

Maine EMS Trauma Advisory Committee  
Meeting Minutes - Tuesday, October 27, 2009

**Present:** Tammy LaChance - Chair, Terri Vieira, Geneva Sides, Harry Grimnitz, Kathy Zwicker, Norm Dinerman, Rick Petrie, Pret Bjorn, Gail Ross, David Stuchiner, Steve Juchnik, Peggy Pinkham, Carlo Gammaitoni, Joan Pellegrini (videoconference), Rob Winchell (teleconference), Kathy Harris (teleconference).  
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 7/28/09	MOTION: To approve 7/28/09 (Petrie, Bjorn).	Approved.
Case Review	There was no case review this meeting because of technical difficulties with video-conferencing. Special presentations (below) were made instead	MMC and CMMC will make presentations in January.
Nominating Committee	<p>Dr. Hopperstead, the Chair-Elect, was unable to assume the role as Chair when Tammy LaChance's term ended. Following a review and selection process, the nominating committee presented Pret Bjorn as a candidate for Chair for the next two year term which will begin in January. The Chair solicited other nominations, and there were none.</p> <p>MOTION: To elect Pret Bjorn as TAC Chair for a two year term beginning in January, 2010 (Grimnitz; Stuchiner).</p>	Pret Bjorn elected as Chair.
Trauma Coordinator Team	<p>The trauma coordinator team (TCT) meets between TAC meetings.</p> <p><b>Alcohol Screening</b>, Screening, Brief Intervention and Referral to Treatment (SBIRT) data initiative. Data for July 1 through September 31 were presented by Tammy LaChance and discussed by the group. Pret Bjorn noted that recidivism appears low judging by recidivism in the trauma registries. There was discussion about comparing</p>	<p>Jay Bradshaw will look at the State's crash data and see what is available.</p> <p>It was consensus that this data should continue to be compiled quarterly, but presented annually to the TAC for</p>

	<p>this data to crash data on impaired drivers.</p> <p><b>ACS Trauma System Evaluation</b> – The TCT discussed the possibility of doing an ACS trauma system evaluation in order to jumpstart the trauma plan revision process. It would cost \$65,000 for the ACS team and process. It was concluded that while we may be able to fund-raise that amount in the future, the current State fiscal crisis will leave us lucky to be able to continue TAC activity, which must be prioritized.</p> <p><b>Data and Benchmarking</b> – The TCT presented the following as possible data collection and review subjects for benchmarking/reporting:</p> <ul style="list-style-type: none"><li>(1) ED Interval – Time from admission to Trauma System Hospital (TSH) to transfer to Trauma Center.</li><li>(2) Total Time Interval – Time from injury to admission to Trauma Center.</li><li>(3) Preventable/Unexpected Deaths.</li><li>(4) Unexpected Saves.</li></ul> <p>All four measures were generally supported during the discussion. For “Total Time”, the ability to get at actual time of injury needs to be explored further. Unexpected Deaths and Saves at the trauma centers were thought to be useful, and the ability to also get unexpected deaths at TSHs was posed. It was suggested that the New England Donor Bank might have such death data and be able to share it. Dr. Stuchiner suggested couching a benchmark like the STEMI “door to drug” measure or similar simple measures for stroke and cardiac events. It was discussed that we need to do a literature review to establish such a measure, and then develop criteria, operational guidelines and a benchmark.</p>	<p>discussion.</p> <p>The TCT will discuss other ways to move the trauma plan forward.</p> <p>Jay Bradshaw will check on the availability of New England Donor Bank death data for TSHs.</p> <p>The TCT will further develop and propose these measures at the January meeting and will also discuss the “simple benchmark” concept.</p>
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	<p><b>Consensus Statement and Clinical Advice for TSHs –</b>  Four consensus statements (spinal, fluids and blood products, major extremity, and traumatic brain injury) were distributed and discussed. It was suggested that where possible, times constraints/guidelines be placed on these. It was also noted that these should be presented as a standard of practice not a standard of care.</p>	<p>Kevin McGinnis will distribute these to TAC members in next week as well as to MHA, Maine ACEP, Maine ACS, MCOT for comments. Comments should be back by Christmas. TCT will meet before January meeting, revise statements per comments and present for approval at January meeting. A TAC website will be established and publicized to house these.</p>
TA Program	MGMC-Waterville was cancelled and rescheduled for December.	
Other	Katharyn Zwicker distributed materials on suicide prevention following a previous discussion on the subject by the TAC.	
Adjourn		Meeting was adjourned at 2:30.

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