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

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COMMISSIONER

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DIRECTOR

# TRAUMA PLAN SUBCOMMITTEE
## August 4, 2022
## Meeting conducted via Zoom
## MINUTES

**Present:** Rick Petrie (Chair), Dr. Matthew Sholl (MEMS), Pret Bjorn (NL-EMMC), Sam Hurley (MEMS), Dr. Kate Zimmerman (Trauma System Program Manager), Tammy Lachance (CMMC), Dr. Norm Dinerman, Ashley Moody

This meeting was conducted virtually on Zoom.
Meeting was called to order by Mr. Petrie at 12:05
Mr. Petrie read the Maine EMS mission statement.

*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.*

Discussion:

The overall goal is to incorporate language from the Trauma Document into the Trauma Plan.

Rick felt that it should be placed either in the regional trauma center roles and responsibilities or under trauma system hospital roles and responsibilities.

Pret brought up that in the Level Three Trauma Center PDF it states, “Level III centers are similar to Level I and Level II centers but lack neurosurgical resources.” To ensure that a durable revision is obtained he made mentioned that neurosurgical resources are not the only distinction. Proposes using some language such as “lack surgical sub-specialty”.

Dr. Sholl proposed having a new section that is stand-alone and new “Patient Transfer Disposition”. Dr. Dinerman agrees.
Sam Hurley and Dr. Sholl are concerned that a lot has changed since the last review.

1.) How to maintain inclusivity in our trauma system
2.) What is the best patient safety, least disruptive to patient flow, and reduce subsequent transfers?

Review of the current plan –
Mission and Vision
The Trauma Advisory Committee
Executive Summary & Introduction (Rick stated that this was updated in the last few years)
Maine’s Inclusive Approach to Trauma Care
- i. Prehospital Roles and Responsibilities
- ii. Trauma System Hospital Roles and Responsibilities
- iii. Regional Trauma Center Roles and Responsibilities

iv. Patient Disposition Considerations - *New

Rick proposed placing paragraph 2 of the Trauma Transfer Guidance which states:
The Trauma System in Maine is based on the inclusive and voluntary involvement of all Maine Hospitals. Some hospitals have chosen to become verified by the American College of Surgeons (ACS) as Level I, Level II, or Level III trauma centers. Level I and Level II trauma centers have available resources to manage the vast majority of trauma patients. Some notable exceptions may include selected burn patients and microvascular/re-implantation surgery. Level III centers are similar to Level I and Level II centers but lack neurosurgical resources. Only Level I and Level II centers are designated as Maine "Regional Trauma Centers". Level III, Level IV centers, and ACS unverified hospitals are designated as Maine "Trauma Systems Hospitals". For more information regarding the ACS verification levels, please access this link: https://www.amtrauma.org/page/traumalevels and placing it in the Maine's Inclusive Approach to Trauma Care. The remaining document would then be placed under the patient disposition considerations section.

Tammy agreed and highlighted that including paragraph 2 in the Patient Disposition Considerations the responsibility is on all medical facilities as they should be transferring to the correct places and only accepting patients that they have the resources to care for.

Sam proposed that we look at the format of this document:
Prehospital – 911 interaction
Acute
Interfacility
Rehab
Continue Learning
Prevention

Rick was concerned that this complete revision wasn't the ask of this committee.

Dr. Zimmerman feels that we should take a look at this document and make it more aligned with the MSA and other systems of care

Pret offered that we should "take the first bite" and is concerned that we could get lost in the weeds.
Sam feels that we should provide a proposed solution back to the Trauma Plan Sub Committee for a working foundation.
Discussion around memos and the trauma plan not being used by hospitals was discussed.

Could incorporate these resources into TACTAT visits and trauma centers need to relay this information and take an active role in ensuring Trauma System Hospitals understand.

Norm highlighted that hospitals do indeed use this document for many reasons including budgeting and planning for hospitals moving forward. Matt stated that this document sets the stage, foundational, and provides a great 30,000 ft view.

Sam is concerned about the urgency. Rick feels that this sub-sub committee was only comprised to incorporate the memo into the plan and provide the recommendation to the subcommittee to revise. Matt felt that this sub-subcommittee is comprised of the almost same people and that we could decide to move forward. It seems that everyone agrees that there will be a need for change moving forward.

Sam proposed that Ashley create a draft and bring it back to the group.

Dr. Sholl wanted to be sure that this committee addressed Pret consider at the beginning of the meeting around language in paragraph 2.

Matt offered “Level III centers are similar to Level I and Level II centers but may lack specialty surgical services such as neurosurgical resources”.

Tammy offered including – “All trauma centers should be similar for initial stabilization and resuscitation”.
Next Meeting September 13, 2022 1pm – 2pm

Meeting Minutes Submitted by A. Moody
No approval needed as this is a subcommittee reporting back to the TAC.