

State Trauma Advisory Council

December 8, 2020
12:30 p.m. – 2:30 p.m.
Minnesota Department of Health
Webinar/Teleconference

Minutes

Attendees

Members Present

Tami Bong, R.N.
Rick Breuer
Aaron Burnett, M.D.
Kris Drevlow, D.O.
Mark Ebeling, Paramedic

Maria Flor, R.N.
Julie Gutzmer, M.D.
Denise Klinkner, M.D.
Col. Matt Langer
Steven Lockman, M.D.

John Lyng, M.D.
Michael McGonigal, M.D.
Kyle Nelson, M.D.
Thomas Pahl, PA-C
Elizabeth Weber, M.D.

Members Absent

None

MDH Staff

Chris Ballard
Cirrie Byrnes

Marty Forseth
Tim Held

Tammy Peterson
Zora Radosevich

Call to Order and Welcome

Dr. McGonigal called the meeting to order at 12:35 p.m.

Approve Agenda and September 15, 2020 Minutes

Dr. Lyng moved to adopt the agenda and minutes as distributed; Dr. Klinkner seconded. The motion carried.

Executive Committee Report

Dr. McGonigal reported that the Joint Policy Committee met on October 23 to review Northfield Hospitals and Clinics Emergency Medical Service's request to deviate from the EMS trauma field triage guideline by transporting major trauma patients to a Level 1 or 2 if they can arrive within 60 minutes of the time of first patient contact. The committee recommended that the EMS Regulatory Board grant the petition. The Board will consider the recommendation at their meeting in January.

Dr. McGonigal also reported that additional members are sought for the Strategic Initiatives Work Group. The charge of the group is to identify initiatives with the greatest potential to remove barriers to optimal trauma care that will guide the STAC's work in the coming years. Dr. Lyng and Ms. Bong expressed interest in participating. Others should contact Mr. Ballard before Christmas. The first meeting is anticipated in January.

Staff Reports

Mr. Held reported:

- The budget forecast does not immediately threaten the trauma system, though he cautioned that it is still early in the budget process and things can change quickly.

Mr. Ballard reported:

- Staff have been assigned various pandemic-related duties. Mr. Held has been reassigned to the State Emergency Operations Center full-time. Ms. Vue has been reassigned to Case Investigations full-time. Both Ms. Peterson and Mr. Forseth are assisting with some projects but are still assigned to the trauma system. He also noted that the trauma system epidemiology staff have been reassigned.
- STAC members have traditionally received trauma hospital designation application reports via email. Between now and March staff will be helping the council members to transition to a secure virtual private network site where members can access un-redacted versions of those reports.
- Commissioner Malcolm has extended the designation dates of Level 3 and 4 hospitals for an additional six months to help relieve some of the pressure imposed by the pandemic. This does not affect ACS-verified hospitals' designation dates.

Emergency Medical Services Regulatory Board Update (EMSRB)

Dr. Burnett reported:

- Federal ambulances were deployed in Minnesota late November to assist with inter-facility transfers as hospital censuses were adjusted throughout the state due to the pandemic. The final federal ambulances are scheduled to be decommissioned this week.
- The EMSRB Executive Committee held an emergency meeting yesterday to recommend to MDH which EMS staff should be prioritized to receive COVID-19 vaccination in the 1A category.
- Northfield EMS' application to deviate from the trauma field triage guidelines will be addressed at the Board's January meeting.

American College of Surgeons (ACS) Committee on Trauma (COT) Report

Dr. Klinkner reported:

- A best practice guideline for acute pain management is now available from the ACS website. She noted that Dr. Lyng is one of the authors.
- The expiration date of Advanced Trauma Life Support (ATLS) cards has been extended by one year for cards that expired in late 2019 and 2020. Ms. Bong noted that ATLS instructors at her hospital were required to apply for the extension through the national COT office; it wasn't automatically applied. Mr. Ballard mentioned that the extension of expiration dates by the ACS does not affect physicians, surgeons and advance practice providers in Minnesota Level 3 and 4 Trauma Hospitals; they must take ATLS or Comprehensive Advanced Life Support every four years regardless of the expiration date on their cards.
- M-ATLS class is now available for purchase and provides 19 hours of Continuing Medical Education. It is not a substitute for ATLS.
- An updated version of *Resources for Optimal Care of the Injured Patient*, which defines the requirements for ACS-verified trauma hospitals, is expected to be released next year.
- The ACS is collaborating with the National Highway Transportation Safety Administration to revise the EMS trauma field triage schema.
- The Minnesota COT met in November. Region 5 met last week. The national meeting will be March 10-14.

RTAC Updates – RTAC Chairs of Designees

Ms. Severson reported on behalf of the Western Minnesota Regional Trauma Advisory Committee (WESTAC):

- The regional members from both sides of the Minnesota-North Dakota border have a good working relationship. There is physician leadership.
- There is engagement with EMS and Toward Zero Deaths.
- There are four undesignated hospitals and one Indian Health Service hospital in the region.
- Performance improvement case reviews continue to occur and are a strength of the region.
- Bleeding Control and Rural Trauma Team Development Course (RTTDC) offerings have slowed due to the pandemic.
- There are some challenges in providing feedback to EMS agencies about their patients with time-sensitive conditions. Physicians have been helpful.
- In-person meetings are more effective than virtual meetings. Case reviews were suspended when meetings went virtual.
- Funding for a WESTAC coordinator would significantly increase the region's productivity.
- While the region has access to data, it does not have the resources to run and analyze reports.
- Some hospitals reported inconsistencies between their site reviews. There is also some concern that the new designation criteria do not fit very small hospitals very well.

