

State Trauma Advisory Council

Minutes

December 7, 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.

Thomas Pahl, PA-C

Elizabeth Weber, M.D.

Members Absent

Col. Matt Langer

Kyle Nelson, 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 12:40 p.m. The STAC members and MDH Staff introduced themselves.

Approve Agenda and September 14, 2021 Minutes

Ms. Bong moved to adopt the agenda and minutes as distributed; Dr. Burnett seconded. The motion carried by general consensus.

Staff Reports

Mr. Held reported

- MDH and the Emergency Medical Services Regulatory Board (EMSRB) are close to a deal on the data use agreement. It is expected to be ready for the EMSRB's consideration at their meeting in January.
- A new student worker is expected to be hired in the spring to assist with data analysis.

Mr. Forseth announced that he will retire on January 4. He will continue to work part-time with the trauma system through the spring.

Mr. Ballard reported:

- The e-learning modules for nurses anticipated for release first quarter of 2022 has been delayed until the second quarter.
- Testing of the new online trauma hospital designation application is approaching completion. Three hospitals testing the hospital-facing software have successfully submitted applications. Testing of the MDH workflow is underway.

Emergency Medical Services Regulatory Board Update (EMSRB)

Dr. Burnett reported that ambulance diversions at the request of emergency departments due to high census have been increasing and are no longer effective. East metro ambulance services plan to stop honoring diversion requests beginning on January 4, 2022. West metro ambulance services are expected to follow suit, as are some non-metro ambulance services.

After some discussion, **Dr. Drevlow moved to adopt this statement:**

The STAC shares the EMS Regulatory Board's concern about the increasing numbers of emergency diversion of ambulances statewide. The STAC supports the efforts of the east metro EMS system to abolish the practice of diverting ambulances except in cases of catastrophic infrastructure failures.

Mr. Pahl seconded; the motion carried.

Mr. Held noted that staff will inform the RTACs and MDH hospital preparedness staff.

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

Dr. Klinkner reported:

- An adult spine practice management guideline was released in November at the Trauma Quality Improvement Program (TQIP) conference. Next, TQIP will focus on geriatric injuries and traumatic brain injuries.
- The ACS and Pediatric Trauma Society are connecting mentors with mentees at Level 1, 2, and 3 trauma centers. Minnesota trauma program leaders may find a similar mentorship program to be valuable and she suggested assessing the need for a mentorship program in this state.
- Minnesota hosted the ACS-COT Region Five meeting this year, which was well attended. A recording of the sessions will be posted on their website through January 2022.
- Seattle will host the Spring COT in March when the new Level 1 and 2 ACS trauma center verification criteria are expected to be released.

- The MN COT anticipates sending a survey to rural trauma hospitals to assess the demand for trauma education so that grant funds can be more effectively targeted to the need.

Dr. Lyng noted that the ACS along with many partners, including the Standards and Practices Committee of the National Association of EMS Physicians, are expected to publish new emergency medical services (EMS) trauma field triage recommendations soon. He recommends that the STAC review them when they are released.

Measuring Trauma System Progress

Dr. McGonigal reviewed the results of his research into how other trauma systems have measured their progress and some options for the Minnesota trauma system to consider.

Ms. Flor remarked that individual patients' experiences with the trauma system cannot be sufficiently represented in the data but represent an intangible value that is an important component of the message. She suggested asking rural hospitals to help identify patients' stories because those patients are well known to the hospital staff in their communities. Dr. McGonigal echoed her remarks.

Mr. Pahl commented that, in his experiences, emergency department lengths of stay have decreased substantially and likely have across the state, representing an important metric to include.

Dr. McGonigal commended the findings to MDH staff for action as resources allow.

Strategic Initiatives

Dr. McGonigal reviewed the five highest-priority initiatives as identified by the Strategic Initiatives Work Group and invited STAC member to recommend one for immediate action. Ms. Flor and Ms. Bong suggested *Provide Standardized Orientation for Hospital Trauma Program Leaders—Program Managers and Medical Directors*. There was general agreement. Ms. Flor and Ms. Bong agreed to jointly lead a work group. Several audience members volunteered to participate.

