Description
This proposal updates Minnesota Statutes to foster continued development of Minnesota’s maturing statewide trauma system. This proposal will ensure that the trauma system continues to efficiently and effectively provide life-saving care for injured patients.

Background
Minnesota’s trauma system is growing rapidly, with 79 designated trauma hospitals; all hospitals plan to become designated in the next few years.

The statewide trauma system was enacted in 2005 and MDH recently submitted its report to the Legislature on the status of the system’s development and implementation. The report recommends a variety of actions to continue advancing the trauma system.

This proposal includes the recommendations in that report, along with technical housekeeping of current trauma statutes.

Proposal Objectives
- Integrate pediatric trauma hospitals into the trauma system
- Enhance patient privacy and protections
- Facilitate system wide quality improvement

Proposal Specifics
This proposal makes the following changes to the statewide trauma system:

1. Add state designation for Pediatric Trauma Hospitals verified by the American College of Surgeons (ACS). (Lines 2.8-2.30)

   Current law grants MDH the authority to designate four levels of trauma hospitals, but does not distinguish between adult and pediatric designations.

   Adding pediatric state designation will integrate these facilities into the trauma system. There is growing national and state interest in pediatric trauma centers. Research indicates that pediatric trauma patients have better outcomes in ACS-verified pediatric trauma centers.

2. Classify “designation reports” as private data, allowing a thorough designation review while protecting patient privacy. (Lines 3.1 – 3.4)

   The designation of trauma hospitals is central to the trauma system. Physician/nurse teams review each hospital seeking designation for compliance with trauma policies and evaluate clinical care; this includes reviewing medical records.

   A hospital’s site review information is reported to MDH. Although all patient identifiers are blinded in the reports, it may be possible to match a case with a patient when the injury is unique and/or made public. This language is being added to enhance patient privacy protections.

3. Re-codify the trauma registry language at M.S. § 144.607. (Lines 3.5-4.6 and 7.32-7.33)

   The trauma registry enables quality improvement activities within hospitals and at transfer points across the trauma system. MDH has been collecting trauma data for 17 years through the traumatic brain injury...
and spinal cord injury registry. Additionally, MDH has been collecting the trauma registry for 5 years.

As part of the original 2005 law, the trauma registry and hospital reporting requirements were codified in the reporting requirements for the traumatic brain injury and spinal cord injury (TBI/SCI) registry requirements (M.S. 144.661-144.665).

This proposal updates the trauma registry statutes to ensure that the law adequately accounts for the unique needs and requirements of the trauma system and its registry. – See attached side-by-side for more details about the recodification

4. **Classify non-patient registry data as non-public.**
   **(Lines 3.29-3.35)**
   The proposal clarifies that data not on individuals is also not public. This change is suggested to further protect patients’ privacy. Most trauma hospitals have relatively few major trauma patients. Disclosing information about facilities could inadvertently disclose patient data. This change eliminates that possibility.

5. **Require MDH to publish annual comparative demographic and risk-adjusted epidemiological data on designated trauma hospitals.**
   **(Lines 4.1-4.6)**
   This proposal makes hospital data not public to protect patient information. However, it is important to ensure that there is adequate reporting for consumers and communities to evaluate their trauma hospitals.

   This addition ensures the availability of comparative hospital information, while continuing to protect patients’ privacy.

6. **Technical clarifications**
   - **Correct certifying organizations listed in statute.**
     **(Lines 1.9-2.2 and 4.7-5.20)**
     M.S. § 144.608, Subd. 1, provides the qualifications for each member of the State Trauma Advisory Council. Several of the certifying organizations are listed incorrectly.

   - **Remove expired sections.**
     **(Lines 2.5-2.7 and 5.21-5.23)**
     These sections delete obsolete language.

For information about the Minnesota Statewide Trauma System, go to: [www.health.state.mn.us/traumasystem](http://www.health.state.mn.us/traumasystem).