

Maine EMS Trauma Advisory Committee  
Meeting Minutes - Tuesday, January 25, 2011

**Present:** Pret Bjorn – Chair, Carlo Gammaitoni, Tom Judge, Kevin Kendall, Julie Ontengco, Rick Petrie, Josh Dickson, Heather Cady, Doris Laslie, Chris Pare, Tim Pieh, Norm Dinerman, Mike Choate, Alicia Paquette, Matt Sholl, Tammy Lachance, Robert Winchell, Kristen Sihler (video), David Ciraulo (video).  
Staff: Jay Bradshaw, Kevin McGinnis (phone).

Topic	Discussion	Action/Follow up
Introductions	The meeting was chaired Pret Bjorn. Members and others in attendance were introduced.	
Minutes of 10/26/10	The minutes of the previous meeting were approved..	Approved.
Confidentiality	Pret noted the new procedure of signing the confidentiality agreement with the attendance document. All patient or facility identifying information must stay in the room. If individuals cannot agree to the statement, then they should leave for case reviews and any other discussion where such information may be disclosed. Jay noted that TAC issues of this sort are considered a part of the Maine EMS QI process and are protected by statute as confidential and protected from discovery. Release of such information would require patient and institution approval. HIPAA implications were discussed. Rick Petrie asked that any hospital discussed during a case review be invited to be present for that discussion. Pret noted that we encourage case reviews from any source, though we officially first use data from unexpected saves and deaths as a basis for learning more about our system and its needs.	Confidentiality statement was circulated and signed.  Pret will develop broader confidentiality policies with staff support for future consideration.
Case Review	Two cases were presented by EMMC staff. A third case was presented by MMC. Discussion ensued about which trauma center should receive patients: the closest, MMC, or Boston hospitals. After extended discussion, it was concluded that review should be done on a case by case basis, and that the current system overall works well.	CMMC will present in April.

<p>Trauma Coordinator Team (TCT) – Data and Benchmarking</p>	<p><b>Data and Benchmarking –</b>  There was discussion, continued from the October meeting, on the appropriateness of LifeFlight CPC data use for this purpose. Dr. Dinerman noted that they don't want to be in the middle of policing by data, but if the purpose is general system enlightenment and improvement and effecting changes in policy and training then this would be appropriate. Specific areas suggested by Dr. Dinerman and those present included:</p> <ul style="list-style-type: none"> <li>• Impact of modified scene response on patient total time from EMS called to arrival at Regional Trauma Center.</li> <li>• Number of calls by TSH: Pt. transferred to TC after LOM initially or repeatedly called &amp; cancelled.</li> <li>• Number of calls by TSH: LOM arrives and is delayed by diagnostics in process.</li> <li>• Percentage of trauma transfers complying with MEMS protocol destination criteria.</li> </ul> <p>The trauma protocol compliance question may require broader data sources but is worth pursuing per consensus. Some other measures that were discussed as useful (e.g. inappropriate PIFT, or inappropriate BVM vs. respirator use for a transport) would not be known to LOM or MEMS.</p> <p>Tom Judge encouraged the TAC to consider other questions it wants answered and LOM can see if it can provide data.</p> <p>It was consensus to make the "modified scene response...", and whatever else of the above LOM is able to provide, as</p>	<p>This figure will be reported for all hospitals statewide during our annual data presentation in April. This will enable a discussion about whether to adjust our policy that has TCs 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. Currently, the TSHs are expected to handle their own reviews without TC follow-up. TCT to discuss further.</p> <p>Pret will ask LOM for data at the January meeting showing the frequency pattern of LOM unavailability as a result of weather, mechanical, and other factors.</p>
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	part of the April data discussion, and to table the rest indefinitely.	
Consensus Statement and Clinical Advice Guidelines Development	<p><b>Consensus Statement and Clinical Advice for TSHs –</b></p> <p><b>TBI Update:</b> Pret asked for input on the circulated document, noting that the formula should be removed. He hopes to submit something for approval next meeting. He noted a useful; Washington State Department of Health document.</p> <p><b>Pain Update:</b> The draft was presented by Pret and Michael Choate, its primary author, and it was discussed. There were no major issues evident, and the draft will be voted on next meeting.</p> <p><b>Elderly Major Trauma:</b> The draft was presented by Tammy Lachance and will be voted on next meeting if there are no major issues raised.</p> <p><b>Anti-Coagulation Management in Trauma:</b> Pret said that this still requires discussion as the data is changing and with the approaches of the three trauma centers. Tabled after discussion.</p>	<p>Consensus Statement Actions:</p> <p>Pret will follow-up on TBI and anti-coagulation guideline development.</p>
Website Changes	The updated website will be demonstrated in April. Pret demonstrated the techniques demo page which will link to the website and be maintained by EMMC. Related videos are welcomed.	Kevin is pursuing website updating with Drexell White.
Other Business	A logo was displayed and will be voted on at the next meeting.	
Adjourn		Meeting was adjourned at 2:30.

**Next Meeting: April 26th, 2011. 12:15 – 2:30 at Maine EMS. Lunch will be provided.**