

# e-Trauma Update

October 2018

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## Several STAC Offices Open for Appointment

Applications are being accepted right now for seven State Trauma Advisory Council (STAC) offices to be appointed to four-year terms beginning January 2019. This is a great opportunity to participate in Minnesota's citizen government and influence public policy while serving the state's 5.5 million residents.

The STAC typically meets as a full council four times each year to advise the Minnesota commissioner of health on a variety of matters related to improving trauma care across the state. Members also have the opportunity to participate in a variety of subcommittees and work groups. Applications are being accepted for the following positions:

- **Rehabilitation Specialist:** a rehabilitation specialist whose practice includes rehabilitation of patients with major trauma injuries or traumatic brain injuries and spinal cord injuries as defined under Minnesota Statutes, section 144.661.
- **Level 3 or 4 Family Medicine Emergency Physician:** a physician certified by the American Board of Family Medicine or the American Osteopathic Board of Family Practice whose practice includes emergency department care in a Level 3 or 4 trauma hospital located in a designated rural area as defined under Minnesota Statutes, section 144.1501, subdivision 1, paragraph (b).
- **Level 1 or 2 Trauma Program Manager:** a trauma program nurse manager or coordinator practicing in a Level 1 or 2 trauma hospital.
- **Orthopedic Surgeon:** an orthopedic surgeon certified by the American Board of Orthopaedic Surgery or the American Osteopathic Board of Orthopedic Surgery whose practice includes trauma and who practices in a Level 1, 2 or 3 trauma hospital.
- **Rural EMS Attendant or Ambulance Director:** an attendant or ambulance director who is an EMT, EMT-I or Paramedic within the meaning of Minnesota Statutes, section 144E.001 and who actively practices with a licensed ambulance service in a primary service area located in a designated rural area as defined under Minnesota Statutes, section 144.1501, subdivision 1, paragraph (b).
- **Emergency Medicine Physician:** an emergency physician certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine whose practice includes emergency room care in a Level 1, 2, 3 or 4 trauma hospital.

- **Pediatrician:** a physician certified in pediatric emergency medicine by the American Board of Pediatrics or certified in pediatric emergency medicine by the American Board of Emergency Medicine or certified by the American Osteopathic Board of Pediatrics whose practice primarily includes emergency department medical care in a level 1, 2, 3, or 4 trauma hospital, or a surgeon certified in pediatric surgery by the American Board of Surgery whose practice involves the care of pediatric trauma patients in a trauma hospital.

To apply for one of these positions, visit the [Minnesota Secretary of State's website](#). To ensure consideration, submit your application by November 30, 2018.

Please forward this information to those qualified and interested. For further information, contact Chris Ballard at 651-201-3841 or visit the [Statewide Trauma System website](#).

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## Annual Report to the Legislature Published

The [2017 Trauma System Report](#) to the Legislature cleared its final hurdles and has recently been published. The report describes traumatic injury in Minnesota and trends in admission and acuity levels. While the intended audience of the report is Minnesota's legislators, trauma system stakeholders may take in interest in the report. Key findings include:

- Almost every Minnesotan (99 percent) lives within 60 minutes of a designated trauma hospital.
  - Falls were the leading cause of death for ages 65 and older. Vehicle-related injuries were the leading cause of death for ages 15-64. Submersion, suffocation and foreign bodies collectively were the leading causes of pediatric death.
  - Thirty-eight percent of cases involved activation of the "trauma team."
  - When patients were transferred from the emergency department of a Level 3 or 4 trauma hospital, the average length of stay in the emergency department decreased when the trauma team was activated versus when it was not.
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