Minnesota Trauma System Development and Performance Improvement
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
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