

# State Trauma Advisory Council Meeting

December 4, 2018

12:30-4:00 p.m.

Minnesota Department of Health  
Shoreview Community Center, Shoreview

## Minutes

### **Members Present**

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

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

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

### **Members Absent**

Peter Cole, M.D.

Matt Langer, Colonel

### **MDH Staff**

Chris Ballard  
Marty Forseth

Tim Held  
Tammy Peterson

Mark Kinde  
Gina Vue

### **MDH Staff Absent**

Zora Radosevich

## Call to Order, Welcome and Introductions

Dr. Henson called the meeting to order at 12:36 p.m. Both State Trauma Advisory Council (STAC) and audience members introduced themselves.

## Opening Remarks

Acting Assistant Commissioner Marie Dotseth, on behalf of Commissioner Malcolm, thanked everyone for their service to the state trauma system, noting that the commissioner values the expertise of the members. She recognized the retiring STAC members who are completing their second term this month and listed some of the Council's accomplishments over the past eight years.

## Approve Agenda and September 11, 2018 Minutes

**Dr. Hick moved acceptance of both the agenda and the minutes from the June meeting as written. Dr. Furnival seconded; the motion carried.**

## Staff Reports

Mr. Held reported:

- Using monies from the federal Flexibility grant, the trauma system will be hiring a half-time student worker to assist in managing data and running reports through August 2019. This will increase the amount of time that staff have to analyze the data.
- Staff have been redesigning the site visit reports to shorten the time it takes to prepare them for the hospitals. They plan to pilot-test them with a few hospitals in spring 2019.

Mr. Ballard reported:

- Fifty-six people from 38 different agencies attended the Trauma Program 101 class held on October 2 in Grand Rapids. He reviewed a summary of the course evaluations.
- Seven STAC members' terms will be expiring in January 2019. He encouraged everyone to spread the word to interested candidates and apply by December 10.

## EMS Regulatory Board Update (EMSRB)

Dr. Burnett reported that the board expects to decide on Children's Minnesota's application for an ambulance service license at their meeting on December 21.

## Applicant Review Committee Report (ARC)

Ms. Peterson reviewed the hospitals verified by the American College of Surgeons, noting that the MDH commissioner has designated them:

- Level 1
  - Essentia Health St. Mary's Medical Center, Duluth
  - Mayo Clinic Hospital Saint Marys Campus, Rochester
  - Eugenio Litta Children's Hospital, Rochester (Pediatric)
- Level 2
  - Essentia Health St. Mary's Medical Center, Duluth (Pediatric)

She noted that the commissioner has also extended Mayo Clinic Health System – Mankato's current designation for one year.

Ms. Peterson then reviewed the Applicant Review Committee's re-designation recommendations:

- Level 3
  - Abbott Northwestern Hospital, Minneapolis
  - Sanford Worthington Medical Center
- Level 4
  - Pipestone Country Medical Center
  - Ridgeview Emergency Department at Two Twelve Medical Center, Chaska
  - Sanford Bemidji Medical Center

- Sanford Westbrook Medical Center

**Dr. Paulson recused himself from the vote on Sanford Worthington Medical Center and Sanford Bemidji Medical Center. Ms. Williams recused herself from the vote on Ridgeview Emergency Department at Two Twelve Medical Center. Dr. Roach recused himself from voting on Abbott Northwestern Hospital. Dr. Furnival moved that all of the hospitals be recommended for designation. Dr. Paulson seconded; the motion carried.**

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

- Level 3
  - Carris Health – Rice Memorial Hospital, Willmar
- Level 4
  - Bigfork Valley Hospital
  - Johnson Memorial Health Services, Dawson
  - River’s Edge Hospital, St. Peter
  - Sanford Thief River Falls Medical Center

**Dr. Paulson recused himself from the vote on Sanford Thief River Falls Medical Center and Mr. Johnson recused himself from voting on Carris Health – Rice Memorial Hospital. Dr. Furnival moved to recommend designation extensions for these hospitals. Dr. Hick seconded; the motion carried.**

Ms. Peterson also noted that:

- Essentia Health Fosston withdrew its application for re-designation. Its current designation will expire on December 8.
- District One Hospital in Faribault reported that they were out of compliance with the trauma training requirements.

