

State Trauma Advisory Council Meeting

September 11, 2018

12:30-3:30 p.m.

Minnesota Department of Health
Shoreview Community Center, Shoreview

Minutes

Members Present

Rick Breuer
Aaron Burnett, M.D.
Peter Cole, M.D.
Dan DeSmet
Ron Furnival, M.D.

Craig Henson, M.D.
John Hick, M.D.
Carol Immermann, R.N.
Alan Johnson, PA-C
Matt Langer, Colonel

Steven Lockman, M.D.
Sharon Moran, M.D.
Mark Paulson, M.D.
Robert Roach, M.D.

Members Absent

Gayle Williams, R.N.

MDH Staff

Chris Ballard
Cirrie Byrnes

Marty Forseth
Tim Held

Tammy Peterson
Gina Vue

MDH Staff Absent

Mark Kinde

Zora Radosevich

Call to Order, Welcome and Introductions

Dr. Henson called the meeting to order at 12:38 p.m. Both State Trauma Advisory Council (STAC) and audience members introduced themselves.

Approve Agenda and June 5, 2018 Minutes

Dr. Paulson moved acceptance of both the agenda and the minutes from the June meeting as written. Dr. Lockman seconded; the motion passed unanimously.

Staff Reports

Mr. Held reported:

- He and Mr. Ballard met with the Minnesota Hospital Association and fielded questions from the association's Small Rural Hospital committee about the proposed Level 4 criteria.
- He introduced Gina Vue as the trauma system's new administrative assistant, noting that this has been a long-term goal to lighten the clerical burden from staff so that they can focus on supporting the system. He also thanked and recognized Cirrie Byrnes for her many years of service to the trauma system.
- The Health Care Access Fund, funded by the provider tax, is scheduled to sunset December 31, 2019. It is unclear if the 2019 legislature will extend the sunset and/or explore

alternatives during the upcoming session. The fund provides about one third of the state trauma system's budget.

Mr. Ballard reported:

- A Trauma Program 101 class will be offered October 2 in Grand Rapids. Trauma program managers/coordinators and medical directors are encouraged to attend the free course.
- He was invited to teach the performance improvement portion of the Trauma Program 101 class for Michigan's Region 8 trauma program leaders, noting that it was a great opportunity to network with our neighboring trauma system.
- Seven STAC members' terms will be expiring in January 2019. He encouraged everyone to spread the word and apply, if interested, on the Secretary of State's website. The openings will be published in the State Register on November 6 and will stay open for at least three weeks. There is some urgency to apply soon since the commissioner will need to make the appointments before her term expires in January. STAC members eligible for reappointment must re-apply through the same process.
- The Level 4 Subcommittee continues to make progress toward developing a new Level 4 criteria proposal and he expects that the proposal will be ready for introduction at the December's STAC meeting.

EMS Regulatory Board Update (EMSRB)

Dr. Burnett reported that the Board has received an application for an ambulance service license from Children's Minnesota. If granted, the license would provide for a statewide inter-facility transportation license. The case is contested and will be heard before an administrative law judge later this month. The judge's opinion will be considered by the EMSRB, perhaps at their January 2019 meeting, when a decision is expected.

Dr. Burnett also reported that paramedics practicing in non-traditional settings have become much more common in Minnesota in recent years. This has raised questions about the regulation of their work since traditionally Minnesota's regulatory requirements only addressed paramedics working with ambulance services.

Applicant Review Committee Report (ARC)

Mr. Forseth reported that Sanford Fargo Medical Center was recently verified as a Level 1 Trauma Center and a Level 2 Pediatric Trauma Center, noting that the hospital had previously been designated as a Level 2 Trauma Center. He further explained that, although the hospital is designated by the North Dakota trauma system, it is also considered part of Minnesota's trauma system since many of Minnesota's trauma patients are treated there.

Ms. Peterson reported that the America College of Surgeons verified St. Luke's Hospital in Duluth as a Level 2 Trauma Center for 12 months and that the hospital's designation will be extended for one year. She then reviewed the other hospitals recommended for re-designation by the Applicant Review committee:

- *Level 3:* United Hospital, St. Paul
- *Level 4:* Prairie Ridge Hospital and Health Services, Elbow Lake; RC Hospital, Olivia and Sanford Tracy Medical Center

Dr. Paulson recused himself from the vote on Sanford Tracy Medical Center. Mr. Johnson recused himself from voting on RC Hospital. Dr. Hick moved that all of the hospitals be recommended for designation. Dr. Paulson seconded; the motion carried.

