Maine EMS Trauma Advisory Committee Meeting Minutes - Tuesday, February 24, 2015 (Rescheduled from January-Snowstorm)

Present: Geno Murray- Chair, Pret Bjorn, Gail Ross, Chris Paré, David Burke, Joanne Lebrun, Anna Moses, Tammy Lachance, Julie Ontengco, James Reilly, Joseph Taddeo, Tom Judge, Mike Holcomb, Matt Sholl, Marc Minkler, Carlo Gammaitoni, Ian Reight, Tim Pieh, Douglas Wood, Nancy Jackson, Jeff Rowe, Benjamin Zetterman, Don Sheets

Staff: Rick Petrie

Called to order at 12:30; Introductions The meeting was chaired by Geno Murray. 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 October 2014 The minutes of the previous meeting were reviewed. Case Review (CMMC) Dr. Taddeo presented a case involving a 54 yo male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition deteriorated over the weekend, transferred to	Topic	Discussion	Action/Follow up
introduced. The confidentiality policy was stated by the chair, and the confidentiality statement was circulated for signature. Minutes of October 2014 The minutes of the previous meeting were reviewed. Case Review (CMMC) Dr. Taddeo presented a case involving a 54 yo male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition	ed to order at 12:30; Introductions		
stated by the chair, and the confidentiality statement was circulated for signature. Minutes of October 2014 The minutes of the previous meeting were reviewed. Case Review (CMMC) Dr. Taddeo presented a case involving a 54 yo male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition			
Statement was circulated for signature. Minutes of October 2014 The minutes of the previous meeting were reviewed. Case Review (CMMC) Dr. Taddeo presented a case involving a 54 yo male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition		introduced. The confidentiality policy was	
Minutes of October 2014 The minutes of the previous meeting were reviewed. Case Review (CMMC) Dr. Taddeo presented a case involving a 54 yo male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition			
reviewed. Case Review (CMMC) Dr. Taddeo presented a case involving a 54 yo male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition			
Case Review (CMMC) Dr. Taddeo presented a case involving a 54 yo male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition	utes of October 2014	1	
male involved in a bicycle accident. The patient suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition			Approved.
suffered blunt force trauma to his chest, and was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition	e Review (CMMC)	•	
was also currently being treated for Cancer. Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition			
Patient initially was transported to a local hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition		,	
hospital. Assessment found a lung herniation through his ribs, but determined to be stable and was admitted locally. Patient condition			
through his ribs, but determined to be stable and was admitted locally. Patient condition			
was admitted locally. Patient condition			
		,	
deteriorated over the weekend, transferred to		J The state of the	
COMPACE HELD TO THE STATE OF TH		,	
CMMC. Had multiple co-morbidities in		•	
addition to the Cancer; Alcohol			
Abuse/Withdrawal and Sepsis which			
complicated/increased treatment/recovery time	Tuissan Managara William Danas		
Spine Injury Management White Paper Dr. Sholl and Dr. Pieh presented and reviewed the spine injury management White Paper, as	e injury Management white Paper		
well as reviewed the current literature on the			
pre-hospital management of potential spine			
injuries. TAC members received the proposed			
white paper as well as the supporting			
documents previously.			
documents previously.		documents previously.	
Dr. Reilly requested stronger language in the		Dr. Reilly requested stronger language in the	
document on the importance of complete		. 1	

assessment and appropriate immobilization.

Br. Burke asked the EMS providers in the room for their thoughts on the document.

Chris Pare stated that he liked the clarity of the document and felt that the EMS providers were anticipating this change. He did state that ED education would be a critical piece of a successful implementation.

Tom Judge agreed that most EMS providers we're expecting these changes

Dr. Reight spoke in favor of the white paper and the direction as the Medical Director for Auburn Fire Department and felt that they Were prepared for the transition.

Dr. Reilly expressed interest in participating in the roll out and outreach training

Pret Bjorn spoke about the importance of developing a consistent message for both prehospital and hospital personnel.

Dr. Taddeo asked Dr. Sholl to clarify the language "elimination of the longboard".

Joanne Lebrun agreed that we should be looking at this as an opportunity to re-educate people about immobilization options as opposed to elimination of any one technique.

There was a general discussion about the best methods to get the new information out to providers/ED's, including the MEMSED learning management system and social media.

	Tammy Lachance asked about cervical collars. Dr. Sholl indicated that there was no move or support at this time to remove cervical collars as a splinting device for a patient with a potential spinal injury. Dr. Sholl also talked about the MDPB/State QI committee's commitment to develop a Spinal QI program post implementation of the new protocols. Dr. Burke suggested that the MDPB work with the Trauma Coordinators on this project.	Motion to adopt the Spine Injury Management White paper with the clarifications/additions as recommended (Burke/Reight). All in favor
Trauma Coordinators	Tammy Lachance reported that the 2014 MCOT was very successful with an increase in attendance and interesting topics. MCOT next year will be November 11, 2015. Joanne Lebrun had expressed concern that this was the actual Veterans Day, but the TAC membership felt that MCOT had been held on Veterans Day in the past without issue, so we should move forward with this date. Tammy indicated that the Trauma Coordinators would welcome any suggestions for topics/speakers for the next conference.	Informational
Repatriation	Tammy Lachance updated the group about the information she had gathered about repatriating a trauma patient back to the local hospital to recover post-surgery/treatment at a Trauma Center. The biggest concern was about recovering the costs associated with the repatriation. Most insurance companies follow the lead set by Medicare/Medicaid. Tammy said that the Medical Care is clearly covered, but the actual transport may not be covered. The key would be to have a plan and have the	Informational

	transportation worked out ahead of time with	
	local EMS providers. Tammy also reminded	
	people that there are different coding/collecting	
	options available for complex trauma patients,	
	and that capturing co-morbidities is critical to	
	successful billing.	
Trauma Directors Meeting	Rick reported that the Trauma Directors had	Informational
	met by conference call and were in the process	
	of trying to establish a regular schedule that fit	
	everyone's schedule.	
TAT/RTTD Update	We had to cancel the 1 st RTTD scheduled for	Informational
	MDI in January, and that was rescheduled for	
	May. We have a TAT/RTTD scheduled for	
	MDI on 16 th (originally was the second	
	program), then a TAT/RTTD at Memorial	
	Hospital in North Conway on April 16/17, then	
	the MDI reschedule in May, Calais in June and	
	Parkview in the fall	
Other	Everyone has been receiving the information	Informational
	about the Legislation to repeal the mandatory	
	seatbelt law, and the hearing is this Friday	
	(27 th). We have a number of Trauma Surgeons,	
	Trauma Coordinators, and others who will be	
	there to testify against the bill, and the Trauma	
	Directors have written a letter to the committee.	
	We have an open position for a Trauma Rehab	Informational
	Physician if anyone knows someone who might	
	be interested.	
	The Maine EMS awards will be held in May	Motion to nominate Rumford Community
	during EMS week and we would like to	Hospital for a Maine EMS award
	recognize a Trauma System Hospital for their	(Lachance/Moses). All in Favor.
	work and commitment to the trauma system.	
	Pret recommended Rumford Community	Pret and Rick will submit the nomination form
	Hospital, and spoke of the work they have done	on behalf of the TAC.
	that came to light during our last TAT/RTTD.	
Adjourn	Next Meeting: April 28, 2015. 12:15 – 2:30 at	Meeting was adjourned at 2:40. (Burke/Moses)

Maine EMS.	All In Favor