



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

Metropolitan Emergency Services Board
2099 University Ave West, St Paul
November 16, 2023, 7:00 a.m.

- 1) **Call to Order** – Committee Chair, Dr. Jonathan Gipson
- 2) **Roll Call**- Dr. Gipson
- 3) **Approval of Agenda** – Dr. Gipson
- 4) **Approval of August 23, 2023 MMRTAC Minutes (Page 4)** – Dr. Gipson
- 5) **Old Business**
- 6) **New Business**
 - A) MMRTAC Applications for appointments- **(Page 8)**
 - B) Regional Replantation Contingency Plan- **(Page 10)**
 - C) Metro Region Incident Response Plan- **(Page 11)**
 - D) 2024 goals/projects
- 7) **Updates**
 - A) STAC Update
 - B) Stop the Bleed at the Fair review.
 - C) Peds workgroup
 - D) Geriatric workgroup-TQIP oral presentation
 - E) Stop the Bleed In Schools Training
 - F) EMS to ED Handoff- MIST format
- 8) **Local Updates** – Hospitals, System, EMS
- 9) **Team Picture**-will be used for TQIP presentation
- 10) **Adjourn**



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2024 MMRTAC Meetings:

February 22
May 23
August 22
November 21

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

March 5
June 4
September 10
December 3



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Minnesota Metropolitan Regional Trauma Advisory Committee Members:

Trauma Surgeon – Level I

Jonathan C. Gipson, MD (2022-2023 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
August 24, 2023**

Attendance

Heidi Altamirane, Chris Ballard, Rachelle Damle, Jennifer Deisler, Michael Doering, Maeve Dwyer, Jonathan Gipson, Uroghupatei Iyegha, Mary Kay Kaiser, Kim Killian, Nathan Kreykes, Shannon Lee, Linda Meier, Linday Miller, Sherrie Murphy, Shannon Olsen, Rachel Payne, Lisa Pearson, Bjorn Peterson, Laura Plasencia, Melanie Smalley, Cori Sybrant, Robin Talley, Tanda Towkley

Others Present

Greg Hayes
Jacob Kallenbach

1. Call to order

Dr. Gipson, Chair called the meeting to order at 7:03.

2. Approval of Agenda

Move for an approval by Damle, followed with a Second by Peterson.

3. Approval of May 25, 2023 MMRTAC Minutes

Move for an approval by Damle, followed with a Second by Peterson.

4. Old Business

a. STAC Update

STAC Met in June. Chris gave a short update of the meeting and recognition of a long time Physician who served the STAC.

STAC meeting is moving to a new location in Shoreview. All the dates for the meetings are on the STAC web site. Sept 12th is the next meeting.

Legislative session update. \$1 million was added to funding for the trauma program in the state. A 3rd designation coordinator was funded as well as an epidemiologist. The goal is to have the new coordinator in September.

Update on the Commissioner appointments to the STAC.

EMSRB has a committee called the DIPSAC. They are looking to have EMS complete a form that would give the MD/ RN information when the PCR is not

available.

New EMS Field Triage guidelines on the STAC web site. Fully approved by the STAC and EMSRB.

Chris mentioned his retirement in September, and that this will be his last meeting. The system continues to be stressed. Could look into load leveling within the system related to trauma, particularly the replantations

5. New Business

a. Regional Document and Transfer process for replantation

Discussion of the new Grey Book requirement took place. This would focus on replantation to ensure the metro systems are supporting each other. The consensus was that should be an easy language change into a document that reflects the current practice. This mostly affects the Level 1 & 2 hospitals.

Dr Gipson outlined a process and a document for future approval from the MMRTAC.

b. MMRTAC Geriatric Resource

The resource was outlined for the group on how the document was formatted and aligned with the Grey Book requirements. The group held a short discussion on the document.

Implementation of the document was discussed with posting it on the web site and bringing the document to STAC.

Dr Gipson requested to have the MMTRAC logo added to each page and a disclaimer.

Motion to approve: Gipson

2nd: Iyegha

MOTION PASSED

c. MMRTAC Pediatric Chest/Abdomen Resource

Overview given on the document on content and the process for development. A couple of minor additions/ changes will be made based on feedback from the group.

Discussion on the complexity of the document for facilities that do not see many pediatric patients. Discussions that this document helped with the research and the facility can chose to utilize some or all of the tools in the

resource as they see fit for their institution.

A table of contents would be added alongside an age definition.

