

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

Present: Pret Bjorn – Chair, Kevin McGinnis, Rafael Grossman, Thomas Judge, Kevin Kendall, Larry Hopperstead, Doris Laslie, Gail Ross, Heather Cady, Shawn Anderson, Matt Sholl, Chris Paré, Kim McGraw, Sandra Benton, Rick Petrie, Anna Moses, Norm Dinerman, Harry Grimmnitz, Pret Bjorn, David Ciraulo, Nancy Jackson, James Curtis, Robert Winchell, Tammy Lachance

Staff: Jay Bradshaw

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 circulated for signature.	
Minutes of 1/24/12	The minutes of the previous meeting were considered.	Grimmnitz; second by Judge. Approved.
Case Review	Dr. Winchell presented a review of devices to stabilize fractured ribs. Local experience suggests a role for chest wall stabilization in many cases where pain, protracted ventilator support, or potential long term disability may result from chest wall deformation.	Mr. Bjorn & Dr. Grossmann express interest in whatever training and support MMC’s experienced providers might offer to surgeons who are interested in rib plating. Drs. Ciraulo & Winchell will consider skills training programs and/or travel to assist with cases at EMMC &/or CMMC.
Teletrauma Programs/Statewide System	EMMC (Bjorn / Dinerman / Grossmann) reviews its history in telemedicine for acute trauma, emphasizing challenges related to hardware and HIPAA compliance. They are nonetheless convinced that Teletrauma will become an important and ubiquitous tool, and that various tools and applications will soon enable secure consultations via most camera-equipped communications devices. EMH has acquired a full-time AV engineer to support the	Committee is interesting in building statewide compatible systems, and for now will monitor the experience of these participants and look for opportunities to collaborate.

	<p>new technology, and is working with the New England School of Communication to consider the establishment of a TeleHealth Systems curriculum to guide the training of clinicians and technical personnel in this emerging service.</p> <p>Ms. LaChance reports that MMC's new teletrauma service is scheduled to launch on on May 15 using iPads and ClearSea software (www.clearsea.com). Mr. Bjorn congratulates the Portland initiative, and urges the TAC to remain aware and supportive of efforts to create seamless and collaborative teletrauma systems across the trauma system</p>	
Consensus Statement and Clinical Advice Guidelines Development	Withholding Imaging When CGS <8 – consensus is that transport should not be delayed for the purpose of obtaining a CT scan; however, if there will be a delay due to transfer issues and it is possible to concurrently obtain a CT scan, that may be helpful.	Mr. Bjorn will finalize edits and distribute for approval and inclusion in the website catalog.
Technical Assistance Program	The team reported the turnout for the Bridgton TAT was the best attended to date, with ~ 40 in attendance and good case studies and feedback. Kevin is finalizing reports for Bridgton's use in planning and training.	After a new TAC Trauma Coordinator has been hired, will be to contact hospitals and solicit new site visits.
TXA/PCC letter	<p>Pret has drafted a letter encouraging emergency departments to develop a policy regarding administration of Tranexamic Acid (TXA) and Prothrombin Complex Concentrate (PCC) as indicated for trauma patients.</p> <p>Some hospitals will require additions to their formularies to make this possible. Especially with respect to PCC's, which are low-use and high-cost, some reluctance can be expected from individual Trauma System Hospitals. All are encouraged to work with Trauma Centers on creative solutions to the inventory issues. Novis Pharmaceuticals is a common distributor with interest in solving this</p>	The draft letter will be circulated to trauma coordinators and directors for final review, then distributed broadly (trauma system leadership, MHA, Maine ACEP, hospital pharmacists, etc.).

	challenge.	
Trauma Director Meeting	<p>Dr. Ciraulo reported that the group did not have a spring meeting, but are planning to meet in June. Topics being discussed are a statewide injury prevention program for the elderly and looking for a research initiative. November MCOT will focus on burn care. Advanced Burn Life Support Course will be offered on November 7, 2012, at the Samoset Resort, Rockport.</p> <p>Thoughts about injury prevention included:</p> <ul style="list-style-type: none"> - Statewide Firework Registry - Multi-disciplinary discussion about the impact of active patients who are being prescribed Plavix, Coumadin, etc. - Attention by means of data collection and public information to self-inflicted non-accidental injuries (SINAI, aka suicides & suicide attempts) 	Trauma Centers and MCOT will explore options, especially in collaboration with various other injury prevention efforts around the state (EMS & hospital-based programs; injury prevention collaborative; Safe Kids, etc.).
Other Business		
RTTD	Following discussions with ACS, the cost of the text book has been reduced to \$30. There is a possibility that the Office of Rural Health may have funding to purchase the books for Critical Access Hospitals. Discussion about hospitals purchasing a library license for the books so they would be accessible by multiple staff members.	Informational only
Trauma status at CMMC	<p>In light of staffing changes at CMMC, Dr. Winchell raised a question regarding the availability of their trauma services, primarily neurological and spine coverage.</p> <p>Dr. Hopperstead acknowledged that the staffing changes presents a significant challenge that the hospital is</p>	Informational only

Other	<p>addressing short term through the use of contracted locum tenens while they aggressively recruit new surgeons.</p> <p>In the meantime, in the event there is a time when services are not available, notification is made to Maine EMS and other trauma hospitals.</p> <p>There was discussion about the need and benefit of coordinated communications throughout the trauma system regarding trauma center status. The consensus was this is an idea with merit, but at this time there is no action necessary or recommended.</p> <p>Pret noted that the regularly scheduled July meeting is during the time that EMMC will be having its ACS verification on site visit.</p> <p>After discussion, it was agreed to change the schedule for the July meeting to the following week.</p>	<p>July meeting date changed to 7/31/12.</p>
Adjourn		<p>Meeting was adjourned at 2:30.</p>

Next Meeting: July 31, 2012. 12:15 – 2:30 at Maine EMS. NOTE: this is a week later than previously scheduled. Lunch will be provided.