MINNESOTA
STATEWIDE TRAUMA SYSTEM

e-Trauma Update

January 2022

Modifications to Level 3 and 4 Trauma Hospital Designation Criteria Extended

At their December 7 meeting, the State Trauma Advisory Council (STAC) continued most of the temporary modifications to the Level 3 and 4 Trauma Hospital designation criteria that were initially adopted in April 2020. The temporary modifications were adopted to alleviate some of the demands on hospitals' health care workforce during the COVID-19 pandemic but were set to expire on January 1, 2022.

All but one of the original modifications were extended **through the end of 2022** and one new temporary modification was added:

- **Ended**: Criterion 27.1 of the Level 3 Trauma Hospital Designation Criteria that requires participation in the Regional Trauma Advisory Committee (RTAC) had been suspended under the original modifications, but that suspension was not continued into 2022.
- **New**: Criterion 10.1 of the Level 4 Trauma Hospital Designation Criteria that lists the trauma patients that can be considered for admission was modified to permit admission of other trauma patients that cannot be transferred after consultation with a referral facility.

Although the temporary suspension of trauma training requirements such as Advanced Trauma Life Support (ATLS), Comprehensive Advanced Life Support (CALS), and Trauma Nurse Core Course (TNCC) was extended through 2022, clinicians **should not wait to schedule their trauma training**. Demand for these courses is expected to be higher and class sizes smaller than usual.

Important clarification: Physicians, surgeons, and advance practice providers should not rely on extensions to effective dates offered by certifying bodies. These external accommodations do not apply to the requirements of the statewide trauma system. The trauma system does not rely on expiration dates, *but rather requires training to be completed every four years*. On January 1, 2023, those who are required to complete an ATLS or CALS course must have done so within the preceding four years.

Most designation criteria remain in place. Visit the trauma system website to download the temporary trauma hospital designation criteria. Leaders of hospital trauma programs should contact the designation coordinator to discuss strategies for meeting the designation criteria requirements during this time of changing resource allocation.

Central and Metro Regions Ambulance Diversion Policies Ended on January 3, 2022

Traditionally, Minnesota ambulance services have honored hospitals' requests to divert ambulance patients from their preferred emergency department to another when that emergency department was unusually busy, understaffed, or the in-patient census was high.

Diverting ambulances has been an effective tool when emergency departments were *periodically* over-burdened. But today, emergency departments are *consistently* over-burdened. And when an over-burdened hospital closes to ambulances, patient volumes increase at other busy hospitals. Patients spend more time on the road and EMS crews spend more time out of service. The result is that diverting ambulances to manage the demand on emergency departments has become ineffective and can be detrimental to patients.. At the request of the State EMS Medical Director, the State Trauma Advisory Council (STAC) made the following statement at their December 7 meeting. (At the time, only the east metro EMS system had acted on the issue.)

> *The State Trauma Advisory Council (STAC) shares the EMS Regulatory Board's concern about the increasing numbers of emergency department 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.*

Beginning on January 3, 2022, Central and Metro Region ambulance services will no longer honor requests to divert patients to another hospital due to a staffing or census issue, except for obstetrics. They will continue to honor requests to divert patients due to an infrastructure failure. Questions about ambulance diversion can be directed to the Emergency Medical Services Regulatory Board, emsrb@state.mn.us or 651-201-2800.

Strategic initiatives work group forming

Dr. Michael McGonigal, Chairman of the STAC, announced his intention to appoint a work group to develop the STAC's priority initiative:

Provide Standardized Orientation for Hospital Trauma Program Leaders—Program Managers and Medical Directors

The Council chose the initiative from a list of possible projects proposed by the Strategic Initiatives Work Group in its report published in September. It was prioritized because Level 3 and 4 Trauma Hospital program managers and medical directors require unique knowledge to lead their hospitals' trauma programs that is not intuitive, and educational resources are not widely available. Hospital trauma programs also experience frequent turnover of these important positions, which compounds an already challenging situation.

The work group will have broad discretion in developing resources to support trauma program leaders which may include mentorship programs and advanced training courses for experienced trauma program leaders.

Contact the trauma system coordinator to join the work group. Meetings will be held remotely on a schedule to be determined by the participants.

2022 Data Dictionary Released

The 2022 MNTrauma Data Dictionary was recently published. It defines each of the data elements and their associated value options that are recorded in the trauma registry and the traumatic brain injury/spinal cord injury registry. The dictionary plays an important role in contributing to a reliable and accurate dataset by helping registrars to understand precisely what information is sought by any given data field.

This year's release includes five new data elements that were added to the 2022 trauma registry data set to collect information about factors that contribute to time delays when transferring trauma patients from one hospital to another. Trauma hospitals should ensure they have a mechanism to collect these new data:

- Decision to Transfer Date
- Decision to Transfer Time
- Transfer Delay (Yes/No)
- Reason(s) for Transfer Delay
- Other Reason for Transfer Delay (if not listed)

Download your copy of the 2022 MNTrauma Data Dictionary from the trauma system website.

DEPARTMENT OF HEALTH