Motion to approve: Gipson

2nd: Smalley

MOTION PASSED

6. Updates

a. Minnesota State Fair update

Update given on the event. Shirts and tickets will be handed out. Give away tourniquets are ready to go.

b. STAC Trauma Triage Guidelines

Discussion on the National Triage guideline. Chirs Ballard said that the STAC guidelines will be updated which will look different than the National Guidelines. Discussion on the challenges. Dr. Gipson suggested the Triage guidelines should be included.

c. MIST Format

Dr Gipson gave a short history of the original MIST document. Looking to develop a new document. Discussion on having a team-lead ask the question to EMS. Regions has a video on their YouTube. Group consensus was to utilize MIST throughout the region. The discussion was to broaden the scope with the Medical Directors.

d. Stop the Bleed (STB) Classes

Dr Iyegha facilitated 1 class to adults in the school.
Dr Gipson asks that people share their classes.

e. 2023 Goals

i. Continue Pediatric and Geriatric resources workgroups

Update given on a resource document that identifies what is being done and resources available nationally. The goal is to have a draft review at the next meeting.

ii. EMS

Update given on the Ambulance Strike Team program for the metro. Additionally, a short briefing and update on the Metro Region Incident Response Plan and the establishment of EMS Command at MCIs to help speed up the time from injury to Trauma center were provided.

7. Updates

a. Local Updates – Hospitals, System, EMS

A list of the contacts for EMS/ ED for the Metro. With EMSRB to look list development.

Peds workgroup is working on the next section of their resource manual.

Next meeting: NOVEMBER 16th

Adjournment at 8:45a.m.

Greg Hayes

Subject: FW: [EXTERNAL] MMRTAC members
Attachments: Ron's MMRTAC membership list 1-1-2022.xlsx; rtacappl.docx

From: Ballard, Chris (MDH) <chris.ballard@state.mn.us>
Sent: Thursday, August 24, 2023 3:37 PM
To: Greg Hayes <GHayes@emsmn.org>
Subject: [EXTERNAL] MMRTAC members

Greetings Greg,

Here is what the MMRTAC membership looks like according to my records. The blue highlighted rows indicate an expired appointment...

	MMRTAC	Greg Hayes, Coordinator		2022	2023	2024	2025
1	Trauma Surgeon-Level 1	Chad J. Richardson, MD	HCMC				
2	Trauma Surgeon-Level 1	Jonathan C. Gipson, MD	North Memorial Medical Center				
3	Trauma Surgeon-Level 1	Brian Myer, MD	Regions Hospital			12/31/2024	
4	Trauma Surgeon-Level 2	Chris Tignanelli, MD	University of MN Medical Center-Fairview	12/31/2022			
5	Trauma Program Manager-Level 1	Sherrie Murphy, RN	HCMC		12/31/2023		
6	Trauma Program Manager-Level 2	Tammy Gallagher, RN	Mercy Hospital	12/31/2022			
7	Trauma Program Manager-Level 3	Tiffany Gear, RN	United Hospital		12/31/2023		
8	Trauma Program Manager-Level 4	Dawn Rolling, RN	M Health Woodwinds & St. John's		12/31/2023		
9	PI Specialist	Patty Reicks, RN	North Memorial Medical Center				
10	Metro Region EMS	Tom Edminson	HealthEast Transportation	12/31/2022			
11	Hennepin County EMS Council	Charles Lick, MD	Allina				
12	East Metro Prehospital Advisory Council	Bjorn Peterson, MD	Regions Hospital			12/31/2024	

13	Pediatric Trauma Specialist	Nathaniel Kreykes, MD	Children's Minnesota	12/31/2022			
14	MN ACS-COT	VACANT					
15	ACEP Emergency Physician	David Larson, MD	Ridgeview Medical Center				

I have attached a spreadsheet that Ron provided shortly before his departure listing his record of the membership which shows several members' reappointments. However, these reappointments were never received by MDH. So these expired members will have to submit or re-submit applications.

I have attached a blank RTAC application that you can circulate. They can also download it from the RTAC page of our website. They should send their applications to you (on behalf of Dr. Gipson). The MMRTAC should then vet the applications and forward them to me for processing.

Thanks for all that you do!
Chris

Chris Ballard
Coordinator | Statewide Trauma System

Minnesota Department of Health
Office: 651-201-3841





Level I and II trauma centers must have replantation capability continuously available or must have in place a triage and transfer process with a replant center.

