Maine EMS Trauma Advisory Committee
Meeting Minutes - Tuesday, January 24, 2012

Present: Pret Bjorn – Chair, Kevin Kendall, Chris Pare, Harry Grimnitz, Tammy Lachance, Jim Curtis, Nancy Jackson, David Burke, Michael Holcomb, Doris Laslie, Jen Granata, Gail Ross, Norm Dinerman, Heather Cady, Tom Judge, Chris Michalakes, Mike Choate, Jo-Nell Benedette, Edwina Ducker, Kim McGraw, Tim Pieh, Anna Moses.
Teleconference: Matt Sholl, Rob Winchell, Joanne Lebrun
Staff: Dawn Kinney, Kevin McGinnis.

Topic	Discussion	Action/Follow up
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 signed by all.	
Minutes of 7/26/11	The minutes of the previous meeting were considered.	Approved. Burke, Grimnitz.
Case Review	None presented.	
Teletrauma Programs/Statewide System	Dr. Michalakes discussed the teletrauma program, which allows a community hospital to receive consultation with a trauma center surgeon to give guidance and support to the ER physicians and prevent unnecessary transfers. Much discussion followed regarding hospitals that are already doing this and that most are being done on a hand held device that is HIPPA compliant. Looking to the TAC to find a way to roll this out and develop a statewide system.	Add to agenda for the next meeting.
Reporting from Scene to Hospital	Matt Scholl presented a position paper regarding the use of a written report to be used by prehospital providers to leave with their patients when transferred to hospital staff at the emergency room. Maine EMS has discussed the possibility of creating a standardized form for such instances, but has received comments from individual services and hospitals that they would like the freedom to	TAC members should send comments to Matt Scholl.

	draft their own versions of such a document. In response, Maine EMS has instead published a list of required elements for such reports that will hopefully create a baseline of information to be transmitted between EMS and the hospitals. Much discussion followed regarding the use of a single statewide form. At this time, Maine EMS will allow services or regions to develop their own forms. In the future, we may try to get all stakeholders together to develop a statewide form. Matt stated that he is also working on a committee to develop a Joint National Statement Paper on the same subject.	
New ACS/CDC Field Triage Guidelines	Rob Winchell reported on the new ACS/CDC Field Triage Guidelines and went over all the changes that were made. The changes are outlined below: Step One: Physiologic Criteria • Change GCS<14 to GCS <13 • Add "or need for ventilatory support" to respiratory criteria Step Two: Anatomic Criteria • Change "all penetrating injuries to head, neck, torso and extremities proximal to elbow and knee" to "all penetrating injuries to head, neck, torso and extremities proximal to elbow or knee" • Change "flail chest" to "chest wall instability or deformity (e.g., flail chest)" • Change "crushed, degloved, or mangled extremity" to "crushed, degloved, mangled, or pulseless extremity" • Change "amputation proximal to wrist and ankle" to "amputation proximal to wrist or ankle"	Add to agenda when the MDPB start the revisions to the 2011 Maine EMS Protocols.

	Step Three: Mechanism-of-Injury Criteria • Add "including roof" to intrusion criterion Step Four: Special Considerations • Add the following to older adult criteria —SBP <110 might represent shock after age 65 years —Low-impact mechanisms (e.g., ground-level falls) might result in severe injury • Add "patients with head injury are at high risk for rapid deterioration" to anticoagulation and bleeding disorders criterion • Remove "end-stage renal disease requiring dialysis" and "time-sensitive extremity injury" Transition Boxes • Change layout of the figure • Modify specific language of the transition boxes The decisions for these changes were all evidence based. Need to update the Maine EMS Trauma Protocols at the next revision.	
Trauma Coordinator Team (TCT)	Pret reported on the guidelines regarding not having the sending community hospital perform initial imaging prior to trauma transfers in order to save valuable time when the GCS is less than 8.	Trauma Coordinators will get input from the other surgeons at their hospitals.
Consensus Statement and Clinical Advice Guidelines Development	Tammy Lachance presented that the current position paper regarding the initiation and termination of CPR, is to terminate CPR after 15 minutes and in the current 2011 Maine EMS Protocols it is 20 minutes. Much discussion followed regarding if the protocols need to state, “not to initiate CPR in a trauma patient”. It was decided to leave protocols as is, and to develop a position paper for	Tammy will circulate the current CPR position paper to all.

	education. Pret distributed a copy of the coagulant reversal letter and paper to request that all Maine hospital emergency departments develop a policy for local administration of Tranexamic Acid (TXA) and Prothrombin Comples Concetrate (PCC, available as Profilnine in the U.S.) for the treatment of injured patients. There was extensive discussion about the use of Profile 9 for warfarin reversal in head injuries, its advantages for use at the Trauma System Hospital (TSH) and for carrying by LOM. Also discussed was the concern about Pradaxa and similar popular medications and their reversal in trauma.	Motion: TAC to send letter to Maine ACEP and Hospitals Association. The letter will address the cost associated with the medication, and alternative solutions, such as, rotation of the medication from smaller Trauma System Hospitals to the larger Trauma Centers.
Anti-Coagulation Management in Trauma		
Trauma Director Meeting	Did not meet.	
Technical Assistance Program Revisions	A visit was conducted successfully at MGMC – Augusta. A visit is scheduled for Bridgeton on March 27, 2012. Anyone interested, please contact Kevin. Kevin distributed the final catalog of products for the Maine EMS Trauma Center/System Hospital/System logo. This logo is not copyright protected to allow purchases from any printing/screening company.	Kevin will distribute a list of the designated Trauma System Hospitals.
Other Business RTTD	As of January 1, 2012, ACS requires the purchase of the manual, adding an additional cost of $50.00 per student. This added expense will likely cancel the program scheduled for MGMC – Waterville in April.	Add to agenda for next meeting. Pret will send an outline of a program that would be similar.
MCOT Annual Meeting	Discussion on how other systems were working. It was well received at the Samoset. Exploring options for second meeting.	Send Tammy comments on the flash drive that was distributed at the meeting.
Adjourn		Meeting was adjourned at 2:40.

Next Meeting: April 24th, 2012. 12:15 – 2:30 at Maine EMS. Lunch will be provided.