

# State Trauma Advisory Council Meeting

December 6, 2011

12:30-3:30 p.m.

Minnesota Department of Health  
Snelling Office Park-Mississippi Room

## Minutes

**Members Present:** Allen Brown, M.D. Bob Dahm Daniel DeSmet  
Ron Furnival, M.D. Jane Gisslen, R.N. Michael Hagen  
John Hick, M.D. Carol Immermann, R.N. Peter Lindbloom, P.A.  
Mark Paulson, M.D. Chad Robbins, D.O. Paul Satterlee, M.D.

**Members Absent:** Peter Cole, M.D. Kevin Croston, M.D. Mark Larkins, M.D.

**MDH Staff:** Chris Ballard Cirrie Byrnes Tim Held  
Mark Schoenbaum Leslie Seymour Paul Jansen

### Audience

#### (As signed in)

Brenda Anderson	Melea Anderson	Kelly Ashley
Susan Berens	Terri Bergeron	Jeremy Berndt
Kirstie Bingham	Vicky Black	John Bollins
B.J. Buckland	Kristal Chase	Robben Crabtree
John Cumming	Laresa DeBoer, M.D.	O.J. Doyle
Terri Elsberd	Todd Emanuel	Kelly Eppler
Jon Gipson	Kristy Hagen	Deb Horsman
Don Jenkins, M.D.	Martha Johnson	David Kelb
Kjelsey Kluge	Brenda Liestman	Kurt Martinson
Buck McAlpin	Raina Merkins	Kristi Moline
Sherrie Murphy	Violet Mussell	John Osborn
Tammy Peterson	Dean Potten	Patty Reicks
Ron Robinson	Stan Sadenwasser	Julie Schroeder
Kurt Senberger	Elaine Stevens	Amanda Svir
Cori Sybrant	Mel Thorson	Barry Toews
Linda Vogel	Ben Weston	Gayle Williams

### Call to Order, Welcome and Introductions

Chairman Allen Brown, M.D., called the meeting to order at 12:35 p.m. The STAC and audience members introduced themselves.

### Approve Agenda

Meeting agenda approved by general consent.

### Approve September 27, 2011 Minutes

Dr. Robbins moved acceptance of the meeting minutes as written. Dr. Furnival seconded; they were approved.

### Staff Report

Mr. Schoenbaum reported that Mr. Held has accepted the deputy director position within the Office of Rural Health and Primary Care at the Minnesota Department of Health.

Mr. Held mentioned that the chair, vice chair and at large positions within STAC will need to be elected at the next STAC meeting; by then the new STAC members are expected to be appointed. He also mentioned that the trauma registry contract, which ImageTrend has held for five years, is due to go out for bid.

The first Surgeon Workgroup meeting is scheduled for December 19 at 2:30 at the Snelling Office Park. Drs. Robbins and Heegaard will be co-chairing this committee. It is anticipated that new STAC appointments will be announced toward the end of this year or the early part of January. A full STAC complement should be achieved by STAC's March meeting.

### **Executive Committee Report**

Dr. Brown reported on basic administrative issues handled by the committee.

### **Applicant Review Committee Report**

Mr. Ballard discussed the Recommended Trauma Team Activation Criteria document the Applicant Review Committee developed to help Level III and IV trauma centers better identify patients with potentially serious injuries. He asked that STAC members review it carefully and send any input directly to him. Dr. Satterlee stressed caution on the multiple co-morbidities and the unstable pelvic fracture factors. Ms. Immermann pointed out that these mechanisms are used at her facility. Dr. Hick pointed out that this is practice setting dependent, but pointed out that the word "suspected" should be added to the unstable pelvic fracture. Further discussion will take place at the March STAC meeting.

Mr. Ballard also presented the recommended Nursing Standing Orders for Trauma Patients document. He pointed out that this is a template to help facilities identify standing orders for nurses while caring for a trauma patient, noting that in many facilities the nurses are caring for the patient while awaiting arrival of the provider. Dr. Hick commented that it might be useful to group the items into categories for easier reference. Any other comments or suggestions should be sent to Mr. Ballard for consideration at the March 2012 meeting when a vote is expected.

Discussion ensued regarding the committee's designation (D) and re-designation (R) recommendations for:

- Level III: Essentia Health St. Joseph's Medical Center, Brainerd (R) and Sanford Worthington (R). Note: A letter was sent to Sanford stating that as a condition of their continued designation, several deficiencies must be corrected within six months.
- Level IV: Lake View Memorial Hospital, Two Harbors (D); Ridgeview Emergency Department at Two Twelve Medical Center, Chaska (D); Pipestone County Medical Center (R); Sanford Westbrook Medical Center (R)
- Request from Mayo Clinic Health System-New Prague to change their designation level from a Level III to a Level IV. Designation dates will remain the same.

**Dr. Hick moved approval of all recommendations. Mr. Hagen seconded. Dr. Paulson abstained from the Sanford facilities and Dr. Brown and Ms. Immermann abstained from the Mayo Clinic Health System-New Prague facility. The motion passed.**

### **EMSRB Update**

Dr. Satterlee, in the absence of Pam Biladeau, reported on a Minnesota Department of Public Safety grant that will be used to hire a data analyst. This position will assist the EMSRB on inputting data, troubleshooting and pulling data for reports.