Applicant Review Committee Report (ARC)

Ms. Peterson reviewed the three hospitals recommended by the ARC for designation:

- Level 3: M Health Fairview Ridges Hospital, Burnsville
- Level 4: Buffalo Hospital, CentraCare Melrose, Essentia Health Virginia, Mayo Clinic Health System – St. James, Ridgeview Medical Center, Waconia

Ms. Bong recused herself from voting on CentraCare Melrose. Dr. Drevlow recused herself from voting on Buffalo Hospital. Mr. Ebeling recused himself from voting on Essentia Health Virginia. Ms. Flor and Dr. Klinkner recused themselves from voting on Mayo Clinic Health System – St. James. **The ARC's recommendation served as the motion to recommend the hospitals for designation; the motion carried.**

Ms. Peterson then reviewed the hospitals recommended by the ARC for a 12-month extension of their current designation due to a deficiency:

- Level 3: Sanford Worthington Medical Center
- Level 4: Essentia Health – Deer River, Fairview Range Medical Center, Hibbing, RiverView Health, Crookston

Mr. Ebeling recused himself from voting on Sanford Worthington Medical Center. **The ARC's recommendation served as the motion to recommend the hospitals for extension; the motion carried.**

Ms. Peterson reviewed the hospitals recommended by the ARC for an extension due to administrative reasons:

- Level 3: Lake Region HealthCare, Fergus Falls
- Level 4: Essentia Health Moose Lake, Olmsted Medical Center

Dr. Gutzmer recused herself from voting on Fergus Falls. **The ARC's recommendation served as the motion to recommend the hospitals for extension; the motion carried.**

Level 3 and 4 Trauma Hospital Designation Criteria

Mr. Ballard reviewed the proposed temporary modifications to the L3 and L4 criteria through 2022 to mitigate the stress on the health care system from the pandemic. Dr. McGonigal noted that the modifications currently in effect are set to expire at the end of 2021.

Mr. Ballard highlighted a new temporary clause proposed to Section 10.1 of the Level 4 Trauma Hospital Designation Criteria:

Patients that cannot be transferred may be admitted after consultation with an emergency physician or trauma-trained general surgeon at the referral hospital.

He also noted that Section 27.1 of the Level 3 Trauma Hospital Designation Criteria, which requires Regional Trauma Advisory Committee participation, is not being recommended for continued suspension.

Ms. Bong expressed concern that clinicians still struggle to meet the trauma training requirements due to demands on their time for patient care.

Dr. Lyng moved to extend the current modifications to the Level 4 Trauma Hospital Designation Criteria and to include the new clause in Section 10.1 until January 1, 2023. He further moved to extend the current modifications to the Level 3 Trauma Hospital Designation Criteria except for Section 27.1 until January 1, 2023. Ms. Flor seconded; the motion carried.

Transfer Delay Data Definitions

Mr. Ballard reviewed the proposed definitions to the five new data elements to the 2022 trauma registry dataset, which were adopted at the September STAC meeting. The proposal was circulated for public comment and two were received.

Ms. Bong questioned the value of collecting a data element for which the definition is prone to subjectivity, particularly referring to the *Decision to Transfer from Emergency Department Time* data element. Dr. McGonigal acknowledged the challenge but noted that sometimes we need to start with a definition and refine it with experience. Ms. Flor echoed his comments, noting that the work group that developed the recommendation wrestled with the same concerns but ultimately found value in the effort.

Hearing no objections, Dr. McGonigal instructed staff to move ahead with the definitions.

Open Floor

Open floor was deferred in the interest of time.

Adjourn/Next Meeting

Mr. Ebeling moved to adjourn; Ms. Bong seconded; the motion carried by general consensus at 2:56 p.m.

The next STAC meeting is Tuesday, March 1, 2022 from 12:30-3:30 p.m. The location is to be determined.