

# State Trauma Advisory Council Meeting

March 13, 2018

12:30-3:30 p.m.

Minnesota Department of Health  
Shoreview Community Center, Shoreview

## Minutes

### **Members Present**

Rick Breuer  
Dan DeSmet  
Ron Furnival, M.D.  
Craig Henson, M.D.

Carol Immermann, R.N.  
Alan Johnson, PA-C  
Steven Lockman, M.D.  
Sharon Moran, M.D.

Mark Paulson, M.D.  
Gayle Williams, R.N.

### **Members Absent**

Aaron Burnett, M.D.  
Peter Cole, M.D.

John Hick, M.D.  
Matt Langer, Colonel

Robert Roach, M.D.

### **MDH Staff**

Chris Ballard  
Cirrie Byrnes

Tim Held  
Tammy Peterson

Zora Radosevich

### **MDH Staff Absent**

Marty Forseth

## Call to Order, Welcome and Introductions

Dr. Furnival called the meeting to order at 12:33 p.m. Both State Trauma Advisory Council (STAC) and audience members introduced themselves.

## Approve Agenda and December 5, 2017 Minutes

**Dr. Paulson moved acceptance of both the agenda and the minutes as written. Dr. Henson seconded; the motion passed unanimously.**

## Staff Reports

Mr. Held introduced Zora Radosevich as the director of the Office of Rural Health and Primary Care.

Mr. Ballard reported:

- At the June meeting, the STAC will select a new chair and vice-chair. The STAC will recommend a chair to the commissioner, who makes the appointment. However, the members will elect the vice-chair. Dr. Furnival is not eligible for re-appointment as chair. Dr. Henson is eligible for re-election for vice-chair. Ms. Immermann asked that staff compile a list of members' term expiration dates to help determine who might best fill these positions.

- The trauma system has obtained a grant to offer Abbreviated Injury Scale training. Planning is underway and staff will communicate details via the e-Trauma Update.

## EMS Regulatory Board Update (EMSRB)

Mr. Spector reported:

- The Board is busy processing re-certifications through the new e-licensing system. He recommended that those recertifying not to wait until the last minute to do so.
- The Board is conducting rural ambulance service assessments through a partnership with MDH and funded by a Flex grant.

## Applicant Review Committee Report (ARC)

Ms. Peterson reported that both Regions Hospital and Gillette Children's Specialty Healthcare in St. Paul were re-designated as Level 1 Adult and Level 1 Pediatric trauma hospitals, respectively.

The Committee recommended Lakewood Healthcare, Staples for designation as a Level 3 trauma hospital. **Dr. Henson recused himself from voting. Mr. Johnson moved acceptance, Ms. Williams seconded; the motion carried.**

The Committee recommended the following hospitals for designation as Level 4 trauma hospitals: Essentia Health-Deer River; FirstLight Health System, Mora; Granite Falls Municipal Hospital; Maple Grove Hospital; Mayo Clinic Health System-Waseca; Stevens Community Medical Center, Morris. **Mr. DeSmet recused himself from voting on Maple Grove Hospital and Ms. Immermann from Mayo Clinic Health System-Waseca. Dr. Henson moved acceptance. Mr. Johnson seconded; the motion carried.**

Ms. Peterson then reviewed the hospitals recommended for 12-month extensions of their current designation due to deficiencies. They include University of Minnesota Masonic Children's Hospital in Minneapolis and Sanford Canby Medical Center. **Dr. Paulson recused himself from voting on Sanford Canby Medical Center and Dr. Furnival from the University of Minnesota Masonic Children's Hospital. Ms. Williams moved that extensions be granted for both hospitals. Dr. Lockman seconded; the motion carried.**

Ms. Peterson reported that Chippewa County Montevideo Hospital elected to withdraw their application for re-designation following their site visit in October. They have indicated their intent to regroup and rejoin the system sometime in the future.

## EMSRB-STAC Joint Policy Committee Report (JPC)

Mr. Ballard reported that the Committee reviewed an application for deviation to the EMS field triage guidelines from Appleton Area Ambulance Service. The JPC recommended that the EMSRB deny the deviation request. The EMSRB will consider the recommendation at its

meeting in May. The committee also reviewed methodology for creating regional field triage reports, which they hope to have ready for the STAC's review in June.

## Performance Improvement (PI) Work Group Report

Mr. Ballard reviewed the history and role of the work group and then reviewed findings from the transfer delay PI project, noting that the work group recommends four action items. There was consensus around them.

Mr. Ballard then presented several reports to consider for inclusion in a trauma system dashboard, noting that the dashboard would measure and monitor system performance. Dr. Cumming commented that such dashboard metrics are remarkable because they represent the system's ability to use its data to identify potential areas for improvement. He added that using linked records like this to measure system performance is powerful and cutting-edge.

—Break—15 minutes

## Level 4 Subcommittee Recommendations

Mr. Ballard reviewed the Level 4 Subcommittee's recommendations, explaining the rationale for individual criterion. Following brief discussion, the STAC agreed to solicit comments about the proposal from stakeholders. The STAC will consider all comments at their June meeting when the discussion will be continued.

## American College of Surgeon – Committee on Trauma Update

Dr. Cumming reported that Dr. Kasal from Mayo Clinic Health System in Red Wing will serve on the Rural Trauma Committee and the Trauma Quality Improvement Program (TQIP) Work Group. He also reported that the 10<sup>th</sup> edition ATLS manual will be used by all course sites by June 2019. The new curriculum uses interactive discussion for instruction. Dr. Cumming then stressed the importance of the Stop the Bleed campaign and encouraged stakeholders to get involved in spreading the initiative.

## Petition to Grant Immediate Provisional Designation to Undesignated Hospitals

Dr. Arvold presented his concerns about the law requiring ambulance services to bypass an undesignated hospital with a major trauma patient in favor of a designated hospital if one exists within 30 minutes. He noted that the law would require Chippewa County Montevideo Hospital Ambulance Service to bypass Chippewa County Montevideo Hospital (where he is employed) with a major trauma patient because the hospital is no longer designated as a trauma hospital. He stated that the hospital lost its trauma designation because of problems with their paperwork, not the care provided. STAC members pointed out that hospitals undergo a

comprehensive review of their compliance with trauma system standards and have never failed to be re-designated only because of paperwork. Each STAC member present responded to Dr. Arvold's concern. All agreed that:

- The laws and criteria governing the trauma system are intended to optimize Minnesotans' outcomes from injury.
- Receiving care in a hospital that has optimized resources and processes, and that has successfully passed an independent verification of those resources and processes is in the best interest of trauma patients.
- Studies clearly show that undesignated trauma hospitals do not deliver the same level of care as designated trauma hospitals.

Dr. Furnival thanked Dr. Arvold for his time and noted that the STAC's role is to advise the commissioner on such matters, which they will do.

## Open Floor

No issues.

## Adjourn/Next Meeting

The next STAC meeting is June 5, 2018, from 12:30-3:30 p.m., at the Shoreview Community Center, 4580 Victoria Street North, Shoreview. With no further business, Dr. Furnival adjourned the meeting at 4:05 p.m.