

Maine EMS Trauma Advisory Committee  
Meeting Minutes - Tuesday, April 27, 2010

**Present:** Norm Dinerman – Acting Chair, Tammy LaChance, Joanne Lebrun, Harry Grimmnitz, Rick Petrie, Gail Ross, Peggy Pinkham, Carlo Gammaitoni, Joan Pellegrini, Jim Curtis, Kevin Kendall, Heather Cady, Doris Laslie, Shelley Sides, Kim McGraw, Matt Scholl, Chris Pare, Mike Choate, Terri Vieira, Rob Winchell, Shawn Anderson, Betsi Jane Taylor, Julie Ontengco, Alicia Faller.  
Staff: Jay Bradshaw, Kerry Pomelow, Kevin McGinnis.

Topic	Discussion	Action/Follow up
Introductions	The meeting was chaired by Norm Dinerman, sitting in for Pret Bjorn. Members and others in attendance were introduced.	
Minutes of 1/26/10	MOTION: To approve 1/26/10 minutes (Grimnitz, Pellegrini).	Approved.
Case Review	Dr. Winchell presented for MMC	EMMC will present in July.
Trauma Coordinator Team (TCT) – Data and Benchmarking	<p>The trauma coordinator team (TCT) meets between TAC meetings.</p> <p><b>Data and Benchmarking –</b> ED Interval – Time from admission to Trauma System Hospital (TSH) to transfer to Trauma Center (TC). A chart with EMMC’s experience was presented showing experience for more than two years. Total Time Interval data proving problematic. Still an issue of data comparability among the three TCs for both intervals.</p> <p>The question of what to do when there is an ED Interval time of greater than 2 hours (established last meeting) for patients with ISS &gt; 15. Following discussion during which it was noted that we should be considering parallel processing issues (such as tele-trauma used), it was decided that the TC will notify TSHs when this occurs for their follow-up.</p>	<p>ED and Total Time Intervals – TCT to work on data comparability for review at next meeting.</p> <p>TCs should start notifying TSH contacts when a transfer case has ED Interval &gt; 2 hours for a patient with ISS &gt; 15 when no mitigating parallel processing steps have been employed. The TSHs should handle their own reviews without TC follow-up.</p>

<p><b>Consensus Statement and Clinical Advice Guidelines Development</b></p>	<p><b>Consensus Statement and Clinical Advice for TSHs</b> – Four consensus statements (Spinal Injury, and Traumatic Brain Injury; and Burns, and General Guide for Initial Triage, Management and Referral of Trauma Patients) had been distributed and discussed at the January meeting (the former two had been presented for approval but were sent back for revision; the latter two had been first introduced). These were presented for approval as distributed for review in advance of this meeting.</p> <p>After extensive further discussion, two received minor changes and were approved, and two were sent back for further revision.</p> <p>Mike Choate, of LifeFlight, offered to draft a guideline on pain control in major trauma for consideration. This was gratefully accepted.</p> <p>Other areas for guidelines were discussed. Orthopedics was suggested by Dr. Curtis. Dr. Dinerman suggested formalizing the sources for these. Suggested were”</p> <ul style="list-style-type: none"> <li>• TA Team visits</li> <li>• LOM Clinical Practice committee</li> <li>• TCT– review EAST list, and from discussions/case reviews.</li> <li>• TSH ED physicians</li> </ul>	<p>Consensus Statement Actions:</p> <p>Spinal Injury Precautions...- Approved with minor change (Cady; Petrie).</p> <p>TBI – Tabled. Kevin to enter changes suggested here and send to Dr. Pellegrini for redraft.</p> <p>General Guide... - Approved with minor changes (Petrie; Grimmnitz).</p> <p>Burns – Tabled. Dr. Winchell will attempt a redraft and resubmit for next meeting.</p> <p>Mike Choate to draft a pain control guideline for introduction at next meeting.</p> <p>TCT to consider source solicitation process. Publish whole process of Guideline development on website.</p>
<p>Rural Trauma Development Course</p>	<p>First course was held at Maine Coast Hospital on March 18<sup>th</sup>. Very successful. Focused on first 15 minutes of care and used 3 person team of one MD/DO/PA/NP provider and two others. Not physician centric. Half lecture and half hands-on.</p>	<p>Winchell, Ontengco, Laslie, Pellegrini, Bjorn, LaChance, Gammaitoni, and Shelley Sides all attended and are now qualified to lead or assist in courses.</p>

TA Program	Pen Bay has requested a revisit. Materials are out to SMMC for an initial visit, and Mid-Coast for a revisit.	
Trauma System Plan	Few comments were received on the 1995 plan and 2004 redraft. Dr. Winchell said he would like to participate and is now chair of the ACS System Evaluation Committee.	Work to begin on redrafting 2004 draft.
Maine EMS	Jay reported that Dr. Matt Scholl is now serving as Maine EMS Medical Director. The MDPB protocol review is ongoing with Dr. Peter Goth in charge (Julie Ontengco reported on the TCT effort to assure TC surgeon involvement of the trauma protocols). Access to the Maine EMS data system is undergoing AG review and confidentiality provisions may require statutory review.	
Adjourn		Meeting was adjourned at 2:35.

**Next Meeting: October 26<sup>th</sup>, 2010. 12:30 – 2:30 at Maine EMS. Lunch will be provided.**