Maine EMS Trauma Advisory Committee
Meeting Minutes - Tuesday, January 26, 2010

Present: Pret Bjorn - Chair, Tammy LaChance, Joanne LeBrun, Tom Judge, Geneva Sides, Harry Grimnitz, Kathy Zwicker, Rick Petrie, Gail Ross, Peggy Pinkham, Carlo Gammaitoni, Joan Pellegrini, Brenda Gowesky, Jim Curtis, Steve Diaz, Kevin Kendall, Heather Cady, Joshua Dickson, Doris Laslie, Jim Leonard, Shelley Sides, Kim McGraw.
Staff: Kevin McGinnis.

Topic	Discussion	Action/Follow up
Introductions	The meeting was chaired by Pret Bjorn. Tammy LaChance introduced Doris Laslie, the new CMMC trauma coordinator. Members and others in attendance were introduced.	
Minutes of 10/27/09	MOTION: To approve 10/27/09 minutes (Grimnitz, Zwicker).	Approved.
Case Review	Dr. Gammaitoni presented for CMMC	MMC will present in April.
Trauma Coordinator Team	The trauma coordinator team (TCT) meets between TAC meetings. **Data and Benchmarking –** Pret Bjorn outlined the TCT's recommendations on the following measures after the discussion at the last TAC meeting: (1) Alcohol/SBIRT – Will continue to collect quarterly and report annually in April. (2) ED Interval – Time from admission to Trauma System Hospital (TSH) to transfer to Trauma Center (TC). Benchmarks from 30 minutes to 2 hours were discussed. Dr. Diaz suggested "consultation" time maybe better indicator. (3) Total Time Interval – Time from injury to admission to Trauma Center. Ability to actually get an accurate "injury time" was discussed. (4) Preventable/Unexpected Deaths. (5) Unexpected Saves.	(1) Alcohol/SBIRT – Recommendation approved by consensus. (2) ED Interval – Approved by consensus. TCT to discuss ways to get TSHSs to review ED interval > 2 hours for patients with ISS > 16. Collect quarterly review in April with TAC. (3) Revised to "time from 9-1-1 call" to admission at TC. Approved by consensus. Collect quarterly review in April with TAC. (4) Preventable/Unexpected Deaths and (5) Unexpected Saves: use as source for case reviews.

	These were all discussed at length. Pret Bjorn also noted that the "autopsy data" project is still underway with data being collected and the process being continually improved. **Consensus Statement and Clinical Advice for TSHs** – Four consensus statements (spinal, fluids and blood products, major extremity, and traumatic brain injury) had been distributed and discussed at the October meeting and a review process approved. That process was conducted and the four statements were distributed as revised in advance of this meeting. After further discussion, two were approved and two were sent back for further revision. Two draft guidelines (Burns, General Guide for Initial Triage, Management and Referral of Trauma Patients) were distributed as an introduction and to begin the review process. They will be considered for approval at the April meeting. For the "General Guide.." it was suggested that time-frames discussed above be established (decision to transfer benchmark, time to transfer, consultation/call to transfer benchmark) as a "system review" section in this statement. Use specific 2 hour, one hour, 30 minute or 5 minute times for various of these to occur. Emphasize parallel processing. There was further discussion on other time-sensitive consultation issues (burns, major amputations Coumadin Reversal will be the subject of a statement being drafted by Pret Bjorn for a future meeting. The chair urged others to volunteer as authors of future consensus statements. Rick Petrie suggested that these be compiled into a book that EDs can download as a reference. It should bear an expiration date. It was	Consensus Statement Actions: (1) Fluids and Blood – Moved (Grimnitz; Judge) and approved. (2) Major Extremity – Moved (Grimnitz; Zwicker) and approved. (3) Spinal Column – Rename as "Spinal Injury Precautions in the Context of Major Trauma"; add considerations for "time on spine board" and padding of boards. Tabled. Consider revision in April. (4) TBI – Tabled. Comments: hypotension should not be tolerated (Pellegrini); consider national trauma transfer findings (Judge) Establish a routine review process for consensus statements and devise a method for posting and downloading. Check the Eastern Association of the Surgery of Trauma (EAST) website for how they post protocols. Also check ACS. TCT should discuss whether to put the burns/amputations consultation ("one call") considerations in this statement or as separate issue on website. Also need to put up something on helipad/EMTALA treatment/transfer issue that TAC issued an

	suggested that a re-review process be established and that these be looked at every couple of years. The chair asked for website oversight committee to help develop that resource. Rick Petrie and Kim McGraw volunteered to help. Tom Judge offered some LOM staff assistance.	opinion on in past. Consider adding this "time to consult TC or locally", and "time to transfer" for patients meeting physiologic criteria in TA Team form or process.
Rural Trauma Development Course	First course is to be held at Maine Coast Hospital on March 18th.	
TA Program	MGMC- Waterville was completed in December. Mid-Coast Hospital has requested a return visit. Have met with St. Andrews staff about a future visit.	
Trauma System Plan	The chair said that he would like to initiate a review of the trauma system plan, last approved in 1995, with a look at the draft penned in 2004 but not pursued at the time.	Staff will distribute the 1995 and 2004 versions. Members will be asked to review and submit comments, or reply that they have no comments.
Other	Dr. Pellegrini followed up on the idea of inviting Dr. Logan to discuss drug/alcohol issues in trauma.	Invite Dr. Logan for the July or October meeting.
Adjourn		Meeting was adjourned at 2:30.

Next Meeting: April 27th, 2010. 12:30 – 2:30 at Maine EMS. Lunch will be provided.