Maine EMS Trauma Advisory Committee Meeting Minutes - Tuesday, October 23, 2012

Present: Pret Bjorn – Chair, Kevin McGinnis, Doris Laslie, Gail Ross, Matt Sholl, Chris Paré, Anna Moses, David Ciraulo, Nancy Jackson, James Curtis, Tammy Lachance, David Burke, Alicia Paquette, Julie Nason, Julie Ontengco, Nicole Martin, Chris Michalakes, Tim Pieh,

Staff: Jay Bradshaw, Rick Petrie

Торіс	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 4/24/12	The minutes of the previous meeting were considered. (July meeting cancelled)	Burke; second by Curtis. Approved.
Trauma Coordinators	Jay introduced Rick Petrie to the group as the new contracted Trauma Coordinator for the Trauma Advisory Committee. Tammy Lachance updated the group on the MCOT annual education seminar which will be held November 7, 2012 at the Samoset Resort in conjunction with the APEMS seminar. Presenter include Dr. Sheridan from Shriners Burn unit in Boston and Sue Reeder from Maine Medical Center. Tammy was also pleased to announce that we were able to schedule an ABLS class on Thursday, November 8 th , also at the Samoset Resort. We have been trying to get this program here for several years, and hope to generate a few instructors out of this program so that we can begin conducting our own programs.	
Teletrauma Programs/Statewide	EMMC (Bjorn) reports that they experimenting with different software and hardware to find the product that	Committee remains interested in building a statewide compatible system, and continue
System	provides the most reliable service, which resulted in a discussion among the participants about the varying levels	to monitor the progress that is being made.

	of success with the various software and hardware products currently available. PenBay (Dr. Michalakes) report that they are currently using the Teletrauma system with both MMC and EMMC, and have had good success. They are now considering expanding the program to include lower level trauma. MMC (Dr. Ciraulo) indicated a need to better utilize smartphone technology to make it easier on the participants	
Consensus Statement and Clinical Advice Guidelines Development	Mr. Bjorn presented a draft consensus document on the use of Tranexamic Acid (TXA), and gave the group background on the drug. The drug is very inexpensive and the recommendation is to administer for any significant trauma, using the results of the Crash 2 Trial as evidence. Dr. Burke spoke in support of the recommendation, and indicated that administration was time-critical. Dr. Ciraulo cautioned the group about overuse of the drug, and felt we needed more information before proceeding. He also spoke about the concern raised by Dr. Winchell that the document did not contain clearer guidance for administration of TXA. Dr. Sholl indicated that the MDPB would be receiving a proposal from Dr. Busko to include TXA in the EMS protocols, and expressed a need to determine if the most beneficial administration time was < 1 hour or $1 - 3$ hours so that a decision could be made about inclusion in the protocols.	The committee referred the document to the 3 trauma centers for revision and the addition of a section on "guideline for administration".
Technical Assistance Program	Rick informed the group that he was working with both Millinocket Regional Hospital and Southern Maine Medical Center to schedule TA visits for the spring. Millinocket will have theirs in April, and SMMC is yet to be scheduled. Dr. Burke spoke about the value of the TA visit from the Trauma Center perspective; these visits continually	Rick will finalize the date for the SMMC visit and solicit teams after the first of the year.

	reminded the TC's of the ongoing plight of the community hospitals regarding resources. Rick asked the group to help with contacts at the community hospitals to promote the TA visits.	
Trauma Director Meeting	Dr. Ciraulo that the Trauma Directors were planning on meeting at the MCOT meeting in November and would report back to the group in January	Trauma Directors to meet at the MCOT meeting in November
Other Business RTTD	Rick reported that there is an RTTD program scheduled for MGMC-Waterville in December, and another scheduled for Millinocket Hospital in April. Jay and Rick will meet to discuss the possibility of using some Rural Health money to purchase the textbooks.	Informational only
Trauma status at CMMC	Dr. Hopperstead was schedule to update the group on the status of the CMMC trauma program, but was tied up in surgery and unable to present. This report will be deferred until January.	Informational only
TAC Chair	Prett Bjorn reminded the group that he had been Chair for a long time and that it was probably time to elect a new Chair. Since no Chair-elect was selected last time, we would have to solicit nominations from the group, and make sure that we also selected a chair-elect moving forward. Decision made to hold elections at the January meeting. A list of responsibilities should be generated and sent out along with a call for nominations.	Rick will send out a call for nominations in December and include a list of TAC Chair responsibilities
Case Review	Dr. Hopperstead was not able to attend, so CMMC Trauma Coordinator Doris Laslie, RN presented a case review on Blunt Renal Injuries (BRI) and the changes in current management practices. During the presentation, a comparision was made between treatment for a BRI that occurred in the late nineties and a recent BRI, both seen and treated by Dr. Hopperstead	
Adjourn		Meeting was adjourned at 2:35.

Next Meeting: January 22, 2013. 12:15 – 2:30 at Maine EMS.