests: Dr. Bruce Chung, Dan Masselli

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

This workgroup was conducted virtually on Zoom.
Workgroup called to order by Mr. Petrie at 11:02 am

This workgroup met to discuss data around trauma and to help develop quality around TAC plans and efforts.

Dr. Chung discusses the importance on data and the aspects of quality – it must be a collaborative effort.

Mr. Bjorn would like to include EMS data to look at trauma metrics, such as needle decompressions. Dr. King inquires about challenges with access to data – is it more than TQIP (Trauma Quality Improvement Program) data we are looking for?

Group discusses:

Reluctance of hospitals to share data that could be misinterpreted or misused.

Involving hospital legal departments and c-suite and possibly IRBs.

Is there data that is not identifiable that can help this process

Ms. LaChance feels that case discussions/presentations can no longer be done as meetings are public and needs to be done in a private session. Mr. Bjorn agrees but also asks about protection for QI and under Board of EMS authority.

Mr. Minkler discusses public meeting requirements and general concepts of what an executive session is but stresses more transparency is always better.

Discussion continues about how data could be looked at in aggregate form to serve as a starting point. Can trauma centers discuss data amongst themselves? Mr. Petrie feels that if it is not for the purposes of a TAC effort/project, it does not need to be a public TAC meeting. Mr. Petrie will inquire with Maine EMS/AG for guidance.

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Mr. Petrie asks about the Maine EMS state trauma data contract with ImageTrend and will inquire with Jason Oko/Sam Hurley about if that is still available and details of using.

Ask will be to the full TAC to identify an aspect to review and produce an educational resource/outreach around results of the quality data by using TQIP and done by the three trauma centers in Maine.

Mr. Bjorn feels that data from more than the trauma centers will be needed and to include other hospitals and Maine EMS data to ensure a more comprehensive picture.

Propose all 3 trauma centers begin process of TQIP data collaboration, knowing that it will require time and energy to go through legal and administrative steps. Ms. LaChance proposes this be done through MCOT as opposed to TAC. Dr. Zimmerman states this would have to be a process through the trauma centers and MCOT and not involve TAC, otherwise it is part of the public meeting requirements and a TAC project. Mr. Petrie states he cannot be involved without needing to include TAC and the meeting requirements.

Proposal is to look at antibiotics for open fractures as it is a new protocol and would allow for potentially robust data from EMS and in hospital follow up. Ms. LaChance wants to ensure defined metrics so all data is collected consistently.

Dr. Chung asks how many EMS services can administer antibiotics. Dr. Zimmerman explains the protocol per the Dec 1, 2021 protocols.

Ms. Ontengco, Ms. LaChance, Mr. Bjorn, and Mr. Petrie will collaborate on developing metrics. Mr. Bjorn would like to include the Board MHA Rep (Chris Costello) in this. Mr. Petrie will reach out to her.

Discussion of what are examples of the currently collected metrics around antibiotic administration in open fractures and what is required in TQIP vs what is interpreted locally.

Mr. Minkler suggests bringing in a data manger/rep from Maine EMS office early, and on ground floor of project, to help coordinate data and collaboration.

Discussions continue and will reconvene to discuss progress.

Next workgroup is scheduled for March 14, 11am

Workgroup ended at 12:05 pm

Next Full TAC Meeting – April 26, 2022 at 12:30