

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

Present: Tammy LaChance - Chair, Richard Narad, Dev Culver, Kathy Harris, Geneva Sides, Jim Curtis, Shelley Sides, Sandy Benton, Kathy Zwicker, Joan Pellegrini, Norm Dinerman, Jim Leonard, Shawn Anderson, Tom Judge, Kevin Kendall, Rick Petrie, Joanne LeBrun, Barbara Sylvester-Pellett, Pret Bjorn, Gail Ross, Lori Metayer.
Staff: Kevin McGinnis.

Topic	Discussion	Action/Follow up
Introductions	The meeting was chaired by Tammy LaChance. Members and others in attendance were introduced.	
Minutes of 4/28/09	MOTION: To approve 4/28/09 (Harris; Kendall).	Approved.
Case Review	There was no case review this meeting. Special presentations (below) were made instead	MMC will present next.
HealthInfoNet	Dev Culver made a presentation on HealthInfoNet, a developing statewide system of shared patient electronic records with potential for EMS system impact through patient record access in the field. A similar system in the Indianapolis area was recently initiated allowing such access for EMS.	
California Trauma System	Dr. Richard Narad, California State University – Chico, gave a presentation on the California trauma system. Dr. Dinerman suggested that a Samoset or MCOT topic might be a debate or discussion comparing a voluntary trauma system such as that in Maine and a regulated, compliance-driven system like California's.	
Trauma Coordinator Team	<p>The trauma coordinator team (TCT) meets between TAC meetings.</p> <p>Alcohol Screening, Brief Intervention and Referral to Treatment (SBIRT) data initiative. Data for April 1 through June 30 were presented by Tammy LaChance and discussed by the group (see attached chart). There was discussion about who should be doing the interventions. Nurses at one of the trauma centers are reluctant to be</p>	Continue to follow this and report at meetings.

	<p>involved in these and in psych issues. Pret Bjorn said that earlier studies showed a greater impact if doctors were the interveners. Eighty-six patients in the data presented had an intervention discussion which didn't happen two years ago, so progress is being made in this area.</p> <p>There was additional discussion on a perceived increase at EMMC and elsewhere of suicide attempts. Dr. Pellegrini will see if Dr. Theodore Logan might be available to address the TAC on these issues, especially substance abuse and recidivism. He is a pediatrician doing a residency in psychiatry and is an expert on these issues.</p> <p>Consensus Statement and Clinical Advice for TSHs These are still being developed.</p> <p>Mild TBI Management - Dr. Pellegrini followed up on this with the Maine Brain Injury Foundation and has come to the conclusion that there are many silos on this in the state (e.g., also, the Maine Concussion Management Foundation). She is going to explore breaking down some of these barriers and will report back when she feels she has made progress.</p> <p>Rural Trauma Development Course Rick Petrie said that there are a number of hospitals very interested in this and we need to make progress in establishing this as a resource in the state.</p>	<p>Dr. Pellegrini to invite Dr. Logan for a future TAC meeting.</p> <p>The TCT will present at least a few consensus/clinical advice documents for TSHs at the October meeting.</p> <p>Tabled. Information will be e-mailed as soon as new information is available.</p>
TA Program	Waldo County General was completed in May and Stephens' revisit was completed in June. MGMC-Waterville will be a Fall visit and St. Andrews is still considering the schedule for a revisit.	For future ED Interval study, consider charting against TA Team visits and other significant system events.
Adjourn		Meeting was adjourned at 2:30.

Next Meeting: October 27th, 2009. 12:30 – 2:30 at Maine EMS. Lunch will be provided.