

Maine EMS Trauma Advisory Committee
Meeting Minutes - Tuesday, October 26, 2010

Present: Pret Bjorn – Chair, Joanne Lebrun, Gail Ross, Carlo Gammaitoni, Heather Cady, Doris Laslie, Chris Pare, Julie Ontengco, Kevin Kendall, Tom Judge, Peter Goth, Jim Curtis, Matt Sholl, Edwina Ducker, Tammy Lachance (video), Rob Winchell (video), Kristen Sihler (video).
Staff: Jay Bradshaw, Kerry Pomelow, Kevin McGinnis.

Topic	Discussion	Action/Follow up
Introductions	The meeting was chaired Pret Bjorn. Members and others in attendance were introduced.	
Minutes of 4/27/10	MOTION: To approve July 27 meeting minutes (Kendall, Gammaitoni).	Approved.
Case Review	Case presented by CMMC staff. The case created discussion about requirements for Trauma System Hospitals and their organization to manage trauma patients.	MMC will present in January. Staff will follow-up on issues raised about specific case. It is TAC's role to follow up on cases and make system/facility corrections consistent with good system development practices.
Trauma Coordinator Team (TCT) – Data and Benchmarking	<p>Data and Benchmarking – Pret Bjorn, in a discussion noted to be confidential (with the distributed material not to be further disseminated) discussed ED interval times for hospitals in his region (Time from admission to Trauma System Hospital (TSH) to transfer to Trauma Center (TC) for patients with ISS > 15).</p> <p>After discussion, it was consensus that we would not focus on Total Time (time from EMS dispatch to arrival at TC following transfer from TSH), but rather try to find more reliable and valid indicators of system performance for segments of Total Time. An extensive discussion ensued on the appropriateness of LifeFlight CPC data use for this purpose. It was finally consensus that this would be appropriate, and that we would discuss this with Dr.</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 > 2 hours for a patient with ISS > 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</p>

	Dinerman at the next meeting.	LOM unavailability as a result of weather, mechanical, and other factors.
Consensus Statement and Clinical Advice Guidelines Development	<p>Consensus Statement and Clinical Advice for TSHs – Redrafted documents were circulated for burns and the general process for consideration and approval of Consensus Statements. In addition, the previously submitted pain management guideline was discussed, as was finalizing approval of the spinal management guideline.</p> <p>Pret said that Dr. Pellegrini had stepped down as trauma chief, and that he will get the draft from her on TBI which remains tabled. He will chair a task group, with representatives from the 3 TCs, to tackle the anti-coagulation guideline after a presentation and discussion on the general subject at the MCOT meeting.</p>	<p>Consensus Statement Actions:</p> <p>The burns document was approved with a substitution of the total body surface calculation diagram from the MEMS protocols for the one in the draft. The spinal document was approved, as was the Consensus Statement process document. These will be submitted for inclusion on the TAC website.</p> <p>Pret will follow-up on TBI and anti-coagulation guideline development.</p>
Website Changes	Kevin described changes to the website discussed at the last TCT meeting. These included a training calendar, links to other key trauma websites, a page with video demonstrations of equipment use and other techniques (a video clip with EMMC's Dr. Oldenburg demonstrating pelvic sheet binding was shown as an example), the Consensus Statement guidelines and process, the Technical Assistance Team Program materials and how-tos, and contact information for the trauma system coordinators and others. Other ideas for technique demos included placement for needle thoracostomy, troubleshooting drainage devices, other pelvic binding devices approved for EMS such as TPOD and SAM, and spinal immobilization (Dr. Oldenburg). Joanne Lebrun asked about PASG technique since it is still part of the curriculum and carried on many vehicles. No conclusion.	All elements for updated website were approved as presented.

	<p>Kevin explained a proposal by the TCT for listing TSHs on the website. It would state the recommendation that TSHs have a TA Team visit (and prepare a "Trauma Care in the ED...") at least every 5 years and would list TSHs by date of last visit. Further, the TCT suggests that a Trauma System logo be developed that could be used by Trauma Centers and Trauma System Hospitals in good standing for building and roadside signage. Dr. Winchell said that he likes the logo intent, and that we need to explore more meaningful requirements for TSHs linked to outcome data.</p> <p>It was suggested that we name the TSHs in good standing at the Maine EMS awards ceremony during EMS week.</p>	<p>The TSH listing was approved as was the concept of developing a logo for the purposes stated.</p> <p>Consensus that as we develop further data reporting and the trauma system planning material, we need to integrate more TSH outcome data around which to shape expectations of TSHs. Also that we follow up on the EMS ceremony concept.</p>
Medical Direction and Practice Board (MDPB) Protocol Development and Trauma Care	<p>Julie Ontengco reiterated that input for the trauma protocols was solicited from all three TCs in July and delivered to the Maine EMS MDPB. Dr. Sholl emphasized that there is still time to review these and that final MDPB review will begin in December/January, with a goal of approval and implementation by mid-2011.</p>	<p>Kevin will distribute the current trauma draft to the TAC mailing list with a request for comment in the next couple of weeks.</p>
Other Business	<p>The MCOT conference will be in November in Rockport with the Samoset Conference.</p>	
Adjourn		<p>Meeting was adjourned at 2:35.</p>

Next Meeting: January 25th, 2011. 12:30 – 2:30 at Maine EMS. Lunch will be provided.