

State Trauma Advisory Council

Minutes

June 8, 2021

Webinar/Teleconference

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

Members Absent

Elizabeth Weber, M.D.

MDH Staff

Chris Ballard

Marty Forseth

Tim Held

Julie Hoffer

Tammy Peterson

Zora Radosevich

Gina Vue

Call to Order and Welcome

Dr. McGonigal called the meeting to order at 12:34 p.m. The STAC members and MDH Staff introduced themselves.

Approve Agenda and March 2, 2021 Minutes

Mr. Pahl moved to adopt the agenda and minutes as distributed; Dr. Lyng seconded. The motion carried by general consensus.

2022 STAC Meeting Dates

Dr. McGonigal announced the 2022 STAC meeting dates and inquired about any known conflicts with major conferences or meetings. Hearing none, **Mr. Pahl moved to adopt the dates; Ms. Bong seconded. The motion carried by general consensus.**

Staff Reports

Mr. Held reported:

- The state's incident command structure for the COVID-19 response is slowly being demobilized and restructured as the virus numbers wane and staff are being returned to their home agencies. The trauma system's epidemiologist has been released from her pandemic assignment and returned to her normal assignment.
- The trauma system's graduate student worker begins medical school soon, so we are in the process of replacing her.
- The proposed data use agreement sent to the Emergency Medical Services Regulatory Board (EMSRB) seeking a copy of the EMS data is still with the Board; we have not yet received a response. Dr. McGonigal inquired about the expected timeframe. Mr. Held indicated that he had expected a response two weeks ago. He will follow up again.

Mr. Ballard reported:

- Site visits will resume in the fall. In-person visits are planned but the system is prepared to conduct them remotely if necessary.
- The Strategic Initiatives Work Group met several times since March and anticipates having a final report at the September STAC meeting.
- *Trauma Program 101* is tentatively planned as an in-person class at the end of September. A remote alternative is being planned as a contingency if in-person gathering is not permitted.
- Towards Zero Deaths (TZD) is evaluating its organizational structure. Mr. Ballard encouraged everyone to contribute their thoughts and ideas by responding to a survey, to which there is a link from the trauma system website. He stressed the importance of emergency medical and trauma care TZD partners being well represented in the survey.

Emergency Medical Services Regulatory Board Update (EMSRB)

Dr. Burnett reported:

- The EMSRB offices are in the process of moving to a new location.
- He has no further information about the data use agreement that Mr. Held mentioned earlier. He expressed concerns about the delay, noting the need to be able to evaluate data longitudinally along the continuum of trauma care.

Mr. Ebling also expressed frustration about the long delay in negotiating a data use agreement, citing concerns about missing such a large amount of important trauma-related data. Dr. Burnett and Mr. Held provided a historical summary of the process thus far.

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

Dr. Klinkner reported:

- The spring COT meeting occurred recently.
- The new verification criteria are expected to be released in the fall. Site visits continue to be conducted remotely.

- The fall COT meeting will be conducted remotely this year.
- The ACS has released one-day and one-and-one-half-day Advanced Trauma Life Support (ATLS) hybrid courses. They have also released a virtual *Stop the Bleed* course to their website.
- The Region Five meeting will be hosted in Minneapolis on December 3rd. It will have a hybrid component; interested trauma program leaders can participate. It includes a presentation by Dr. Stephan Bonney about Trauma Informed Care.
- Those interested in attending the Maryland Point/Counter-point Acute Care Surgery Conference on June 10-11 can find information about it on the Maryland COT's website.
- The primary topic of the next Trauma Quality Improvement Program (TQIP) meeting will be adult spinal clearance.
- Dr. Klinkner will reach out to *Stop the Bleed* training sites to ascertain interest in additional bleeding control kits and ensure equitable distribution.

Applicant Review Committee Report (ARC)

Ms. Peterson reviewed the four hospitals recommended by the ARC for designation following extension of their original expiration dates:

- Madison Hospital
- Sanford Luverne Medical Center
- Meeker Memorial Hospital
- Windom Area Hospital

Ms. Bong recused herself from voting on Meeker Memorial Hospital and Mr. Ebeling recused himself from voting on Sanford Luverne Medical Center. **The ARC's recommendation served as the motion to recommend the hospitals for designation; the motion carried.**

Ms. Peterson reviewed the two hospitals recommended by the ARC for a six-month extension.