- *“Replantation capability” refers to the replantation of a severed limb, digit, or other body part. It may also include critical revascularization or care of mangled extremity.*

The following hospitals in Minnesota Metropolitan Regional Trauma Advisory Committee have replantation & revascularization services available.

- Children’s Hospital Minneapolis (Level 1 Pediatric Trauma Center)
- Hennepin County Medical Center (Level I Adult & Pediatric Trauma Center)
- North Memorial Medical Center (Level I Trauma Center)
- Regions Hospital (Level I Adult & Pediatric Trauma Center)

Hospitals will follow their normal referral/transfer process. If replantation services are encumbered or unavailable at any of the above-mentioned facilities when contacted by a referral site. The above-mentioned facility will direct where the patient should be transported for replantation services. This should occur within a timely manner to minimizing time to replantation.

Children’s Hospital Minneapolis
Nathan Kreykes, MD Trauma Medical Director

Hennepin County Medical Center
Chad Richardson, MD Trauma Medical Director

North Memorial Medical Center
Jonathan Gipson, MD Trauma Medical Director

Region’s Hospital
Uroghupatei Iyegha, MD Trauma Medical Director

C UNASSIGNED RESOURCES

Report to EMS Command or Staging (if established)

Notification

- Go to assigned radio talkgroup.
- Approach scene using designated route.
- Upon arrival at incident, announce arrival and await assignment from EMS Command or Staging.
- All responders will identify themselves using the following format: Dept Name, Type of Resource, and Unit Identifier.

At Staging

- Do not block entry/exit routes.
- Stay inside the vehicle until assigned a duty.

Loading Patients and Leaving the Scene

- Quickly load patients and provide treatment while transporting to the appropriate hospital.
- Provide EMS Command, or designee, the number of patients and triage category being transported.
- Contact your Communication Center and advise them of your status.
- Immediately contact MRCC/Medical Control by radio and provide a patient information report.
- In order to facilitate reunification, consider documenting patient name and/or physical description when possible.



Metropolitan
Emergency Services Board
Metro Region
EMS System

Metropolitan Emergency Services Board
Metro Region EMS System
Emergency Preparedness Subcommittee

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EMS PLANS

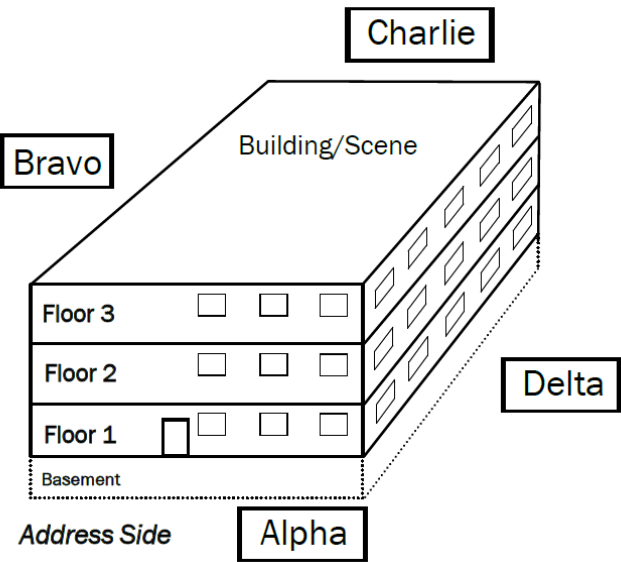
The Metro Region EMS Plans establishes a common tiered system to manage and front-load growing incidents.

- **EMS Plan 1** – 4 Ambulances, 1 Command, MNTRAC EMS System Advisory (*Initial*)
- **EMS Plan 2** – 4 Ambulances, 2 Command, System Medical Director (*Additional*)
- **EMS Plan 3** – 4 Ambulances, 2 Command, EMS Region MIR Bus (*Additional*)

**Consider move-ups/backfill for PSA.*

USING DIVISIONS & GROUPS

- In large or widely scattered scenes (ie: natural disasters) establish divisions/groups early to maintain operational control.
- Divisions are geographic areas with assigned resources.
- Groups are resources assembled to perform a specific function.
- Divisions/Groups shall have a designated leader.
- Requests for resources (vehicles, talkgroups, personnel, etc.) must be made through EMS Command.



METRO REGION EMERGENCY MEDICAL SERVICES

INCIDENT RESPONSE PLAN

GUIDELINES

This plan is based on the principles and guidelines outlined in national standards for incident and resource management, and promotes a collaborative multi-jurisdictional response.

