Maine EMS Trauma Advisory Committee
Meeting Minutes - Tuesday, January 27, 2009

Present: Tammy LaChance - Chair, Kathy Harris, Shelley Sides, Kim McGraw, Kevin Kendall, Rick Petrie, Rob Winchell, Steve Diaz, Joanne LeBrun, Harry Grimnitz, Barbara Sylvester-Pellett, Pret Bjorn, Jim Curtis, Geneva Sides, Gail Ross, Carlo Gamaitoni, Lori Metayer, Terri Vieira, Kathy Viger, Jackie Turcotte, David Clark.
Staff: Jay Bradshaw, Kevin McGinnis.

Topic	Discussion	Action/Follow up
Introductions	The meeting was chaired by Tammy LaChance. Members and others in attendance were introduced.	
Minutes of 10/28/08	MOTION: To approve 10/28/08 minutes (Bjorn; Petrie).	Approved.
Case Review	Dr. Gamaitoni presented a case for CMMC.	EMMC will present next.
Trauma Coordinator Team	The trauma coordinator team (TCT) meets once or twice between TAC meetings. **Alcohol Screening**, Brief Intervention and Referral to Treatment (SBIRT) data initiative. Data for July 1 through September 30 were presented by Tammy LaChance and discussed by the group (see attached chart). Tammy noted that the CMMC trauma surgeons will begin doing interventions at night and on weekends which should improve the intervention rate. In discussion it was noted that our goal should be to monitor recidivism and attempt to achieve numbers like those reflected in the Gentillelo paper. Tammy has researched the question of what providers are eligible for reimbursement for screening. To bill, the provider must be M.D. or masters prepared mid-level. Can bill up to 2 times per year for same patient. Must use CAGE questionnaire or audit. Must document alcohol/drug conversation. Tammy has the billing numbers for those who want them. Dr. Gamaitoni noted that this prevention is the best investment of resources and should be done for all ER patients.	Tammy LaChance will bring Gentillello paper to next meeting. Keep SBIRT on the agenda and continue to review data.

	Consensus Statement and Clinical Advice for TSHs Draft documents for pretransfer resuscitation and spinal column injury management were distributed by Pret Bjorn and reviewed. The goal is to increase the standardization of procedures for transferred patients by providing TSHs with these consensus documents. TAC members reacted very favorably to these drafts (drafts attached to these minutes). Dr. Winchell suggested developing physiologically based transfer criteria as a next set of guidelines. It was suggested that we might start with those in our old trauma system plan. It was suggested that we develop a consensus/clinical advice document for burns. Dr. Clark offered to develop a draft. **Autopsies** - CMMC is adopting EMMC's scripted process for requesting autopsies when the ME does not perform one for patients with questionable causes of death. MMC has its own in place now. **Mild TBI Management -** Tammy LaChance and Dr. Pellegrini were to review the literature on this after last meeting's discussion. Tammy reported that they found no evidence suggesting that it is desirable not to transfer such patients to TCs, even patients with GCS of 13-15 with LOC. They should be followed by experts and transfer should not be delayed. It was noted that Dr. Pellegrini would like to follow up with the Maine Brain Injury Foundation and will make that contact.	The TCT will continue to develop consensus/clinical advice documents for TSHs. They will be distributed and put up on new website. TAC members should review these documents and return comments to Pret. TCT to consider transfer criteria document. Review existing language previously adopted. Dr. Clark will draft burns document. Review data on success of this approach in six months. Put on July agenda. Dr. Pellegrini to contact Maine Brain Injury Foundation. TCT to consider TSH consensus/clinical advice document.
NTDB Data Reports	Dr. Clark described the new National Trauma Data Standard (NTDS). More information may be found at	

	http://www.ntsdictionary.org . He said that in 2009, 2008 data must be entered using that standard. He showed 2008 data results for the Maine TCs using that standard. He said that data completeness is much better than in the past and is better than the national average. He recommends that TCs: 1. Review your NTDB Data Quality Report 2. Discuss issues and discrepancies with NTDB staff (he can help as an ACS committee member if you want) 3. Ask your software vendor about compatibility for the 2009 call for data. 4. Fix what you can at your own facility. 5. Keep talking…we're getting there! He said that he believes we will have good reporting next year, but even now we can do special reports against other hospitals, even around the country.	
Legislation	Jay Bradshaw reported: Autopsies – No interest from ME until scripted process trial has a chance to work. Insurance – Not in their department bill during this short session. Helmet – Not as of cloture. There is a bill for a mandatory EtOH test after an injury-producing crash.	
TA Program	Maine Coast was completed. Waldo General will be rescheduled following a weather cancellation in December. St. Andrews will be scheduled for a revisit. Cary and MGMC-Waterville are still being discussed.	
Other Business	Jay Bradshaw noted that he has been asked to look at emergency health records and software compatibility as part of the stimulus initiative. It was suggested that CT compatibility among Maine hospitals is an issue with transferred patients. We could go through MHA or the	Jay will put this suggestion on the list for consideration. If funded, we can approach MHA or the association of radiologic physicians to do this.

	association of radiologic physicians to tackle this. An article on trauma team activation (Shapiro, McCormack, Jen; Journal of Trauma-Injury Infection and Critical Care; 65(6);1245-52;12/08) was reviewed and the issue was deemed not to be relevant in Maine as it would under-triage patients to TCs. Rick Petrie introduced the new 8 hour Rural Trauma Provider Course. This course will fill the purpose of the follow-up course we had planned in the TA Program. Some Maine instructors will go to Chicago for training. He concurred that a TA Team visit may be made as a requirement for a hospital to have staff take this program. The TAC Member Roster was reviewed. Suggestions were made for Maine Quality Foundation, injury prevention, health preparedness, "pediatric trauma surgeon" and consumer members.	Kevin will follow up with TCT on these positions for next meeting.
Adjourn		Meeting adjourned 2:45.

Next Meeting: April 28th, 2009, 12:30 – 2:30 at Maine EMS. Lunch will be provided.