MINNESOTA METROPOLITAN REGIONAL TRAUMA ADVISORY COMMITTEE MEETING AGENDA

Metropolitan Emergency Services Board
2099 University Ave West, St Paul
May 28, 2026 7:00 a.m.

1. **Call to Order** – Committee Chair, Dr. Jonathan Gipson

2. **Roll Call**

3. **Approval of Agenda** – Dr. Gipson

4. **Approval of Minutes of Previous Meeting (Page 2)** – Dr. Gipson

5. **Discussion Items**
   a) Trauma/ ECMO Update (Page 4)
   b) STAC/ RTAC Update
   c) TQUIP Collaboration Spring 2026 Report
   d) Peds Workgroup
   e) Geriatric Workgroup
   f) MDH Grant
   g) Web Site Update- https://emsmn.org/mmrtac/
   h) Stop The Bleed
      i. Training
      ii. Legislative
   i) MDH Update
   j) Level 3 & 4 Updates

6. **Adjourn**

   Next Meeting: August 27, 2026

   Future Meeting Dates

   August 27, 2026

   November 19, 2026

Metropolitan Emergency Services Board

Minnesota Metropolitan Regional
Trauma Advisory Committee
February 26, 2026
Draft Meeting Minutes

Members:

Alison Adams
Heidi Altamirano
Susan Berens
Courtney Brandt
Michael Daering
Maria Flor
Tammy Gallagher
Jonathan Gipson
Mallory Haas
Kaytlin Hanson
Teri Herman
Palei Iyegha
Joy Jerasol
Mary Kay Kaiser
Ryan Killeen
Karen Lam
Charles Lick
John NcCormic-Deaton
Karen McLean
Elyse Meger
Brian Meyer
Nancy Nyberg
Shannon Olsen
Lisa Pearson
Melanie Smalley
Anne Snuggerund
Cori Sybrant
Tanda Tavakley
Robin Trubeck
Colleen Wood
Tanya Zinser

Guests: None

MESB Staff: Greg Hayes

1. Call to Order
The meeting was called to order at 7:00 a.m by MMRTAC Chair Jon Gipson.

2. Roll Call
Roll call occurred.

3. Approval of Agenda
Motion made by inaudible seconded by inaudible to approve the February 2026 MMRTAC meeting agenda. Motion carried.

4. Approval of Minutes of Previous Meeting
Changes to the prior meetings minutes will be made to ensure an accurate reflection of the attendance.

Motion made by inaudible, seconded by inaudible to approve the November 2026 MMRTAC meeting minutes with the mentioned changes. Motion carried.

5. Discussion Items
a. ECMO
An issue was raised by Dr. McCormick-Deaton regarding a case where a MVA patient arrived at the U of M and ECHMO was started prior to trauma. The MVA met the criteria for a trauma

activation,however, ECMO became a priority over trauma. Further information was going to be researched by Dr. McCormick-Deaton and Greg Hayes to gain further insight.

b. STAC/RTAC Update
The next STAC meeting will be held in April 2026. The RTAC meeting minutes are attached to the MMRTAC meeting packet.

c. PEDS Workgroup
There are no new updates.

d. Geriatric Workgroup
An overview of the C-Spine injury resource was shown. This resource will be applicable to any center to provide information and education on C-Spine related injuries. The resource will be finalized and put on the MMRTAC section of the EMS website.

e. Replantation Agreement
The agreement will be sent to Greg Hayes and put on the MMRTAC section of the EMS website.

f. TQIP Collaboration
The first report will be available in April 2026. A review session will be held prior to the May 2026 MMRTAC meeting. More information will be provided prior to the May meeting.

g. MDH Grant
MDH awarded the MMRTAC $8,000 in grant funds to be used towards tourniquets. The tourniquets have been ordered in preparation for the state fair and other Stop the Bleed events. Reach out to Hayes if tourniquets are needed.

h. Website Update
Emsmn.org/mmrtac/ has all the MMRTAC agendas, minutes, packets, and resources related to the group. Please visit the site for additional information.

i. Stop the Bleed
i. Training
Stop the Bleed training continues across the metro. Please continue to track the courses and number of participants taught. Stop the Bleed week with MMRTAC hospitals was discussed.

ii. Legislative
Stop the Bleed efforts continue to be discussed and pushed by MESB lobbyists within the Minnesota Legislature. The MESB lobbyist will be reaching out to the surgeon's lobbyist to help support the initiative if moved forward.

6. Adjourn
The meeting was adjourned at 8:01 a.m.

ECMO and Trauma ED Evaluation UMMC Guideline

Patient arriving to ED following cardiac arrest with potential traumatic mechanism involved

Activate Full Trauma Team Activation with simultaneous ECPR initiation

Pt does NOT have ROSC

Pt has ROSC

	Pt does NOT have ROSC	Pt has ROSC
ED MD	-Receive full EMS hand off of potential traumatic mechism/injuries -Complete primary survey, supporting airway pt has on arrival with intubation after cannulation -Ensure C-collar in place, pt fully exposed -Complete eFAST after cannulation -Complete any splinting/stabilization for transport after cannulation -Coordinate pt flow and room control	-Receive full EMS hand off of potential traumatic mechanism/injuries -Complete primary survey, ensure C-collar in place, pt fully exposed -Complete EKG -Evaluate for other medical causes of cardiac arrest and post arrest care -Complete eFAST -Work with trauma MD for any needed procedures to stabilize -Coordinate pt flow and room control
EMRC MD	-Cannulate patient upon arrival -After cannulation, allow for trauma secondary survey -Pt goes to CT scanner prior to cath lab (CT Head, C-Spine, CAP ideally with contrast) -Pt goes to cath lab vs ICU from scanner -Discuss with trauma regarding bleeding concerns prior to coronary interventions (delay Heparin till after eFAST)	-Wait outside room while trauma and medical assessment are completed -Be available for cannulation if pt has recurrent arrest
Trauma MD	-Wait outside room until cannulation is complete - Following cannulation, complete secondary survey -Consider portable CXR if eFAST is positive for PTX -Early Finger thoracostomy consideration -Accompany pt to CT scanner and follow up on any traumatic injuries identified, review with cardiology prior to cath lab interventions that would worsen bleeding	- Complete primary survey if not done and secondary survey -Complete port XR, stabilize any identified injuries or needed procedures -Accompany pt to CT scanner and follow up on any traumatic injuries identified (pelvic binder, splint/immobilizer of extremities, Chest tube placement)

All patients: LABS: CBC, CMP, Troponin, Lactate, PT/PTT and T&S

IV access, IO if needed; Fluid Resuscitation – isotonic crystalloid x 1 liter, then blood products in balanced transfusion