The command structure presented in this plan may require expansion to meet the needs of larger or more complex incidents.

- FIRST ARRIVING: Refer to Panels A & B
- UNASSIGNED RESOURCES: Refer to Panel C
- DO NOT RESPOND unless requested!

OPERATIONAL CONSIDERATIONS

- Request Tactical and/or Interoperable Radio Talkgroups early.
- Alert MRCC/Medical Control to the nature of incident and potential for patients to self-transport.
- Ensure crews are wearing proper protective equipment.

METRO REGION RESOURCES

- To request Metro Region Resources or support, contact the Medical Resource Control Center (MRCC).
- Resources include: Major Incident Response Bus, Western Shelter tents, Command Trailer, or supply caches.
- The Metro Region EMS System EOC can operate virtually or physically to support planned or unplanned events.
- The Metro Region EMS System can deploy and support Ambulance Strike Teams.

Do hospitals need to be alerted to the incident or potential patients? If yes, contact MRCC.

A EMS COMMAND

Coordinate with Incident Command/Establish Unified Command.

- The role of EMS Command will be assumed by the first arriving unit and announced on the radio. (IE. “[Unit] will be EMS Command.) *Any change in the unit filling the role must be announced.*
- Request Tactical and/or Interoperable Radio Talkgroups early.
- Announce arrival of EMS to IC via radio interop channel, or face-to-face.
- EMS Command is responsible for all unassigned Divisions/Groups within the IRP until delegated.
- EMS Command may appoint support roles such as command aide, scribe, etc.
- Radio discipline is maintained by allowing only EMS Command or designee to interface with the communications center.
- EMS Command shall give assignments by providing a specific **TASK** to be accomplished, **LOCATION** to complete the task, and **OBJECTIVE** of each task.
- EMS Command must obtain regular updates from Divisions/Groups using CAN report format.
- EMS Command is responsible for the safety and accountability of all EMS personnel.

Radio Reports / Initial & Follow-up

It is vital to communicate an accurate scene size-up so the appropriate resources can be started. It is better to have more resources and cancel them, than to have a delayed response. Timely follow-up reports shall be provided as the incident evolves. The information should include:

- **Conditions** – Describe the scene, nature of incident, # of pts, etc.
- **Actions** – “Investigating”, “Triageing”, etc.
- **Needs** – Resources/EMS Plan, Medical Director, etc.
- Provide command location, staging location, ingress/egress routes.

B DIVISIONS/GROUPS

CAN report when prompted or if unable to complete objective.

TRIAGE/CASUALTY COLLECTION GROUP

- ☐ Identify & communicate triage/CCP location(s).
- ☐ Identify, collect, and triage patients while providing life-saving interventions. Utilize first responders as needed.
- ☐ Expedite & coordinate patient movement to transport area.

TREATMENT GROUP

- ☐ Prioritize critical interventions prior to transport.
- ☐ Organize medical care in treatment area.
- ☐ Utilize first responders when caring for multiple patients.

TRANSPORTATION GROUP

- ☐ Maintain resources for immediate transport.
- ☐ Coordinate the rapid loading of transporting vehicles. **Optimize loading of patients, consider multi-load!**
- ☐ Record the triage color and number of patients transported by each vehicle.
- ☐ Keep entry/exit routes open.

STAGING GROUP

- ☐ Establish staging area and keep entry/exit routes open.
- ☐ Respond to requests for resources from EMS Command.
- ☐ Provide requested resources with task, location, and objectives of assignment.

REHAB GROUP

- ☐ Establish and support a dedicated location for responder rehab.
- ☐ Provide observation, assessment, and rehabilitation in accordance with protocols.
- ☐ Rapidly move responders requiring transport to the designated transport area.

GREEN: minor, less serious illness or injury

YELLOW: delayed, stable but requires observation

RED: critical, requires immediate treatment/transport

BLACK: dead. Do NOT move.

PATIENT TRACKING

EMS Unit				Receiving Hospital

RESOURCE ACCOUNTABILITY

Resource/EMS Unit	In	Out

EXPANDED STAGING LOCATIONS

- **“Assignment”:** Resource has been given a task, location, and objective, or may be assigned to Division/Group.
- **Level 1 Staging:** At the incident location, but not committed to assignment, or past last tactical objective. Able to relocate if needed. Team remains with vehicle.
- **Level 2 Staging:** Farther from scene. Hold resources to move up as needed.