



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



JANET T. MILLS
 GOVERNOR

MICHAEL SAUSCHUCK
 COMMISSIONER

**TRAUMA ADVISORY
 COMMITTEE
 October 24, 2023
 Meeting conducted via zoom
 MINUTES DRAFT**

J. SAM HURLEY
 DIRECTOR

Members Present: Rick Petrie (Chair), Amy Fenwick (NL-EMMC), Richard King (CMMC), Bryan Morse (MH-MMC), Pete Tilney (CMMC), Sam Hurley (MEMS), Tonya Brown (St. Joseph), Cynthia Richards (CMMC), Joanne Lebrun (Tri-County), Tom Judge (LFOM), Chris Pare (Kennebunk EMS), Ben Zetterman (Van Buren EMS), Jonnathan Busko (St. Joesph), Mindy Gammon (Mercy), Chris Costello (MH-Biddeford), Julie Ontengco (MH-MMC), Tammy Lachance (CMMC), Pret Bjorn (NL-EMMC)

Guests: Sarah Robinson (NL-EMMC), Lindsey Bradley (NL-EMMC), Mary Powell (CDC), Erica Dyer (CDC), Casey Woods (EMMC), Jeanne Clark (EMMC), Dwight Corning (CMMC)

Staff Present: Dr. Kate Zimmerman (Trauma Systems Manager), Ashley Moody (MEMS), Marc Minkler (MEMS), Anna Masefski (MEMS).

This meeting was conducted in the hybrid model, with the meeting occurring at DPS in Augusta and virtually on Zoom. The meeting was called to order by Mr. Petrie at 12:36
 Rick Petrie read a roll call for TAC member attendance.

Mr. Petrie read the Maine EMS mission statement and the Confidentiality 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.

The Trauma Advisory Committee meeting you are attending today is intended to promote trauma-related education and quality improvement among health care providers and other TAC members and to use these discussions to plan trauma system improvement. By signing this document [or participating in this meeting virtually without verbalizing disagreement of this statement to the Chair], you agree that you shall regard as confidential any information provided in this program which may serve to identify individuals, 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.

Motion # 1 by Pret Bjorn to approve July 25, 2023, Trauma Advisory Committee meeting minutes. Seconded by Joanne Lebrun.

Motion Passed unanimously.

Membership Update: Trauma Care System User
 Small Hospital Administrator

Dr. Kate Zimmerman will be stepping away as the program manager of the TAC.

PHONE: (207) 626-3860

FAX: (207) 287-6251

TDD: (207) 287-3659

With offices located at: Central Maine Commerce Center, 45 Commerce Drive – Suite 1, Augusta, ME 04330

Trauma Center Check-In

CMMC – Always Ready for Children survey is underway to submit in September and work on their response to the American college of Surgeons to extend the trauma Center verification for two more years.

EMMC – Census numbers are up to pre-Covid levels. ACS has been finalized, and the paperwork is DONE!

MMC – ACS Verification is scheduled for February 2024. ATLS class will be offered in the Spring.

Data Update

Director Hurley said this has been on the table for decades with no movement. The proposal is for a trauma registry to be created or for the TAC to take steps to have it removed from Statute.

Dr. King favors creating a group to discuss and figure out how to move forward.

Pret Bjorn feels that hospital executive teams will be concerned of not knowing what elements will be collected and what they will be used for. In addition, he feels that it is an unfunded mandate that is costly to the trauma centers.

Julie Ontengco agrees that it is a lot of work and costly. The desire to positively influence care for injured patients, in addition to collaborating, is there, but the logistics behind the charge is the difficult piece.

Tammy Lachance provided that submitting aggregate data is much easier than submitting individualized patients. Also, Maine EMS will be requesting data for patients who were not even involved with EMS (i.e., patients who arrive via private vehicle). Provided the possibility of more routine aggregate data submission rather than a trauma registry.

Dr. Morse votes to have an outside meeting to discuss this complex issue.

Subcommittee Updates

Trauma Plan Rural Committee – Identified lack of funding, EMS services unable to keep up with the demands, lack of coordination across the State of Maine, siloed management of trauma patient's significant obstacles, increased reliance upon tertiary care, trauma centers bed availability. In addition, barriers to improving community coordination on the care of trauma patients between the trauma centers and the trauma systems hospitals include malpractice concerns, technological barriers, and geopolitical issues.

Vision Statement that was created by this subgroup: to develop an enhanced statewide trauma system, recognizing trauma as a public health issue and develop the following coordination across the entire state for education, care protocols, real time patient management incentives for rural hospitals to participate and remove barriers for participation from trauma centers.

The subcommittee feels the system needs a full-time trauma coordinator in the State tasking with the Maine Hospital Association.

Discussion: Ashley Moody stated that the initial charge of the rural trauma plan subcommittee was to help rural hospitals have a voice in the state-wide trauma plan. No additions have been made to the state-wide trauma plan at this time. Chair Petrie provided a way to get to a trauma plan; the rural subcommittee needed to identify the barriers to the provisions of trauma care in the rural healthcare setting, and that plan would be to approach the Maine Hospital Association and then write a plan. Tom Judge recommended that the rural subcommittee work with the Maine Hospital Association rep already on the TAC to bring the subcommittee's recommendation to the Maine Hospitals Association. Dr Busko likes the idea of a state-wide trauma coordinator but wonders if there is enough trauma-specific business. Tom Judge highlighted that this is not just a transportation issue but the development of new strategies to help rural hospitals as this population is very vulnerable. Dr. King provides that trauma care needs to involve the hospitals as EMS is a small piece of the puzzle.

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Motion # 2 by Dr. Busko to have the rural trauma subcommittee approach the Maine Hospital Association with the caveat of recognizing barriers to care coordination between hospitals, particularly for rural hospitals. The rural trauma subcommittee believes that all patient populations would benefit from deposition within the Maine Hospital Association in coordinated care, and the TAC would like to start with trauma so the fundamentals can be figured out. Seconded by Tom Judge.

Discussion – No additional discussion post-motion.

Motion Passed – 16 yes, 1 no, motion passes.

Maine Committee on Trauma

Will not be hosting a meeting this November. Conversations are currently underway about the plan moving forward.

MDPB Update

Protocol education rollout is underway—protocol to go live 1.30.24

Education Based Series

Dr. Fenwick provided a presentation on Thoracostomy and Chest Drainage.

Meeting adjourned at 1415 --- Next regular meeting: **January 23, 2024**

Minutes submitted by ANM

Minutes approved on 1.23.2024