Ms. Stolt reported on behalf of the Central Minnesota Regional Trauma Advisory Committee (CENTRAC):

- The region experiences good collaboration with diverse partners; meetings are well-attended.
- Designation site review results are shared to facilitate learning and collaboration.
- The region has hosted a prehospital trauma conference for each of the past three years. It was cancelled this year due to the pandemic. Other methods of providing education for EMS agencies are being considered.
- Participation in Stop the Bleed halted due to the pandemic.
- The committee collaborated on a project to reduce over-triage, which resulted in improved efficiencies and resource utilization in hospitals.
- RTTDC classes were provided prior to the pandemic; they have not been offered it since.
- The region typically participates in the Central Minnesota Farm Show, promoting Stop the Bleed (STB) training and injury prevention. It was cancelled this year.
- When in-person meetings resume, meeting locations will rotate to different agencies and hospitals to develop a better understanding of resources available in various areas.
- The Committee would like to improve public awareness of CENTRAC.
- The Committee struggles with recruiting representatives from rural EMS agencies.
- The STAC can support CENTRAC by continuing to provide grant funding and maintain information pathways between the groups.

Dr. Stephens reported on behalf of the Southern Minnesota Regional Trauma Advisory Committee (SMRTAC):

- Some physician positions on the Committee remain vacant; recruiting is difficult.
- The Committee assessed the sufficiency of personal protective equipment (PPE) at member hospitals and offered guidance about limiting the number of people involved in the resuscitation to conserve PPE.
- The Performance Improvement committee (PI) has published policies and procedures to guide the region's focus on PI in the coming years.

Ms. Reicks reported on behalf of the Minnesota Metropolitan Regional Trauma Advisory Committee (MMRTAC):

- Several members collaborated to establish best practices around hip fractures.
- The Committee plans to focus on elder trauma when outreach activities are again possible.
- Metro trauma centers have been experiencing double or triple the number of penetrating injury cases this year.

Ms. Smalley reported on behalf of the Northeast Minnesota Regional Trauma Advisory Committee (NERTAC):

- NERTAC members review cases for the purposes of PI at each meeting.

- The Committee supports education, such as STB and RTTDC.
- The large geographic area can make meeting attendance challenging; virtual meeting options have helped to expand participation.
- There are many new trauma program managers in the region and the Committee is helping them get up to speed.
- Case feedback from tertiary hospitals has slowed because of the increased demands of and loss of staff from the pandemic.
- There is interest in reporting data from the trauma registry to identify and resolve common problems in the region; but finding time to do so is challenging.

In the absence of a representative, Dr. McGonigal reported on behalf of the Southwest Minnesota Regional Trauma Advisory Committee (SWRTAC):

- SWRTAC has been working hard to offer STB training in schools and at Farm Fest.
- Bike helmets have been distributed throughout the region.
- Members have found it difficult to continue with outreach activities due to increased demands to perform other activities during the pandemic.
- Membership and committee support are always a struggle in the region because most hospitals are Level 4 Trauma Hospitals that would benefit from the guidance of a larger trauma hospital and the tertiary hospitals in the region have limited bandwidth to participate.

Dr. McGonigal appreciated the information from the RTACs, noting that there is otherwise limited ability to understand the experiences of regions outside of one's own. He summarized that information sharing through case reviews and the impact of membership turnover are common themes among the regions. He encouraged the RTAC members to take ideas shared by other regions back to their own, and to suggest activities for the STAC that will support their work.

Applicant Review Committee Report (ARC)

Mr. Forseth reviewed the one hospital recommended by the ARC for designation as a Level 4 Trauma Hospital: Murray County Medical Center, Slayton.

Dr. Drevlow moved to recommend the designation; Ms. Bong seconded the motion. No members recused themselves from the vote. The motion carried.

Mr. Forseth then reviewed the five hospitals recommended by the ARC for extension of their current Level 4 Trauma Hospital designations: Buffalo Hospital; Madison Hospital; Meeker Memorial Hospital, Litchfield; Sanford Luverne Medical Center; Windom Hospital.

Ms. Bong moved to recommend the hospitals for extension of their designations; Dr. Burnett seconded. Drs. Lyng and Drevlow recused themselves from the vote on Buffalo Hospital. Mr. Ebeling recused himself from the vote on Sanford Luverne Medical Center. The motion carried.

Open Floor

Dr. McGonigal asked everyone to begin thinking about how the trauma system can best show its value so additional resources can be justified and proposed.

Dr. McGonigal also noted that a theme from the trauma program managers' networking meeting is that hospital trauma program staff are being reassigned to pandemic-related activities, which delays or prevents trauma performance improvement activities.

Ms. Bong mentioned that trauma volumes have increased significantly during the pandemic, as have demands on trauma programs. Programs will likely struggle to meet the trauma registry reporting timeline requirements. Ms. Peterson noted that the temporary extension from 60 days to 120 days expires on December 31.

Ms. Anderson noted that many Level 3 and 4 Trauma Hospitals indicated that they are struggling to meet the designation criteria requirements during the pandemic. Mr. Ballard suggested that the STAC attempt to better understand the extent of the problem. Dr. McGonigal suggested developing a survey. The Executive Committee will convene to pursue this idea further. Ms. Flor, Ms. Anderson and Ms. Talley volunteered to assist.

Adjourn/Next Meeting

The next STAC meeting is Tuesday, March 2, 2021 from 12:30-2:30 p.m., via WebEx. **Mr. Pahl moved to adjourn the meeting; Ms. Flor seconded. The motioned carried by unanimous consent.**

Dr. McGonigal adjourned the meeting at 2:19 p.m.