

Trauma Triage & Transportation Revisions

HF 1293 / SF 1217

Description

This proposal **amends M.S. § 144.604** to better ensure that severely injured people are promptly transported to and treated at hospitals most appropriate to care for the severity of injury.

Background

The state trauma system was enacted in 2005. Under the system, trauma hospitals are designated by categories I-IV. Level I has the most resources. The Twin Cities metropolitan area has three level I trauma hospitals (Hennepin County Medical Center, North Memorial Medical Center, Regions Hospital) and currently no level II hospitals. Currently, the system has 39 designated hospitals statewide, with almost 20 in the designation process.

To allow time for development of the system, a phased-in timeline was established. The emergency medical services (EMS) component of the law (M.S. § 144.604) was to take effect July 1, 2009. Under this current statute, an EMS provider must transport **major** trauma patients to the **highest** designated trauma hospital within 30 minutes transport time, with the exception that a **level II trauma center not be bypassed for a level I.**

By 2007, stakeholders expressed concern that severe trauma patients in both urban and rural areas could experience **unintended delays** in receiving the best available care under this provision.

As a result, the 2008 Legislature extended the implementation date of the EMS component to July 1, 2010, with the intent that current language be reviewed and necessary changes made.

To address the concerns, an extensive process was used to engage stakeholders in open dialogue and in seeking input for solutions. A key finding is that prevailing research and best practices show that **certain trauma patients have significantly better outcomes at level I than at level II hospitals.**

There is strong statewide support for this proposal, including the **Minnesota Hospital Association** and the **Minnesota Ambulance Association**. However, some metropolitan hospitals intending to pursue level II prefer the current language.

Proposed change

The proposed change modifies M.S. § 144.604 to:

- 1. Allow metro area major trauma patients to be transported to a level I trauma hospital versus a closer level II if those resources are best for the patient.** This gives EMS flexibility to determine a patient's needs and identify the most appropriate resource to meet those needs.
- 2. Allow rural major trauma patients to be initially transported to the closest trauma hospital** (usually a level IV) rather than a more distant higher designated facility. This would expedite resuscitation and transfer of these patients to definitive care (level I or II trauma hospitals).
- 3. Clarify directives for trauma patients with compromised airways** by stipulating a time parameter of 30 minutes, and direction for what to do if a designated hospital is not available.

*Note 1: The proposal **only addresses transport of severely injured** patients, a small subset of all injury cases. All other patients will continue to be transported as they are today.*

*Note 2: The proposed changes are **specific to ground scene** responses, and **do not affect air transports or inter-facility transfers.***

For further information, contact Tim Held at (651-201-3868 or tim.held@state.mn.us).

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



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