

State Trauma Advisory Council

Emergency Meeting

April 22, 2020

1:00 p.m. - 3:00 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

Michael McGonigal, M.D.

John Lyng, M.D.

Kyle Nelson, M.D.

Thomas Pahl, PA-C

Elizabeth Weber, M.D.

Members Absent

Steven Lockman, M.D.

MDH Staff

Chris Ballard

Marty Forseth

Mark Kinde

Tammy Peterson

Zora Radosevich

Gina Vue

MDH Staff Absent

Tim Held

Call to Order and Welcome

Mr. Breuer called the meeting to order at 1:03 p.m.

Staff Reports

Mr. Ballard reported:

- Re-designation site visits have been deferred with two exceptions: CHI St. Joseph's Health and Sanford Bagley Medical Center site visits will be performed remotely. Focused site visits to verify compliance with a previously-identified deficiency will continue, but will be conducted remotely.

- MDH’s response to public health emergency is the department's first priority right now. All trauma system staff have been re-assigned to other duties either part-time or full-time. As such, staff have limited capability to fulfill their usual trauma system duties.

Ms. Radosevich reported that the Office of Rural Health and Primary Care grant team is in the second week of reviewing applications and making award recommendations for the \$150 million COVID-19 Health Care Response grant. Applications are being reviewed as they are received. Grants will be awarded until the fund is exhausted.

Emergency Medical Services Regulatory Board Update (EMSRB)

Dr. Burnette reviewed EMS response and transport statistics since the beginning of the year. He noted that the EMS system in MN is experiencing a significant decrease in call volumes; but that is not to say that the EMS system is not stressed. Motor vehicle crashes are down 29 percent compared to last year.

He also noted that several EMS-related regulations were suspended upon the governor’s emergency declaration. The EMS system is operating in contingency mode right now.

Dr. Burnette reported that EMS agencies have reported a 60 percent increase in “influenza-like illness” which, in the setting of decreasing influenza rates statewide, likely indicates patients with coronavirus.

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

Dr. Klinkner reported:

- The ACS has been providing guidance about the management of surgical and trauma care operations during the pandemic. Dr. Hick from Hennepin Healthcare will be one of the featured speakers during an informational meeting on April 24.
- The ACS deferred reverification site visits for one year and extended hospitals’ verification period from three years to four.
- The Advanced Trauma Life Support (ATLS) certification period has been extended for those holding a current card. The ACS is also offering a free, basic version of ATLS for those who have not taken the course previously but may be called upon to provide trauma care.

Recommendations for Temporary Delay, Waiver or Modification of Level 3 & 4 Trauma Hospital Designation Criteria

Mr. Ballard reported that trauma system staff have recommended that Commissioner Malcolm extend each hospital’s trauma designation by one year under the authority granted her by Executive Order #20-32. The commissioner has not yet acted on the recommendation. The State Trauma Advisory Council (STAC) may also recommend temporary modifications to the Level 3 and Level 4 Trauma Hospital Designation Criteria that reduce requirements during the pandemic. He noted that the challenge before the STAC is to strike a balance between the need

to focus health care resources on the pandemic and the need to continue providing high-quality trauma care at a time when hospitals' trauma program staff are being furloughed and assigned additional duties, and MDH staff are being reassigned to different responsibilities.

Mr. Ballard presented staff's suggested modifications to the designation criteria.

Dr. McGonigal shared his strategy for discerning questions such as this, noting that he prioritizes decision making around the well-being of the trauma patient first, followed by the well-being of the trauma care staff, the well-being of the trauma system, and finally the well-being of the hospital. He indicated his reluctance to reduce performance improvement requirements.

The Council reviewed and discussed each recommendation.

In the Level 3 Trauma Hospital Designation Criteria, Dr. Drevlow suggested suspending Section 3.3 to offer flexibility in staffing. Dr. Lyng dissented, noting that the trauma program manager is an essential role. Dr. McGonigal stated that the current language allowed for flexibility. Ms. Bong shared her concern that suspending the criterion could result in no FTE being provided for the role.

Dr. Gutzmer raised the concern that her organization may not be able to meet the requirements of Sections 7.2 and 7.3 in the event of a significant surge of patients. Dr. McGonigal suggested that reviewers are likely to consider the circumstances that existed at the time. Dr. Lyng encouraged hospitals to document those circumstances.

Dr. Lyng suggested that Section 13.1 be retained in order to ensure access to O-negative blood. There was general agreement that the criterion should be modified to allow for the use of O-positive blood.

There was some discussion about the suspension of the training requirements in Sections 17-19 due to the cancellation of courses. Dr. Klinkner reminded members of the American College of Surgeons' online, basic version of ATLS. There was consensus to support the suspension in its current form for ATLS and all other training requirements in criteria.

Dr. Drevlow suggested expanding the maximum periods for primary and secondary performance improvement review indicated in Sections 22.4 and 22.5. There was consensus around extending the maximum period for primary review to six weeks and secondary review to two months.

There was general agreement to retain the balance of the requirements of Sections 22-25. There was also agreement to suspend the requirements in Sections 27-28 through April 1, 2021.

In the Level 4 Trauma Hospital Designation Criteria, the Council adopted the same recommendations as those in the Level 3 criteria where the criteria are comparable.

There was consensus around extending the maximum time for trauma registry submission to 120 days. This would also apply to the Level 3 criteria.

Mr. Ebeling moved to recommend that the Level 3 Trauma Hospital Designation Criteria be temporarily modified as documented and recorded during the meeting; Dr. McGonigal seconded. The motion carried with no one dissenting.

Ms. Bong moved to recommend that the Level 4 Trauma Hospital Designation Criteria be temporarily modified as documented and recorded during the meeting; Dr. Lyng seconded. The motion carried with no one dissenting.

Open Floor

No issues.

Adjourn/Next Meeting

The next STAC meeting is Tuesday, June 2, 2020 from 12:30-3:30 p.m., location to be determined. **Mr. Ebeling moved to adjourn; Dr. Lyng seconded. The motion carried by unanimous consent.**

Mr. Breuer adjourned the meeting at 3:06 p.m.