

# State Trauma Advisory Council

## Minutes

December 7, 2022

Minnesota Department of Health  
Shoreview Community Center, Shoreview

### Attendees

#### Members Present

Tami Bong, R.N.

Rick Breuer

Kris Drevlow, D.O.

Mark Ebeling, Paramedic

Angi Grimm, R.N.

Julie Gutzmer, M.D.

Steven Lockman, M.D.

John Lyng, M.D.

Michael McGonigal, M.D.

Kyle Nelson, M.D.

Thomas Pahl, PA-C

Robert Jacobs, M.D.

Col. Matt Langer

#### Members Absent

Aaron Burnett, M.D.

Denise Klinkner, M.D.

#### MDH Staff

Chris Ballard

LynMaree Harris

Tim Held

Tammy Peterson

### Call to Order and Welcome

Dr. McGonigal called the meeting to order at 12:35 p.m. The State Trauma Advisory Council (STAC) members, MDH staff, and the audience members introduced themselves.

### Approve Agenda and September 13, 2022 Minutes

Dr. McGonigal noted a correction to the agenda: *M Health University of Minnesota Medical Center—West Bank* should be listed as recommended for designation as a Level 4 Trauma Hospital under agenda item number nine.

**Dr. Drevlow moved to adopt the amended agenda; MS. Grimm seconded. The motion passed. The minutes from the September 13, 2022 meeting were then adopted by general consensus.**

### Chair Report

Dr. McGonigal recognized Dr. Steven Lockman for his eight years of service as a member of the STAC. This is his last meeting.

He then reviewed progress toward some of the STAC initiatives:

- Work toward improving communication with the RTACs continues with regular quarterly reports.
- Benchmarking system performance relies upon data analytical resources, which are very limited. Minnesota's trauma system is under-resourced compared to many. Efforts continue, within budget, to improve data analytical resources.
- Development of a survey to collect suggestions for designation criteria changes is in process. The suggestions will be reviewed and cataloged for reference when revisions to the criteria are considered.
- Ms. Bong noted that the trauma hospital leadership manual will undergo some revision before it is released. The work group that developed the manual will work with MDH staff to complete the project.

## Staff Reports

Mr. Held reported:

- Significant progress continues to be made toward the development of a master trauma data set, which includes data from Minnesota trauma hospitals, border-state trauma hospitals, and emergency medical services (EMS).
- This comprehensive dataset requires analytical resources. The trauma system had been sharing an epidemiologist with other MDH programs, but that person left the position and cannot be replaced at this time. There is a part-time student worker, but the system will need a long-term solution.
- The trauma system hopes to have a budget request in the coming legislative session for epidemiological support and additional designation staff.

Mr. Ballard reported:

- The terms of several STAC positions will conclude in January and applications will be accepted until the commissioner appoints the new members. It is not known if Commissioner Malcolm intends to make the appointments before she leaves office or if she will defer them for the next commissioner.
- Staff is working to secure a venue in the southern half of the state for a *Trauma Program 101: Basic Training* class during the week of April 17 with a *Level 3 Bridge Seminar* to follow.
- The members of the Level 4 Admissions Work Group have been appointed. They will evaluate the Section 10.1 designation criteria and recommend any changes needed to address the difficulty transferring trauma patients. The work group hopes to have their recommendations ready for the March 2023 STAC meeting.
- The Joint Policy Meeting (JPC) meeting scheduled for this morning was postponed to a later date due to scheduling conflicts. The committee will review the recently released EMS trauma field triage and transport recommendations.

## Emergency Medical Services Regulatory Board (EMSRB) Update

Mr. Ferguson reported:

- J.B. Guiton, EMSRB Chair, appointed two new members to the Joint Policy Committee.
- The Board is working to address the EMS workforce shortage. A workforce dashboard is posted on the Board's website. He highlighted some of the salient data points.
- Mr. Ferguson demonstrated some of the other interactive dashboards on the EMSRB website, which include Ambulance Service Inspections, Complaint Investigations, and EMS Performance Metrics. Individual reports were mailed to EMS agencies for comparison with the state benchmarks.

## American College of Surgeons (ACS) Committee on Trauma (COT) Report

No report due to Dr. Klinkner's absence.

## Regional Trauma Advisory Committee (RTAC) Briefings

Ms. Stolt reported on behalf of the Central Regional Trauma Advisory Committee (CENTRAC):

- CENTRAC continues to offer *Stop the Bleed* training and has trained approximately 500 people.
- The RTAC is considering offering the annual CENTRAC EMS Conference this year, which was suspended during the pandemic.
- The region is looking into measuring a perceived increase in all-terrain vehicle injuries and perhaps offering safety education.
- CENTRAC is considering rotating meeting locations to strengthen the regional network.
- Regional performance improvement case review continues.

Ms. Syverson reported on behalf of the Western Minnesota Regional Trauma Advisory Committee (WESTAC):

- Regional performance improvement case review continues.
- The RTAC has been discussing how individual hospitals accommodate a surge in high acuity trauma patients when the situation does not warrant a mass casualty declaration.
- The region has been reviewing the Brain Injury Guideline, which may provide guidance about which patients are safe to stay at a Level 4 Trauma Hospital rather than being transferred.
- WESTAC has noticed greater turnover of hospital trauma program managers/coordinators this year compared to prior years.
- Sanford Ambulance reviewed the new EMS trauma triage and transport guideline recommendations at a recent RTAC meeting.
- The region continues to support community *Stop the Bleed* education.

