

State Trauma Advisory Council

Minutes

March 7, 2023

Minnesota Department of Health
Shoreview Community Center, Shoreview

Attendees

Members Present

Tami Bong, R.N.

Rick Breuer

Aaron Burnett, M.D.

Kris Drevlow, D.O.

Angi Grimm, R.N.

Julie Gutzmer, M.D.

Denise Klinkner, M.D.

Steven Lockman, M.D.

Michael McGonigal, M.D.

Kyle Nelson, M.D.

Thomas Pahl, PA-C

Robert Jacobs, M.D.

Members Absent

Mark Ebeling, Paramedic

Col. Matt Langer

John Lyng, M.D.

MDH Staff

LynMaree Harris

Tim Held

Tammy Peterson

Gina Vue

Call to Order and Welcome

Dr. McGonigal called the meeting to order at 12:31 p.m. The State Trauma Advisory Council (STAC) members, MDH staff, and the audience members introduced themselves.

Dr. McGonigal introduced new STAC member replacing Steve Lockman: Dr. Farah Ikramuddin, Rehabilitation Specialist from the University of MN. Six STAC members were reappointed to 4-year terms. Those members include Dr. Lyng, Mark Ebeling, Dr. Drevlow, Dr. Jacobs, Tami Bong, and Dr. Klinkner.

Approve Agenda and December 6, 2022, Minutes

Dr. McGonigal switched agenda item numbers eight and nine due to time constraints.

The agenda and minutes from the December 6, 2022, meeting were approved by unanimous consent.

Chair Report

Dr. McGonigal reported hospitals, particularly small rural, are experiencing extreme staffing challenges that threaten their ability to continue staffing their trauma program leadership positions. This as an issue across the state and we are starting to see impact of this as a few hospitals have now dropped out of the system.

Mr. Breuer noted that every program at his hospital is experiencing staffing pressure. He has heard similar concerns from five rural colleagues that may drop out of the system and there may be others. He also noted that a strong trauma system needs to retain standards.

Dr. McGonigal invited comments from the audience. Some comments included:

- Providing opportunity to receive feedback from the hospitals who are becoming undesignated to see what areas in the system can be adjusted.
- Lack of revenue when patients come by private cars compared to EMS.
- Consider establishing minimum FTE for trauma program managers (TPM) to ensure adequate time for program compliance.
- Consider discussing these resource issues with legislative representatives.

Dr. McGonigal noted that the STAC Executive Committee is putting together a meeting with some rural hospital administrators to learn more about the barriers they face, how the trauma system benefits hospitals, and what can be done to improve the situation.

Legislative Update

Mr. Held reported:

- Legislative points of interest are mostly EMS related, which Mr. Dylan Ferguson will cover.
- There is a bill for a new level of designation for the stroke system.
- SF2258 lowers the PIP for No Fault Insurance. In the past there have been efforts to eliminate No Fault, which would be devastating for trauma centers. Staff will continue to track.

Staff Reports

Mr. Held reported:

- STAC members need to sign annual Conflicts of Interest acknowledgements and some will have to sign Oaths of Office acknowledgements. Information in meeting packets. Please return those to Ms. Vue.
- Data sharing agreements from five Level 2 border hospitals are near completion. Currently three of five agreements are signed, another is in process, and the final one is working through legal. The goal is to have all Minnesota trauma patient data by June.

- Last fall's pilot effort to have site reviewers pre-review cases was a success. Site reviewers expressed that their time has been better utilized at the visits, and hospitals expressed that they received better feedback. This will become normal practice beginning this spring.
- A new post site visit survey has been developed. Immediately following the site visit, unique surveys will be sent out to the TPM, TMD, and CEOs. This will be a first-time seeking feedback from CEOs. The surveys will not be anonymous, making it possible to provide feedback to the site reviewers.
- Trauma Program 101 will be on April 19th. The save the dates already went out through the e-Trauma Updates. Medical directors are encouraged to attend. On April 26th there will be a remote bridge seminar that builds upon TP101 for the Level 3 Trauma Hospitals. Attendance at both the TP101 and the bridge seminar is encouraged.

