

State Trauma Advisory Council Meeting

June 4, 2019

12:37-2:50 p.m.

Minnesota Department of Health
Shoreview Community Center, Shoreview

Minutes

Members Present

Craig Henson, M.D.

Rick Breuer

Tami Bong, R.N.

Aaron Burnett, M.D.

Kris Drevlow, D.O.

Mark Ebeling, Paramedic

Alan Johnson, PA-C

Denise Klinkner, M.D.

Col. Matt Langer

Sharon Moran, M.D.

Elizabeth Weber, M.D.

Gayle Williams, R.N.

Members Absent

Steven Lockman, M.D.

John Lyng, M.D.

Robert Roach, M.D.

MDH Staff

Chris Ballard

Tammy Peterson

Marty Forseth

Tim Held

Gina Vue

Call to Order, Welcome and Introductions

Dr. Henson called the meeting to order at 12:37 p.m. Both State Trauma Advisory Council (STAC) and audience members introduced themselves.

Approve Agenda and March 5, 2019 Minutes

Dr. Moran moved acceptance of both the agenda and the minutes from the March meeting as written. Mr. Johnson seconded; the motion carried.

American College of Surgeons Committee on Trauma Equipment Donation

Dr. Cumming introduced Dr. Klinkner as the new chair on the Minnesota American College of Surgeons Committee on Trauma (COT). They presented each of the six regional trauma advisory committees with *Stop the Bleed* training kits donated by the COT.

Staff Reports

Mr. Held reported:

- Biospatial is a company that gathers EMS data from states, analyzes it, and then provides the results to the EMS services and state leaders through a data visualization platform. The company is now beginning to offer its services to trauma systems, which we have begun to evaluate. Their services are provided at no cost to the states. Instead, federal agencies pay to use the data for surveillance at a national level.

- The Health Care Access Fund, which provides some of the trauma system's funding, survived the legislative session. The 2019 sunset clause was repealed and the 2% provider tax was reduced to 1.8%.

Mr. Ballard reported:

- He attended the annual meeting of the Trauma Managers Council of the National Association of State EMS Officials. This year there was no discussion about the initiative to form a national trauma system, but he will keep the STAC apprised of any new developments.
- Sixty-six people from 50 different agencies attended the Trauma Program 101 class held on April 24th in Mankato. The next class is scheduled for October 1st in Bemidji.
- Six STAC members' terms will be expiring in January 2020. He encouraged everyone to spread the word to interested candidates.
- 2020 STAC meeting have been scheduled: March 3, June 2, September 15, December 8
- The Annual Trauma System Report to the Legislature has been completed and is awaiting approval. He anticipates that it will be ready to be shared at the September STAC meeting.

EMS Regulatory Board Update (EMSRB)

Dr. Burnett reported:

- A small increase to the EMSRB's budget was appropriated this year.
- The Board is working to fill several vacant staff positions.
- Grant money for the EMS regions has been declining because of declining revenue from seatbelt violations, which is the primary funding source. They are working to identify another funding source.

American College of Surgeons Committee on Trauma (COT) Report

Dr. Klinkner reported:

- She assumed her position as Chair of the COT in April 2019. The American College of Surgeons (ACS) would like to see its membership increase and Dr. Klinkner is working to increase representation from Level 3 and 4 Trauma Hospitals around the state as well as ACS-verified trauma hospitals.
- Advanced Trauma Life Support courses must be on the tenth edition curriculum by September.
- The *Stop the Bleed* slide deck on the Bleeding Control website was recently updated. May was *Trauma Awareness* month and *Stop the Bleed* month.
- The COT is considering the development of a TQIP (Trauma Quality Improvement Program) collaborative in Minnesota. Level 3 and 4 Trauma Hospitals may also have the opportunity to participate.

- The annual resident paper competition will occur on October 4 and 5. Papers can be on any trauma-related topic. Abstracts are due by mid-August.
- The COT plans to offer an Advanced Trauma Operative Management (ATOM) course in conjunction with the Region IV COT meeting that Minneosta will host in two years.

Applicant Review Committee Report (ARC)

Ms. Peterson announced that several ACS-verified facilities have been designated as trauma hospitals:

- Level 1 and Level 1 Pediatric
 - Hennepin Healthcare
- Level 2
 - Mercy Hospital
 - St. Cloud Hospital
 - University of Minnesota Medical Center
- Level 3
 - Mayo Clinic Health System Mankato

She then reviewed the Applicant Review Committee’s designation recommendations:

- Level 3
 - Fairview Southdale Hospital, Edina
- Level 4
 - Avera Tyler
 - Carris Health – Redwood, Redwood Falls
 - CentraCare – Long Prairie
 - Hendricks Community Hospital Association
 - Mahnomon Health Center
 - Mayo Clinic Health System Austin & Albert Lea, Albert Lea
 - Mayo Clinic Health System Austin & Albert Lea, Austin
 - Mayo Clinic Health System – Cannon Falls
 - St. Francis Medical Center, Breckenridge
 - St. Gabriel's Hospital, Little Falls

Ms. Bong recused herself from the vote on Carris Health – Redwood Falls and CentraCare – Long Prairie. Dr. Klinker recused herself from the vote on Mayo Clinic Health System Austin & Albert Lea, Albert Lea, Mayo Clinic Health System Austin & Albert Lea, Austin and Mayo Clinic Health System – Cannon Falls. Mr. Johnson recused himself from the vote on Carris Health – Redwood Falls. Mr. Breuer moved to recommend designation of these hospitals. Mr. Johnson seconded; the motion carried.