## Trauma Program Manager Networking Meeting Report

Ms. Altamirano reported on behalf of the Level 1 and Level 2 trauma program managers:

- The group shared their strategies for satisfying the ACS verification criteria and their recent site visit experiences.
- The ACS sends a survey to trauma hospitals following the site visit to learn what went well and what could be improved. Ms. Altamirano wondered if the trauma system has a similar practice following a state site visit, noting that state reviewers would likely find value in that feedback.

Ms. Talley reported on behalf of the Level 3 and Level 4 trauma program managers:

- Staff shared information about common site visit observations and common findings, noting that performance improvement is frequently cited as a weakness or deficiency. There was a presentation that demonstrated some forms and processes.
- Participants shared strategies for tracking provider attendance at case review meetings.
- There was a presentation on trauma education for newer nurses who have not yet completed a formal class, which led to a discussion about the EMS hand-off report structure using the acronym MIST (mechanism, injuries, signs and symptoms, and treatment).
- Mr. Ballard demonstrated the new online designation application.

Dr. McGonigal noted that the ACS sends a post-site visit survey to both the hospital and the review team. The review team receives a summary report.

Ms. Peterson reported that the trauma system sent a paper survey to hospitals in the past, then transitioned to an electronic survey. The process was suspended during the COVID-19 pandemic, and she doesn't know if it has been restarted. However, the post-site visit surveys are anonymous, so individual results cannot be associated with specific reviewers.

## Applicant Review Committee Report (ARC)

Ms. Peterson reported that two hospitals were designated following their successful ACS verification:

- Level 2: St. Luke's Hospital, Duluth
- Level 3: Mayo Clinic Health System – Mankato (1 year)

Ms. Peterson reviewed the hospitals recommended by the ARC for designation as Level 4 Trauma Hospitals: CentraCare Health – Long Prairie; CentraCare Health – Redwood; Fairview Range Medical Center, Hibbing; Hutchinson Health; Mahnommen Health Center; Mayo Clinic Health System – Albert Lea and Austin (Austin Campus); Mayo Clinic Health System – Cannon Falls.

Ms. Grimm recused herself from voting on the Mayo Clinic Health System hospitals. Ms. Bong recused herself from voting on CentraCare facilities. Dr. Lyng recused himself from voting on Fairview Range Medical Center and Hutchinson Health. **The ARC's motion carried.**

Ms. Peterson then reviewed the hospitals recommended by the ARC for a 12-month extension of their current designation due to deficiencies:

- Level 3: Essentia Health St. Mary's Hospital, Detroit Lakes; Sanford Worthington
- Level 4: CHI St. Gabriel's Hospital, Little Falls; Cuyuna Regional Medical Center, Crosby; Essentia Health Sandstone; Northfield Hospital

**The ARC's motion carried.**

Ms. Peterson reviewed self-report letters from CHI St. Joseph's Health and Sanford Thief River Falls. She then reported that RiverView Health in Crookston withdrew their application for designation and is no longer a designated trauma hospital, noting that the hospital plans to resubmit in 2023.

Break 1:44 p.m. – 2:02 p.m.

## Temporary Level 3 & 4 Designation Criteria

Mr. Ballard suggested extending the temporary suspension of Section 20.2 and Section 15.2 of the Level 3 and Level 4 Trauma Hospital designation criteria, respectively, through at least June 2023. Continuing the suspension would allow for additional time to complete the e-learning modules for nurses, which has been delayed.

He explained that the e-learning modules satisfy the education requirements for both emergency department and in-patient nurses. Some concerns were raised about accepting the training for emergency department nurses. Mr. Ballard explained that such a training option has always been permissible under Minnesota's trauma education criteria.

**Ms. Bong moved to extend the temporary suspension until January 1, 2024; Ms. Grimm seconded. The motion carried.**

## Level 3 & 4 Designation Criteria Updates

Mr. Ballard reviewed the proposed Level 3 and Level 4 Trauma Hospital Designation Criteria updates were introduced at the September 2022 meeting. He noted that, except for requiring type-O blood instead of type O-negative, these updates are meant to clarify existing intent.

Only one comment was received during the public comment period. It raised concern about wording that requiring primary case review to be *completed* within two weeks and secondary review to be *completed* within one month. The concerned party suggested that while case review might *begin* within two weeks, it may not be *completed*. Discussion ensued and people were generally supportive of wording that requires case review to *occur* within the prescribed timeframes.

**Mr. Breuer moved to adopt the proposed changes to the Level 3 and Level 4 Trauma Hospital Designation Criteria as amended and to be effective January 1, 2023; Dr. Drevlow seconded. The motion carried.**

## Open Floor

There was a question from the floor about the changes to Table 1, Section 15.1 of the Level 3 Trauma Hospital Designation Criteria. Mr. Ballard explained that the changes serve to align the Level 3 and Level 4 resource requirements to care for the same injuries.

## Adjourn

**The meeting was adjourned at 3:06 p.m.**

The next STAC meeting is Tuesday, March 7, 2023, from 12:30-3:30 p.m. at the Shoreview Community Center.

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