Emergency Medical Services Regulatory Board (EMSRB) Update

Dr. Burnett provided an analysis of ambulance diverts since January 3, 2022, from Regions Hospital. Regions saw no change in the number of ambulance arrivals before and after the elimination of divert status. Further, they have seen no internal time changes across several metrics. In summary, the divert status did not reduce the number of ambulance patients or improve the deliveries of care. These findings have been submitted for publication.

Mr. Ferguson highlighted several EMS bills, including:

- SF2660/HF2574 – Establishes minimum rate for community paramedics at \$150 per hour in addition to \$1.25 mileage payment.
- HF2473 would appropriate \$20 million dollars to provide funding to volunteer ambulance squads to help pay for staffing.
- HF449 would reinstate funding to the two MRCCs.
- HF1487 would eliminate revenue recapture for nonprofit hospitals and for ambulance services that are operate by a hospital.
- SF 1209/HF553 would appropriate funds to the EMSRB to procure and administer a logistics and patient movement platform.
- HF165 would appropriate several million dollars to the Department of Higher Education to award scholarships in the amount of \$5,000.
- SF2691 was introduced today. It would significantly update and overhaul the Primary Service Area (PSA) law.
- HF2423 would eliminate the EMSRB and reorganize it into a Department of Emergency Medical Services.

Mr. Ferguson noted that the EMSRB Medical Directors Standing Advisory Committee will meet on March 23, 2023. In addition, the EMSRB recently repealed some obsolete radio rules.

The EMSRB recognized 95 ambulance services throughout the state for achieving 80% or higher in five or more clinical performance measures.

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

Dr. Klinkner reported that guidelines for mental health and substance use was published and is available on the ACS website. Starting 2023, trauma centers verified under ACS guidelines are required to have processes in place to perform mental health screening and referrals. The 11th edition of the ATLS guidelines will include a chapter on trauma informed care.

Trauma Program Manager Networking Meeting Report

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

- The group discussed how the healthcare landscape is affecting trauma centers. Trauma program managers are trying to find ways to accommodate trauma patients and to make sure they are getting timely appropriate care. They see that it is also affecting Level 3 and 4 Trauma Hospitals when attempting to transfer patients.
- There is interest in whether the state trauma registry can quantify and/or qualify any impact related to the current staffing struggles and caring for trauma patients.
- Like Level 3 and 4 program managers, many of the Level 1 and Level 2 trauma program managers noted that they are having trouble retaining protected time for their job duties.
- ATLS courses are often full and have waitlists.

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

- They discussed the trade-offs associated with site reviewers pre-reviewing cases versus reviewing onsite.
- Ms. Peterson and Ms. Harris provided insights from recent site visit findings.
- They discussed the difficulties transferring patients who would normally be an automatic transfer to a Level 1 or 2 Trauma Hospital, which is becoming more common.
- The group discussed some concerns for the estimated four hours of RN education. Many program managers are concerned with their administration allowing that amount of time for the education.
- Dave Rogers from the EMSRB demonstrated the Hospital Hub. He mentioned that about 90% of run sheets are submitted electronically within 72 hours. He expressed their need of receiving these sooner. Mr. Ferguson explained why this is a multifaceted issue. Ambulance services utilize different documentation systems. Some can complete run sheets before they leave the hospital, others cannot. Though it is best practice to complete the reports as timely as possible, workforce shortages in EMS also play a part in late submissions. The EMSRB does not have a specific time requirement in statute for submissions though there is a requirement to provide a record to the receiving facilities. The EMSRB continues to encourage best practices.

Regional Trauma Advisory Committee (RTAC) Briefings

Dr. McGonigal provided SMRTAC report as provided to him by Dr. Stephens. SMARTAC's general meeting is scheduled for next week. Dr. Katie Johnson, Child Abuse Specialist with Mayo Clinic, will present on child abuse topics including burns and fractures.

The Metropolitan Minnesota Regional Trauma Advisory Committee (MMRTAC) meeting was moved to next week due to the weather.

Ms. Smalley reported on behalf of the Northeast Minnesota Regional Trauma Advisory Committee (NERTAC):

- They will be presenting case studies at their next meeting.
- Expressed their concerns over struggles to invite new individuals to their meetings due to so many staffing turnovers in hospitals.
- Hospitals are trying to figure out how to accept more patients. They are taking patients from outside their region and are concerned about how long to keep trauma patients with hip fractures. This will be discussed at their next meeting.

