

Maine EMS Trauma Advisory Committee  
 Meeting Minutes – Tuesday, January 24th, 2017

**Present:** Geno Murray (Chair); Pret Bjorn, Nicole Breton, Bruce Chung, Kevin Kendall, Tammy Lachance, Joanne Lebrun, Anna Moses, Julie Ontengco, Chris Pare', Jim Reilly, Gail Ross, Sam Schaab, Matt Scholl, Pete Tilney.

Topic	Discussion	Action/Follow up
Called to order at 12:35; Introductions	The meeting was called to order by Geno Murray. The confidentiality policy was stated by Geno, and the confidentiality statement was circulated for signature.	None
Minutes from October 2016	The minutes of the previous meeting were reviewed.	Motion to approve (LaChance/Bjorn). All in Favor. Approved.
Case Review (CMMC)	<p>Dr. Reilly &amp; Tammy detailed the case of an adult male timber industry worker who was struck at low speed by an enormous tractor on a remote mountainside. The end result was his low extremities being pinned by the vehicle's tire in deep snow. The steep terrain made any further normal operation of the tractor prohibitively dangerous to both the patient and his rescuers, and scene responders consulted with online Medical Control about the possible necessity of field amputation if other efforts at mechanical extrication either failed entirely or took too long to prevent life-threatening hypothermia.</p> <p>The presentation demonstrated the need to be able to improvise responses to such highly unusual circumstances, e.g., the impracticality of any sort of formal field amputation "protocol" for once-in-a-generation indications. In this case, an array of skilled providers collaborated on treatment and contingency plans which met the real-time challenge, and the patient was safely extricated with a trauma surgeon (Dr. Reilly) standing ready to amputate as necessary.</p>	Dr. Reilly notes the lack of any means to locally publish or recognize cases like this, especially within the EMS community. Pret recalls that such was once the function of the <i>Maine EMS Journal</i> , which has ceased publication.

	<p>The case also provided a useful review of the pathophysiology and treatment of compartment syndrome, acidosis, and rhabdomyolysis.</p> <p>The Committee followed up with Q&amp;A and multiple comments, and congratulated CMMC on an excellent case and thought-provoking presentation.</p>	
Maine EMS Protocol Review	<p>Dr. Scholl (and later, Dr. Kendall) remind the Committee of ongoing periodic revisions of MEMS protocols, currently emphasizing those surrounding trauma. The MDPB had intended working sessions in Jan/Feb, but that meeting was cancelled, currently planned for Mar/April.</p> <p>Items under deliberation for trauma include:</p> <ul style="list-style-type: none"> <li>• Standardizing the prehospital verbal report &amp; time-out process;</li> <li>• Finalizing implementation of updated spine immobilization rules;</li> <li>• Reviewing new &amp; alternative pain management strategies (e.g., Ketamine);</li> <li>• Updating GCS practices to align with recently published (2014) recommendations;</li> <li>• Recommending the addition of Tranexamic Acid (TXA) to the paramedic formulary</li> </ul>	<p>The Committee hears a motion to endorse the use of TXA in the field; votes unanimously in favor. Dr. Scholl notes that the protocol will likely follow the weight-based bolus dosing scheme introduced at EMMC. Indications will be restricted to life-threatening hemorrhage, and administration will be restricted to a three-hour window from the time of injury.</p> <p>Members are invited to submit other ideas or recommendations. The date of the working session will be communicated, and the membership is encouraged to attend.</p>
Trauma System Hospital Award	Nominations are sought.	See Rick Petrie for more information or a nomination form.
Trauma Coordinator Team Meeting	Julie, Tammy & Pret facilitate review of several items:	Informational

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|  | <ul style="list-style-type: none"><li>• The 2016 MCOT Meeting was an objective success, but most involved in the planning &amp; production agree that the event would benefit from greater sharing &amp; collaboration between the Trauma Centers. The coordinators and directors will make this a focus of upcoming meetings.</li><li>• MMC has successfully reverified as an ACS Level-I Trauma Center, meaning that all three of Maine's RTC's are currently actively verified.</li><li>• Statewide Data Collection continues to be a project of interest to the Trauma Centers. Funding is available for conversion of RTC Trauma Registries to an ImageTrend® platform, but that process has suffered a variety of unrelated administrative delays. More to follow.</li><li>• In follow up to the October meeting, Pret presents a review of data amassed from the RTC's with respect to long ED intervals suffered at virtually all of Maine's Trauma System Hospitals. Trends are not evident, but the Committee agrees that the 15-minute decision target and 2-hour ED interval window should be actively reinforced as a performance improvement goal. The RTC's are each working with their referring hospitals to improve these numbers, and the ACS-COT has informed EMMC that such is a reflection of the effectiveness of verified trauma centers.</li></ul> |  |
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	<ul style="list-style-type: none"> <li>• For the next meeting, Pret hopes to similarly collect RTC data to quantify the burden of Self-Inflicted Non-Accidental Injuries (SINAI) on the trauma system. Many providers on the Committee share the impression that SINAI rates are significantly climbing. If proven, this may have implications for public education or population health initiatives.</li> <li>• The Office of Rural Health is working with community hospitals to support training of nursing staff in the Trauma Nursing Core Course. To date, six tuition applications await grant awards.</li> </ul>	
Trauma Directors Meeting	<p>Anna briefly introduces the opportunity for RTC's to network with prehospital and other agencies in the US Dept of Homeland Security's Stop the Bleed initiative. She will follow up with Rick and others to organize training.</p>	Informational
TACTAT & RTTDC	<p>Tabled in Rick Petrie's absence (and for lack of time).</p>	Informational
Other Business	<ul style="list-style-type: none"> <li>• State Trauma Plan review &amp; updates are tabled in Rick Petrie's absence.</li> <li>• Committee Membership list is distributed and is noteworthy for several outdated and/or vacant positions. Members will review the list &amp; prepare to discuss at the next meeting.</li> <li>• Dr. Tilney informs the Committee that LifeFlight's Clinical Practices Committee will be adding liquid</li> </ul>	<p>Specialty (face) injury management strategies will be added to the agenda for the next Directors' meeting.</p>

	<p>plasma to its supply list for treatment of trauma and other hemorrhage.</p> <ul style="list-style-type: none"> <li>• Pret asks on behalf of EMMC for advice in the treatment of certain facial injuries. Subspecialty surgeons (Eye, ENT, Plastics, OMFS) are in increasingly short supply across Maine and indeed nationwide, and EMMC is noting confusion, inefficiency, and dissatisfaction in systematically managing and appropriately transferring these patients across the system.</li> </ul>	
Adjourn	Next Meeting: April 25, 2017. 12:30 – 2:30 at Maine EMS.	Meeting was adjourned at 14:35.