### **Trauma Program Managers Update**

Ms. Anderson reported that the trauma program managers changed their quarterly meetings to coincide with MTRA meetings to avoid conflicts with the RTAC leadership meetings. She acknowledged that earlier today Ms. Immermann hosted a PI training session to help facilities prepare for their individual site visits. Ms. Anderson also mentioned that she will begin attending COT meetings per Dr. Eyer's request.

### **Emergency Medical Services for Children (EMSC) Rural Trauma Grant Update**

Ms. Moline updated STAC members on a federally funded initiative of EMSC using a Rural Health Flexibility Grant for pediatric simulation training. The three trainings so far have included 62 RNs and pre-hospital personnel. She pointed out that several regions have shown interest in the training and were encouraged to contact their individual RTACs. Upcoming trainings include January 28 in Owatonna, April 14 in Marshall and April 28 in Thief River Falls. She encouraged promotion of these trainings. There is no need to be a member of the region to attend. Notice of the training will also be posted on the trauma website. The curriculum is reproducible and will be made available to anyone who requests it. High-tech pediatric simulation is not needed to produce a quality training session.

### **RTAC Updates**

Dr. Jenkins mentioned the trauma registry discordant report discussion.. Mr. Jansen prepared the report and will be available to present the report to each region. The goal is for all RTACS and participating stakeholders to have the opportunity to read it and discuss strategies to improve reporting by the June meeting.

The need for institutional support for performance improvement was discussed, as were some strategies. Also the RTACs have requested that staff alert them when an institution in their region is up for designation or re-designation in order to offer support and technical assistance. RTACs may also assist facilities that have been issued contingency designations to resolve their issues and to provide educational opportunities.

Funding initiatives continue to be discussed for future RTAC development and sustainability. Several options for raising money will be explored.

Also discussed was collaboration with CALS so that curriculum may be offered online. Dr. Darrell Carter, the director of CALS, will attend an upcoming meeting.

Ms. Horsman gave the SMRTAC update mentioning that performance improvement discussions continue. Also discussed was the RTAC designation reappointment process and the need to standardize the membership application. She handed out a sample document. SMRTAC meetings are available by webinar. SMRTAC is open to mentoring newer RTACs.

Mr. DeSmet reported for SWRTAC mentioning a discussion on membership turnover. A Toward Zero Death regional conference is being planned for this spring. Website design and development should be complete by the end of this month. Also, plans are being laid to host a second PI training session.

Ms. Bingham reported for CENTRAC. She mentioned that their region hosted a PI seminar. She also mentioned that CENTRAC has applied for a Rural Health Flexibility Grant to support CrashHelp, a program Dr. Horan designed to assist communications and flow of information between EMS and rural hospitals.

Ms. Vogel reported for NERTAC stating that they discussed tier 1/tier 2 activation criteria. In addition, NERTAC has appointed PI committee members. Performance improvement education will

also be explored. One performance improvement topic of discussion concerns auto launch and the need to ensure that trauma patients reach definitive care quickly. The centerpiece of this is to launch the closest helicopter, regardless of provider. Only two hospitals are undesignated in the region.

Ron Robinson from MMRTAC reported that their first meeting will be December 13. They will be addressing the organizational aspects of the committee and electing officers.

Dr. Jenkins reported that the data users' agreement has been signed. It facilitates the use of data to improve care, enables the generation of reports and serves as a guide for decision-making.

Drs. Brown and Jenkins noted that education remains a major cost for RTACS and that trauma registry training is important. Mr. Schoenbaum mentioned that educational support should be incorporated into the trauma workplan, noting that state government may be able to support part but not all of it, so further funding sources should be explored.

-15 minute break-

### **Practice Management Guidelines Presentation and Discussion**

Dr. Jenkins discussed the Common Performance Improvement Issues, or "Top 13 List," developed to assist level III and IV facilities with performance improvement measures. Also discussed were the Regional Practice Management Guidelines (PMG) developed initially through the Part III PI Forum hosted by SMRTAC. SMRTAC further refined the PMGs but they are still in draft form.

During the first discussion, it was suggested that the age for pediatric guidelines should be standardized. The American College of Surgeons defines a child as less than 15 years old. Dr. Jenkins proposed that each RTAC begin to discuss these guidelines in the context of performance improvement.

Dr. Hick mentioned his concern with CT scans and the overexposure of radiation in children who will be transferred. Some questioned whether these guidelines were evidence based. There was additional discussion about the legal ramifications if these are adopted as "guidelines," "resources" or "best practices." Comments on the specific content of the PMGs should be sent to Carol Immermann.

The STAC will continue the policy-level discussions at its March meeting.

### **PI Committee Update**

Mr. Jansen discussed the outline of the legislatively-required annual report. He mentioned that this first report will establish a baseline. He anticipates that for some areas of the outline there are simply not enough data to report on, which will be stated in the report. The Future Benchmarks section will be dropped. It is anticipated that this report will be ready for review during the first quarter of next year.

### **Wrap-Up/Adjournment**

The next STAC meeting will be March 13, 2012, from 12:30-3:30 p.m., in the Mississippi Room at Snelling Office Park. With no further business, the meeting was adjourned at 3:32 p.m.