Applicant Review Committee Report (ARC)

Ms. Peterson reported the following hospitals designated following successful ACS verifications:

- Level 1: Essentia Health St. Mary's Medical Center, Duluth (adult); Mayo Clinic Hospital Eugenio Litta Children's Hospital, Rochester (pediatric); Mayo Clinic Hospital St. Mary's Campus, Rochester (adult)
- Level 2: Essentia Health St. Mary's Medical Center, Duluth (pediatric)

No action needed.

Ms. Peterson reviewed the hospitals recommended by the ARC for designations:

- Level 3: M Health Fairview University of Minnesota – East Bank
- Level 4: Children's Minnesota – St. Paul; Glacial Ridge Medical Center, Glenwood; Olmsted Medical Center, Rochester; Sanford Tracy Medical Center

Mr. Pahl recused himself from the vote on Glacial Ridge Medical Center.

Motion carried.

Ms. Peterson reviewed hospitals recommended by the ARC for extensions due to deficiencies:

12-month extensions

- Level 3: Park Nicollet Methodist Hospital, St. Louis Park; United Hospital, St. Paul
- Level 4: Cambridge Medical Center; Olivia Hospital & Clinics; Owatonna Hospital; Prairie Ridge Hospital & Health Services, Elbow Lake

6-month extensions

- Level 4: Essentia Health – Deer River; United Hospital-Hastings Regina Campus.

Dr. Drevlow recused from voting on United Hospital, Cambridge Medical Center, Owatonna Hospital, and United Hospital-Hastings Regina Campus.

Dr. Burnette recused himself from the vote on Park Nicollet Methodist Hospital and Oliva Hospital & Clinics. Mr. Ebeling and Dr. McGonigal recused themselves from voting on Park Nicollet Methodist Hospital, St. Louis Park. Ms. Grimm recused herself from the vote on Mayo facilities. Dr. Gutzmer recused herself from the vote on Prairie Ridge Hospital & Health Services, Elbow Lake.

Motion carried.

Ms. Peterson noted two hospitals have withdrawn from the trauma system: Bigfork Valley Hospital and Ely-Bloomenson Community Hospital. Both facilities have indicated that their withdrawals are due to staffing shortages. It was expressed to both hospitals that they are still invited to attend the quarterly trauma program manager meetings and that MDH staff are available for technical assistance when they are ready to return to the system.

Dr. McGonigal asked that representatives from the hospitals recommended for designation to stand and there was applause to congratulate their work.

Break 1:39 p.m. – 1:52 p.m.

NOTE: No audio recording of the meeting followed the break

Joint Policy Committee (JPC) Report

Mr. Held reported:

- The JPC met Feb. 7 to review the new national recommendations for EMS trauma field triage and consider if changes are needed to the Minnesota field triage guideline.
- The consensus was to retain most of the existing Minnesota guideline—providing general guidance but preserving local medical director control—while updating some content with the newer recommendations.
- Any JPC changes will be presented to STAC and the EMSRB. If further edits are suggested by either body, it will go back to JPC for resolution.

Level 4 Admission Work Group Recommendations

Mr. Held reported that the work group's focus was on Level 4 criteria, Sections 10.1 and 10.2. The work group met in January and February and arrived at a consensus recommendation before STAC today. The recommendation does not include a permissive statement to admit patients when unable to transfer, such as the current admission waiver provides.

Ms. Bong commented that some hospitals do not feel comfortable admitting patients they cannot transfer without explicit permission to do so because it goes against hospital policy.

After further discussion and input from the audience, Dr. McGonigal suggested adding the following language permitting admissions that fall out of criteria but that cannot be transferred:

Those for whom good-faith transfer efforts have failed [after consultation with a trauma-trained general surgeon]. Such cases must undergo a thorough performance improvement evaluation.

This was adopted by unanimous consent with instruction to seek public input before the June STAC meeting.

Open Floor

Mr. Pahl reported on an upcoming funding opportunity to improve utilization of ultrasound. He will provide details to Mr. Ballard to share across the state.

Ms. Bong commented that there are financial resources available at traumacenters.org.

Adjourn

The meeting was adjourned at 2:43 p.m. by unanimous consent.

The next STAC meeting is Tuesday, June 6, 2023, from 12:30-3:30 p.m. at the Shoreview Community Center.