New Level 3 Trauma Hospital Designation Criteria Adopted

At their June meeting the State Trauma Advisory Council (STAC) adopted new Level 3 Trauma Hospital designation criteria. While most of the modifications to the existing criteria are intended to improve clarity and to align the language and principles with same or similar standards recently adopted in the Level 4 designation criteria, a few of the changes are more significant:

- Sustained heart rate >120 in adults, StO2 and shock index were removed from the minimum tier-one trauma team activation criteria.
- The minimum number of admitted trauma patients that must be either admitted by or receive a consultation from a surgeon was reduced from 90% to 80%.
- The focus of reviewing trauma diversions was shifted from incidences of diversion to incidences of trauma divert status.
- The requirement for individuals to attend multidisciplinary case review committee meetings was replaced with a requirement for specific disciplines to attend.

During their deliberations over the proposed changes, the STAC reviewed trauma registry data around the criterion requiring a tier-one trauma team activation when a patient presents with a sustained heart rate >120. The data revealed that the specificity of a heart rate >120 in adults to the risk of hemorrhagic shock risk was only 15%. As a result, the Council changed the requirement from a mandatory criterion to a discretionary criterion for adult patients. But a tier-one trauma team activation is still required when a pediatric patient presents with sustained, age-specific tachycardia.

The new criteria go into effect on January 1, 2020, with the exception of the requirement for nurses caring for admitted trauma patients to have trauma training. That criterion will go into effect January 1, 2021.

Download a side–by–side comparison of the current and new Level 3 Trauma Hospital Designation Criteria.
List of Telephone Numbers to Use when Referring a Trauma Patient Published

Traumatic injury is a time-sensitive condition, and patients’ outcomes are improved by shortening the time it takes for them to arrive at definitive care. Shaving minutes off of the transfer process by implementing standard practices is an important strategy to that end.

One cause of delay occurs when acceptance cannot be promptly obtained from tertiary hospitals. This can happen when the person who answers the phone at the tertiary hospital is not familiar with the expectations of that hospital’s trauma service to respond to a request to transfer quickly.

In an effort to ensure that the sending-hospital physician is connected to the right person at the receiving hospital, the State Trauma Advisory Council has published a list of referral hospital phone numbers that should be used to contact tertiary hospitals when seeking to transfer a trauma patient.

Save the Date!

Trauma Program 101: Basic Training Scheduled for October 1 in Bemidji

Trauma program medical directors, managers, coordinators and administrators, this is the class you’ve been waiting for! In this seminar tailored to Minnesota's Level 3 and 4 trauma hospitals, you will learn about the duties and responsibilities of the trauma program leaders and the processes and techniques used to accomplish trauma performance improvement. When undertaken, they lead directly to improved care at the bedside.

Trauma Program 101 has traditionally been very popular with both new and seasoned trauma program leaders. Participants find the class to be very useful in furthering their understanding of program requirements and trauma performance improvement.

Registration information is forthcoming.

Minnesota Committee on Trauma Donates Bleeding Control Training Kits

Minnesota’s regional trauma advisory committees (RTACs) have been busy providing Stop the Bleed (STB) training across the state. The STB class developed out of a need to teach the lay public how to control hemorrhage while waiting for help to arrive. Like the victims of sudden cardiac arrest, patients who are bleeding can’t wait for first responders to arrive; bystanders must intervene to reduce the morbidity and mortality associated with uncontrolled hemorrhage.

The Minnesota chapter of the American College of Surgeons Committee on Trauma (COT) donated six training kits and more than three hundred tourniquets to the RTACs to support the STB initiative. The
kits, valued at $950 each, contain mannequins, hemostatic gauze, tourniquets and other training materials.

The presentation was made by Dr. John Cumming, outgoing COT chair and Dr. Denise Klinkner, incoming COT chair. Dr. Klinkner is a STAC member, filling the Pediatrician seat on the council. Dr. Cumming has been an active leader in Minnesota’s trauma community for many years and served as a site reviewer for the trauma system since its early days. He facilitated the donation on behalf of the COT and used the occasion to mark his retirement from trauma system-related activities while he pursues other endeavors. Thank you, Dr. Cumming, for your years of dedicated service!

Dr. Cumming (center right) and Dr. Klinkner (to his left), surrounded by representatives of Minnesota’s RTACs, present Stop the Bleed kits and tourniquets.

Landmark Injury Prevention Law Signed by Governor Walz

Distracted driving continues to be a rising concern of Minnesota’s trauma care professionals, not to mention drivers, bicyclists and pedestrians. A growing number of distractions pose a threat to everyone and the consequences are severe.

But beginning August 1st, drivers on Minnesota’s roadways must comply with a new law designed to get cell phones out of drivers’ hands. The “hands-free” law allows drivers to use their cell phone to make calls, text, listen to music or podcasts and get directions, but only by using voice commands or single-touch activation without holding the phone. While hands-free is not necessarily distraction-free, the new standard is expected to help curb the incidence of traffic-related deaths and serious injuries.

For more information, visit HandsFreeMN.org.

To obtain this information in a different format, call 651-201-3838.
STAC Members’ Terms Concluding Soon

Several STAC members’ terms will be coming to an end in January. It’s not too early to begin thinking about applying for one of these offices, or encouraging some you know to consider it:

▪ Rural General Surgeon
▪ Level 1 or 2 Trauma Surgeon
▪ Rural Hospital Administrator
▪ Rural Physician Assistant or Nurse Practitioner
▪ Level 3 or 4 Trauma Program Manager
▪ Level 1 or 2 Neurosurgeon

The official vacancy notices will be posted in November, at which time applications will be accepted.

For more information about the qualifications for these offices, visit the Minnesota legislature website or watch your e-Trauma Updates for future announcements.

Mark Your Calendar

2020 STAC Meeting Dates
Shoreview, MN
▪ March 3
▪ June 2
▪ September 15
▪ December 8

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651-201-4147  
www.health.state.mn.us/facilities/traumasystem/

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