

Maine EMS Trauma Advisory Committee
Meeting Minutes - Tuesday, April 26, 2011

Present: Pret Bjorn – Chair, David Burke, Alan Garber, Betsi Jane Taylor, Tom Judge, Kevin Kendall, Rick Petrie, Josh Dickson, Heather Cady, Doris Laslie, Chris Pare, Kim McGraw, Tim Pieh, Mark McAllister, Gail Ross, Brenda Gowsky, Norm Dinerman, Mike Choate, Jennifer Granata, Harry Grimnitz, Matt Sholl, Tammy Lachance, Sandy Benton, Edwina Ducker, David Ciraulo, David Dumont (video).

Staff: Kerry Sousa Pomelow, Kevin McGinnis.

Topic	Discussion	Action/Follow up
Introductions	The meeting was chaired Pret Bjorn. Members and others in attendance were introduced.	
Minutes of 1/25/10	The minutes of the previous meeting were considered.	Approved. Burke, Judge.
Confidentiality	Pret reiterated the 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.	Confidentiality statement was circulated and signed.
Case Review	Scheduled case review was cancelled.	Case review, consistent with policy of notification of facilities/EMS involved, will be developed for July meeting.
Website Demonstration	Kevin gave a demonstration of the Maine EMS Trauma System website which he credited Drexell White, Maine EMS staff member, with developing based on TAC content. Means of making Trauma System Hospital status more prominent were discussed. They should have their current status more obvious.	Trauma Coordinators to give the link to this site to the three TC transfer centers for reference to clinical guidelines and other information. Maine CDC will put a link to this on their website. Tom Judge will have LOM assist with a TSH map for the site.

<p>Trauma System Hospitals and Technical Assistance (TA) Program</p>	<p>There was an extended discussion on ways of incenting hospitals to keep their TSH status current. It was suggested that the TCT discuss the feasibility of data to gauge whether TSH site visits have an impact on ED Intervals. The standard is now five years from the visit month before the TSH status expires. Kevin noted that if all eligible hospitals requested TA visits, we would exhaust our team resources and could not keep up. He suggested some other approaches to "certification" and "recertification", with full team use only for initial visits. For recertification within the five years of current status, the TSH could review and redo their "Guide to Trauma in the ED" document for review by trauma system staff. There might be a visit by trauma system staff to go over these materials in the case of a TSH beyond its status expiration. A final option would be to use ACS verification at Level 4.</p> <p>There was a suggestion of trying to leverage JCAHO, CMS, or Maine Care requirements to encourage TSH certification. It was felt that we would have to have a designation/verification system closer to resembling that of ACS to be able to do this. It was suggested that an ACS Level 4 verification process would be too expensive for TSHs in Maine.</p>	<p>TCT to discuss ED Interval impact of TSH Technical Assistance visits.</p> <p>TAC members were encouraged to think about the TA options and we will discuss them at the next meeting.</p> <p>TCT will discuss and consider Maine Care, JCAHO, CMS options.</p>
<p>Trauma Coordinator Team (TCT) – Data and Benchmarking</p>	<p>Pret presented the annual benchmarks (ED Interval and SBIRT) and these were discussed. All TCs are seeing ED Intervals of approximately 2 hours in TSHs with some longer times for the elderly. There was further discussion on the utility of LOM data, and this will be pursued by the TCT and LOM staff. Dr. Grimmritz asked about the feasibility of measuring the MEMS trauma protocol driven compliance in routing patients to trauma centers and reducing time lost to interfacility transfers. Is it possible to measure compliance?</p>	<p>TCT to meet with LOM staff re data use.</p> <p>TCT to discuss Maine EMS trauma protocol compliance measurement feasibility.</p>
<p>Consensus Statement and</p>		<p>Consensus Statement Actions:</p>

<p>Clinical Advice Guidelines Development</p>	<p>TBI was presented for approval.</p> <p>Pain Management: presented for approval. Michael Choate of LOM was thanked for his work in authoring the document.</p> <p>Elderly Major Trauma: presented for approval.</p> <p>Anti-Coagulation Management in Trauma: Pret reported that there is still a need to get the Trauma Directors together to discuss this and other issues.</p> <p>It was suggested that we consider putting TC protocols, where we do not have one statewide consensus document, on our website (e.g. for massive fluid resuscitation).</p>	<p>TBI approved as presented. Burke, Petrie.</p> <p>Pain Management was approved as presented. Bjorn/LaChance.</p> <p>Elderly Major Trauma: Approved as presented. Burke, Petrie.</p> <p>Trauma Directors to consider Anti-Coagulation Management.</p> <p>TCT to discuss whether to publish TC protocols on MEMS trauma system website.</p>
<p>Trauma System/Center/System Hospital Logos</p>	<p>The logos presented at the previous meeting were discussed. Following discussion on their use, including the possibility of using them on DOT signs, hospital signs and public relations paraphernalia approval of the logos was requested. It was suggested that the logos be explained on the website.</p>	<p>The three logos for system, trauma center, and trauma system hospital were approved. Grimmnitz, Burke.</p> <p>TCT will pursue information on signage and PR paraphernalia with MEMS director.</p>
<p>Other Business</p>	<p>MCOT - Dr. Ciraulo reported that ACS is focusing its efforts on system development as opposed to center development and that he sees MCOT also embracing the systems approach, as has really been our tradition already. He is trying to get the Tauma Directors to met regularly and will report on these meetings at TAC in the future. He discussed research activities, including chest wall reconstruction, which he would like to see an increasing focus on in Maine. The MCOT conference will be held on November 9th, in conjunction with the Samoset EMS conference.</p> <p>RTTD - There was a second program in Ellsworth which had to turn people away because of over-subscription, and</p>	

	involved a greater number of physicians. Stephens, Maine General, Calais and Downeast hospitals are interested.	
Adjourn		Meeting was adjourned at 2:35.

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