

State Trauma Advisory Council

Minutes

September 14, 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.
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

Col. Matt Langer

MDH Staff

Chris Ballard
Marty Forseth

Tim Held
Tammy Peterson

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 June 8, 2021 Minutes

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

Staff Reports

Mr. Held reported that the Emergency Medical Services Regulatory Board (EMSRB) and MDH are close to an agreement on a data use agreement.

Mr. Ballard reported:

- In-person designation site visits have begun.
- Trauma Program 101 is canceled, but a modified, virtual performance improvement class for level 4 Trauma Hospitals will be held in its place on September 28.

- A new online trauma hospital designation application has been purchased to replace the current software. It is in the final stages of configuration, then will be tested with a few hospitals before being rolled-out later this year.
- Development of the nurse trauma education modules continues and is on schedule for release early in 2022. Dr. Klinkner, Dr. Gutzmer, Mr. Pahl, Ms. Flor, and Ms. Bong volunteered to review the beta version during development.

Emergency Medical Services Regulatory Board Update (EMSRB)

Dr. Burnett reported:

- The authorization by Commissioner Malcom permitting emergency medical technicians to administer COVID-19 vaccines will expire in September. Should a local or state public health emergency be declared, the Medical Director Standing Advisory Committee supports reauthorization of that permission.
- The Office of the Legislative Auditor is expected to publish two reports later this year; one about the EMSRB and the other about the emergency medical services system in Minnesota.

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

Dr. Klinkner reported:

- The Region Five meeting is tomorrow, September 15.
- The Committee on Trauma (COT) virtual meeting will be between October 19 and October 21.
- The Trauma Quality Improvement Program (TQIP) Conference is expected to occur November 15-17 when the adult spinal injury best practices update will be released.
- Site visits continue to be performed remotely.
- The Regions Five annual meeting will be hosted in Minnesota on December 3. It is offered both in-person and online and offers free continuing medical education.
- The National COT is seeking nominees for a new rural subcommittee, specifically rural EMS directors, emergency department physicians (particularly family medicine-boarded), advance practice providers, surgeons, and nurses from Level 3 and 4 Trauma Hospitals in Minnesota. Interested candidates should contact Dr. Klinkner or Mr. Ballard before September 24.

Applicant Review Committee Report (ARC)

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

- Mercy Hospital-Unity Campus, Fridley
- St. Francis Regional Medical Center, Shakopee
- Rainy Lake Medical Center

Dr. Drevlow and Dr. Nelson recused themselves from voting on St. Francis Medical Center and Mercy Hospital-Unity Campus. **The ARC's recommendation served as the motion to recommend the hospitals for designation; the motion carried.**

Ms. Peterson informed the Council that Winona Health self-reported that they are behind on their performance improvement activities and trauma registry case reporting. The hospital will be submitting monthly reports to staff. No action is needed.

Proposed Addition to Trauma Registry Dataset

Mr. Ballard reviewed the proposal to add five new data elements to the 2022 trauma registry dataset, which was introduced at the June STAC meeting. The proposal was circulated for public comment and two were received. The proposed data elements are:

1. Decision to Transfer from Emergency Department (ED) Date
2. Decision to Transfer from Emergency Department Time
3. Transfer Delay
4. Reasons for Transfer Delay
5. Other Reason for Transfer Delay

Ms. Bong asked for clarification about the definition of *Decision to Transfer from Emergency Department Time*, noting it could be subjective and that designation criteria already require Level 4 Trauma Hospitals to track the time transportation was ordered. Ms. Flor commented that this data will not be abstracted from the health record, so collection sources are likely to vary. Ms. Wilcox stated that hospitals following the National Trauma Data Standard collect the time discharge orders are written. Dr. Scott cautioned that a vague definition may preclude actionable data.

Dr. McGonigal suggested that the definitions may be imperfect to start but can be refined with experience. He further suggested that the STAC consider the proposal to collect the data points and then refine the definitions over the coming months.

Mr. Ebeling moved to adopt the five new proposed elements recommended by the Strategic Initiatives Work Group as required data elements in the 2022 trauma registry dataset. Mr. Breuer seconded; the motion carried.

Staff will assemble a stakeholder group to review the data definitions.

Strategic Initiatives Work Group Report

Mr. Ballard reviewed the Strategic Initiatives Work Group report, explaining that potential initiatives were ranked and described according to three characteristics: Significance, achievability and priority. Five initiatives were identified as highly significant, reasonably achievable and a high priority:

- Analyze Data to Identify and Address Issues in Trauma Care
- Benchmark Statewide System Performance
- Identify Clinical Practice Resources (e.g., practice management guidelines) For Doctors, Nurses and/or EMS Personnel
- Provide Standardized Orientation for Hospital Trauma Program Leaders—Program Managers and Medical Directors
- Increase the Capacity and Stability of the Medical Transportation System/Increase Availability of Transfer Resources

Dr. McGonigal acknowledged the significant contribution of the work group members and opened the floor for discussion. Ms. Flor indicated her desire to see improved orientation for trauma program leaders prioritized. The rural Trauma Outcomes and Performance Improvement Course (TOPIC) was debated as one possible resource.

Dr. McGonigal will recruit individuals to lead some of these initiatives in the coming weeks.

Measuring Trauma System Progress

Mr. Ballard explained the trauma system's intention to demonstrate to the legislature during their 2023 session that the system's initiatives have saved lives and/or money and need additional funding to continue advancing those initiatives. Evidence of the trauma system's progress should be ready for vetting through executive branch channels by July 1, 2022. He summarized activities undertaken to measure progress thus far:

- Mr. Tanmay Mishra, dental graduate student, conducted a literature search on measures of trauma system performance.
- Staff are working to measure emergency department dwell times for transferred trauma patients before and after system implementation.

Dr. McGonigal expressed the importance of this effort, noting that our current data sources do not include direct financial measures, but surrogate measures of cost savings might be used. He opened the floor to ideas to measure the system's progress. Dr. Klinkner suggested that measuring changes in the use of blood products might highlight the transition to a more organized and coordinated approach to trauma care. Mr. Held suggested selecting a measure related to over and under-triage, which can be a surrogate for both cost and quality. Ms. Flor wondered if national data sources, such as TQIP, might contain some useful benchmarks.

Dr. McGonigal wondered if it is time to identify and engage the assistance of clinical researchers within the trauma system to assist with this initiative. He will reach out to some potential candidates and start the conversation.

Open Floor

Ms. Flor reflected on the Trauma Program Managers Networking Meeting that occurred before the STAC meeting, noting that at least half of the program managers feel overwhelmed by the compounding of duties resulting from the pandemic and that their efforts to manage and prioritize their trauma programs are often under-appreciated within their hospitals. Ms. Talley echoed Ms. Flor's remarks, expressing that it is important that the STAC is aware of the stresses caused by the pandemic and staffing shortages. Ms. Peterson reported that an informal poll at during the Networking Meeting revealed that 30-40 percent of Level 3 and 4 Trauma Hospitals struggle to meet the designation criteria in the current environment.

Adjourn/Next Meeting

The next STAC meeting is Tuesday, December 7, 2021 from 12:30-2:30 p.m. The location is to be determined.

Dr. Drevlow moved to adjourn the meeting; Ms. Bong seconded. The motion carried by unanimous consent.

Dr. McGonigal adjourned the meeting at 2:24 p.m.