Ms. Peterson then reviewed the Level 4 applicants recommended for extensions of their current designations for 12 months due to deficiencies:

- Madelia Community Hospital

- Mayo Clinic Health System – Lake City
- Mayo Clinic Health System in Red Wing
- Meeker Memorial Hospital, Litchfield
- Sanford Laverne Medical Center
- Winona Health Services

Ms. Peterson then reviewed the Level 4 applicants recommended for administrative extensions, which are not related to a deficiency, but rather to assist the system in distributing site visits evenly:

- Buffalo Hospital
- Madison Hospital
- Woodwinds Health Campus, Woodbury

Mr. Ebeling recused himself from the vote on Sanford Laverne Medical Center. Ms. Bong moved to recommend designation extensions for these hospitals. Dr. Weber seconded; the motion carried.

Ms. Peterson also reported Mayo Clinic Health System – Lake City and Mayo Clinic Health System – Cannon Falls submitted self-report letters. The issues reported has been remedied and no additional action is needed.

-Break-

Trauma System Performance Review: Heart Rate >120

Mr. Ballard reviewed data associating the initial heart rate recorded in the emergency department with reasonable risk of hemorrhagic shock. The minimum Level 3 Trauma Hospital criteria require a tier-one trauma team activation when a patient presents with a sustained heart rate of >120.

Only sixteen percent of cases in which the patient presented with a sustained heart rate >120 were associated with an at-risk diagnosis. He also reviewed performance data indicating that only 40 percent of cases with an at-risk diagnosis at Level 3 Trauma Hospitals involved a tier-one trauma team activation.

After considerable discussion, **Ms. Bong made a motion to remove the criterion requiring a tier-one trauma team activation for a sustained heart rate >120 from the list of *mandatory* activation indicators for adult patients and move it to the list of criteria to *consider* for activation of the trauma team, but to retain the age-specific heart rate for pediatric patients. She also moved to add an additional category to the age specific tachycardia table: “6 – 14 yr. old: heart rate >140.” Ms. Williams seconded; the motion carried.**

Legislative Update

Colonel Langer reported on two new traffic safety laws effective August 1st:

- Drivers must move from the left lane to the right lane to let traffic pass. This is a rework of an existing law with no substantial change in intent. The law is expected to help with traffic flow.
- Drivers cannot drive with a phone in their hand. Drivers may use their cell phone while operating a vehicle, but only by voice commands. A single touch is allowed to enter voice activation mode. Earbuds cannot be worn in both ears while driving. States that have implemented similar legislation have experienced a 15 percent reduction in fatalities. The Handsfreemn.org website contains informational materials.

Level 3 Trauma Hospital Criteria Update Recommendations

Mr. Ballard reviewed comments received about the sections of the Proposed Level 3 Trauma Hospital Designation Criteria that were open for comments: 15.1, 23.1, 24.1, 24.2, 25.1, and 25.2. Only two comments were received about those criteria, which were provided to STAC members. Comments about other sections were also received, but those criteria were not open for discussion since they had previously been discussed and debated, and decisions reached. He suggested that the STAC consider an implementation date of January 1, 2020.

Ms. Williams suggested that Sections 20.2 and 21.2 (training requirement for nurses caring for admitted trauma patients) be implemented in January 2021 in order to provide hospitals sufficient time to accomplish it. A member of the audience noted that the hypotension criterion for children ≤ 1 year old is ≤ 60 mmHg while the Pediatric Advanced Life Support threshold is ≤ 70 mmHg. **Ms. Bong moved to adopt the criteria as printed effective January 1, 2020, but with the modifications to Section 5.1 adopted as part of the Trauma System Performance Review discussion and to change the hypotension threshold for children < 1 year old to ≤ 70 mmHg, and implement Sections 20.2 and 21.2 on January 1, 2021. Dr. Drevlow seconded. The motion carried.**

Open Floor

No issues.

Adjourn/Next Meeting

The next STAC meeting is Tuesday, September 10, 2019 from 12:30-3:30 p.m., at the Shoreview Community Center, 4580 Victoria Street North, Shoreview. Dr. Henson adjourned the meeting at 2:50 p.m.