

# Minnesota Trauma System Development and Performance Improvement



# Minnesota's Trauma Designation System

2003: Trauma system committee appointed by Commissioner of Health

2005: Enabling legislation enacted Trauma System into law

2007: ACS Committee on Trauma comprehensive review

Joint Policy Committee formed by EMSRB, STAC, and MDH to analyze review findings

Current:

- 9 Level I & II
- 33 Level III (5 CAH)
- 82 Level IV (70 CAH)



# Trauma System Structure

- Housed at MDH
- State Trauma Advisory Council (STAC)  
Implement, update, adapt & modify criteria
- 6 Regional Trauma Advisory Committees (RTAC)  
Make recommendations to STAC for regional modifications to statewide criteria to accommodate specific regional needs
- Trauma Registry  
Web-based, encrypted data collection tool used by designated hospitals to submit trauma data to MDH



# Triage & Transportation Guidelines



- All ambulance services must develop trauma triage and transport guidelines meeting minimum standard
- Trauma triage and transport guidelines direct trauma patients to appropriate facility
- Criteria based on CDC guidelines

# System Performance Improvement

- 2009: Contract with the Trauma Center Association of America (TCAA) to develop a comprehensive and scalable model PI plan
- Used by STAC to develop PI plan and establish regional priorities
- Contains metrics to conduct PI at state, regional and local levels



# Hospital Performance Improvement

- All system hospitals systematically and critically scrutinize their trauma care
  - Fosters competent, current clinicians
  - Measures performance
  - Reduces variations in care
  - Validates care



# Lessons Learned

- ACS criteria needed adaptation for Levels III and IV
  - Level I and II have many resources in-house; therefore, conservative activation indicators
  - Level III and IV have fewer resources in-house; therefore broader activation indicators
- Result: revised list of indicators for III and IV



# Lessons Learned

ACS Indicators have some ambiguity

E.g., what is a “severe ortho injury?”



Result: Mn Trauma system indicators give clear definitions.



# Trauma System Key Challenges

- Financial Support
- Support for Training



# Flex Program Support

- Financial support to:
  - Trauma System Training Seminars
  - CAH
  - EMS
  - RTAC
  - CALS: partial tuition costs for CAH staff
  - MN ACS Committee on Trauma: ATLS courses at rural sites



# Flex Program Support

- Collaboration and TA
  - Facilitate communications among CAH, EMS , CALS, MN COT and Trauma System: newsletter, mass email, Flex Advisory Committee
  - Meet regularly with Trauma System staff
  - Participate on CALS Conference Planning Advisory Committee
  - Include Trauma System relevant topics at annual MN Rural Health Conference
  - TA: programmatic, financial, resource ID



# Minnesota Statewide Trauma System Website

<http://www.health.state.mn.us/traumasystem/>



Judy Bergh, Minnesota Flex Program Coordinator

[judith.bergh@state.mn.us](mailto:judith.bergh@state.mn.us)

## Special Thanks to:

Chris Ballard, Minnesota Statewide Trauma System Coordinator

[chris.ballard@state.mn.us](mailto:chris.ballard@state.mn.us)

