

Maine EMS Trauma Advisory Committee
Meeting Minutes - Tuesday, January 22, 2013

Present: Pret Bjorn – Chair, Kevin McGinnis, Doris Laslie, Gail Ross, Matt Sholl, Chris Paré, Anna Moses, Nancy Jackson, James Curtis, Tammy Lachance, David Burke, Julie Ontengco, Jessica Richardson, Ian Reight, Tom Judge, Mike Choate, Mike Holcomb, Harry Grimmnitz, Kim McGraw, Amber Richards, Norm Dinerman, Heather Cady, James Reilly, Larry Hopperstead, Peter Tilney, Joanne Lebrun

Staff: Rick Petrie

| Topic | Discussion | Action/Follow up |
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| Introductions | The meeting was chaired Pret Bjorn. Members and others in attendance were introduced. The confidentiality policy was stated by the chair, and the confidentiality statement was circulated for signature. | |
| Minutes of 10/23/2012 | The minutes of the previous meeting were reviewed. | Burke; second by Curtis. Approved. |
| Case Review | Dr. Burke from EMMC presented a case involving a helmeted snowmobiler involved in an accident who was taken by private vehicle to the hospital complaining of a seemingly benign left hip pain who actually had an actively bleeding pelvic fracture, and the patient's survival and recovery can be traced to a series of good choices, including an ED pelvis x-ray, the decision to transfer promptly, and an urgent contrasted pelvic CT at the trauma center.. Discussion about the importance of not becoming complacent when dealing with these patients | No action necessary |

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| <p>Trauma Coordinators</p> | <p>Tammy Lachance reported that the MCOT conference in November was very successful and received good reviews. The program made a \$1,000 profit, which will be used to replenish the MCOT fund. We will begin working on vendors earlier this year because of the conflict with the Harvard Trauma Conference held at about the same time and the need to lock in the vendors earlier. We will also begin discussing the program for November within the next couple of months, and we need to look at ways to improve the notification/advertising for the program. MCOT will be working with APEMS again to deliver the program.</p> <p>Pret reported that the Trauma Coordinators had a discussion about the current Trauma Plan and whether or not there was a need to review/update the plan. This was followed by a discussion about the possibility of a system review by the ACS, which would help with any update of the plan. The primary concern was the ability to fund the ACS review. A question was raised about the possibility of using Rural Health money, as well as coordinating the review with other New England States to save money. Rick will also reach out to the National Trauma Managers group to see what they are doing about their system review and State Trauma Plans.</p> <p>Pret spoke about the ABLS program and reported that we have ABLS instructors now at both MMC and EMMC, and are working to get more. It is a very slow process. We will keep the group updated.</p> | <p>Informational Only</p> <p>Decision made to table further discussion until Dr. Winchell could be present</p> |
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| <p>Teletrauma Programs/Statewide System</p> | <p>EMMC (Bjorn) reports that they are starting over with their system because they just couldn't get it to work to the satisfaction of the Trauma Surgeons/other users. They recognize that whatever product they select, they need a better system for orientation and dissemination of information.</p> <p>MMC (Dr. Sholl) Matt told the group that IPADS were now being distributed as part of the system, and that they were working with an EMS agency to test the feasibility of involving EMS in the program. He stressed the need for all participants to develop a similar platform so that a seamless system could be developed involving Trauma Hospitals, Resource Hospitals, and EMS.</p> | <p>Committee remains interested in building a statewide compatible system, and continue to monitor the progress that is being made.</p> |
| <p>Consensus Statement and Clinical Advice Guidelines Development</p> | <p>Pret indicated that there was still a lot of discussion between the Trauma Center Directors about the use of TXA, and that the recommendation of the Trauma Coordinators was that further discussion on the TXA consensus document be tabled until the Trauma Directors had met again to review the literature and recommendations</p> | <p>Further discussion on the TXA consensus document was tabled.</p> |
| <p>Technical Assistance Program</p> | <p>We have a Technical Assistance Visit scheduled for April 9th at Millinocket Regional Hospital and are working with Southern Maine Medical Center to schedule their visit, probably near the end of April. There was a discussion about the recertification process, and the need to review the requirements as they are written in the Plan. The Trauma coordinators will review this at their next meeting</p> | <p>The Trauma Coordinators will review the requirements and process for hospital recertification</p> |
| <p>Trauma Director Meeting</p> | <p>Dr. Burke and Dr. Hopperstead reported that they had met in November to discuss TXA, and would be meeting again to further review the TXA literature and see if they could come to consensus on use of the drug in trauma patients. They will report back in April</p> | <p>Trauma Directors to meet again before the next meeting in April.</p> |

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| Other Business RTTD | Rick reported that the December RTTD program at Thayer had to be rescheduled for June of 2013, and the April 9 th program at Millinocket Regional Hospital was still scheduled. Maine EMS has indicated that they will provide money through the Rural Health Flex Grant to purchase the books for the programs. | Informational only |
| MDPB | Dr. Sholl reported that the MDPB was reviewing their Trauma Protocols and that it was a work in progress; he will provide another update at the April meeting. | Informational only |
| Trauma status at CMMC | Dr. Hopperstead provided an update on the status of the CMMC trauma program in response to the questions raised by Dr. Winchell at the April 2012 meeting. During the presentation he addressed admissions for the period May – October 2012 (441), Trauma transfers both in (80) and out (29) of the Hospital, Destinations for the trauma patients that were transferred out of CMMC (MMC-25, MGH-3, EMMC-1), number of severe head injuries (71) and program status including Critical Care, Interventional Radiology, and Redundancy. Larry also discussed the findings of their recent ACS visit and that they were given 9 months to fix identified deficiencies | Informational Only |
| TAC Chair | Pret told the group that we had received no nominations prior to the meeting for the chair position. Dr. Grimmnitz was honored that he was nominated at the meeting for the position, but respectfully declined. The committee discussed that, according to the rotation, the next chair should be a Physician from a resource hospital. Rick and Pret will review the TAC membership and see if they can identify an interested candidate | Decision/election deferred until April meeting |
| Adjourn | Next Meeting: April 23, 2013. 12:15 – 2:30 at Maine EMS. | Meeting was adjourned at 2:35. |