## Aeromedical Scene Responses

Dr. Hick outlined the issue and renewed his desire that the helicopter closest to a scene be the one dispatched. The EMS Regulatory Board will initially address the issue, perhaps in 2019. In support of this effort, **Dr. Hick moved that the STAC support coordination between aeromedical services to ensure that the closest available helicopter is dispatched to the scene when requested. Dr. Paulson seconded.** Discussion ensued and Dr. Hick further commented that, given the current technology such as GPS, there is no reason that the location of aeromedical assets cannot be made visible to all aeromedical dispatchers so that the closest available helicopter can be easily identified and dispatched. The goal would be to cooperatively arrive at a common understanding among aeromedical providers and the regulating agency as to the responsibilities of all parties. Mr. Held clarified that Dr. Hick’s request is that the STAC support the concept of sending the closest available aeromedical asset to a scene. **Dr. Henson called for the vote; the motion carried.**

-Break-

## Level 4 Subcommittee Recommendations

Mr. Ballard reviewed the process and timeline leading to the development of the proposal. He offered his gratitude to the Level 4 Work Group and the Level 4 Subcommittee for the tremendous amount of work and volunteer hours invested that produced this final version of the Proposed Level 4 Trauma Hospital Criteria.

Mr. Ballard reviewed the recommendations, highlighting the proposed changes in each section. Mr. Johnson suggested modifications to Section 10 to broaden the types of chest wall injuries that may be considered for admission by Level 4 trauma hospitals. **Dr. Hick moved to change Section 10.1 and 10.2:**

### 10.1

- ~~▪ **Single rib fracture**~~
- **Multiple rib fractures, sternum fracture, scapula fracture after consultation with a trauma surgeon**
- **Pneumothorax that does not require a thoracostomy**

### 10.2

- **Pneumothorax requiring a thoracostomy**
- ~~▪ **Two adjacent fractured ribs<sup>1</sup> without flail**~~
- **Up to four adjacent rib fractures without flail in patients <65 years old**

~~The general surgeon must respond to the hospital and assess a patient with an untreated pneumothorax requiring a thoracostomy within one hour. The general surgeon must respond to the hospital and assess a patient with rib fractures, a treated pneumothorax, or a pneumothorax that does not require a thoracostomy within 18 hours.~~

**Dr. Paulson seconded; the motion carried.**

Mr. Ballard continued to review the proposal. Ms. Immermann suggested that in section 16.2, Trauma Care after Resuscitation, be added and the fourth bullet point revised to begin with “Describe” rather than “Demonstrate.” She also suggested requiring a mechanism for pelvic stabilization to Section 20.1.

Mr. Ballard suggested an implementation date of January 1, 2020 and asked the STAC to consider repealing the following five criteria requirements immediately upon adoption of the Proposal:

- Institutional Organization, Trauma Program Medical Advisor

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<sup>1</sup> Fractures involving the first rib, sternum or scapula must be transferred.

- A trauma medical advisor who is board-certified by the American Board of Emergency Medicine or the American Osteopathic Board of Emergency Medicine must have taken Advanced Trauma Life Support or Comprehensive Advanced Life Support once, but need not take the class every four years.
- Clinical Capabilities, Transfer
  - The hospital need no longer obtain disposition information on patients transferred to out of state hospital.
- Performance Improvement, Diversion
  - The hospital need no longer maintain a diversion policy or track trauma patient diversions.
- Performance Improvement, Case Review
  - The trauma medical advisor need no longer review care provided by an advance practice provider within 72 hours.
- Equipment, Emergency Department
  - A spine board is no longer required.

**Dr. Paulson moved to adopt the Subcommittee’s proposal of November 2018 as the Level 4 trauma hospital criteria with the modifications to Section 10 made by the Council and Ms. Immermann’s suggested modifications to be implemented by all Level 4 trauma hospitals no later than January 1, 2020, and that the five criteria requirements noted by Mr. Ballard be repealed immediately. Dr. Hick seconded; the motion passed unanimously.**

Dr. Paulson excused himself at 3:39 P.M.

## Implementation and Transition Plan

Mr. Ballard suggested an implementation plan for the new Level 4 criteria that would address:

- How the STAC will evaluate Level 4 trauma hospitals that have site visits during the transition period.
- How hospitals with a deficiency under the old criteria that would not be a deficiency under the new criteria can have the deficiency rescinded.
- How Level 4 hospitals that would like to become Level 3 hospitals can demonstrate compliance with Level 3 criteria at a site visit.

There was discussion and clarification about the process whereby a Level 4 becomes a Level 3. There was consensus around the implementation plan.

The STAC charged staff to review the current Level 3 criteria and propose elements of the Level 4 criteria that would complement it. Staff will make a report at the March 2019 meeting.

## Open Floor

No issues.

## Adjourn/Next Meeting

The next STAC meeting is Tuesday, March 5, 2019 from 12:30-3:30 p.m., at the Shoreview Community Center, 4580 Victoria Street North, Shoreview. **Mr. DeSmet made a motion to adjourn. Mr. Johnson seconded; the motion carried.** Dr. Henson adjourned the meeting at 4:30 p.m.