Dr. Hick addressed a comment in the Sanford Tracy Medical Center site visit report regarding the preferential selection of aeromedical providers. The comment illustrated his concern that the nearest aeromedical helicopter be sent to the scene of an incident, rather than a helicopter from a specific service. He noted that he would like to see a resolution from this council taking a position on the matter. Dr. Burnett agreed. Discussion ensued. **Dr. Burnett moved to refer the issue of sending the closest aeromedical helicopter to the scene to the next Joint Policy Committee meeting agenda. Mr. Johnson seconded. The motion passed unanimously.**

Ms. Peterson reviewed the hospitals recommended for 12-month extensions of their current designations due to deficiencies:

- *Level 3:* Park Nicollet Methodist Hospital, St. Louis Park
- *Level 4:* Cambridge Medical Center; Children’s Minnesota, St. Paul; Community Memorial Hospital, Cloquet; Hutchinson Health and Owatonna Hospital

Ms. Peterson also noted that Perham Health is recommended for an administrative extension (through September 2019). **Dr. Paulson recused himself from the vote on Perham Health and Mr. Breuer recused himself from voting on Community Memorial Hospital. Dr. Furnival moved to recommend designation extensions for these hospitals. Dr. Hick seconded; the motion carried.**

Proposed Operating Procedure Amendments

Ms. Immermann proposed that the STAC Operating Procedures be amended to establish standing members of the Applicant Review Committee. Mr. Ballard reported that a review of the operating procedures revealed opportunities to update other parts of the procedures too. They are:

- Membership:
 - Description of the Pediatrician and EMS members aligned with statute
 - EMS Regulatory Board spelled out instead of abbreviated
- Nominations, Elections and Recommendations: “of those present” added to subsection a.
- Executive Committee: Section replaced with new section: Standing Committees
- Standing Committees:
 - Executive Committee: Hospital Administrator made a permanent member of the executive committee
 - Applicant Review Committee added; standing members of the Applicant Review Committee defined

- Joint Policy Committee added
- Responsibilities of STAC: Level 1 and 2 Pediatric trauma hospitals added to subsection b. i.
- Changes to Operating Procedures: Section added

Mr. Breuer suggested that instead of requiring $\frac{2}{3}$ of *STAC membership* be needed to amend the procedures, that $\frac{2}{3}$ of *those present* be needed. **Dr. Hick moved acceptance of the proposed changes to the operating procedures with Mr. Breuer's amendments. Dr. Furnival seconded; the motion passed unanimously.**

-Break-

Practice Resources

Mr. Ballard provided an overview of the STAC's practice resources guideline. Ms. Immermann then addressed an opportunity to provide resources to improve the pre-hospital management of trauma arrests, noting that some recent experiences has suggested a need. Drs. Hick and Burnett concurred. **Dr. Hick moved to add practice resources to the trauma system website. Ms. Immermann seconded; the motion passed unanimously.**

Mr. Ballard then reviewed the past work done on pediatric non-accidental injury, referencing a document published by the Center for Safe and Healthy Children. He noted that cases suggestive of non-accidental injury are periodically encountered during site visits without an indication that the injury was reported, suggesting a need for guidance. Dr. Furnival acknowledged that the diagram is hard to follow and will address those concerns with the authors. Dr. Cumming mentioned that the American College of Surgeons will soon publish guidelines on this subject, so the STAC may elect to wait until then.

ACS COT Update

Dr. Cumming reported that he and Dr. Richardson will be attending the national meeting in October. He also mentioned that the ATLS 10th edition will be rolling out soon. Minnesota's experiences with Level 3 trauma hospitals has been recognized on the national level and will inform a national discussion about the wide variation in resources between Level 3 centers.

Stop the Bleed

Dr. Henson summarized the Stop the Bleed initiative. Several RTACs have become involved in teaching the curriculum in their individual communities. Cost of purchasing the instruction kits is prohibitive. Ideas were solicited for bringing down those costs. Dr. Cumming indicated that the Minnesota Committee on Trauma is open to discussing monetary support for the program. Ms. Immermann voiced her support of the initiative and proposed offering a Stop the Bleed training to employees of the Shoreview Community Center in appreciation for their many years of hosting the STAC meetings.

Open Floor

No issues.

Adjourn/Next Meeting

The next STAC meeting is December 4, 2018, from 12:30-3:30 p.m., at the Shoreview Community Center, 4580 Victoria Street North, Shoreview. With no further business, Dr. Henson adjourned the meeting at 3:15 p.m.