



**MINNESOTA METROPOLITAN REGIONAL
TRAUMA ADVISORY COMMITTEE
MEETING AGENDA –**

Metropolitan Emergency Services Board
2099 University Ave West, St Paul
May 25, 2023, 7:00 a.m.

1. **Call to Order** – Committee Chair, Dr. Jonathan Gipson
2. **Approval of Agenda** – Dr. Gipson
3. **Approval of March 23, 2023 MMRTAC Minutes (Page 3)** – Dr. Gipson
4. **Old Business**
 - A. STAC Update – Chris Ballard
5. **New Business**
 - A. Dr. David Larson Retirement- Replacement Nomination for Dr. Greg Peterson to represent the Emergency Physicians.
 - B. National Guideline for the Field Triage of Injured Patients (**Page 8**)
6. **Updates**
 - A. 2023 Goals
 - a. Pediatric and Geriatric resources workgroups
 - b. Stop the Bleed In Schools Training
 - c. 2023 MN State Fair Booth
 - d. EMS to ED Handoff- MIST format
 - B. Local Updates – Hospitals, System, EMS
 - C. Peds workgroup
 - D. Geriatric workgroup
7. **Adjourn**

2023 MMRTAC Meetings:

August 24th
November 23rd-need to change

2023 STAC Meetings ([STAC Web Site](#)):

June 6
September 12
December 5



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MEETING AGENDA –**

Metropolitan Emergency Services Board
2099 University Ave West, St Paul
May 25, 2023, 7:00 a.m.

Minnesota Metropolitan Regional Trauma Advisory Committee Members:

Trauma Surgeon – Level I

Jonathan C. Gipson, MD (2022 Chair)
Uroghupatei Iyegha, MD
Chad J. Richardson, MD

Trauma Program Manager – Level I

Sherrie Murphy, RN

Trauma Surgeon – Level II

John McCormick-Deaton, MD

Trauma Program Manager – Level II

Tammy Gallagher, RN

Trauma Program Manager – Level III

Laura Anderson

Trauma Program Manager – Level IV

Dawn Rolling, RN

Process Improvement Specialist

Cori Sybrant, RN

EMS Representative – MREMSS

Tom Edminson, NRP

EMS Medical Directors

East – Bjorn Peterson, MD

West – Charles Lick, MD

Pediatric Trauma Specialist

Nathan Kreykes, MD

Trauma Surgeon – MN ACS-COT

Brian Myer, MD

Emergency Physician – ACEP

David Larson, MD

MESB EMS Coordinator

Greg Hayes, NREMT

**Minnesota Metropolitan Regional Trauma Advisory
Committee MMRTAC
March 23, 2023**

Attendance

Chris Ballard, Mike Doring, Tammi Gallagher, Jon Gipson, Linda Myer, Sherrie Murphy, Dawn Roling, Corrie Sybrant, Laura Anderson, John McCormick-Dean, Melanie Smalley, Rachelle Damle, Emily Fofana, Rachelle Payne, Shannon Lee, Sherri Murphy, Charlie Lick, Mary Kay Kaiser

Others Present

Greg Hayes

1. Call to order

Dr. Gipson, Chair called meeting to order. 7:02

2. Approval of Agenda/Minutes

There was an approval by Sherri Murphy and a Second was by Dr Gipson,

3. Old Business

A. MMRTAC Trauma Level III Program Manager Position Open

Laura Anderson is in the role.

1. STAC Update

Chris Ballard said the STAC said that he was not at the last STAC meeting so report was second hand and based on planned agenda. There was no major update or major issues. There trauma guidelines are being reviewed. Minnesota's procedures for trauma assessment meets standards and is ahead of others. A Workgroup is looking at Level IV trauma centers and potential admission criteria expansion to confront current reality that many Level I and II trauma centers are unable to accept transfers due to current patient loads and bed availability. Due to resource concerns multiple smaller Level IV centers have stated intention do drop state trauma verification, unclear of how this will impact the care of trauma patients at this time but is a concern of the STAC.

2. MMRTAC at 2022 Minnesota State Fair August 26th update

Greg Hayes said overall, Stop the Bleed at the 2022 MN State Fair was successful, with lots of interest from fair goers. For 2023, we have been told that MMRTAC can have a booth for Stop the Bleed initiative. Looking for ideas as to giveaways or games related to stop the bleed education. Idea to display a sample "stop the bleed home kit". All MMRTAC members asked to come up with creative ideas to make the 2023 MN State Fair STB booth interactive, fun and educational.

