

Maine EMS Trauma Advisory Committee
Meeting Minutes - Tuesday, April 28, 2009

Present: Tammy LaChance - Chair, Kathy Zwicker, Joan Pellegrini, Julie Ontengco, Norm Dinerman, Brenda Gowsky, Betsi Jane Taylor, Jim Leonard, Shawn Anderson, Peter Goth, Tom Judge, Glen Targonski, Kim McGraw, Kevin Kendall, Rick Petrie, Joanne LeBrun, Barbara Sylvester-Pellett, Pret Bjorn, Jim Curtis, Gail Ross, Lori Metayer, Kathy Viger.
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 1/27/09 minutes (Bjorn; Harris).	Approved.
Case Review	Dr. Pellegrini presented a case for CMMC. CT scan use and software compatibility were issues raised. Shawn Anderson noted that VPN access is more helpful than sending disks. Pret said that 9 of 22 hospitals in his region have web CT access with EMMC.	MMC will present next. Dr. Pellegrini indicated that a statewide guideline might be useful.
Trauma Coordinator Team	<p>The trauma coordinator team (TCT) meets once or twice between TAC meetings.</p> <p>Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) data initiative. Data for January 1 through March 31 were presented by Tammy LaChance and discussed by the group (see attached chart). Tammy noted that the CMMC trauma surgeons have begun doing interventions at night and on weekends and the intervention level is improving some. CMMC will begin using EMMC's intervention letter as part of their handout packet. In discussion it was again noted that our goal should be to monitor recidivism and attempt to achieve numbers like those reflected in the Gentilelo paper which Tammy distributed. The paper showed a recidivism rate decline for injury of 48%. Dr. Pellegrini noted that blood draw rates at EMMC are good because it is easier to confront a denying patient with data. Dr. Curtis asked</p>	

	<p>about the follow-up rate for this with the patient’s PCP. While all three trauma centers believe they are doing well with getting discharge summaries to PCPs, the majority of the patients she sees don’t have PCPs and when they do, the PCP doesn’t know them. The three step follow-up process is straight-forward: (1) put intervention id discharge note, (2) have “the talk”, (3) get a referral to a PCP when one does not exist (ideally within three months of injury). Jim Leonard suggested that HealthInfoNet may be able to help in communicating an intervention to PCPs. Jim Curtis noted that PCPs can get records of narcotics abuse through the Maine Office of Substance Abuse which maintains a system to monitor narcotics prescriptions. Dan Eccher at that office is the contact.</p> <p>Consensus Statement and Clinical Advice for TSHs Draft documents for pretransfer resuscitation and spinal column injury management that were distributed by Pret Bjorn at the last meeting will be reviewed at the July meeting along with a burns guideline document from Dr. Clark. The goal is to increase the standardization of procedures for transferred patients by providing TSHs with these consensus documents.</p> <p>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. The experience with this will be revisited at the July meeting.</p> <p>Mild TBI Management - Dr. Pellegrini was unable to follow up with the Maine Brain Injury Foundation and will make that contact for next meeting.</p>	<p>Arrange for Dev Culver to attend July meeting to describe HealthInfoNet and explore ways it might be useful to the trauma system and its patients.</p> <p>The TCT will continue to develop consensus/clinical advice documents for TSHs. They will be distributed and put up on new website.</p> <p>TCT to consider physiologically based transfer criteria as a next set of guidelines Submit with others for July meeting.</p> <p>Autopsy process success to be reviewed at July meeting.</p> <p>Dr. Pellegrini to report on MBIF contact at July meeting.</p>
Legislation	Jay Bradshaw reported:	

	<p>Helmet – Bill for all riders is not likely to pass. However bill for all riders under 18 is likely to pass.</p>	
TA Program	<p>Maine Coast was completed in January. Waldo County General will be in May and Stephens will be our first revisit in June. St. Andrews will be scheduled for a revisit probably in the Fall. Cary and MGMC-Waterville are still being discussed.</p>	
Other Business	<p>Progress on implementing 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. Two Maine instructors went to Chicago for training. Implementation details are being addressed.</p> <p>Jay reported that an EMS medical director overview course is scheduled for October 17 at MGMC-Waterville. Previous courses have been cancelled because of low attendance. The course is intended for any physician of any specialty who wants to serve as an ambulance service medical director or an ED on-line medical director. Please get the word out!</p> <p>He also reported that Maine EMS electronic run record system is in operation and the trauma coordinators and other hospital officials can access it for data purposes. It will be an important part of HealthInfoNet system.</p>	
Adjourn		Meeting adjourned 2:45.

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