- Buffalo Hospital
- RiverView Health, Crookston

Dr. Lyng recused himself from voting on Buffalo Hospital. **The ARC's recommendation served as the motion to recommend the hospitals for extension of their current designations; the motion carried.**

Proposed Addition to Trauma Registry Dataset: Strategic Initiatives Work Group Preliminary Report

Mr. Ballard reported that the Strategic Initiatives Work Group recommends that the STAC consider collecting information about transfer delays through the trauma registry. The work group recognized that the trauma system lacks objective, quantifiable data about transfer delays, which they believe is necessary to guide future decision making. He reviewed their proposal to add five data elements along with suggested data dictionary definitions. Mr. Ballard further explained that this recommendation is being introduced ahead of the work group's formal report because changes to the 2022 trauma registry dataset must be finalized by mid-September.

Discussion ensued about philosophies and strategies for collecting objective data. Dr. Lyng encouraged data to be collected in real time to the degree possible and inquired broadly whether the work group should develop a model data collection tool for use in the emergency department. Ms. Flor explained that the work group strived to balance the need for objective data with the need to allow for subjectivity in hospitals' capabilities due to variability in resources and geography. Mr. Ballard noted that the system has traditionally considered some variability in data collection to be acceptable and necessary so that the data collection processes can be integrated with minimal disruption to emergency department operations. Dr. McGonigal suggested that additional education will need to be provided to help people provide the information sought.

Additional discussion ensued about whether information should be collected about all transfers, or only emergent transfers. Dr. Burnett suggested that it be limited to cases requested by the transferring physician as emergent with lights and siren. Ms. Flor suggested that the definition be aligned with the Level 4 Trauma Hospital performance metric, which requires a prompt transfer decision when a physiological trauma team activation criterion is met. Mr. Held recommended that the definition be defined as much as possible before the proposal is circulated for comment.

Dr. McGonigal suggested that the STAC take some time to work out the specific definition of the patient population affected, that the proposal be circulated for comments, and that this topic be carried over to the September meeting. There were no objections.

Update on System Performance Improvement (PI) Project: Level 4 Trauma Hospital PI Requirements

Mr. Ballard reviewed the trauma system's efforts to reduce the number of Level 3 and 4 Trauma Hospitals with designation extensions and related statistics. He highlighted the new educational curriculum currently in development to prepare Level 4 Trauma Hospitals for the new performance improvement (PI) requirements, citing the need to change our approach to address the realities of system resources, and an opportunity to scale the requirements to Level 4s' role in the trauma system. He stressed that while the PI methodologies are changing, the concepts of PI are not.

Dr. McGonigal commented that while he hasn't seen this model elsewhere, it does logically simplify the process for lower-volume hospitals, noting that capturing the right performance metrics is a key component. Ms. Flor expressed concern that the new methodology is inconsistent with TQIP processes and lowers the standard. Dr. McGonigal agreed that it is different but does not agree that it necessarily lowers the standard if the quality of the analysis is retained. Mr. Pahl stated that the past process was so arduous that it limited the impact of the work; he believes that simplification will yield greater gains. Dr. McGonigal indicated that a new process such as this requires its own PI.

Measuring Our Value

Dr. McGonigal reviewed the history of the trauma system's development and posed his ideas for next steps:

- Study the impact of the system
- Pursue initiatives that move the system's mission forward
- Secure sufficient funding for the system

He noted that legislative budget discussions will occur again in 2023, leaving little time for this work. He invited everyone to suggest ideas for measuring the impact of the trauma system. Ms. Smalley commented that morbidity and mortality data from the trauma registry is a good place to begin if the data can be leveraged for that purpose. Dr. McGonigal will speak with others before the next meeting and continue this discussion in September.

Open Floor

No issues.

Adjourn/Next Meeting

The next STAC meeting is Tuesday, September 14, 2021 from 12:30-2:30 p.m. The location is to be determined.

Mr. Pahl moved to adjourn the meeting; Mr. Ebeling seconded. The motion carried by unanimous consent.

Dr. McGonigal adjourned the meeting at 2:40 p.m.