5. New Business

A. Stop the Bleed (STB) in Schools

Discussion about STB in schools and how to bring the education to students and staff. Many ideas on who to talk with in relation to connecting with the schools. North Memorial is starting a pilot program where it will teach STB in the context of a health education class for Osseo. The U of M will be doing STB education through Public Health Emergency Management. **Dr. Gipson asked that all trauma programs providing STB education email him and Greg Hayes of any STB education given in 2022 and 2023 so that he can update the STAC on MMRTAC outreach campaigns.** Goal is also to compile a shared list for MMRTAC members' STB programs that can be shared in the community as a resource that could be handed out at community events by individual centers and promote STB opportunities.

The idea is to utilize the county Emergency Managers to connect with the school district and communicate the need. Additionally the local Sheriffs or Police department will have connections.

A discussion on the current need for Doctors, Medical Directors and MMRTAC members need to set the expectations for act of violence incidents as Public Safety officials are directed to ensure a rapid transport of patients to the trauma system.

C. Set 2023 Goals

- Continue Pediatric and Geriatric resources workgroups

- Continue STB MN State Fair Outreach

- EMS to ED Handoff- MIST format- not discussed – hold for next meeting

- STB Schools- centers continuing independent outreach and sharing success

6. Updates

A. Local Updates – Hospitals, System, EMS

Hospitals discussed patient levels and challenges related to bed availability throughout the system.

Update on the EMS Legislative initiatives and funding was given. The Metro Region is seeing the same base funding as FY22-23. EMS Regions are pushing for additional funding to support current programming / training. The MMRTAC is not funded however, the Metro Region EMS funding is able to support what is needed. EMS agencies are preparing for event season. One is being held in Minneapolis the 3rd weekend of June 23-25 in which the Pride Festival, a food festival and the Taylor Swift show are all occurring. The expected crowds downtown are estimated to be greater than Super Bowl 52.

B. Peds Workgroup

The Peds Knowledge Asset is on the MMRTAC website.

Continues to meet to develop additional assets based on body system, identifying and managing injury

C. Geriatric Workgroup

Meets tomorrow 3/24/23 – and monthly- Work being done to share current and develop new knowledge assets (similar to pediatric workgroup) for managing the injured geriatric patient- special attention to delirium, depression, dementia as required by the new ACS “Grey Book “- Resources for Optimal Care of the Injured Patient

Next meeting: June 6, 2023

Adjournment at 9:00 a.m.

National Guideline for the Field Triage of Injured Patients

RED CRITERIA

High Risk for Serious Injury

Injury Patterns

- Penetrating injuries to head, neck, torso, and proximal extremities
- Skull deformity, suspected skull fracture
- Suspected spinal injury with new motor or sensory loss
- Chest wall instability, deformity, or suspected flail chest
- Suspected pelvic fracture
- Suspected fracture of two or more proximal long bones
- Crushed, degloved, mangled, or pulseless extremity
- Amputation proximal to wrist or ankle
- Active bleeding requiring a tourniquet or wound packing with continuous pressure

Mental Status & Vital Signs

All Patients

- Unable to follow commands (motor GCS < 6)
- RR < 10 or > 29 breaths/min
- Respiratory distress or need for respiratory support
- Room-air pulse oximetry < 90%

Age 0–9 years

- SBP < 70mm Hg + (2 x age in years)

Age 10–64 years

- SBP < 90 mmHg or
- HR > SBP

Age ≥ 65 years

- SBP < 110 mmHg or
- HR > SBP

Patients meeting any one of the above RED criteria should be transported to the highest-level trauma center available within the geographic constraints of the regional trauma system

YELLOW CRITERIA

Moderate Risk for Serious Injury

Mechanism of Injury

- High-Risk Auto Crash
 - Partial or complete ejection
 - Significant intrusion (including roof)
 - >12 inches occupant site OR
 - >18 inches any site OR
 - Need for extrication for entrapped patient
 - Death in passenger compartment
 - Child (age 0–9 years) unrestrained or in unsecured child safety seat
 - Vehicle telemetry data consistent with severe injury
- Rider separated from transport vehicle with significant impact (eg, motorcycle, ATV, horse, etc.)
- Pedestrian/bicycle rider thrown, run over, or with significant impact
- Fall from height > 10 feet (all ages)

EMS Judgment

Consider risk factors, including:

- Low-level falls in young children (age ≤ 5 years) or older adults (age ≥ 65 years) with significant head impact
- Anticoagulant use
- Suspicion of child abuse
- Special, high-resource healthcare needs
- Pregnancy > 20 weeks
- Burns in conjunction with trauma
- Children should be triaged preferentially to pediatric capable centers

If concerned, take to a trauma center

Patients meeting any one of the YELLOW CRITERIA WHO DO NOT MEET RED CRITERIA should be preferentially transported to a trauma center, as available within the geographic constraints of the regional trauma system (need not be the highest-level trauma center)